



**CARE**

center for culture-centered approach  
to research and evaluation

**CARE**

## **Narrating a Decade of Struggles for Voice**

**Centre for Culture-centered Approach to Research and Evaluation (CARE)  
School of Communication, Journalism & Marketing, Massey University**



# CARE – Narrating a Decade of Struggles for Voice

## About

CARE is a global hub for justice-based communication research that uses participatory and culture-centered methodologies to develop community-driven communication solutions for building and sustaining human health and wellbeing.





## C.A.R.E and Connection

By Catherine Delahunty

*(anti-colonial, anti-mining, climate justice activist; activist-in-residence, CARE)*

Even in the arid academic beige  
colonial mowed and chewed croquet lawns  
where tournaments of qualification  
reduce learning for liberation  
to expensive, petty torment  
I feel the CARE

a connected tuneful flavour of homelands  
bisected by some of my ancestors  
armed with turgid boarding school  
supremacy  
But spirits of old and newer dreams  
combine with a radical mind, a nourishing  
light

Although burnt red meat, consumed in  
loneliness  
rots in the guts of the imperial west wind  
the world can be more generous  
from the flooded heartlands  
millions take in millions  
give what you can, take what you need  
Bengal, Mumbai, Mexico shares visionaries  
to assist in the redesign  
of these nitrate green deserts

Above all, beneath all  
within without  
Stands the heart of Manawatū  
this manawa lives  
connected by whakapapa, by indigenous  
rangatiratanga.  
Beside these mountains and rivers  
(not yours or mine to colonise)  
C.A.R.E brings a gentle, staunch genius  
to meet Papaoia not "Palmerston"  
can see with a migrant's  
and wider eye  
how beautiful this is

## Contact

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# 1. HISTORY AND FOREWORDS

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## 1.1 HISTORY

In the Jangalmahal region of West Bengal, India, amidst the struggles of the Indigenous Santali communities, some of the earliest threads of the culture-centered approach (CCA) were developed. The ongoing erasure of Indigenous voices amidst the twin forces of colonialism and capitalism formed the backdrop that shaped the emergent questions of communication, voice, participation, and democracy. While there was no dearth of participatory engagement projects funded by international financial institutions, private foundations, and civil society, what was powerfully emergent in this early scholarship was the systematic erasure of voices of Indigenous communities in India.

Salient here was the erasure of access to pathways of laying claims to democracy even as democratic institutions were turned into instruments for perpetuating the oppression of the Indigenous margins. What then are the openings for building voice infrastructures at the margins in the context of democracies? The labour of co-creating voice infrastructures in the context of Indigenous struggles turned to co-creating pedagogies for participation in everyday democracy, rooted in Indigenous cultural frameworks and knowledge claims, and simultaneously laying claims to the structures of development and democracy to secure resources.



The early 2000s, as the key tenets of the CCA were being developed at Purdue University through the field-based ethnographic projects of Professor Mohan Dutta, in dialogue with the fieldwork of early CCA researchers Debalina Mookerjee, Rebecca DeSouza, Ambar Basu, Mahuya Pal, Induk Kim, and Iccha Basnyat, the overarching question turned to the nature of communication in co-creating voice infrastructures at the global margins. Particularly salient here was the theorizing of voice in relationship to the material transformations being sought through culture-centered interventions. A number of dissertations developed at Purdue, including the works of Nadine Yehya, Zhuo Ban, Raihan Jamil, Lalatendu Acharya, Shaunak Sastry, Rati Kumar, Christina Jones, Raven Pfister, Vicky Ortiz, Uttaran Dutta, Agaptus Anaele, Sydney Dillard, Christine Spientta explored the different dimensions of the CCA, particularly attending to the interplays of culture, structure, and agency in constituting the everyday meanings of health.

The financial crisis of 2008 and the emergent Occupy movement that offered a register for resistance to the processes of financialization of the global economy offered critical registers in the theoretical and empirical work of the CCA.

The vastly unequal burdens of poor heart health outcomes borne by African American communities in the U.S. formed the backdrop within which some of the key tenets of the culture-centered approach were further developed and tested. Lake and Marion Counties in Indiana reflect the place-based structural determinants that shaped the raced, classed, and gendered contexts of heart health. In the lives of African American communities, the racist structures of a society based on the history of slavery is reflected in the ongoing forms of marginalization, including in the distribution of resources of health and wellbeing. Funded by a US\$1.5 million grant from the Agency for Healthcare Research and Quality (AHRQ), Heart Health Indiana emerged as a





communicative infrastructure owned by the African American community in Lake and Marion Counties, co-creating spaces and activist interventions that sought structural transformation. The dissemination of comparative effectiveness research on heart health was constituted within community-led culture-centered initiatives of structural transformation. Foregrounding the relationship among racism and heart health formed the basis of mobilizing anti-racist interventions.

The CCA uses a combination of postcolonial deconstruction, resistive strategies for performance and dialogue-based reflexive participation to create entry points for listening to the voices of marginalised communities that have historically been stripped of agency in modernization discourse and constructed as recipients of messages of development targeted by experts located within bureaucratic, capitalist, and civil society structures. Moreover, it works through the intersecting relationships between class, identity-based marginalization, and colonial exploitation to co-create strategies of resistance emergent from communities at the margins.

These early experiments with the CCA between 1996 and 2012, including the community-led culture-centered intervention in the form of Heart Health Indiana formed the seeds of the Center for Culture-centered Approach to Research and Evaluation (CARE). Our ongoing work as a global hub for developing a justice-based framework for communication seeking to co-create resources for health and wellbeing for communities at the global margins draws upon the foundations that have been established by these interventions.



## 1.2 FOREWORD FROM THE PRO VICE CHANCELLOR

The work of the Center for Culture-Centered Approach to Research and Evaluation (CARE) applies a culture-centred approach and broadly resides within the academic domain of communication studies or communication science. It is an area of scholarship that extends back to the study of classical rhetoric, developed into small group and mass communication studies in the 20th century, and more recently has incorporated a range of other domains that encompass among other areas intercultural communication, health communication, and communication in any number of settings.



The culture-centered approach applied by CARE uses a combination of postcolonial deconstruction, resistive strategies for performance and dialogue-based reflexive participation to create entry points for listening to the voices of marginalised communities that have historically been stripped of agency in modernization discourse and constructed as recipients of messages of development targeted by experts located in the global North. It is an approach that seeks to build the capacity for voice among the dispossessed and marginalised and highlight that there is more than one narrative, one perspective, or one right answer, and that there are often deep historical frameworks that influence our understanding and conclusions.

Joining Massey University and the Massey Business School that houses the School of Communication, Journalism and Marketing, in June 2018, CARE has both further developed its global reach and impact while also finding its place within New Zealand. This is evident through its White Paper Series that has examined topics as broad as the impact of Covid-19 on gig workers, the effect of poor housing conditions on pandemic outbreaks among low-wage migrant workers, the nature and effect of Islamophobia post Christchurch, approaches to hate speech regulation, and the Ihumātao protest, colonization, and cultural voice.

Since arriving at Massey, the Center has developed and implemented 37 community-led culture-centered projects across 7 countries, addressing a number of sustainable development goals including SDG 1 No poverty, SDG2 Zero Hunger, SDG3 Good Health and Wellbeing, SDG10 Reduced Inequality, and SDG16 Peace, Justice and Strong Institutions. CARE also continues to be a major contributor to academic discourse with a global collaboration of scholars working with CARE to develop high impact journal articles, book chapters, and books furthering the reputation and influence of CARE and communication studies at Massey. Several CARE projects have been recognised

internationally with top awards such as the Gold Anniversary Monograph and the Charles H. Woolbert Award from the National Communication Association.

Massey University, Massey College of Business, and the School of Communication, Journalism and Marketing are proud to support CARE, its members and collaborators and celebrates and applauds the work evident in the Center's magazine that documents their ten-year journey under the title Narrating a Decade of Struggles for Voice.

### 1.3 FOREWORD FROM HEAD OF SCHOOL

It is my honour and pleasure to write a foreword for CARE's 10-year anniversary.

As Head of School of Massey University's School of Communication, Journalism and Marketing (CJM), I had the pleasure of working with Massey University to bring CARE and its staff to New Zealand four years ago.

Since then, CARE has flourished in Aotearoa New Zealand.

I am pleased to see how CARE and its researchers have not only integrated into the University and local culture, but also expanded internationally.

Over the past decade, our scholarly community and humanity have benefited from CARE's culture-centered approach to research.

From benefiting communities in India, to Singapore, to New Zealand, the work of CARE demonstrates that when a collective of individuals work together to make a difference, we can combine our research and praxis to benefit humankind.

Along with being a faculty collaborator and supporter of CARE as a researcher, I am proud to continue supporting CARE and its staff in their community-drive endeavors for years to come.

Congratulations on a decade of success, and here's wishing you many, many more years of success.



## 1.4 DIRECTOR'S FOREWORD

"It takes courage to answer a call,  
 It takes courage to lose your all,  
 It takes courage to risk your name,  
 It takes courage to be true.  
 It takes courage to dare,  
 One that no one will share;  
 To be standing alone,  
 One whom no one will own;  
 To be ready, to stake for another one's sake,  
 It takes courage to be true."



These words from a recessionary hymn I had learned in school have formed the cornerstone in the journey of the Center for Culture-Centered Approach to Research and Evaluation (CARE).

This ethos of courage in speaking truth to power has shaped an entire collective of activists, community organisers, community researchers, and academics that have done the hard work of co-creating voice infrastructures, physical and organisational structures and facilities for articulating their voices, in communities at the "margins of the margins."

The journey of CARE therefore is a collective journey in courage, finding the registers for creating and sustaining courage, and for drawing on this courage as the voices of the "margins of the margins" emerge from the communicative infrastructures co-created through sustained relationships of *camaredarie*.

That the articulations from the "margins of the margins" threaten and unseat power, we have witnessed continually through our work over the past decade.

And yes, that means, we have as a collective, had to learn strategies for sustaining the work amidst the attacks by powerful structures that are unsettled by the empirically rooted accounts of lived struggles that are emergent from the margins.

From being second guessed about the authenticity of the stories emergent from the margins, to being subjected to audits carried out by the instruments of authoritarianism to being accused of financial irregularities for employing transgender community activists laying claims to their rights, we have witnessed collectively a plethora of strategies the structures put into place to undermine voices from the margins.

These strategies reflect the workings of power under threat. They speak to how easily structures are rattled when hitherto silenced voices speak up. They also speak to the inherent failure written into the frameworks of silencing deployed by hegemonic structures. When communities at the margins speak up, the truth finds a way to build the necessary registers, disrupting the array of strategies of silencing at work.

Over the past decade, several CARE researchers have been subjected to a wide array of tactics of bullying, disinformation, and intimidation for doing the work of co-creating voice infrastructures at the margins. I pay my heartfelt respect to these researchers who have shown with their integrity the possibilities of organizing academia and our relationships with communities in the commitments to friendships and to inhabiting spaces of authenticity.

Our collective commitments to justice as the basis for securing health has been the target of performative ridicule, often paradoxically deployed by radically performing academics ensconced within state-capitalist structures, pursuing careerist goals of institutionalization. In one instance, CARE researchers offered an account of how a wall of CARE collaterals co-created by communities at the margins was wiped clean to produce a white wall, reflecting materially the active work of erasure.

Most recently, CARE and I have been subject to an organised campaign driven by Hindutva, a right-wing almost fascist ideology, working hand-in-hand with white supremacy to attack Muslims. From digital campaigns targeting me with violence to letter writing campaigns directed at the University, these forces seek to silence the work documenting the deep marginalizing practices of Hindutva directed at Muslims. We note here the parallels between the strategies of silencing deployed by authoritarian regimes and the disinformation-based hate campaigns seeded and circulated by the various forms of far-right, from Hindutva to far right Zionism to white supremacy.

Amidst these ongoing attacks on our collective work at CARE, we have been held up by larger collectives of advocates, activists, academics, and most vitally, communities. While many of these collectives have emerged from the habits of solidarity we have cultivated intentionally at CARE through our work of building voice infrastructures, others have emerged serendipitously.

Amidst the most violent forms of repression, we have witnessed the beauty and power of humanity, emergent in the form of material, affective, and cognitive support. I am particularly grateful to the unwavering support of Braema Mathi, Jolovam Wham, Paul Ananth Tambyah, Harpreet Singh Nehal, Kenneth Paul Tan, and Cherian George.

Our activist-in-residence programme, the only one of its kind in Aotearoa to our knowledge, is reflective of our commitment to speak truth to power.

We have been honoured to learn from activists such as Sue Bradford, Tame Iti, Jolovam Wham, Byron Clark, and Marise Lant, who have enriched our understanding of the work of co-creating structurally transformative interventions. Our ongoing partnership with the Singapore-based activist Braema Mathi has been vital to crafting the strategies for building the activist-in-residence programme, finding creative pathways for advocating for social justice. Since the early days of the programme, we have been subject to disinformation campaigns orchestrated by the far right, speaking to the transformative power of such programmes in challenging power.

As voiced in the “academic freedom and social justice” project housed at CARE, amidst the global rise of authoritarianism, the disinformation-based attacks on critical race theory, and the deployment of communicative inversions to silence academic voices struggling for social justice, safeguarding the academe is a critical need. We as CARE can carry on this work when our academic freedom to do justice-based scholarship is safeguarded. It is here at Massey University, with the steadfast support of our leadership, that we feel protected in following our mission of centering courage in the work of social justice. We note both the sense of tremendous gratitude we feel at being supported by the University leadership, and at the same time, recognize the urgent work of building global solidarities to safeguard the academic freedom to speak alongside the struggles of communities at the “margins of the margins.” Moreover, we note the transformative power of communities at the margins as the sources of strength against the various forces of exploitation.

Collectively, communities, activists, advocates, and academics, bound together in solidarity, have the power to disrupt and dismantle the disinformation, power and control held by the political and economic interests that threaten human health and wellbeing. Moreover, our collectives, weaved together in solidarity, hold the power to transform these structures, and to organise ecosystems that are rooted in promoting our collective health and wellbeing, centering the health and wellbeing of communities at the “margins of the margins.”

The labour of the everyday work of a center such as CARE is often invisible, and is held on the shoulders of staff who carefully hold together the values of care, affection and love that bring us in interaction with our friends. Gayathri Dorairaju, Malathi Vengadasalam, Amir Hamid, and Breeze Mehta have been foundational to building the welcoming spaces at CARE over the decade.

And finally, it is the communities at the margins who demonstrate their tremendous strength, creativity and courage to build transformative registers of social change. I wrap up this foreword with the celebration of the over fifty communities spread across seven countries that have held up the work of CARE, carrying out community-led interventions that address the Sustainable Development Goals 1-17 at multiple interpenetrating intersections.

From addressing climate change to global hunger to poverty to exploitation of migrant labour to the promotion of peace, these community-led culture-centered interventions offer testimony to the power of community agency at the global margins. Those who have been systematically erased by hegemonic structures offer cognitive frameworks for reorganizing the globe in logics of justice. Our work of building voice infrastructures is fundamentally about returning the dignity of communities at the margins as participants in shaping the decisions that impact their lives. The work ahead is one of building the communicative infrastructures that are owned by communities at the global margins through global connections at the margins.

I am humbled to share with you some snippets of the work we have done. As with any recounting of a decade, our reflections here take stock of our milestones, and at the same time, invite you to the collective work of imagining a just future together where human health and wellbeing are universally upheld. Please do write to me with your thoughts.

## 2. PEOPLE

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Since the beginning of its journey at the National University of Singapore (NUS) in 2012, CARE has been built on the embodied solidarity work of academics, community researchers, community organisers, and activists. The movement of the Center to Massey University was guided by the commitment to sustain the justice-based organising of community work seeking structural transformation. The various threads of community-led organising for social justice have been nurtured and further strengthened at Massey University, rooted in a culture that takes seriously the commitment to academic as the “critic and conscience of society.”

The labour of the CARE team is rooted in an ethic of care, upholding the principles of commitment, openness, humility and dialogue in sustaining the infrastructures for carrying out community-led social change. Over the past decade, the CARE team has grown and morphed, housing 43 researchers across countries, employing over 35 community researchers across diverse contexts, and delivering community-led workshops to educate 123 community peer leaders.

CARE alums spread across the globe in various spaces, from civil society to think tanks to policy organisations to research centers to the academe, the key tenets of building culturally-centered community-grounded spaces of democracy guide the various interventions they create. With a hybrid funding model that draws upon institutional support from the university, the Center is able to create sustainable infrastructures for supporting researchers at various stages of their research journey, building



relationships that are long-term. For academic-activists practicing the habits of the CCA in speaking truth to power, CARE has attempted to offer an infrastructure for both material and emotional support.

The conferences held at CARE on the experiments and future directs of the meta-theory offer vital entry points for engaging CARE alums, for connecting with current researchers both in the academe and in communities, and for connecting with communities as drivers of the processes of structural transformation.



## 2.1 DIRECTOR

**Professor Mohan J. Dutta**

**PhD (Minnesota), BTech (Hons) (IIT Kharagpur)**



Mohan J. Dutta is the Director of Center for Culture-Centered Approach to Research and Evaluation (CARE), and Dean's Chair, Professor of Communication at School of Communication, Journalism, and Marketing, Massey University. Previously, he has served as the Head of the Department of Communications and New Media and Provost's Chair Professor, National University of Singapore, University Professor with the Brian Lamb School of Communication, Purdue University, and the Founding Director of the Center for Poverty and Health Inequities, Purdue University.

His research examines marginalisation in contemporary health/healthcare, health care inequalities, the intersections of poverty and health experiences at the margins, political economy of global health policies, the mobilisation of cultural tropes for the justification of neo-colonial health development projects, the meanings of health in the realms of marginalised experiences in highly underserved communities in the Global South, and the ways in which participatory culture-centered processes and strategies are organised in marginalised contexts to bring about changes in neo-colonial structures of global oppression and exploitation. At the centre of this work is the impetus on provincializing Eurocentric knowledge structures and developing locally-based health solutions through the participation of communities from the global margins in processes of change. Based on his work on health and healthcare among indigenous communities in Eastern India, sex workers, migrant workers, rural communities and communities living in extreme poverty and drawing upon the key tenets of postcolonial and Subaltern Studies theories in the context of the social sciences, he put forth the key ideas of the culture-centered approach outlining culturally-based participatory strategies for addressing unequal health/healthcare policies and global disparities.

Noted as one of the most prolific and highly cited scholars in health communication, he is the winner of the Lewis Donohew Outstanding Scholar in Health Communication award, the PRIDE award in public relations, and the Bridge Award for connecting crisis and risk communication theory and practice. He has been recognised with the Aubrey Fisher Mentorship Award from the International Communication Association and Applied Public Policy Scholarship Award from the International Communication Association. He is a Distinguished Scholar of the National Communication Association and Fellow of the International Communication Association.

## 2.2 FACULTY COLLABORATORS

**Prof. Stephen M Croucher**  
Ph.D., University of Oklahoma



Prof. Stephen M Croucher (Ph.D., University of Oklahoma, 2006) is the Professor and Head of the School of Communication, Journalism, and Marketing at Massey University. He is also the Wellington Regional Director of the Massey Business School. He researches immigrant cultural adaptation, religion and communication, statistics, and conflict. He has also explored how religion influences communication behaviors. He is the winner of numerous top paper awards at regional, national, and international conferences, has authored more than 100 journal articles and book chapters, authored/co-edited 10 books, and given keynote addresses in more than 20 nations. He serves on the editorial boards of more than 10 journals, and served as the editor of the *Journal of Intercultural Communication Research* (2010-2019) and *Speaker & Gavel* (2010-2015). He has/held/holds various leaderships positions in the National Communication Association, International Communication Association, the World Communication, and holds Professorships at the University of Jyväskylä, Universidade Aberta, and the Universidade de Coimbra.

**Dr. Steve Elers**  
Ph.D (Communication Studies) at Auckland University of Technology



Dr. Steve Elers is a Senior Lecturer in the School of Communication, Journalism and Marketing at Massey University, New Zealand and has work as a Senior Māori Research Insights Advisor – NZ Police and He completed his Ph.D (Communication Studies) at Auckland University of Technology; his doctoral research used a kaupapa Māori approach to examine Māori perspectives of public information advertisements. His research interests include the analysis of representations of Māori and indigenous peoples and culture in news media, public relations and advertising. He has published in a range of communication journals, including *Media International Australia*, *Ethical Space: The International Journal of Communication Ethics*, *China Media Research*, and *Intercultural Communication Studies*. He is a registered member of the following Māori iwi (tribes) – Kōkara: Ngāti Kauwhata, Ngāti Maniapoto, Ngāti Hauā and Ngāti Raukawa; Pāpara: Ngāti Kahungunu ki Wairarapa, Rangitāne ki Wairarapa, Ngāi Tahu and Ngāti Hikairo.

**Dr. Franco Vaccarino**

BA (Hons), MA, PhD



Dr. Vaccarino is an Italian, raised in South Africa, and now living in Aotearoa New Zealand. At the University of South Africa, he trained individuals who wanted to become literacy facilitators, including prisoners. He was the national coordinator of 650 prisoner-students in 55 prisons throughout South Africa. In a joint project by the University of South Africa and an NGO, he managed and coordinated a family literacy project in various sites throughout South Africa, including urban and rural areas, a farm school, a squatter camp, a mother-child prison, an AIDS-orphaned village, and a special needs school. He also designed and developed adult literacy, post-literacy and non-formal education curricula for the Ministry of Education (Direcção Nacional de Alfabetização e Educação de Adultos) in the Republic of Mozambique. Dr. Vaccarino teaches and researches in the area of intercultural communication. He is involved in a number of joint projects that focus on the socio-cultural adaptation and integration of international students in New Zealand as well as in China and in an international project looking at societal transformations and climate change across cultures.

## 2.3 AFFILIATE FACULTY

### Professor Ambar Basu

PhD (Purdue)



Dr. Basu is Professor and Head of the Department of Communication at the University of South Florida. He joined the department in August 2008. His research explores how individuals and communities living at the margins of society communicate about health, illness, and wellbeing. With particular emphasis on theorizing culture as a site of social change, his scholarship documents and analyzes narratives about health that emerge from dialogue between his self (as the researcher), and research participants. Dr. Basu's interest is to locate health inequities in the context of cultural, political, economic, geopolitical, and development agendas in marginalized spaces.

Dr. Basu's scholarship embraces a mix of methods such as critical ethnography and autoethnography, and highlights the implications of knowledge production in collaboration with marginalized communities. Self-reflexivity is an integral lens/method that shapes his work.

### Dr. Iccha Basnyat

PhD (Purdue), MPH (Massachusetts-Amherst)



Iccha Basnyat is an Associate Professor in the Global Affairs Program, and holds a joint appointment in the Department of Communication at George Mason University. Basnyat's research examines the cultural context of health, structural limitations to health, health inequalities, and health experiences at the margins. Her work is rooted in culturally-centered, community-based participatory research and grassroots projects of social change. Iccha teaches and conducts research in international health communication, and critical cultural health communication. She has published her culture-centered work in book chapters as well

as in journals such as *Health Communication*, *Health Education and Behavior*, *Nursing Inquiry*, and *Asian Journal of Communication*.

**Dr. Uttaran Dutta**  
PhD (Purdue)



Uttaran Dutta studies creative ways to address development, health and social disparity issues. His research focuses on sustainable development and social change in marginalized communities, analyzing the importance of culture, communication, design and innovation in transforming the lives of people who are socially, politically and economically poor. In all his work, local participants are the key forces in identifying and developing cost-effective solutions using local resources. In one project, Dutta is developing a computer application for illiterate people in rural India to access useful information regarding local weather, employment, education, and other basic services such as healthcare. In another project, he collaborated with local people to construct a mini-hospital, library-cum-museum and a protection-wall to save sacred environmental resources in remote indigenous villages in eastern India. Additionally, he researches the folk-culture and indigenous knowledge of the underserved to document and understand alternate ways of viewing the world.

**Dr. Shaunak Sastry**  
PhD (Purdue)



Shaunak Sastry is an Associate Professor in the Department of Communication at the University of Cincinnati. His areas of interest are global health communication, critical theory and culture-centered approaches to social change with a particular emphasis on HIV/AIDS campaigns in the global south. Sastry has published peer-reviewed articles in *Health Communication*, *Journal of International and Intercultural Communication*, and *Studies in Symbolic Interaction* in addition to book chapters and close to 20 paper presentations at national and international conferences. Shaunak has also been a project manager and research assistant on the Heart Health Indiana campaign under the aegis of CUAHD (Communities and Universities addressing Health Disparities), a community-based heart-health initiative located in two Indiana counties.

**Dr Rati Kumar**  
PhD (Purdue)



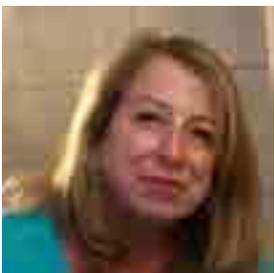
Dr. Rati Kumar is Associate Professor of Communication at San Diego State University. Her research with the culture-centered approach to health communication explores the meanings of health among refugee communities at the “margins of the margins.” Her research focuses on centering the cultural knowledge of marginalized communities within mainstream health spaces as agents of structural and policy change.

**Dr. Jeff Peterson**  
PhD (New Mexico)



While at University of New Mexico, Jeff Peterson received a Post-Doctoral Minority Research Fellowship jointly administered by the US Centers for Disease Control and Prevention, The Associated Schools of Public Health, and the National Institutes of Health's (NIH) Prevention Research Centers. Peterson's work falls within the intersection of Intercultural Communication and Health Communication. His research interests focus on understanding the processes by which knowledge is created and used for the benefit of vulnerable and underserved populations. He has worked with racial and ethnic minorities (e.g., Hispanic farm workers, American Indian populations) and other groups (such as the formerly homeless) whose needs are not met by traditional social service programs or who feel they cannot comfortably or safely access and use these standard resources. Peterson's most recent work will appear in a forthcoming chapter on Enhancing Research Utilization in Public Health Research Methods published by Sage.

**Professor Barbara Sharf**



Professor Sharf's scholarship is best known for its use of qualitative forms of investigation and analysis, particularly narrative inquiry, as applied to the study of health communication. My research interests have encompassed communication in clinical settings; patients' experiences of illness; cultural influences on health care; health disparities related to race/ethnicity, class, and geographic location; and the portrayal of health and illness in popular media.

Over the past decade, my focus has been on integrative approaches to health care in the U.S.; that is, how conventional biomedicine and complementary and alternative forms of healing have been interfacing or integrating, as well as the forces of resistance against such changes. From 2015-18, I was very fortunate to be a U.S. Fulbright Research Scholar, as a guest at CARE, conducting comparative research on similar issues in this multicultural context.

## 2.3 POSTDOCTORAL RESEARCH FELLOWS

**Dr. Satveer Kaur-Gill**  
PhD (NUS)



Dr. Satveer Kaur-Gill, a current Postdoctoral Research Associate at Dartmouth College, Dartmouth's Institute for Health Policy and Clinical Practice, is a critical health communication scholar with a research focus on the health meanings, experiences, and inequalities faced by marginalised communities. Kaur-Gill's research primarily examines how culture and structure intersect to tell us about the health fragilities experienced by disenfranchised, marginalised, and minoritized population groups.

Broadly, Kaur-Gill's work focuses on precarious migration and health and low-income experiences with heart health. As a postdoctoral fellow at CARE and earlier as a research assistant at CARE, her research explored the structural violence experienced by foreign domestic workers in Singapore, leading the development of community-led public campaigns seeking structural transformation. Her dissertation on heart health among Malays at the margins was part of a larger CARE project on heart health disparities experienced by the Malay community in Singapore.

**Dr. Asha Rathina Pandi**  
PhD (University of Hawaii at Manoa)



Dr. Asha Rathina Pandi, is presently a Research Fellow at Center for Culture-centered Approach to Research and Evaluation (CARE) at Massey University. Her research focuses on the health of Plantation and Migrant workers in Malaysia, and the health of low-wage migrant workers across Southeast Asia. Previously, she held teaching and research positions at the Department of Communications and New Media, Center for Culture-centered Approach to Research and Evaluation (CARE), and Asia Research Institute at the National University of Singapore.

**Dr. Leon Salter**  
PhD (Massey)



Leon Salter has taught widely on the Masters and Bachelor of Communication at Massey and his research interests are in Political Communication, Digital Media, Social Justice Movements and Unionism. Salter began working for CARE on the Experiences with COVID-19 among gig workers project and was awarded the MBIE Science Whitinga Research Fellowship in June 2021 to chart the expansion of the gig economy in Aotearoa New Zealand.

**Dr. Phoebe Elers**  
PhD (AUT)



Phoebe Elers is a qualitative researcher in health communication with experience conducting fieldwork in a range of settings, including among Māori, Pasifika, migrant, and elderly communities. In 2016–2018, she worked as a researcher on a multi-disciplinary project on digital health and ageing. She joined CARE in 2018–2021, where she supported and managed several research projects. She later worked in the public sector in 2021 as a Project Coordinator for the *Understanding Policing Delivery* programme at Police National Headquarters, before returning to CARE in early 2022. Her research has been published in *Management Communication Quarterly*, *New Media & Society*, *Health Communication*, and *Review of Communication*.

## Recent postdoctoral alums

**Dr. Ashwini Falnikar**  
PhD (NUS)



Dr. Ashwini Falnikar is an overseas postdoctoral fellow located in India. She formerly worked as Assistant Professor at Christ University, Bengaluru, and is now engaged in teaching and research projects for media and academic organizations. Her postdoctoral research at CARE explores the negotiations of health and wellbeing among the precarious workers that support India's digital economy, negotiations of health among farmer widows amidst the epidemic of farmer suicides in India, and the negotiations of challenges to mental health in working class communities and communities negotiating poverty in Singapore.

**Dr. Terri Te Tau**  
PhD (Massey)

Ngāti Kahungunu, Rangitāne ki Wairarapa



Terri Te Tau has previously worked as a Postdoctoral Fellow at Center for Culture-Centered Approach to Research and Evaluation (CARE) in 2019 based in the Manawatū. She is an artist and writer whose current research explores intersections between historical Māori narratives, science and speculative fiction.

Te Tau is a member of Mata Aho, a collective of four Māori women who together work on large-scale textile based projects. Their work 'Kiko Moana' was exhibited in documenta 14, Germany in 2017 and recently in 'Oceania' at the Royal Academy in London, 2018. Their work 'Kaokao' was a finalist in APB Foundation Signature Art Prize in Singapore 2018.

Te Tau received a PhD in Creative Arts from Massey University in 2016, her research titled 'Beyond the Corners of Our Whare' was an interdisciplinary conceptual Māori response to surveillance in Aotearoa New Zealand. She is a Ryoichi Sasakawa Young Leadership Fellow and recipient of the Sasakawa Doctoral Scholarship.

### **Dr. Dyah Pitaloka**

**PhD (University of Oklahoma)**



Dyah Pitaloka is Senior Lecturer in Communications and Media Studies at Monash University Malaysia. She was a Fulbright scholar and received her PhD from the University of Oklahoma and has held academic positions at the National University of Singapore and the University of Sydney, Australia.

Dyah's research explores issues related to marginalisation in contemporary healthcare, narrative in digital health, development & global health policy, and ICT for social change. They are looking at how cultural meanings are negotiated and co-constructed by community members in their interactions with various social, structural, educational, economic, religious, and policy contexts that surround their lives. She has worked on these topics in relation to Indonesia, Singapore, Vietnam and Australia. Dyah won two research grants from the Social Science Research Council (SSRC) and is currently working on two research projects: 1) the COVID-19 policy and Indonesian domestic migrant workers health; and 2) the disconnection, digital resilience, and differently abled communities during the Covid-19 Pandemic Indonesia and Vietnam. In addition, she is also working on hate speech in relation to COVID-19. Her works have been widely published in *The Communication Review*, *Social Movement Studies*, *Information, Communication & Society*, *Health Communication*, *Qualitative Health Research*, and *Frontiers Communication*. At CARE, she worked with transgender sex workers, foreign domestic workers, and survivors of the 1965 genocide, exploring the use of arts-based methods for health and social justice, focusing on the use of songs and choral performance in trauma healing.

### **Dr. Kang Sun**

**PhD, Bowling Green State University**



Kang Sun is current pursuing a second doctoral degree in Social Work at the University of Illinois in Urbana Champaign. Kang Sun's research interests lie in the social production of identity through examining Chinese peasant workers after they migrate into cities. By himself migrating from Cultural Studies into Social Work, Kang is interested in fusing grand social change views with concrete social change actions and critiquing tensions of this fusion. Poverty,

political and social structures, working class, migrants, and labor are his primary research topics. Kang has led the project exploring health of left behind families in China.

**Dr. Jagadish Thaker**  
**PhD, George Mason University**



JT or JAGADISH THAKER (Ph.D., George Mason University) is a Senior Lecturer at the University of Auckland. He is an affiliate researcher with the Yale Project on Climate Change Communication, Center for Climate Change Communication at George Mason University, and Center for Culture-Centered Approach to Research and Evaluation at Massey University. His research examines ways to understand and enhance public, business, and policy engagement with climate change and public health. He specializes in the fields of science and climate change communication, health communication, and strategic communication campaigns.

He has won several grants and awards including the National Communication Association's Golden Anniversary Monograph award, 2021 Outstanding Ph.D. Graduate Alumnus of the Year award, George Mason University's Department of Communication, Massey Business School's Excellence in Research award, and Top 40 under 40 inspiring teachers award from *The Indian Express*, a leading newspaper in India. His co-edited book was a finalist in the Association of American Publishers' 2019 PROSE Award.

He serves as an expert reviewer or jury for National Geographic Society, Canada Research Coordinating Committee (CRCC), European Science Foundation, Health Research Council New Zealand, among other funding agencies.

His research has been cited by scholars in top institutions around the world, intergovernmental agencies such as The World Bank, UNICEF, UNESCO, government agencies in India and New Zealand, and sustainability business groups and advocacy organisations. His research has been covered by several international newspapers including [The Guardian](#), [The New York Times](#), [Reuters](#), [The Atlantic](#), [New Zealand Herald](#), [The Hindu](#), and he has appeared several times on national TV and radio in New Zealand. His research was featured by the Royal Society of New Zealand.

## 2.4 RESEARCH LEADERS

**Pooja Jayan**

**PhD candidate (Massey)**



Pooja Jayan is a Junior Research Officer and PhD candidate at CARE, Massey University. Jayan's current research interests are in health communication, specifically looking at health experiences and inequalities among marginalised communities. Her doctoral thesis looks at the health and wellbeing of migrant Indian nurses in New Zealand. She received the Society for Research on Women Research Award (SROW). In her research projects in New Zealand and India, she engages with migrants, refugees, women, and minority communities experiencing marginalisation.

**Md Mahbubur Rahman**

**PhD candidate (Massey)**



Md Mahbubur Rahman is a Junior Research Officer and a PhD candidate at CARE, Massey University. Before commencing his PhD study, Md Mahbubur Rahman has been working as a News Producer at Bangladesh Television (BTV) for more than 9 years and as a Program Producer in Bangladesh Betar (Radio Bangladesh) for more than 8 years. Besides he has been working as a Senior Lecturer, Pharmacy at University of Development Alternative, UODA, Bangladesh in 2009-2010 session and then continued to participate at the research activities of the Pharmacy department of UODA. He is a NOMA (NORAD's Programme for Master Studies) scholar as he has been offered NOMA scholarship of Norway in 2009 for doing his Regional Masters in Journalism, Media and Communication degree. His Master dissertation titled "Credibility of Al Jazeera English (AJE) News in Bangladesh" examined the credibility of various news channels in Bangladesh like BBC, CNN, Al Jazeera and some local channels. He has been awarded the Gold Medal (Chancellor Award) in his MBA (Master of Business Administration) degree in 2006. He is also a registered Pharmacist of Bangladesh.

### Balamohan Shingade MFA (Auckland)



Balamohan Shingade is a Junior Research Officer with CARE, Massey University, and a candidate for the MLitt in Philosophy at the University of Auckland. Balamohan is also adjunct faculty at Whitecliffe College of Art and Design, an independent curator of contemporary art, and Hindustani singer. From 2017–2020, he was the Assistant Director and Curator of St Paul St Gallery, Auckland University of Technology. During the redevelopment of Uxbridge Arts and Culture, he was the inaugural Manager/Curator of Malcolm Smith Gallery, a new gallery for East Auckland, 2015–2016.

### Selina Metuamate



Ko Ngāti Kauwhata o Kawakawa/Feilding raua ko Ngāti Hauā o Waikato/Tainui ōku iwi ki te taha o taku Māmā me te taha o taku Pāpā ko Manganui/ Cook Island & Tahitian. I am currently studying a BA of Kaitiakitanga Pūtaiao/environmental management at Te Wānanga o Raukawa. My research interests focus on the health and wellbeing of my Māori iwi and the local community. Through the inequalities experienced by colonisation and the ongoing displacement of Māori from land and livelihood, new risks to health and wellbeing are continually generated. My work as a community researcher explores the role of tangata whenua negotiating deep inequalities in health outcomes that are brought about by the interpenetrating forces of settler colonialism and capitalism.

## Recent research alums

### Francine Whittfield Masters candidate (Massey)



Francine Whittfield was a Junior Research Officer and Master's student at the Center of Culture-Centred Approach to Research and Evaluation (CARE), School of Communication, Journalism and Marketing at Massey University, Palmerston North, Aotearoa New Zealand until February 2022. Francine completed a Bachelor of Health Science (Health Promotion) in 2020. Cementing her interest for inequitable experiences for minority populations throughout life, specifically those experiencing sexual violence. Her Master's studies are leading her down the path to critically examine the lived experience of sexual violence disclosure for minority populations. Before commencing her Bachelor study Francine worked as a Dispensary Technician in Community Pharmacy in Flat Bush, South Auckland.

**Ngā Hau Christine Elers**  
**PhD candidate (Massey)**



Through her mother, Christine's Iwi or tribal affiliations are Ngāti Kauwhata in the Manawatū, where she was born and has lived most of her life. She is also affiliated to the tribal nations of Ngāti Hauā and Ngāti Maniapoto in Waikato. Through her father, she traces descendancy to the tribal nations of Ngāti Kahungunu ki Wairarapa and Rangitāne in Wairarapa and Ngai Tahu in the South Island.

Christine Elers is a PhD student utilising the Culture-Centered Approach to build infrastructures for voice amongst Māori with lived realities of multiple socioeconomic and communicative disparities.

**Dr. Naomi Tan**  
**Postdoctoral Fellow at The University of Texas MD Anderson Cancer Center**  
**PhD (Ohio State University)**



Dr. Naomi Tan is a postdoctoral fellow at the M D Anderson Cancer Center at the University of Texas. Dr. Tan investigates the intersection of narrative persuasion and interpersonal communication in the domain of health. In particular, she has begun to amass a program of research investigating questions related to cancer screening interventions with Asian-Americans and experimental work assessing the effects of family health history narratives on family health information seeking and

sharing. In her dissertation, Dr. Tan introduced and tested a model of narrative effects for cultural targeting. Her research aims to capitalize on the strengths of narrative-based messages and integrated with culturally targeted messages, to understand how to motivate cancer screening behavior among Chinese Americans, specifically in colonoscopy. Her thesis built on her work at CARE, focusing on the problem of food insecurity in Singapore, the communicative erasure of the subaltern in this context, and instances of resistance and agency. Her other research interests include the usage of ICTs in developing countries, and new social movements.

**Dr. Pauline Luk**  
**Lecturer, University of Hong Kong**  
**PhD (National University of Singapore)**



Pauline Luk is a Lecturer at the Bau Institute of Medical and Health Sciences Education University of Hong Kong and Senior Resident Tutor, at Medical Ethics and Humanities Unit Wei Lun Hall. She is a multidisciplinary scholar with a diverse research background in communication, medical education, and social change. Her principal research interests are medical education (professionalism, online learning, collaborative learning, and mental wellness) and health communication (alternative medicines, health information seeking, and health policy). While pursuing her doctoral research at the Department of Communications & New Media (CNM), National University of Singapore, she served as a CARE Research Assistant. Prior to joining NUS, Pauline was an Assistant Professor and Programme Director in Public Relations and Advertising for the Department of Journalism and Communication at her alma mater Hong Kong Shue Yan University for more than 10 years. She taught various courses in public relations, integrated marketing, and news reporting, and was also the coordinator of the summer internship programme for undergraduates. Pauline's previous work experiences include copywriting and account servicing for advertising and public relations agencies in Hong Kong. She also volunteered for AIDS prevention programmes in Hong Kong in 2010.

**Munirah Bashir**  
**Research Assistant in Health Informatics, NUS Computing**



Munirah currently works as a Research Assistant in Health Informatics in the School of Computing at the National University of Singapore. Earlier she worked at the National University School of Medicine. At CARE, she worked on the Malay Heart Health Project, exploring the everyday experiences of health among the Malay community, and developing a framework for a culture-centered community-led intervention. Her research interests lie in exploring the intersections of health informatics, community participation, and culture-centered community led design of technologies, services and health systems.

**Dazzelyn Zapata**  
**PhD (National University of Singapore)**



Dazzelyn Baltazar Zapata is currently a teacher and independent researcher based in Canada. Earlier, she served as a lecturer at the Department of Communications and New Media, National University of Singapore. She first joined CARE as Graduate Research Administrative Assistant in July 2014 and went on to be a Research Associate after completing her PhD in July 2015. She was a Post-Doctoral Fellow (teaching) with CARE from January 2016. She

remains involved with CARE's working Filipina foreign domestic workers project, the transgender sex workers project (Project Stiletto) and the conference for social change edited book project. Dazzelyn teaches science communication, new media and health communication and critical perspectives in advertising. She was also a tutor for various CNM modules while she was a graduate student with the department such as Theories of Communications and New Media, Communication, New Media and Society, Culture Industries, Social Psychology of New Media, and the *IARU NUS 'Asia Now!' Global Summer Program*. Indigenous peoples, representation, development and mobile phones are the core of Dazzelyn's PhD dissertation. Her research looked into the influence of mobile phones on the indigeneity of the Igorot people in Mountain Province, Philippines, and explored the connection between mobile phone use and the community's understanding of development through the culture-centered approach. Prior to moving to Singapore, she was an Assistant Professor at the University of the Philippines Baguio handling courses in communication, journalism, broadcasting and media studies. She completed her BS Development Communication major in Science Communication at the University of the Philippines Los Banos and MA Media Studies major in Broadcasting at the University of the Philippines Diliman. Back in the Philippines, she is a volunteer facilitator/trainer for various grassroots programs. After completing her bachelor's degree, she taught full time as *gurong pahinungod* (teachers to the village program) in a remote indigenous community in Abra, Philippines. For the past 14 years, she has closely worked with various indigenous communities in the Philippines, mostly in the Cordillera Administrative Region where they have a very high concentration of indigenous peoples in the country.

### Tan Ee Lyn

#### PhD (National University of Singapore)



Ee Lyn was a journalist for over 22 years, first with trade publisher Petroleum Argus and then with Reuters. Based first in Singapore and later Hong Kong, she covered a wide gamut of news ranging from health, science, politics, business and current affairs to disasters like epidemics and earthquakes. From 2006 to early 2013 as Asia health and science correspondent for Reuters, Ee Lyn became deeply interested in public health issues and broader themes like

how resource inequity is the root of poor health, morbidity and premature death. In 2009, she received an Asia Human Rights Press Award for an article on maternal mortality in Afghanistan, and in 2010, she earned her master degree in public health from the University of Hong Kong, where her thesis explored the motivations for psychotropic drug abuse in Hong Kong.

Ee Lyn returned to her home base in Singapore in 2013 and worked as a research assistant at the Center for Culture-Centered Approach to Research and Evaluation, followed by serving as an Instructor at NUS, and later as a journalist with the Straits Times. Her other passions are sea swimming, brisk walking, reading and housekeeping. At CARE, she led the research with Chinese workers exposed to Benzene at work.

**Sarah Comer**

Sarah Comer received her Master's degree from the University of Georgia's Department of Communication Studies in the United States and worked as a CARE Research Assistant. She is currently a Speech Language Pathology Research and Clinic Assistant at the University of Maryland. Sarah's Master's research focused on redefining pedagogical and evaluative practices used for communication training in American medical schools. Specifically, she examined how physicians can best communicate with their patients about difficult subjects such as error disclosure and behavior change. Before joining CARE, Sarah was a research assistant for a collaborative grant funded by the National Institute of Alcoholism and Alcohol Abuse through the University of Georgia and Emory University. This grant focused on teaching safe sex negotiation skills in hopes of lowering HIV/AIDS rates. Sarah also worked at the University of Texas MD Anderson Cancer Center as a research assistant to the Behavioral Science team working on projects such as multimedia development for continuing medical education, interpersonal communication development for Physician Assistants, and the development of a social support website for cancer survivors.

**Somrita Ganchoudhuri**

**PhD (National University of Singapore)**



Somrita Ganchoudhuri received her PhD from the Department of Communications & New Media (CNM). She received her Master's degree in Communication Studies from University of Hyderabad, India. She currently works as a marketing communication manager with Singularity Data.

Her primary research interests are in the field of health communication, media content analysis and the culture-centered methodologies to develop community-driven communication solutions to various issues. Her Masters thesis titled 'Media Coverage of Delhi High Court Judgement on Section 377' focuses on how the Delhi High Court verdict of decriminalizing homosexual behavior was framed by different elite English newspapers in India. Her paper goes beyond noting the different frames in the media to critique lack of a more democratic, rights-based approaches in media coverage of sexual minorities. Currently her thesis is concerned with examining the role of Nongovernmental organizations in health sector, and communication processes and strategies and tactics they use in the realm of HIV/AIDS in Nagaland while also asking critical questions about health disparities, culture and health to identify the extent to which health issues have been addressed.

Previously she worked at Thomson Reuters as a publishing specialist. As a part of Corporate Social Responsibility at Thomson Reuters, she worked closely with marginalized communities such as elderly and orphans.

## Daniel Teo



Daniel Teo worked as a CARE Research Assistant and received his Master's degree from the Department of Communications & New Media (CNM), National University of Singapore (NUS) based on his work at CARE with men who have sex with men in Singapore. Daniel holds a Bachelor's Degree in Social Science (1st Class Honours), majoring in Communications with a minor in English Literature. He is also a recipient of the Hill & Knowlton Best Communication Management Award. Daniel's research interests are

in health communication, journalism, public relations, critical theory, cultural studies, and narrative theory. His undergraduate thesis, which critically analyzed news reports on the H1N1 pandemic, was able to combine all these interests. Daniel's current thesis work for his Master's degree focuses on health narratives. In 2011, he was invited to spend a semester at Purdue Graduate School as the first student in a developing Purdue-NUS graduate exchange program. Before joining CARE, Daniel worked as a Teaching Assistant at CNM for two years. He taught various classes in public relations, publication and design, and culture industry, and was awarded the department's Best Teaching Assistant Award in 2011. Daniel's other work experiences include serving as a military musician in the Singapore Armed Forces, and copywriting annual reports and other publications.

## 2.5 COMMUNITY RESEARCHERS

### Marise Lant



Marise Lant is a Māori Leader, Lobbyist, and Indigenous Rights Protector, as well as the Founder of the 250 Years of Colonisation the Aftermath Group that led the Protest and the burning of the Union Jack in Opposition and response to the 250 Year Replica Endeavour arrival to Gisborne on 8th October 2019. She is also known for her work on Māori Land Rights, taking the charge on the Te Ture Whenua Reforms to the Waitangi Tribunal which became (Wai 2478) that produced the 2016 report " He Kura

Whenua Ka Rokohanga" it was later taken forward to the United Nations, and as a result recommendations were made by the United Nations to the New Zealand Government. She is a current Maori Claimant to the High Court battling Māori Customary Rights on the Takutai Moana Act, (Foreshore & Seabed) She has represented on "Te Ohu Whakatika" which later produced the report, "Inaia Tonu Nei" a Māori group that provided a forum to empower Māori Voices in the conversation on Criminal Justice and Incarceration. She continues to advocate alongside many community groups on issues relating to Suicide, Methamphetamine, and Māori Incarceration. Previous Chairperson of the Tairāwhiti District Māori Womens Welfare League, A Representative on the Tairāwhiti District Maori Council, and supporter of the Tairāwhiti Multicultural Council.

### Richa Sharma

#### BA candidate (Victoria)



Richa Sharma (she/her) is a community organiser with a passion for people and the planet. She has been working in the political and NGO space since high school both as a community organiser and on various governance boards. Sharma is currently studying towards a BA in Linguistics and Education at Victoria University of Wellington.

She has lived experience as a member of both the Queer community and as a member of the South Asian diaspora in Aotearoa, and is passionate to ensure these voices can be represented in all levels of our society, from community and social involvement, to our democratic institutions.

### Kokila Annamalai



Kokila Annamalai is a community organiser, researcher, facilitator and writer in Singapore, who works with communities at the intersections of multiple marginalities. She is deeply invested in learning and applying practices that facilitate critical consciousness, transformative justice, radical care and community self-determination. Much of her work is devoted to creating voice infrastructures with communities on the margins, in spaces such as the arts, media, civil society and academia.

### Venessa Pokaia



Ko Venessa Pokaia tōku ingoa, he uri ahau a Ngāti Kauwhata raua ko Rangitāne. As a community researcher for CARE, Massey University, She has been privy to working alongside those whānau at "the margins of the margins" within the hāpori (community) of Highbury, and within the diverse communities of disabled, migrant, ageing and rainbow.

### Samiksha Pattanaik



Samiksha Pattanaik is a junior researcher and Phd candidate at CARE, Massey University. Her doctoral research looks at the health experiences and mobile phone usage of India's ASHA (Accredited social health activists) workers in the context of the Covid-19 pandemic. Through a culture-centered approach (CCA), her research work aims to create an entry point for rural ASHA workers, most of them from marginalised backgrounds, to articulate pandemic communication solutions from below, rather than being

passive recipients of expert-driven solutions disseminated via digital channels. Through semi-structured interviews, the CCA will enable the researcher to engage in a dialogue with ASHA workers in order to gain a better understanding of the meanings they ascribe to Covid-19 within their rural context and the role mobile phone plays in this process.

As a community researcher at CARE, Samiksha has worked with communities at the margins of the margins in Odisha's Kandhamal District, which has a high indigenous population. She has conducted in-depth interviews with rural and tribal population across villages in Kandhamal district and her interviews have focussed on uncovering the health experiences of the marginalised communities during the covid-19 pandemic. Her research interests primarily lies in health communication, digital media and gender issues.

Samiksha has also worked with leading news organisations in India, including the Hindustan Times, CNN-News18, Scroll.in and Condénast India. Also, she has worked in the field of public relations in London for two years. She holds a master's degree in Multimedia Journalism from the University of Westminster. Her master's dissertation focussed on a comparative study of infotainment features in British and Indian health television shows.

## Petelo Leaupepe



Petelo Louis Leaupepe, is a community researcher and community organiser at CARE. He is involved with the Pacifica community working on the CARE - JVBU Project Violence Prevention for Diverse Communities. He is also studying at Massey University majoring in Environmental Science and has grown up in Wellington. Attended Scots College for his high school years. Post graduating from high school, he received a basketball scholarship to attend Lincoln University in Christchurch for two years before making the move up to Manawatu to play for the Jets, to also study and work. Petelo is grateful for the opportunity to work for Professor Mohan Dutta and for CARE and hoped his research can make a difference in the Pacific community.

**Note** *In this section that the names and identities of community researchers in India have been hidden because of the risks of Hindutva violence and state repression (see the New Zealand Herald stories on the targeting of CARE researchers:*

<https://www.nzherald.co.nz/nz/massey-university-professor-hit-by-right-wing-hindu-trolls/LQQH4V7YFFVXBRWRO3VECGXUW4/>

<https://www.nzherald.co.nz/nz/massey-research-paper-on-hindutva-leads-to-trolling-persecution-and-threats/ETX6SQDHFMICYWSWODSK3UIXTQE/>

### Community Researcher A

Community Researcher A is a community researcher and community organiser at CARE, Massey University. Working in \_\_\_\_\_, he carries out the ethnographic work of the culture-centered approach, carrying out in-depth interviews in Indigenous and local communities across the region, building advisory groups, and co-creating pedagogies of democracy in communities at the margins. His activism explores the intersections of indigeneity and socialist politics in the struggles of the margins. His collaborations with over hundred villages across \_\_\_\_\_ sustains the voice infrastructures of democratic participation that shape community-owned development interventions.

### Community Researcher B

Community Researcher B is an indigenous community researcher with the Center for Culture-centered Approach to Research and Evaluation (CARE) based in\_\_\_\_\_. As a \_\_\_\_\_, his scholarship and activism explore the concept of Indigenous sovereignty and its linkages with health and wellbeing. Centering the role of intergenerational learning of cultural practices of healing, art, performance, and play, his research work at CARE explores the strategies for building and sustaining community-led, community-owned spaces of pedagogy. \_\_\_\_\_ has been working with Indigenous children and youth on youth-led education for democratic participation.

### Community Researcher C

Community Researcher C is an indigenous community researcher and community organiser with the Center for Culture-centered Approach to Research and Evaluation (CARE) based in \_\_\_\_\_. His community-led research programme explores the intersections of indigeneity, culturally-base claims to health and structural transformation through grassroots democracy. Centering the role of intergenerational learning of cultural practices of healing, art, performance, and play, his research work at CARE explores the strategies for building and sustaining community-led, community-owned spaces of pedagogy. Pankaj has been working with Indigenous children and youth on youth-led education for democratic participation.

### Abu Hayat Md Rafiqul Rezvi



'Abu Hayat is a migrant worker community organiser, Researcher in Malaysia. Abu has expertise in responsible sourcing, supplier engagement, preventing labour exploitation in supply chains including forced labour, human trafficking, and unethical recruitment of migrant workers. Abu has been working as a volunteer with NGO Tenaganita, Caram Asia, Proforest, NorthSouth Initiative and IMA Research foundation to improve the socio-economic situation of Bangladeshi Migrant workers both in Malaysia and Bangladesh. Since October 2021 Abu has engaged CARE overseas community researcher.

At CARE, Abu has worked with Indian and Bangladeshi Pam Oil Plantation, Construction, Rubber gloves workers in Malaysia and health of migrant workers in Malaysia and further building communities for CARE's intervention.

## Recent community research alums

### Gayle Moana-Johnson

Ngati Tuwharetoa, Ki Turangi  
BSW (Massey)



Gayle Moana-Johnson served as a community organiser and community researcher with CARE. Her work with CARE focused on building and carrying out advisory groups in the community in Highbury (where she grew up), co-creating the research design, and co-creating the development of community-led solutions. Gayle led the community-led mutual aid and COVID-19 response framework in the backdrop of the first lockdown. Gayle was working in Mental Health and Addictions for four years at a Māori NGO, Best Care Whakapai Hauora Charitable Trust, and is now on a new journey learning Te Reo Māori and doing some studies within creative arts.

**Jasmine Pai**  
**Tainui. Te Arawa**



Jasmine Pai served as a community organiser and Graphic designer with Care. Her focus was supporting the Highbury community through photography and creative advisory groups in the community Highbury, co creating an exhibition where they were able to look at the challenge that Highbury was facing, the rubbish tipping culture which was a constant financial and Wairua challenge for the community. Jasmine led the community to use the power of arts and create a Devine vision of community.

**Sohinee Bera**



Sohinee Bera is a graduate student at Cornell University after graduating from Purdue University. She has studied Agricultural Communications with a focus on international development, human rights, statistical analysis, and behavioural research. In the past, she has worked on projects such as a food waste campaign and Māori-led organising for health and wellbeing under the umbrella of CARE. Her internship at CARE focused on Indigenous community-led communication for social change.

## 2.6 CARE'S INTERNATIONAL ETHICS ADVISORY GROUP

The Center for Culture-Centered Approach to Research and Evaluation (CARE) is proud to introduce you to its International Ethics Advisory Group. The International Ethics Advisory Group plays a vital role in the ongoing work of CARE. The IEAG guides the CARE team in the ethics processes for carrying out culture-centered interventions and offers expertise to CARE projects and our team.

### **Professor Rebecca de Souza**

**Professor of Communication at the University of Minnesota, Duluth.**



Rebecca de Souza is a Professor of Communication at the University of Minnesota, Duluth. Her research is concerned with how political and economic systems impact health, access to food, and social inequalities. The overarching goal of her research is to understand how the discipline of communication can be answerable to the practical problems of socio-political life. Her research over the last fifteen years has revolved around the themes of health, food, marginality, and culture.

Her recent book *Feeding the Other: Whiteness, Privilege, and Neoliberal Stigma in Food Pantries* (MIT Press, 2019) shows how food pantries in the United States reinforce stigma among people who are hungry and negatively impact their health and social outcomes. Her work has been published in top-tier communication journals such as *Communication Theory*, *Health Communication*, and *International Journal of Communication* as well as in interdisciplinary journals such as the *American Journal of Health Education*, *BMC Public Health*, and *Journal of Agriculture, Food Systems, and Community Development*.

Dr. de Souza is a publically-engaged scholar, who has brought her work to national and international attention through op-eds, podcasts, and other venues.

University profile: <https://cla.d.umn.edu/faculty-staff/dr-rebecca-de-souza>

**Professor Benjamin Bates (Ph.D., University of Georgia)**  
**Barbara Geraldts Schoonover Professor of Health Communication**  
**School of Communication Studies at Ohio University**



Benjamin R. Bates (Ph.D., University of Georgia) is the Barbara Geraldts Schoonover Professor of Health Communication in the School of Communication Studies at Ohio University. He is also an affiliated faculty member in the Communication and Development Studies program, the Infectious and Tropical Disease Institute, and the Appalachian Rural Health Institute.

Across these programs, Dr. Bates seeks to use community-based communication tools and strategies to work toward two ends. First, to assist individuals and communities in identifying possibilities for social, economic, and political change for community betterments. Second, to strengthen community organising structures so community members can be the architects of their own well-being.

The center of his current work is in partnership with social and biological scientists at the Ohio University Heritage College of Osteopathic Medicine and in el Centro de Investigación para la Salud en América Latina at la Universidad Pontificia Católica del Ecuador. This project, the Health Living Initiative, operates on three action lines identified by partner communities in rural Ecuador – Infrastructure, Income Generation and Health – to eradicate Chagas Disease.

In addition to research and teaching in this area, Dr. Bates has served as President of the Eastern Communication Association, past editor of *Communication Quarterly*, and current editor of the *Southern Communication Journal*.

He also chairs the social-behavioral Institutional Review Board at Ohio University.

University profile: <https://www.ohio.edu/chsp/batesb>

## 2.7 Administrative, Production and Multimedia Staff

**Breeze Mehta**  
**Project Manager**  
**PGDipBA, Auckland University of Technology**  
**B.Sc.I.T. Mumbai University**



Breeze Mehta was born and raised in Mumbai (Bombay- as known in the British era) and he received his Postgraduate Degree in Business Administration from Auckland University of Technology, New Zealand in 2016. Breeze has a strong IT and technical background with management experience across career fields of over 10 years. As a Project Manager he has been instrumental in the process of migrating CARE to Massey University and at the moment is managing the website and web publications, social media pages, human resources, finance & office administration, new and ongoing projects for CARE.

**Richard Torres**  
**Technical Producer**



Richard M Torres is a former US Marine from Los Angeles, California. In 2006, he graduated Massey University with Honours in Media Studies.

He is a multi-award winning filmmaker and a recognised cameraman, editor, and video journalist for TVNZ, Te Karere, Mediaworks (TV3), and Māori Television.

Richard's descendants are Navajo/Hopi (Native Americans) and Mexican.

## Multimedia Production Alums

**Julio Etchart**  
**Documentary photographer**  
**Visual journalist**



Julio grew up in Uruguay and later settled in the UK where he studied Documentary Photography at Newport Art College, and have since travelled widely for various media outlets. He has also produced multimedia material and touring displays for Non Governmental Organizations, universities and international bodies like Save The Children, OXFAM, CAFOD, War on Want, VSO, UNICEF, the British Council, the European Union, University of the Arts (London) and the National University of Singapore.

He is represented by the Panos Pictures agency in the UK.

After being awarded a World Press Photo First Prize in the Environment category, he was commissioned to produce *The Four Elements*, a touring exhibition and catalogue on environmental issues, sponsored by the European Union and a consortium of NGOs.

*The Forbidden Rainbow*, a long term project on the legacy of 500 years of colonialism in the Americas was published by Serpent's Tail (London) in 1992.

His enduring adventure on children's play around the world, *Toys*, was published by Mets & Schilt (Amsterdam) in Dutch, German and English, and distributed by Pluto Books in the UK and the University of Missouri Press in the USA.

*Imagining Orwell in Three Continents* is his latest photo-book, the result of years following the steps of George Orwell in Myanmar, Spain and Morocco. It has been recently published by Just Press.

### Abdul Rahman



Abdul Rahman served as a Research Assistant and a Multimedia Producer at CARE. He received his Bachelor's of Social Science (BSc) from the National University of Singapore with a major in Communications and New Media and minor in English Language. Rahman's previous work experiences include project management and client servicing, along with the handling of publication design projects and videography assignments. Some of his clients include Mandom (Gatsby), Inter-Racial and Religious Confidence Circle, MOE Malay Language Centre and Artbug – Centre for the Arts.

## 3. RESEARCH PROGRAMMES

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### 3.1 AOTEAROA NEW ZEALAND

#### 3.1.1 Negotiations of precarity in the gig economy

Research Team: Dr. Leon Salter and Professor Mohan Dutta



The exploration of *experiences with COVID19 among gig workers in Aotearoa New Zealand* began in June 2020 by applying the CCA to co-create voice infrastructures for a marginalised community of gig workers across three major cities.

The research has completed 25 in-depth interviews with rideshare and food delivery workers and a report detailing the findings is in draft stage. Some of the key findings from the report include that gig work, mediated through online platforms, is structurally distinct from traditional forms of work, posing unique challenges for collective organising and making gig workers highly vulnerable to the kinds of economic and health risks which have come with the COVID-19 pandemic.

2021 has also seen successful collaborations instigated with FIRST and E tū unions. In particular, a CARE activist in residence panel *Organising Gig Workers in Aotearoa* took place online on 1<sup>st</sup> December, which included Julian Ang (former member of NZ Rideshare Association and advocate for UBER driver rights), Anita Rosentrater (leader of the Real Work Real Jobs campaign at FIRST) and Sam Jones (Director of Health at E tū). The panel discussed what has gone well in terms of organising gig workers, the challenges for unions posed by the expansion of gig work, and shared strategies for the future.

Dr Salter also attended an event at Parliament in July which launched FIRST union's *Gig Work in Aotearoa* report, a copy of which was handed to Minister for Workplace Relations and Safety Michael Wood. This launch successfully attracted significant media attention to the issue of gig work, bringing a national spotlight to their exploitative and precarious conditions.

In terms of funding Dr Salter was awarded a MBIE Science Whitinga Research Fellowship, commencing on the 1<sup>st</sup> of December and running for 2 years. This will allow Dr Salter to chart the expansion of the gig economy into new sectors, including aged and disabled care. Dr Salter also received Massey University Research Fund (MURF) funding which will allow him to collaborate with Media Studies PhD student Lisa Vonk in interviewing care workers.

Read the press release with a link to the report here <https://www.scoop.co.nz/stories/BU2107/S00211/uber-drivers-to-file-in-employment-court-as-new-gig-economy-report-launched.htm>



Minister Michael Wood being handed FIRST Union's excellent gig worker report this morning at Parliament.

Image courtesy of Dr. Leon Salter and FIRST Union

### 3.1.2 Negotiations of precarity and collectivization in the arts: A culture-centered approach

#### **Research Team: Balamohan Shingade and Professor Mohan Dutta**

This project delineates experiences of arts and cultural workers from within the context of the precarity in the gig economy. The challenges for artists are unique. Take for example the 'obligation to self-design' in the art world. Drawn from marketing frameworks of 'brand management', artists are required to manage their self-image for access to public funding and mobility in the globalised circuits of commercial arts practice. In other words, artists are pressured not only to re-interpret their artwork as products for circulation within the market-based art world, but their identity also becomes of market value. Consequently, emancipatory possibilities of arts and cultural work are controlled, curtailed, or cast aside—such as the possibilities of consciousness raising, and speaking truth to power. Against the backdrop of the precarity, this project aims to create culture-centered, community-led registers for resisting the transformation of the arts along neoliberal logics, and for collectivising.

Since July 2020, more than 50 artists and cultural workers from Aotearoa New Zealand have participated in 60 – 90 mins in-depth interviews. The preliminary findings of this research were workshopped with the community organisers, particularly from Arts Makers Aotearoa, Equity for Artists, and Kōtare.

Shingade, in partnership with SquareSums&Co, has received funding from the New Zealand Music Commission to report on Challenges and Opportunities for Asian New Zealanders in the Music Sector. The experience of precarity is compounded by the consequences of marginalisation on the basis of ethnicity and racial identity. Communities most represented by the burden of the gig economy include Asian New Zealanders as well as Māori, Pacific, and migrant and refugee communities. In addition to and intertwined with poverty and entrenched racism, communities at the margins experience inequities in access to infrastructural support and resources for work and wellbeing in the music sector.

Drawing on the larger body of work undertaken by CARE on Precarity and the Arts in Aotearoa, the aim of this research is to understand how Asian New Zealanders working in the music sector are negotiating the challenges to work and wellbeing, and the potential solutions they foresee amidst ongoing transformations in neoliberal economies. The findings from this preliminary study will be published as a report authored by Shingade in 2022.

### 3.1.3 Experiences negotiating COVID19 among gig workers in Aotearoa New Zealand

**Research Team: Dr. Leon Salter and Professor Mohan Dutta**

Recent studies reveal that gig workers face fundamental threats to their health and wellbeing amidst large-scale transformations in neoliberal economies. However, the growing body of research on the challenges experienced by gig workers has not really attended to the health challenges constituted by the gig economy. This study examines the ways in which gig workers are negotiating their work, health and wellbeing amidst COVID19.



The study is designed:

- To comprehend the ways in which gig workers are experiencing COVID19.
- To understand how gig workers are negotiating COVID19.
- To explore the solutions to COVID19 imagined by gig workers.

The study draws on the CCA to examine the meanings of COVID19 and its negotiations among gig workers. The findings of this study, rooted in the voices of the workers, aim to create healthy and safe work environments for gig workers, through in-depth interviews and advisory group meetings.

For this study, the research team recruited participants working in the gig economy. An information sheet was shared with the participants. The study involved in-depth face to face interviews, typically lasting between 60 and 90 minutes. Recruitment of participants of the study was done using purposive and snowball sampling, mostly carried out digitally. Interviews were conducted mostly on digital platforms and were recorded. Interviewees were about the issues faced by them at their workplace, about their understanding and negotiation of health and wellbeing in daily lives, their challenges with COVID19, and the ways in which they negotiate these challenges. The interviews were transcribed for analysis.

A summary of the findings were available to the participants upon request, and a white paper was published based on the findings from the interviews.

The findings highlighted the role of erasure of voices of gig workers in shaping the risks of exposure to COVID-19 as well as in constituting the access to sustainable income amidst the outbreak. The pandemic exacerbated the health risks negotiated by gig workers, with workers largely disconnected and erased in the gig economy. Participants noted being unable to raise their concerns and not knowing whom to speak with amidst the absence of brick-and-mortar infrastructures in the gig economy. The mediation of communication through the platform perpetuated the erasure of gig workers, accentuating the everyday experiences of communicative inequality.

### 3.1.4 Marginalisation and disenfranchisement in Aotearoa New Zealand

The projects exploring marginalisation and disenfranchisement in Aotearoa were undertaken in three low-income spaces experiencing high deprivation, Glen Innes in Auckland, Highbury in Palmerston North, and Feilding, with the aim of understanding the local challenges to health and wellbeing and the potential respective solutions. The everyday experiences of health and wellbeing attend to structural marginalisation.

Engagement with the communities began in late 2018 through observational research and discussions with key stakeholders, including 119 in-depth interviews with residents. In 2019, community advisory boards were formed to co-develop and implement local infrastructures for health and wellbeing and thereafter govern the projects.

The formative research in both sites revealed clear poverty-related challenges but also a positive side to the communities, where people care and support each other. These insights would form as a basis for ongoing discussions within the advisory board in Highbury about the need to promote an alternative lens of the area to resist media depictions. This influenced the development of a photovoice project, whereby residents took photos in Highbury that were exhibited in a number of community spaces, as well as the *I Choose Highbury* campaign incorporating advertisements, videos, and other digital media.

#### Glen Innes

**Research Team: Dr. Phoebe Elers, Dr. Steve Elers, Mr. Richard Torres, and Professor Mohan Dutta**

In Glen Innes, the advisory board developed the *Poverty is Not Our Future* campaign to draw attention to the challenges associated with poverty in the area. The problem with poverty, as residents voiced, is in the system itself, and so the *Poverty is Not Our Future* campaign was a way of 'talking back' to the government.

The Poverty is Not Our Future project in Glen Innes, Auckland began in October 2018.

It comprises a multi-media campaign incorporating advertisements, videos, and other digital media that draw attention to issues relating to poverty in the region. In keeping with the cultured-centred approach, the campaign is grounded in voices of resistance and was co-developed in partnership with community members, building from the findings of preliminary research. The problem with poverty, as residents



voiced, is in the system itself, and so rather than targeting the community as a strategy for behavioural change, the Poverty is Not Our Future campaign is positioned from the grassroots as a way of 'talking back' to the government. This is significant for Glen Innes, which has often been targeted for behavioural change interventions and is undergoing a radical redevelopment that residents feel threatens their community's unique sense of identity, character, and belonging.

Glen Innes is a suburban site with high material deprivation, situated 10 km east of Auckland's central business district. However, residents have urged researchers not to judge Glen Innes by its reputation, maintaining that there is a strong sense of community, centred on relationships, community support and knowledge sharing. In the last decade, residents have come together to protest the large-scale redevelopment in the area by the Auckland Council that will provide a combination of state, social, and market based housing. Many residents do not want to leave their homes and feel that the redevelopment threatens their place in the Glen Innes community, viewing it as a form of gentrification. Despite these efforts, the redevelopment continued, with residents reporting that families have been relocated out of the area and that they have received notifications informing them that their homes will be demolished in the upcoming years. This has left residents with a sense of insecurity about the future and loss of agency concerning displacement, place, land, and space.

Engagement with the community began in late 2018 through observational research and discussions with key stakeholders, including 60 residents through a semi-structured interview technique. Within the Glen Innes township, it is difficult to ignore the social



issues visible – the high rates of addiction and substance abuse, crime, homelessness, unemployment, and mental illness. The old state housing is often overcrowded and in poor condition, and while residents report that these conditions can be harmful to their health, many remain on the waiting list for years hoping to be allocated housing. The local health clinic is always full of people, no matter what time of day, and residents wait for hours to see a doctor. The issues in Glen Innes are complex, being tied to a broader history of colonisation, urbanisation and displacement, but there is also a positive side to Glen Innes, where people care and support each other.

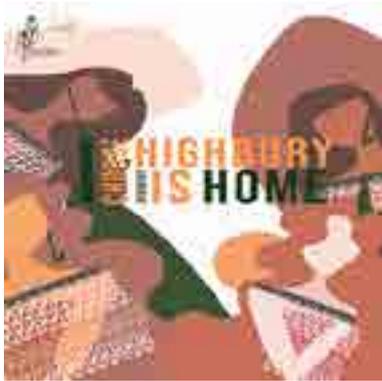
In May 2019, a group of residents formed an advisory board to validate the interpretations of the initial research, identify problems and potential solutions, and thereafter guide the project. From the first meeting, it was clear that members felt disengaged with the political system and that there is a need for alternative routes of communication that enable 'voice' and listening. The advisory board has been integral to the ongoing development of the Poverty is Not Our Future campaign, from the identification of key problems, the formation of strategies and tactics, through to the implementation and dissemination. The use of audio-visual recordings which were narrated and starred by residents, empowered residents to own and personify the messaging. For viewers, this put faces and voices to the campaign, allowing them to see the issues and the challenges in Glen Innes.

This is significant for Glen Innes, which has often been targeted for behavioural change interventions and is currently undergoing a radical redevelopment that residents feel threatens their community's unique sense of identity, character, and belonging. The campaign was released in a media conference fronted by community members and CARE researchers that received media coverage from a range of national outlets, including Radio New Zealand <https://www.rnz.co.nz>, Māori Television <https://www.maoritelevision.com/>, and stuff.co.nz <https://www.stuff.co.nz/>.



## Highbury

Research Lead: Venessa Pokaia, Terri Te Tau, Gayle Moana Johnson, Professor Mohan Dutta



Highbury is a predominantly low-medium socio-economic area, with approximately 3000 residents.

Over the years, negative stigmatisation has developed, where the predominant public perception has been one of violence, extreme poverty, danger and deficit in the community. Although Highbury comes with its challenges at times, the hāpori wanted to highlight and showcase the often-overlooked positive aspects which make Highbury unique to other hāpori.

Kotahitanga (oneness) was prevalent as several hui hāpori took place involving the Highbury Advisory Ropū (HAR), a group of dedicated representatives, driven and passionate about ensuring the fruition of great things for their hāpori, and other interested hāpori members. The unfolding dialogue led to the development of the Kaupapa (campaign) affectionately named #ICHOOSEHIGHBURY.



#ICHOOSEHIGHBURY involved communication campaigns like various video recordings displayed through social media of hāpori members raising awareness of why Highbury is their home, a place where diversity is welcomed, and where aroha (love) and manaakitanga (caring for others without expectation) are prevalent.



Whakawhānaungatanga (process of getting to know each other) set the foundation for trusting relationships to develop over time and respectfully gave space for whānau to sharing their lived experiences. This was also a noticing factor throughout the **COVID-19**, and **violence prevention in-depth interviews**,



where whānau narrative provided a wealth of insight pertaining to challenges faced, inequalities, whānau resilience, and the importance of whakapapa (genealogy), mana (influence and control) and tikanga (customary traditions).

**Maara kai** (growing food garden guided by tikanga Māori) development was seen as a solution to a hāpori need, as food prices continue to increase and place further stress on whānau who are already struggling to make ends meet. HAR and the wider hāpori were influential in the development of Maara kai communities. Te Pātikitiki (Highbury Library) and Te Whare Koha were the first of the Maara kai initiative, and saw matauranga (knowledge), pūkenga (skills) and resources from across the generations pulled together, eventuating in a bountiful amount of kai grown and shared amongst whānau.

Maara kai has not only given whānau the autonomy to grow and access healthy kai, but has increased activity, developed meaningful relationships and support networks, given whānau a sense of belonging and reconnected whānau back to the environment. Local support group “Lets Grow Highbury” have been working alongside whānau establishing Kainga Maara kai, as well as providing free kai workshops at Te Pātikitiki. The hāpori is working alongside other providers like “Manawatū Food Action Network” and “PNCC” planning future developments for a further three- four Maara kai spaces, and the continuation of fruit tree plantings.

The planting of Rongoā Māori has also taken place in a separate area at Te Pātikitiki away from the Maara kai, and



where whānau can learn kaitiakitanga (responsible stewardship), tikanga, hononga (connections-relationships), and rākau rongoā (various natural plant remedies).

**Mataariki Celebration** at Te Pātikitiki was recognised as a way of acknowledging Atua Māori, the Māori New Year, paying homage to those that had recently passed, and well wishes for the upcoming year. The celebration was also another opportunity for CARE film editor Richard Torres and previous CARE community researchers Jasmine Pai Brah and Gayle Moana-Johnson to support the formation of HAR's artwork of which was displayed as a Photo Gallery, highlighting #ICHOOSEHIGHBURY and Highbury as a positive place for all.

Many hui hāpori took place which involved the planning of roles and responsibilities, activities, and promotional materials. The Mataariki Celebration was a whānau-focused event highlighting hononga and inclusion of all, bringing the hāpori together which included a large number of migrant whānau and others from the wider pāpori (public), to enjoy each other's company and share in kai and festive entertainment.

*Highbury technology hub was a 3 month project that built community capacity for using technology while negotiating COVID-19, creating learning on how to use technology and identifying the challenges we see in our community.*

The Highbury PhotoVoice project offered learning in photography for kaumatua of Highbury, co-creating stories through the power of photography. This roopu wanted to create a conversation through photography about the rubbish dumping culture in the local awa, community and mauri that was created because of this culture of rubbish dumping

The "Rubbish tipping, why?" was a local exhibition that was held at Te Patikitiki Library in Highbury to share with the community the kaumatua roopu had put together. This exhibition's purpose was to share the present representation we were living in an "ugly" space, having rubbish every where in our community to our future of beauty, whānau hāpu and iwi working together.

This journey was challenging, hard and a beautiful seed that was planted in our community. Working with kaumatua as a Rangatahi showed us the different skills and capacity were being woven into a beautiful art show.



## Feilding

**Research Team: Christine Elers, Selina Metuamate, and Mohan Dutta**

This project voices the articulations of those at the margins of the margins of the community in Feilding, co-creating voice infrastructures for the participation of tangata whenua in Feilding negotiating diverse forms of disenfranchisement that result from the interplays of settler colonialism and neoliberal capitalism.

Community advisory groups participated in a co-creation process, voicing their everyday challenges to health and wellbeing, and situating these challenges amidst the loss of land and attack on community sovereignty by the structures of the settler colonial state.

The advisory group participated in collectively making sense of the initial in-depth interviews, identifying the challenges to health as rooted in the ongoing erasure of tangata whenua from land and livelihood.

The emergent culture-centered intervention developed by Whānau [extended family] in Feilding foregrounded preventing further ancestral land loss and protecting the river from neoliberal local government extractions as ways for sustaining life and livelihood. Noting the continual erasure of their voices as the key challenge to overcome, they articulate the construction of a stopbank on the remaining acres of ancestral land as the driver of risks to their health and wellbeing. The #WhatWeSayMatters campaign is co-scripted with the production team at CARE to foreground Whānau voices and to challenge the communicative practices of erasure.

The construction violated the sovereignty of the Whānau, challenged the health and wellbeing of members, and erased them by not engaging them in participatory processes. Against this backdrop, the advisory group supported wider Whānau members and their decision to occupy the land on the banks of the river, at the sites of the construction, to disrupt the erasure and to stop the illegal development. The occupation



thus foregrounded the ways in which voices from the margins emerge into discursive spaces.

Similarly, during the Covid-19 lockdown, community members in the Feilding advisory group reflected upon the packaged food that was distributed to Whānau in need. The recipients felt that their voices and lived experiences needed to be centered at the heart of food security for Whānau.

The advisory group planted a vegetable garden to distribute for free to Whānau in need. One group member in fact, offered land where he currently lives. This land was gifted by a female ancestor named Te Ara o Rēhua for the purpose of a school, which closed down following the drift into urban areas. She was renowned for organising against the colonial government's attempts at land acquisition, and for ensuring that the Iwi retained some land to live on. She also looked after people from other Iwi, who were landless due to colonial wars in the Waikato and migrated South. She gifted them land to sustain themselves and some of them still live amongst the Iwi. She also gifted land to a Scottish family, a single mother and her children, whose husband had been jailed protesting the surveying of Māori land by the government. The vegetable garden is aptly called Te Māra kai o Te Ara, the vegetable garden of Te Ara o Rēhua, as a tribute to this ancestress and her organising spirit.

Initially, the Whānau planted spuds [potatoes], as it is the first crop and is low-maintenance. The group reached out to some gardeners in the wider Iwi to assist. These gardeners [from the margins of the margins of Feilding] who also maintain vegetable gardens at their own homes, work with three varieties of spuds including a Māori variety called moimoi. One of the gardeners had said, "Spuds, because you'll always have a meal as long as you have spuds. My Koro [grandfather] always said, if you've got spuds, you've got a meal....Spuds are low maintenance."

Other Whānau members have come on board to help with planting. As confidence is growing, so too are the variety of seeds. Some seeds such as kamokamo [marrow], carrots and sweetcorn have been donated. Another advisory group member offered an acre of land in the same vicinity. Now, about 2-4 acres are being planted with vegetables.



The sites are located in close proximity to Kauwhata marae, the ancestral marae, which also contains the oldest ancestral meeting house in the Manawatū. Advisory group members have noted that if there is a tangihanga [funeral] at the marae and there are spuds available, spuds can be donated to the grieving Whānau as well.

Whānau members plant & grow vegetables, rīwai different varieties of potatoes, kamokamo, paukena, kanga etc and after 6 months, produce was ready to harvest marakai and distribute to Whānau & the surrounding community, their local marae o Ngati Kauwhata, which help provide kai for tangihanga (hangi) and kai packs, hot meals for Kaumatua - Elderly, sick Whānau and those who went into lockdown due to Covid . There was a need within the Feilding Community and Iwi for food among shortages, evidently due to rise in cost of living, housing shortages, homelessness causing much stress on Whānau & relationships, challenges with employment and most of all, structural challenges to health & wellbeing. We are thankful for the CARE seed funding used to facilitate this project, and through this help, we are able to maintain it's sustainability.

We continue to exercise our Kaitiakitanga and manaakitanga through these mediums to our community, Whānau and Iwi. Many of our people who unfortunately have been living in poverty, find it hard and stressful to reach out. Not only are they homeless but they are also unable to get access to public transport, as they have no form of transport, living remotely in the rural areas. Many rely on Whānau to drop kai off, which we have been doing for the last two years when this project was formerly initiated. There is still room for improvement as the impacts of colonisation and urbanisation have disrupted our traditional methods of living of the land, and there always being plentiful kai.

The culture-centered solutions developed by Māori reflect the concept of tino rangatiratanga, meaning sovereignty.

When communities have control over the solutions they create, they build solutions that are responsive to their everyday struggles with livelihood. These solutions are a result of collective organising centering food sovereignty that challenge the neoliberal formations constituting the distribution of food that are either focussed on individual families and their needs or addressing profit-driven companies, who capitalise on families in need, and in so doing, erase their voices from creating their own strategies. The culture-centered approach thus encourages collective action by those at the "margins of the margins"; building alternative registers for sovereignty.



### 3.1.5 Rural negotiations of health and well-being

Research team: Francine Whittfield and Professor Mohan Dutta



Spanning three countries (India, Aotearoa New Zealand, and Bangladesh), this project explores the meanings of health, the structural contexts of health, and rural negotiations of health and wellbeing.

Francine is facilitating a project in her home town of Shannon, Horowhenua.

She investigates how people at the margins negotiate health and well-being for themselves and their families while living semi-rurally or rurally. How financial factors impact decisions, and what change could be made to reduce some of the burden for those living rurally to achieve self-defined health and well-being.

Francine, the project researcher, lives in the community and knows many participants personally, really grounding the research project. Francine is speaking with those in the community who often are not heard or are not in a position to share their voice or have their views heard. Through this process of in-depth interviews those at the margins of society, she offers the opportunity for communicative dialogue, which empowers and facilitates the opportunity for change. Participants Francine has spoken with are humbled by the opportunity to speak of their experience living in rural Shannon and how living there impacts their health and well-being. Many participants are living 'pay-check to pay-check'. Some are homeless or sharing strained living spaces with extended family to negotiate the high accommodation costs. Many struggle to meet their families food needs but acknowledge the Kai Hub in Shannon as an asset that has contributed to reducing the burden of groceries for their families.

While the community has a strong connection, many spoke about the need for further inclusive facilities for all, for social connection and warding off poor mental health. Some talked about the lack of opportunity for teenagers in the community. While rural living costs are less than in the city, people noted the high price of travelling to health care facilities in large centres, such as Levin or Palmerston North. Many offered suggestions for meeting those needs.

### 3.1.6 Exploring Meanings of Health and Wellbeing Among Migrant Indian Nurses In New Zealand Using A Culture-Centered Approach

#### Research Team: Pooja Jayan and Professor Mohan Dutta

Nurses arguably are one of the most significant lifelines of the global health labour force. Nurses are fundamentally associated with New Zealand's health priorities and better health for all people. Like other developed nations, New Zealand requires Internationally Qualified Nurses (IQNs) to fill shortages in the healthcare sector.

Recent studies reveal that IQNs are increasingly migrating from Asian countries to developed countries and are younger.

However, there are reports of many IQNs going through racism and culturally-based discriminatory practices in New Zealand.

It is observed that workplace violence is on the rise in New Zealand and bullying among nurses is found to be higher than among other health workers.

Research indicates that the work environment of nurses consists of physically and psychologically draining tasks, while that of IQNs is often marked by discriminatory behaviors.

In the stressful and under-resourced milieu that IQNs work in, workplace issues can result in damaging outcomes, including adverse effects on health and wellbeing. Rooted in the recognition of the structural violence that shapes the ongoing negotiations of work among international nurses in Aotearoa New Zealand, this project explores the experiences of IQNs of Indian origin working in diverse contexts of the healthcare sector.

The overarching framework of the Culture-Centered approach (CCA) seeks to co-create communicative infrastructures in partnership with migrant Indian nurses. The partnership forms the basis for co-creating participatory platforms for migrant Indian nurses to voice their experiences that attend to the structural features of organising migrant health work.

Noting that the voices of nurses are largely erased from the dominant discursive spaces of policy-making in Aotearoa New Zealand, the project co-creates an organising infrastructure that are led by the nurses.

### 3.1.7 Meanings of health among Māori at the 'margins of the margins'

**Research Team: Ngā Hau Christine Elers, Selina Metuamate and Professor Mohan Dutta**

A culture-centered approach ('CCA') turns to the voices missing from dominant communicative spaces and builds infrastructures for listening and co-creates platforms for voice.

Underpinning the co-creation of platforms for voices to emerge into mainstream spaces is the recognition that erasure of voice is built into the very notion of health communication in the settler colonial state.

Configured as passive participants devoid of agency within 'top-down' communication approaches, Māori have been the ongoing target of health communication campaigns to arrest high morbidity and mortality rates that constitute a humanitarian crisis.

Health communication messages are often deployed that deny the knowledge production and agentic capacity of Whānau by serving culturally-laden health messages to conform the behaviour of individuals and Whānau, without critiquing the myriad of structural inequalities embedded into New Zealand's public health system.

The CCA is an approach to social change communication by de-centering expert modelling enshrined within the ideology of neoliberalism.

The CCA calls into question dominant health approaches that erase the voices for whom health campaigns and services are designed for and can offer co-created strategies towards social change communication ensconded in Whānau and community voice.

The meanings of Māori health emergent from the margins offer registers for decolonising hegemonic approaches to health communication.

### 3.1.8 Covid-19 negotiations at the “margins of the margins” in Aotearoa

**Research team: Professor Mohan Dutta, Christine Elers, Venessa Pokaia, Selina Metuamate, Mahbubur Rahman, Pooja Jayan, and Phoebe Elers**

Working across diverse intersections at the “margins of the margins,” this project spans five sites across Aotearoa New Zealand, building a community-led culture-centered framework for theorising the negotiations of COVID-19 amidst structural disenfranchisement.

The experiences of Māori, Pasifika, and migrant communities at the classed margins of Aotearoa shaped the building of voice infrastructures, which in turn served as the basis for co-creating community-led solutions for building health information resources and resources for community mutual aid and community-led prevention.

**Covid-19 Highbury.** The community-led culture-centered organising in Highbury in response to COVID-19 foregrounded a Whānau-based framework of care. Placing the health needs of those within the Whānau who are at the “margins of the margins” and are at greatest risks of COVID-19 shaped the organising of COVID-19 responses in the community. From distributing and delivering preventive resources to supporting Whānau with food and other essential resources, community leadership and ownership shaped the response strategies. COVID-19 prevention messages, including messages urging Whānau to stay in their bubbles, promoting mask wearing, and promoting testing were embedded within the Whānau infrastructure. Prevention messages were intertwined with community advocacy for securing resources of health and wellbeing. Community-led prevention organising took the form of community leadership in partnering with healthcare providers to build infrastructures for accessible testing, embedded within community-led organising of transportation and other support and community-led activism to secure universal access to testing.

**Covid -19 Project Feilding.** This is a community-led culture-centered Covid-19 Recovery Group in Feilding, working together to manage the recovery of Covid 19 in our Community. Building strong relationships through activities that bring the community together in supporting each other is a central element in the community-led organising. Creating and fostering healthy relationships within our Māori and Pacific community sustains the community's capacity to respond to COVID-19.

The infrastructure built through the project worked on creating conversations to administer and foster Tino Rangatiratanga, the sense of sovereignty in the community. Community organising secures the ownership of responses in our community in ways that they feel their culture and tikanga are heard and respected, respecting those who are at higher risk of developing serious illnesses and helping those in financial difficulty, by providing targeted support to those in the community suffering hardship financially, loss of employment, wellbeing and domestic abuse.

Collaborations on addressing challenges that impact our community and families through Covid-19 foregrounded emotional wellbeing, addressing the impacts on isolation. Challenges experienced by Whānau in isolation were addressed through the development of Whānau health - hauora wairua - (spiritual health) hinengaro- (spiritual) hauora Whānau - (communal/social health) and hauora tinana - (physical and environment) Initiatives to help with the recovery from impacts and challenges of Covid 19. Community-led initiatives sought to support those in our community through isolation and critical community lessons learned from the response to the virus.



Recorded interviews of real life experiences, face to face recordings, and zoom meetings within the community were held. Most participants noted that they supported the Covid lockdowns, ensuring their Whānau were kept safe and continuing to create strategies for Whānau safety and wellbeing, although not all agreed with the Govt mandates, trusting own Whānau information. Misinformation surrounding Covid was seen as scaremongering and not beneficial to the community.

Community voices foregrounded good Governance strategies because robust, effective and resilient organisations are vital to serving our people well.

**COVID-19 among refugees:** Largely disconnected from the everyday services and support structures amidst the COVID-19 lockdown, refugees struggled with securing access to preventive resources, resources of everyday health and wellbeing, and health care services. Culture-centered community-led organising among refugee communities in Aotearoa foregrounded and strengthened the community capacities for responding to COVID-19. Culturally-centered communication strategies crafted health communication messages rooted in cultural contexts, and directed toward addressing the structural contexts of refugee health. Refugee participants in advisory groups shaped the creation of white papers that served as anchors for advocacy and organising to secure access to health resources.

**COVID-19 Health Information Hub:** Co-created through the participation of community members, community advisory group members, and community researchers, the COVID-19 health information hub served as a space for disseminating culturally-grounded, community-based health information in the community.

### 3.1.9 A decolonising framework of anti-racism in Aotearoa New Zealand

**Research Team: Prof. Mohan J. Dutta, Pooja Jayan, Christine Elers, Mahbubur Rahman, and Phoebe Elers**

Drawing on a culture-centered approach to resisting racist structures across global contexts, this project spans five countries, putting forth a framework for conceptualising racism and developing community-led anti-racist interventions. The organising threads of the framework being developed in Aotearoa works at diverse intersections of the “margins of the margins,” exploring the ways in which the margins are continually produced through interpenetrating layers of settler colonialism, capitalism, and whiteness.



Based on the concepts of solidarity and connecting across anti-oppressive struggles, the projects explore the intersections among diverse anti-racist struggles.

They attend to the communicative infrastructures of hate that are catalysed by digital capital, and organised by populist authoritarian forces across the globe, seeking to build transformative communicative infrastructures that are rooted in the participation of communities at the “margins of the margins” experiencing hate. The participation of those at the margins forms the basis for anti-racist campaigns and anti-racist policies, building a material framework for intervening into the global flows of racism across contexts.

A decolonising register for resisting racism foregrounds community voices, conceptualizing peace and social cohesion in the lived experiences and struggles for social justice among communities at the margins. This programme of research is complemented by activist-on-residence series that has hosted leading anti-racist activists Sangeetha Thanapal, Teanau Tuiono, Marise Lant, Byron Clark and Andrew Judd.



A key stream of work emergent from this decolonising framework centers the experiences of Muslims in Aotearoa New Zealand in the backdrop of the Christchurch terrorist attack. Through in-depth interviews, focus groups, and survey, the various threads of Islamophobia are explored, foregrounding



the voices of Muslims experiencing the hate across diverse spaces and contexts. Community voices foreground the interpenetrating forces of white supremacy, far right Zionism and Hindutva (right wing Hindu nationalism) that produce, circulate, and magnify Islamophobia in Aotearoa. The voices of Muslims experiencing Islamophobia guide the development of white papers, policy briefs, activist-in-residence programmes, lectures, and communication interventions at CARE.

## Media

Muslim identity and experiences in New Zealand – Expert Reaction, Science Media Centre Article

<https://www.sciencemediacentre.co.nz/2019/03/19/muslim-identity-and-experiences-in-new-zealand-expert-reaction/>

Source: sciencemediacentre.co.nz

Expert Relations | Published: 19 March 2019

Image Source: Science Media Centre (New Zealand)



Temple event 'celebration of Islamophobia' - academic, RNZ

<https://www.rnz.co.nz/national/programmes/first-up/audio/2018758000/temple-event-celebration-of-islamophobia-academic>

Source: From 5:08 am on 5 August 2020

Image Source: RNZ



Why did New Zealand intelligence fail to catch attack suspect?

<https://www.aljazeera.com/news/2019/3/25/why-did-new-zealand-intelligence-fail-to-catch-attack-suspect>

Massacre of 50 Muslims prompts conversations about alt-right, spies and Islamophobia in New Zealand and elsewhere.

By David Child

Published On 25 Mar 2019.

Article and Image Source: Al Jazeera Media Network



Muslim identity and experiences in New Zealand

Tuesday, 19 March 2019, 12:05 pm

<https://www.scoop.co.nz/stories/PO1903/S00205/muslim-identity-and-experiences-in-new-zealand.htm>

Press Release: Science Media Centre

Article Source: Scoop Media

Article source: rnz.co.nz ; Image Source: AFP



Three Minutes Max: Professor Mohan Dutta

From Sunday Morning, 11:35 am on 24 March 2019

<https://www.rnz.co.nz/national/programmes/sunday/audio/2018687975/three-minutes-max-professor-mohan-dutta>



Why did a Hindu who attacked Sikhs in Australia receive a hero's welcome in Modi's India?

<https://www.scmp.com/week-asia/people/article/3153355/why-did-hindu-who-attacked-sikhs-australia-receive-heros-welcome>

Sonia Sarkar

Published: 7:30pm, 22 Oct, 2021

Article source: South China Morning Post's website: scmp.com

Photo source: Twitter



Misinformation isn't new, so how can we control it?

<https://thespinoff.co.nz/partner/30-09-2020/misinformation-isnt-new-so-how-can-we-control-it>

The Spinoff | Staff writers

Partner content

(PHOTO: GETTY IMAGES)



Islamophobia in New Zealand: where does it come from?

<https://www.nzherald.co.nz/nz/islamophobia-in-new-zealand-where-does-it-come-from/D6LPCBH6AD6NY4FSEE3XCESFAA/>

22 Mar, 2019 05AM

Christchurch's Masjid Al Noor mosque has been closed since Friday's terror attack.

Article source: nzherald.co.nz

Photo / Michael Craig



Tune in to RNZ's Saturday Morning programme hosted by Kim Hill on Saturday 4 December 2021 @ 8.10 with Prof. Mohan Dutta: the worrying rise of right-wing Hindutva thinking <https://carecca.nz/2021/12/03/tune-in-to-rnzs-saturday-morning-programme-hosted-by-kim-hill-on-saturday-4-december-2021-8-10-prof-mohan-dutta-the-worrying-rise-of-right-wing-hindutva-thinking/>

## Saturday Morning

A magazine programme hosted by Kim Hill, with long-form, in-depth feature interviews on current affairs, science, modern life, history, the arts and more.



Prof. Mohan Dutta was interviewed by Kim Hill on Saturday Morning RNZ programme about the the worrying rise of right-wing Hindutva thinking. Kim Hill is very reputed host with long-form, in-depth feature interviews on current affairs, science, modern life, history, the arts and more.

Follow this podcast - <https://www.rnz.co.nz/national/programmes/saturday>

On the RNZ show Kim Hill and Prof. Mohan Dutta discussed about Hindutva. A strain of Hindu nationalism, Hindutva, has grown in global prominence since 2014 under Indian prime minister Narendra Modi's BJP party. Now tensions are rising in the Indian community, both here and internationally, between those supporting Hindutva, and those concerned it promotes racism and Islamophobia. They spoke about Professor Mohan J Dutta & Massey University being at the centre of the row in New Zealand. Prof. Mohan has written on how Hindutva thinking is being used to create a sense of pride in the Indian diaspora, yet is also leading to prejudice and Prof. Dutta has been the subject of online abuse, and a petition has been circulating, asking that Massey University and Dutta cease such publishing. Dutta is himself a Hindu and says supporters of Hindutva wrongly conflate it with hinduism, which is a far broader church.

## Civil Society and activist support #EndTheHate

The public scholarship of CARE on developing a decolonising framework for community-led culture-centered anti-racist interventions includes public talks, dialogues with anti-racist activists, and community-led anti-racist interventions. The voices of communities at the intersectional "margins of the margins" foreground the interpenetrating forms of racism and structural violence that perpetuate the erasure and silencing of communities.

Building on the ethos of placing the body on the line that shapes the methodology of the CCA, CARE's community-driven anti-racist interventions challenge the multiple layers of racist structures that perpetuate marginalisation.

In response to the public-facing engaged scholarship of CARE seeking to resist Islamophobia, Professor Mohan Dutta and the Center became the targets of a disinformation campaign organised by white supremacist and far-right Hindutva groups.

The targeting took the form of letters directed at the university, phone calls to the university, online attacks, disinformation-based conspiracy theories, and threats of violence. The negotiation of the attacks on life and livelihood shaped the research of CARE on social justice and academic freedom.

In response to the attacks directed at CARE, a wide network of activists, academics, and civil society organisations offered their solidarity.

In this section, we present the support letters by academics and local-national-global civil society organisations in support of CARE expressing concerns over attacks directed at CARE and Prof. Mohan Dutta.

The support from Massey University leadership emerged as a key resource that held up this work across the targeted campaigns of disinformation and hate.

# Hindus for Human Rights



## AUSTRALIA & NEW ZEALAND

15 September 2021

**FOR IMMEDIATE RELEASE: Expressing our concerns over attacks directed at Prof Mohan Dutta**

We are writing to you on behalf of **Hindus for Human Rights (HfHR)**, an advocacy organisation that provides a platform for progressive Hindus to speak out in support of democratic freedoms and pluralism.

Hindus for Human Rights - Australia and New Zealand expresses deep concern over the vicious and abusive attacks, using multiple platforms, directed at Professor Mohan Dutta, Dean's Chair Professor Director at the Centre for Culture-centred Approach to Research and Evaluation (CARE), Massey University, New Zealand. The attacks falsely accuse Prof Dutta, who has recently presented a paper titled 'Cultural Hindutva and Islamophobia', of promoting Hinduphobia and putting the "Hindu community in Aotearoa at risk of hate crimes".

The aforementioned attacks on Prof Dutta, which falsely accuse his work as 'Hinduphobic', follow a familiar pattern of attacks by Hindu extremist groups on academics and human rights activists who have spoken out against the rise of Hindutva, an extremist political ideology that advocated for Hindu supremacy and considers India's religious minorities, especially India's 250 million Muslims and Christians, as second-class citizens.

Extremist Hindu groups have a history of accusing the critics of Hindutva of 'Hinduphobia' to stifle criticism of their ideology and actions, which have seen a sharp rise in acts of violence against India's religious minorities since a Hindu nationalist government came to power in 2014. In its 2021 report, the United States Commission on International Religious Freedom (USCIRF) has recommended that the US designate India as a Country of Particular Concern for "engaging in and tolerating systematic, ongoing and egregious religious freedom violations," alongside the likes of China, Saudi Arabia, Pakistan, North Korea, Iran and Myanmar.

Another example of the pattern of vicious trolling and threats that academics, who critically examine Hindutva, face was when the organisers and participants of the 'Dismantling Global Hindutva' conference held recently across a number of universities in the USA were falsely attacked by several Hindu groups in India and the US as being 'Hinduphobic' and 'promoting genocide of Hindus'. Many participants received threats of violence and some even death threats.

We unequivocally reject the accusations against Prof Dutta and urge the governments of Aotearoa and Australia to examine the rise in religious extremism among the Hindutva groups in the two countries which, we believe, poses a serious threat to social cohesion within the Indian diaspora.

We also ask the government and Massey University to take all necessary steps to ensure the safety of Prof Dutta, his family and his colleagues; and to take the necessary legal action against the individuals and organisations involved in the aforementioned acts of threat and intimidation. We also ask that the right circumstances be created to reiterate the CARE social media handles and Prof Dutta's webinar.

Hindus for Human Rights - Australia and New Zealand (HfHR-ANZ) is the Australian and Aotearoa branch of Hindus for Human Rights USA, which was founded in 2019. We advocate for pluralism and human rights in South Asia and beyond, rooted in the values of our Hindu faith: shanti (peace), nyaya (justice) and satya (truth). We provide a Hindu voice of resistance to caste, Hindutva (Hindu majoritarianism), and all forms of bigotry and oppression. We work with a broad coalition of partners to educate elected officials and the public in Australasia about human rights issues in South Asia. Our advocacy takes many forms, including government briefings, peaceful protests, op-eds, webinars, conferences, and social media mobilisation.



Date

15<sup>th</sup> September 2021

Dated.....

Kia Ora,

The Shaheed Bhagat Singh Charitable Trust is issuing this statement in complete solidarity with Professor Mohan Dutta and The Center for Culture-Centered Approach to Research and Evaluation (CARE). As New Zealanders from the Indian diaspora we understand and fully appreciate the work being undertaken at CARE that highlights the importance of critically examining and identifying extremist ideologies in Aotearoa.

Hindutva is an ideology that came into being in the early 1920s in India, the founders of which during times of its inception, openly admired and constantly interacted with the Fascist party in Italy and the Nazi movement in Germany<sup>1</sup>. While Golwarkar a prominent ideologue of Hindutva and the second Sarsanghchalak (head) of the Rashtriya Swayam Sevak Sangh (RSS) in his book 'We or our Nationhood Defined' drawing inspiration from Hitler's ideology wrote '*Germany shocked the world by purging the country of the Semitic Races – the Jews ... Germany has also shown how well nigh impossible it is for Races and cultures, having differences going to the root, to be assimilated into one united whole, a good lesson for us in Hindusthan to learn and profit by*'<sup>2</sup>. Vinayak Damodar Savarkar the earliest and most prominent proponent of the term, in his works considered Muslims and Christians living in India as foreigners like 'Jews in Germany', with the Muslim community particularly singled by Savarkar to whom they were traitors to their 'nation'<sup>3</sup>.

While the ideology had remained dormant in the early decades after independence it has slowly made its way into India's mainstream politics in the past three decades, a process that was greatly accelerated after the 2014 elections, that resulted in the ascension of the victorious Bharatiya Janata Party (BJP) as the governing entity with Narendra Modi at its helm. Ideologues of Hindutva operates through a host of organizations. From the lathi wielding RSS (that very much reminds one of Hitler's Brownshirts), the Vishwa Hindu Parishad (VHP) and Bajrang Dal (both of which had been classified as terrorist organizations in Central Intelligence Agency's 2018 World Factbook<sup>4</sup>), to Akhil Bharatiya Vidyarthi Parishad (ABVP) the student organization affiliated to the RSS, and BJP itself being the political realization of the movement, the followers of Hindutva have successfully established themselves across the nation.

Apart from targeting religious minorities<sup>5</sup>, adherents of this political ideology, i.e., the far-right in India, have been increasingly targeting student activists<sup>6</sup>, journalists<sup>7</sup>, and academics with threats and direct physical harm for registering dissent and criticizing the ideology. Journalists including Gauri Lankesh and M.M. Kalburgi who were murdered<sup>8</sup>, and academics such as Meena Kandaawamy and Audrey Truschke both of whom faced violent threats<sup>9</sup> were all critics of the ideology. Such incidents are in addition to the increase since 2014 in the countless cases of harassment<sup>10</sup> and lynchings<sup>11</sup> on the streets by the foot soldiers of VHP and Bajrang Dal. The attacks against CARE and Professor Mohan falls in line with this trend.

One needs to take note, as pointed out in reference vi<sup>12</sup> in the White Paper, regarding the summer camps held in the United States by an organization named Chinmaya Mission where hatred towards the other- be it a person from another race or another religion was being promoted. It must be noted that Swami Chinmayanada the founder of the Chinmaya Mission was also one of the founders of VHP with VHP's first meeting having taken place at Swami's ashram as noted in reference ix<sup>13</sup> of the Whitepaper.

We as New Zealanders must strongly condemn any organization that tries to sow fear and hatred towards other religions or races. We agree with the argument of the Whitepaper that organizations affiliated with the political ideology of Hindutva needs to be examined and critically interrogated here in Aotearoa.



Ref: \_\_\_\_\_

Date: \_\_\_\_\_

There are adherents of the political ideology of Hindutva who have tried hard to conflate the 1920s-word Hindutva with the ancient religion of Hinduism. They argue the Sanskrit meaning of the term being the Hindu way of life, poses no threat and means no harm. What they fail to convey, and many a times consciously, is the supremacist ideologies that the founders of the movement associated with the term. They also downplay or ignore the meaning of the word as a political ideology.

News media as well as academic literature across the globe have been the reporting and documenting for decades, the atrocities committed by groups affiliated with this ideology on minorities in the country. To argue that the political meaning associated with the term alongside the violent history of this ideology needs to be forgotten and instead the word needs to be used only to address the Hindu way of life, would mean to erase the countless deaths and injustices that had been perpetrated against minority religions and peoples from the oppressed castes in India, by the practitioners of this ideology. This will have to interpreted as a deliberate attempt to silence the victims of pogroms and large-scale violence.

We understand that across the globe academics have faced death threats and threats against their children for having tried to expose the dangers of this far right ideology<sup>8</sup>. In line with this both CARE and Professor Mohan have also come under attacks and constant abuse by online trolls<sup>9</sup>. The manner in which these attacks have been orchestrated many a time using abusive social media campaigns against individuals and institutions, once again might be pointing towards the meaning of the term Hindutva, that the adherents of the ideology really hold close to.

We stand in complete solidarity with this work produced by CARE and Professor Mohan. Extremist ideologies both here and around the world needs to be examined and interrogated closely. All attacks against academics engaged in these endeavors need to be condemned in the strongest terms. We as citizens of New Zealand will not be intimidated by such attacks on our institutions and academics and stand to offer our support to CARE, Professor Mohan and to the Massey University for their brave work and academic rigour.

Ngā mihi nui,

Shaheed Bhagat Singh Charitable Trust

[1]. Iwane Leong (2020) Hindutva as a variant of right-wing extremism, *Portraits of Prejudice*, 54-3, 215-237, DOI: 10.1080/0033322X.2020.1759861

[2]. Koening, L., & Chaudhuri, B. (Eds.). (2016). *Politics of the 'Other' in India and China: Western Concepts in Non-Western Contexts* (1st ed.). Routledge. <https://doi.org/10.4334/9781315734900>, Chapter 1

[3]. Giorgio Shanji (2021) Towards a Hindu Rashtra: Hindutva, religion, and nationalism in India, *Religion, State and Society*, 49:3, 264-280, DOI: 10.1080/09637494.2021.1947711

[4]. <https://thewire.in/comunalism/ria-world-factbook-bajrang-dai-vnp-religious-militant-organisations>

[5]. Ramachandran, S. (2020). Hindutva Violence in India: Trends and Implications, *Counter Terrorist Trends and Analysis*, 12(4), 15-20. <https://www.cttcr.org/mobile/26918077>

[6]. <https://advoc.globalvoices.org/2017/02/28/indian-student-activist-faces-death-threats-after-standing-up-to-right-wing/>

[7]. <https://www.nytimes.com/2018/03/14/magazine/gauri-lankesh-murder-journalist.html>

[8]. <https://www.nytimes.com/2018/06/08/world/asia/india-lankesh-kalburgi-gun.html>

[9]. <https://www.theguardian.com/world/2021/sep/09/death-threats-sent-to-participants-of-us-conference-on-hindu-nationalism>

[10]. <https://www.sib24.com/2018/09/08/fascist-hindu-nationalism-besieges-indias-minorities/>

[11]. Dwyer, M. S., & Narain, A. (2018). Beef-related violence in India: An expression of Islamophobia. *Islamophobia Studies Journal*, 4(2), 181-194. <https://doi.org/10.13169/islamstudj.4.2.0181>

[12]. Facione, J. M. (2012). Putting the "Fun" in fundamentalism: Religious nationalism and the split self at Hindutva summer camps in the United States. *Ethos*, 40(2), 184-195.

[13]. Chetan Bhatt & Janta Mukta (2009) Hindutva in the West: mapping the antinomies of diaspora nationalism, *Ethnic and Racial Studies*, 23-3, 407-441, DOI: 10.1080/0141870080288915

[14]. <http://www.khazana.org/india/india-2018-09-08-fascist-hindu-nationalism-besieges-indias-minorities/>

Date: 16<sup>th</sup> September 2021

To,  
The Vice-Chancellor,  
Massey University,

Cc: Professor Mohan Dutta, director, CARE  
Human Rights Commission, Aotearoa  
New Zealand Police

Re: The article published by Dr Mohan Dutta, Dean's Chair Professor, Director, Centre for Culture-centred approach to Research and Evaluation (CARE), Massey University, New Zealand

Article link:

[https://careccc.nz/wp-content/uploads/sites/68/2021/08/CARE\\_White\\_Paper\\_Issue\\_11\\_May\\_2021.pdf](https://careccc.nz/wp-content/uploads/sites/68/2021/08/CARE_White_Paper_Issue_11_May_2021.pdf)

Amid the flood of hate, discrimination and booting against Dr Mohan Dutta's article, the Indian Association of Minorities of New Zealand (IAMNZ) along with other social and community organisations offer a message of solidarity and unity.

Kia Ora,

Dr Dutta recently posted his thoughts on Hindutva, which is a political ideology nurtured by the right-wing in India, as well as globally. Dr Dutta's argument overtly differentiates Hindutva from Hinduism. The renowned Indian documentary filmmaker, Anand Patwardhan, pointed out that if Hindutva is Hinduism, then the Ku Klux Klan is Christianity, and ISIS is Islam.

Hindutva is based on exclusiveness, while Hinduism is an inclusive way of living. Hindutva proposes discrimination and practices superiority. It is particularly Islamophobic and is known to infiltrate the major institutions worldwide, encouraging hate and unrest amongst peace-loving people. The meaning of Hindutva isn't as well understood as it should be. As a result, the ill-informed audience is targeting Dr Dutta for his notions and remarks.

Dr Dutta has expressed his thoughts well within his legal rights (Article 13 and 14, Bill of Rights Act 1990 as well as Article 19 of the International Covenant of Civil and Political Rights). Curbing Dr. Dutta's freedom of research and expression would be detrimental to the neutrality of CARE's principles and aim.

Dr Dutta's inbox is flooded with hate and threat messages from the Hindutva groups. Further, IAMNZ members are receiving the same from similar groups. Unperturbed, IAMNZ supports Dr Dutta and his work and stands with him in solidarity.

We condemn the attack on Dr Dutta and Massey University and announce generous support for them.

Ngā mihi nui

Indian Association of Minorities of New Zealand

Guru Ravidass Sabha, Bombay Hill, New Zealand

Dr Ambedkar Sports and Culture Association, New Zealand

Dr Ambedkar Mission Society, New Zealand

Begampura Sikh Temple, New Zealand

## Letter in support of CARE

To  
 Professor Jan Thomas,  
 Vice Chancellor,  
 Massey University

Cc: New Zealand Human Rights Commission

We, the undersigned, write to express our strong intellectual solidarity and support for the Center for Culture-centered Approach to Research and Evaluation (CARE) at your esteemed institution. In its relatively short existence, CARE, under the able leadership of Dr. Mohan J. Dutta, has produced a body of courageous and methodologically groundbreaking work that has benefitted not just thousands of social sciences and humanities scholars and students across the world, but also a general audience of journalists, social activists, and citizens. CARE has promoted tolerance, peace, constructive political action, and democratic values against the forces of terror, illiberalism, and religious and ethnocentric bigotry. It is vitally important, both for Massey University as well as the civic world in general that CARE's academic freedom be defended strongly when it is attacked.

It comes as no surprise to us that CARE has been attacked, and attacked by the votaries of Hindu Nationalism (Hindutva). Hindutva is a chauvinistic right-wing ideology that is barely a century old, while Hinduism is a faith-conglomerate that has been in existence for thousands of years. However, in recent times, with its political rise in India, Hindutva has been declaring itself to be synonymous with Hinduism. That is, even though it is controlled primarily by a Brahminical upper-caste elite with a strong North-Indian, Hindi speaking bias. In claiming to speak for Hinduism and India/Indians in toto, the Hindutva ideology, in effect, disenfranchises not just Muslims, Christians and other religious minorities, but also millions of Dalit (lower caste) citizens, women in general, and people from Southern and Eastern India in relative or absolute terms. Hindutva targets India's Indigenous peoples with a colonial ideology that threatens the pluralism of India's diverse Indigenous cultures while co-opting Indigeneity to propagate hate. In our times, this narrow template of identity has been made global, having gained a large support base in the Indian diaspora. Recent global Hindutva propaganda has been based on the false premise that any criticism directed against it is automatically an affront to India and Hinduism.

Over the decades, the Hindutva ideology has been consolidated through the work of political outfits, cultural, pedagogic, and charitable missions, and a formidable propaganda machinery adept in spreading fake news and false narratives through thousands of employed trolls and through 'bots'. This multi-pronged mechanism has been at work to demand that California history textbooks are made 'Hindu friendly' (that is, conform to the false Hindutva historical narrative and push unpleasant matters like caste discrimination under the carpet), to shut down or zoom bomb academic conferences, vandalize museums or exhibitions, and orchestrate book burnings and ad hominem attacks on scholars across the world like Wendy Doniger, Sheldon Pollock, or Audrey Truschke in America, or Romila Thapar, Irfan Habib or Amartya Sen in India. The same mechanism has been operational in instigating communal riots across India, in abetting and covering up for dozens of summary lynchings of Muslims, burning of churches or attacks on priests, macabre rapes and killings of poor and Dalit women, and diurnal assaults on the safety and dignity of disempowered citizens. As per a report published in 2018 by the National Crime Records Bureau of India, a Dalit becomes a target of crime every fifteen minutes.

It is the task of scholars to speak truth to power. Recently, the Supreme Court of India, noting the climate of fear, violence, and intimidation, has urged intellectuals to do precisely that. CARE, under the leadership of Dr. Dutta, has been performing that task fearlessly. Its scholarship on the communication infrastructures of Hindutva, the digital campaigns of hate mobilized by Hindutva, and the effects of Islamophobia on Muslims are vital to documenting the pernicious effects of Hindutva and to building community-led solutions for peace and social cohesion. Importantly, the #EndTheHate Lecture Series and community dialogues organized by CARE create vital spaces for the voices of academics, anti-racist activists, and communities at the margins that have been targeted with hate. The work the Center is doing in bringing to attention the forces of Hindutva at work in New Zealand in propagating Islamophobia is imminently necessary in the backdrop of the Christchurch terror attack that was propelled by Islamophobia. The white papers, policy briefs, and reports CARE produces are reflective of the high quality of social science work carried out by CARE, and offer robust empirical bases for addressing Islamophobia, racism, and threats to social cohesion in multicultural societies. The Royal Commission of Inquiry into the terrorist attack on Christchurch masjidain on 15 March 2019 underscores the salience of countering Islamophobia, and CARE's work directly responds to that call.

We reject the idea that critiquing Hindutva is in any way harmful to Hindu students and Hindu communities. Hindutva is the most significant threat to Hinduism's pluralist ethos, as well as to efforts to fight casteism and sexual violence targeting women. Attacks targeting the scholarship on Hindutva strategically portray critiques of Hindutva as attacks on Hinduism to defend Hindutva and silence empirically based critiques.

We urge you to support this intellectual mission of vital importance and to safeguard the academic freedom of CARE in contributing to building peaceful communities.

[Total number of signatures - 140; to protect the safety of signatories, not all signatures are presented here]

Anustup Basu, Professor, University of Illinois at Urbana Champaign

Prof. Ania Loomba, University of Pennsylvania

Sara Baugh, Davidson College

Arathi Sriprakash, Professor, University of Bristol

Nisha Thapliyal, Senior Lecturer, University of Newcastle, Australia

Reshmi Dutt-Ballerstadt, Professor, Linfield University

Kalpna Wilson, Birkbeck, University of London

Radha D'Souza, Professor, University of Westminster

Ambar Basu, Professor, University of South Florida

Mudit Vyas, Graduate Researcher, Monash University

Ian Woolford, Lecturer, La Trobe University, Melbourne

Dr Vikrant Kishore, Deakin University, Australia

Mridula Nath Chakraborty, Dr, Monash University

Sekhar Bandyopadhyay, Emeritus Professor of History, Victoria University of Wellington

Bernadette Calafell, Professor, Gonzaga University

Suvir Kaul, A M Rosenthal Professor, University of Pennsylvania

T T Sreekumar, Professor, The English and Foreign Languages University, Hyderabad.

Sudeshna Roy, Stephen F. Austin State University

Raquel Moreira, Assistant Professor, Southwestern University

Cody M. Clemens, Assistant Professor, Marietta College

Amber Johnson, Saint Louis University

Sarah Gonzalez Noveiri, Assistant Professor, University of Denver

S. Shankar, Professor, University of Hawai'i

## #EndTheHate Videos of social change

#EndTheHate - Muslim Experiences Following the Christchurch Attack

An account of the concerns the Muslim Community in Palmerston North had following the [#Christchurch](#) attacks of 2019

[#EndTheHate - Muslim Experience Following the Christchurch Attack](#)



## Critically Interrogating Lecture The Hinduphobia Narrative

Watch on Youtube

[https://www.youtube.com/watch?v=Rdu6O-H\\_hel](https://www.youtube.com/watch?v=Rdu6O-H_hel)

<https://www.youtube.com/watch?v=SvSuqN196vs>

<https://www.youtube.com/watch?v=on7UdBRhFel>

<https://www.youtube.com/watch?v=QcOoyM4gllc>

## Op-Ed

Opinion: The communicative strategies of Hindutva

<https://www.massey.ac.nz/about/news/opinion-the-communicative-strategies-of-hindutva/>

For more stories visit the pages below:

The rise of Hindutva and hate in Aotearoa's Indian diaspora

<https://www.stuff.co.nz/national/300420720/the-rise-of-hindutva-and-hate-in-aotearoas-indian-diaspora>

Massey University professor hit by right wing Hindu trolls

<https://www.nzherald.co.nz/nz/massey-university-professor-hit-by-right-wing-hindu-trolls/LQQH4V7YFFVXBRWRO3VECGXUW4/>

## Gallery

CARE Website Link

<https://carecca.nz/research/care-projects/care-projects-anti-racism-project/>

### 3.1.10 Mapping Hindutva in the diaspora

#### **Research team: Richa Sharma, Balamohan Shingade and Mohan Dutta**

The far-right, almost fascist, political ideology of Hindutva that constructs India as a Hindu nation based on a monolithic Hindu race and a monolithic Hindu culture is mobilised across the Indian diaspora and is held up by the Indian diaspora.

In Aotearoa New Zealand, the presence of Hindutva poses critical threats to social cohesion, health and wellbeing of communities.

Of significance is the negative impact of Hindutva on India's dalit, Muslim, Christian, Sikh, and gender diverse minorities in the diaspora. This impact flows across the Indian diaspora, with the ongoing disenfranchisement of Indian minorities in the diaspora.

The research team examines, through critical and close reading of published resources, the presence of Hindutva in Aotearoa.

It maps out the range and form of Hindutva organisations, the relationships and linkages among Hindutva organisations, and the networks of Hindutva organisations in Aotearoa.

Critical analysis of the discursive tropes, symbolic constructions, and communicative strategies of Hindutva in the diaspora document the ways in which Hindutva both colonizes and co-opts difference within the diaspora, scripting it into monolithic narratives that serve the ideological functions of Hindutva.

### 3.1.11 South Asian Youth (15 – 24 years) and Young Adults (18 – 35 years) negotiating racial identity, cultural connections, and belonging in Aotearoa New Zealand

**Research team: Balamohan Shingade and Mohan Dutta**

South Asian New Zealanders are perpetually left out of the mainstream narratives of the history of Aotearoa New Zealand. To be excluded from the social imaginary of a nation is detrimental to the development of minority communities, particularly for the youth (15 – 24 years) and young adults (18 – 35 years). It negatively impacts upon self-understandings, and constrains the agency of individuals, including relational and collective agency. Although recent studies foreground the problems of South Asians' invisibility, there remain significant gaps in addressing change or solutions at the structural level.

Against the backdrop of exclusion and marginalisation, this project records narratives of the South Asian diaspora, particularly youth and young adults, negotiating racial identity, socio-cultural connections, and belonging in Aotearoa New Zealand. This research is all the more significant as the population growth of the broad Asian ethnic group, when taken together with the Māori population, is estimated to surpass 1 million during the period of this research. What is more, the embeddedness of Hindutva and its circulation of Islamophobia in Aotearoa New Zealand makes necessary and urgent the creation of alternative registers for South Asian youth and young adults.

Through in-depth interviews, focus groups, and a longitudinal survey, the research seeks to understand the ways in which minority communities experience racism, make sense of their identity, negotiate belonging, and propose solutions to the problem of social cohesion. Specifically, it aims to investigate the strategies deployed by the youth and young adults in their negotiations of identity and belonging, as well as the solutions they offer in addressing racism and barriers to social cohesion.

## 3.2 BANGLADESH

### 3.2.1 Construction of health among the Rohingya refugees in Bangladesh: A Culture Centered Approach

**Research Team: Md Mahbubur Rahman and Prof. Mohan Dutta**

This study explores various health issues concerning the Rohingya people living in Bangladeshi camps. The Rohingyas, who fled sustained persecutions in Myanmar to many countries including neighbouring Bangladesh, have been identified by the United Nations as the largest stateless community in the world (Libresco, 2015; Gaffar, 2018; ENS, 2019; ISI, 2020; Khanna, 2020; Tan, 2020). They have neither citizenship rights in Myanmar nor refugee status in Bangladesh.

In the Bangladeshi camps, while the local authorities and international agencies barely manage to provide minimum basic needs, the Rohingya people suffer from a lack of provisions for long-term needs, such as adequate healthcare services.

To explore their health issues, the localised experiences of the Rohingya refugees will be taken into account so as to identify the current health policy approaches and interventions addressing their health needs. It is assumed that the construction of the Rohingya health needs is top-down and predetermined by the local authorities and aid agencies in the Rohingya camps of Bangladesh.

As an alternative, in this research the adoption of the culture-centered approach (Dutta, 2008) will be utilized to better understand and construct the Rohingya health needs through dialogical exchanges between the researcher and the Rohingya refugees. To do his fieldwork Md Mahbubur Rahman has spent 21 days at the Rohingya refugee camp area of Bangladesh starting from 21 December 2021 to 10 January 2022.

For the Rohingyas, who are one of the most marginalized communities in the world, the Culture-centered Approach (CCA) to health services would be highly beneficial.

The CCA works through organising the role of communities at the “margins of the margins” of the globe (Dutta et al. 2020). Rohingyas are the community of having no rights or even they do not have the right to have rights. Thus, the Rohingyas are indeed the community of “margins of the margins” (Dutta et al. 2020).

As the Culture-centered Approach (CCA) is anchored in working with the voices of the “margins of the margins,” this approach would be adopted in this PhD study to understand and appreciate the issues of healthcare needs of the Rohingya refugee communities living in various camps of Cox’s Bazar, Bangladesh.

### 3.2.2 Organising for health by resisting Bt. Brinjal

Research Team: Subaltern Communication Research Center



This collaboration with the Subaltern Communication Research Center in Bangladesh situates voices of brinjal farmers in Bangladesh in the backdrop of the Bt. Brinjal intervention introduced in Bangladesh.

Drawing from the voices of the farmers, it depicts the failures and limits of the Bt brinjal experiment, foregrounding the narratives from agricultural communities that are erased by the hegemonic scripts of agricultural communication.

Community voices at the margins foreground the diversity and pluralism of indigenous agriculture, narrating the stories of diverse seeds and agricultural practices. Narrative anchors articulating the diverse varieties of brinjal grown locally in communities in Bangladesh challenge neoliberal agro-capital.



## 3.3 INDIA

### 3.3.1 Food Insecurity in West Bengal

**Project Team:** Professor Mohan Dutta, three indigenous community researchers.

Hunger forms an organising register for meanings of health across the margins globally. Hunger, placed on discursive registers as materially embedded in the experience of inaccess to food, emerges in culture-centered scholarship as the basis of everyday meanings of health in communities negotiating poverty.

Across the Global South, everyday meanings and negotiations of hunger reveal the underlying structures of colonialism and capitalism that have shaped the organising of food. The colonial occupation of land and resources, colonial imposition of hegemonic agricultural practices as development, the onslaught of capitalism on food production and distribution systems, and the inequalities scripted into the postcolonial state shape the distribution of food.

Spanning over two decades, rooted in Indigenous struggles with hunger at the margins of rural West Bengal, this project co-creates communicative interventions into the hegemonic logics that shape the distribution of food resources.

Stories of hunger are shared by community members through in-depth interviews, focus groups, and advisory board meetings.

Hunger is a reflection of food insecurity, the systemic lack of access among households and the broader community



to agricultural resources and to resources for distributing food.

In making sense of the emergent narrative accounts, the advisory groups identify the underlying problems that result in food insecurity and seeking to work toward grassroots solutions that address these underlying problems.

Community-led advocacy takes the form of generating white papers, policy briefs, reports, and audio-visual materials that document the everyday struggles with hunger. Community owned Photovoice and video-based storytelling interventions foreground the everyday experiences of hunger, attending to the structures that shape the organising of food, and offering imaginaries for structural transformation.

Community-led organising for social change identify and build solutions from co-creating community ownership of agricultural resources such as diverse forms of irrigation systems that enable the community to grow and sustain food. Moreover, community-led advocacy seeks to transform the organising of public food distribution systems, holding these systems accountable.



### 3.3.2 Rural democracy, participatory development and Indigenous resistance

**Project Team: Professor Mohan Dutta, Mr. Indranil Mandal, Mr. Pankaj Baskey, Mr. Rabin Mandi**

In the backdrop of Indigenous resistance that responded to police atrocities, state-sponsored corporate land grab, and everyday experiences of indignity in Jangalmahal, West Bengal, India, this culture-centered project sought to co-create community-owned voice infrastructures for peoples' participation in democracy.

The ongoing erasure of communicative spaces for participation of Indigenous communities in India constitutes the context against which the project is conceptualised.



### 3.3.3 Co-creating cultural spaces of healing

**Project Team: Professor Mohan Dutta, three indigenous community researchers.**

Indigenous knowledge, forms of storytelling and cultural practices are vital resources in securing health and wellbeing.

Community-led culture-centered interventions securing health at indigenous “margins of the margins” turn to community-led cultural practices. Cultural members articulate the roles of Indigenous songs, dances, and plays in upholding and securing health and wellbeing. Community-led projects of health therefore turn to building material infrastructures for community members to participate in performance and to share the knowledge of indigenous culture inter-generationally.



### 3.3.4 Organising for HIV/AIDS prevention among men who have sex with men (MSM), Transgender and Hijra (MTH) communities

**Research Team: Professor Mohan Dutta and Dr. Jagadish Thaker**

This CARE project works with men who have sex with men (MSM), Transgender and Hijra (MTH) communities to understand meanings of health and develop a communication campaign to address the health needs of the community members, along with our partner [HIV/AIDS Alliance, Andhra Pradesh](#).

Co-creating an advisory group of MTH community members, attending to the inclusion of the “margins of the margins,” the project generated a structurally directed health intervention among MTH in Andhra Pradesh, India.

Building on the organising structure created by the “Avahan” campaign funded by the Bill & Melinda Gates Foundation in India, the project engages the CCA process in developing an activist and advocacy campaign on addressing the health needs of MSMs in the Telengana and Andhra Pradesh states of India. Based on 48 in-depth interviews, 17 advisory board meetings, and 8 focus groups, advisory group members designed, developed and launched the “Snehabandham” campaign.

Based on the key tenets of the CCA, the campaign objectives and strategies were developed by community members in a grassroots-driven process.

To measure the effectiveness of the campaign, 150 pre-post surveys were conducted in the experimental and control communities.



### 3.3.5 Women Farmers and Climate Change

**Research Team: Professor Mohan Dutta and Dr. Jagadish Thaker,**

Although several studies argue that small-scale poor rural agriculture women farmers are most vulnerable to climate change, and therefore need to adapt urgently, few studies seek to explore how women farmers perceive climate change, and what adaptation strategies they prefer. Working with [Deccan Development Society](#) women farmers collectives, called Sanghams, this project foregrounds women farmer's experiences and solutions to climate crisis. This project acknowledges the important role that traditional knowledge can play to adapt to the climate and developmental crisis.

Adaptation to climate change refers to adjustment in natural or human systems to mitigate the negative impacts of climate change and to foster beneficial opportunities for change-affected communities. The rural poor in the



agrarian sectors of the global South are considered to be more vulnerable to climate change impacts due to the differential global climate change patterns, disproportionate distribution of climate impacting practices, cultural norms that reproduce inequalities, and structurally constituted inequalities in distributions of power that shape access to and control over resources. Global inequalities in distributions of climate risks are exacerbated by global communicative inequalities, with the poor from the global South having limited opportunities for being recognized and represented in global communication platforms where policy decisions are made and interventions are designed. Situated in the backdrop of India's agrarian crisis of farmer suicides and drawing upon the framework of the culture-centered approach, this study reports the findings of a grassroots-driven communication intervention co-created in collaboration with poor, lower caste (*dalit*) women farmers in India. Results of the panel data show that farmers (N=465) exposed to the communication intervention were three times more likely to adopt behaviors consistent with the campaign messages.

The grassroots, participatory, community-driven nature of performance and entertainment programs developed as part of the campaign were embedded in knowledge generated from within the community, and in the lived experiences of community members in their everyday strategies of adaptation to climate change. The findings point toward the role of local knowledge on climate change adaptation as an alternative to expert-driven solutions of climate change adaptation.

The stories performed in the street plays and shared by the singers as part of the events organised under the campaign, questioned the public relations message disseminated by the seed companies. Shared Jagat:

*"When I watched the play, I came to realize that the reason why I have been facing so much stress is because of my greed. Sometime, the cotton will give high yield, and that's what the seed center people will tell you. But like we saw in the play, there are many times when the cotton will fail because of the lack of rain. Even if it succeeds, the prices you get in the market may be low, and then the debt can kill the farmer, his son, and the whole family. When I watched the play, I realized it is much better for the family over the long run to grow local crops that are from here."*

[https://www.youtube.com/watch?v=zK3FtyC7\\_-c](https://www.youtube.com/watch?v=zK3FtyC7_-c)

(Filmed February 2013)

<https://www.youtube.com/watch?v=UnLXmsmnwgo>

(Mobile Biodiversity Festival: Uyalla song Filmed in 2013)



### 3.3.6 Experiences with COVID-19 among migrant workers in India

**Research Team: Professor Mohan Dutta, three indigeneous community researchers.**

Amid the pandemic outbreak among low-wage migrant workers across India, CARE's research project sought to understand the experiences of negotiating COVID-19 among hyper-precarious migrant workers and their households in West Bengal. The context of migration shaped the research design, with the team interviewing migrant workers as they were rendered immobile and without access to transportation amidst the sudden declaration of the lockdown in India. The researchers continued the interviews as the migrant workers organised resources and negotiated structures in securing their passage home. The interviews continued after the return of the migrant workers to the villages and spanned over a two-year period,



### 3.3.7 Experiences with COVID-19 among rural households negotiating poverty in West Bengal

The aim of this research is to understand the everyday health experiences that individuals, households and communities negotiating poverty face amidst the COVID-19 outbreak. Carried out in the Jangalmahal region of West Bengal, community advisory groups at the “margins of the margins” co-create the research design, collaborate in making sense of the emergent narratives, and participate in the development of solutions.

Community leadership shapes the development of community mutual aid and community support programmes, rooted in everyday articulations of care and support. These articulations of care form the registers for organising seeking structural transformation.

Participant narratives foreground the structures that constitute poverty amidst COVID-19, drawing upon their analysis of structures to build potential solutions in addressing health challenges.

### 3.3.8 Experiences of COVID-19 in rural Odisha

**Research Team: Samiksha Pattanaik and Professor Mohan Dutta**

Data for this project were collected from various villages across the Kandhamal District of Odisha. These villages include Gumagarh, Gudari, Gindapanga, Paburia, Balipadar, Bhuktakanali, Pandrabadi, Gutingia, Ghudukapadar, Kaladi, Bisipada, Jhagadapatta, Baikumpa, Kanibali, Satananda and Suradei.

The narratives that emerged from the initial analysis of the interviews with rural population across the Kandhamal district highlight the severe financial challenges experienced by these communities due to the nation-wide lockdown imposed during the first phase of the covid-19 pandemic. Participants from different backgrounds talked about how their livelihood was hampered due to lockdown; for example, farmers were unable to sell their produce due to market closures, lack of public transport, as well as restrictive curfew timings; masons, daily-wage labourers, drivers and migrant workers were unable to find work. Police harassment emerged as another dominant problem, as most of the participants complained of being beaten up or harassed by the police for stepping out to find work.

At the core of the rural health meanings of Covid-19 was “lack of money”, which ultimately affected their food habits, lifestyle and social life during the lockdown period. For example, some participants talked about how they could not afford to buy groceries and fresh vegetables, and survived on pakhala (traditional odia dish consisting of only water and rice), forest produce, or 1 rupee per kilo rice given by the Odisha government; they cut down on their expenditure, did not buy new clothes or give gifts to relatives on social occasions. Even in this scenario, the participants enacted their agency in negotiating the everyday challenges they faced within their rural context during lockdown. For example, some of the participants worked as part-time labourers under the government's MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act 2005) scheme to run their family, collected saal leaves from the forest to make plates and bowls to sell in the market, collected berries/fruits from the forest for food, and grew vegetables in the backyard for personal consumption. Dependence on forest was critical to their daily life.

While the lockdown affected the livelihood of adults, the education of poor students in these rural areas was disrupted by the pandemic. Participants cited poor internet connectivity, power supply and lack of smartphones as the biggest barriers to education, as classes were conducted online during lockdown. Challenging the prevalent notion that marginalised communities are devoid of agency, the dialogic communication highlighted how the participants enacted their agency to overcome the structural barriers that surrounded them in their rural context. Some of the participants talked about how they braved the rain, sun, wild animals and naxals to climb hills to access the internet, others told how they had to borrow money to buy a smartphone for their children.

For the participants, rural health meanings also revolved around the dialectic tension between their indigenous health practices and modern healthcare. This tension highlights the role of cultural context in the process of meaning-making. For example, in case of cold, fever or cough, some participants took kadha (traditional drink made of ginger, lemon, black pepper) and/or Tulsi and ginger with honey or local herbs from the forest, some did hot oil massage, others consulted occult practitioners and/or local ayurvedic doctors. When these treatments failed to work, they bought medicines from the local pharmacist or ASHA (Accredited Social Health Activists) workers, and/or sought hospital treatment. Lack of money was another factor in seeking traditional treatment, as they could not afford hospital treatment, medicines or avail transport. Particularly during Covid-19, participants preferred traditional treatment over hospital due to the fear of catching corona. Overall, these narratives suggest the importance of articulating the structural barriers and local meanings of health instead of being passive recipients of communication messages aimed at individual-level behavioural change such as use of mask, sanitiser etc.

### 3.3.9 Experiences of health among dalit widows amidst the agrarian crisis in Vidharba

#### Research Team: Ashwini Falnikar and Professor Mohan Dutta

This CARE-funded project with women farmers creates communicative infrastructures for the gendered margins most violently impacted by the epidemic of farmer suicides, brought about by the large scale transformation of Indian agriculture.

Carried out in the cotton belt of the Vidarbha region of Maharashtra, India, the project involved ethnographic fieldwork and generated insights into the agrarian crisis in India.

Vidarbha's cotton farmers who are severely affected by the acute agrarian crisis are known to have adopted Bt cotton, a genetically modified variety that incurs high costs for inputs. Research shows that the reasons of farmers' distress, although multifold, are rooted in changes in farming brought about by neoliberal economic reforms.

CARE's project engaged with the women in farming households who had been widowed due to farmer suicides. Employing the culture-structure-agency matrix to understanding the agrarian crisis, the project sought to listen to the voices of the widows, with a long-term goal of potentially seeking policy-based solutions in dialogue with the farming community.

The voices of the farmers are missing from the discourse of the agrarian transformation that brought about changes in farming. In-depth interviews were conducted to foreground the voices of the widows whose narratives disrupt the dominant discourse of development that accompanies the agrarian transformation.

In two fieldwork visits carried-out with the help of a local NGO, a total of 56 ethnographic interviews were conducted, each lasting about 1 hour.

Agrarian transformation has posed severe risk to the health of men in farming households, and after the suicides, the farmer widows are exposed to a diverse range of health risks in addition to the pre-existing ones.

The lived realities of the women farmers amid poverty, small-scale agriculture that is altered by commercial interests and fails to be sustainable, and changes in climatic conditions are particularly grave in the Eastern Maharashtra, which is affected by an epidemic of farmer suicides. The voices of the women farmers expose the environmentally hazardous agricultural practices promoted by agri-business corporations, and scientific, pro-technology discourses. Women's voices foreground the mix of factors that contribute to farmer suicides in the Vidarbha region.

## 3.4 MALAYSIA

### 3.4.1 Poverty Experience among Indian Plantation Workers in Malaysia

**Project Team: Dr Asha Rathina Pandi and Professor Mohan Dutta**

Poverty and health are interrelated and have been a major challenge facing the minority Indians who have historically worked in the plantation fields since pre-independence. Although the numbers of workers have decreased due to the move from rural-urban areas, the growing influx of foreigners, there remains a sizable Indian population in the estates in Malaysia.

The widening income gap between the rich and the poor in Malaysia continues to threaten the lives of rural and estate workers who earn a meagre salary that falls under the official poverty line of RM960 per household monthly as of 2015. The poor are divided into “extreme poor” households earning less than RM460 per household per month, and “poor” households earning less than RM760 per month. Poverty construed based on income forms a partial understanding only compared to the lived experiences of the poor Indians working in the palm oil and rubber estates in Malaysia. The Indians were brought by the British in the early 19<sup>th</sup> century to work in the plantation fields. Given the lack of recent research investigating poverty among the Indian plantation workers in Malaysia, this research investigates in detail the low-income experiences among the estate workers in Chaah, Johor Bahru. From December to September 2015, 42 semi-structured in-depth interviews were conducted in three estates in Chaah, Johor Bahru. Interviews ranged from 60 to 90 minutes. Participants were selected through a snowballing sampling method assisted by community leaders. The participants interviewed must be currently working in the plantation fields, age 21-years and above.



The general findings suggest that poverty among estate workers are multi-dimensional with factors affecting their livelihood include, 1) the need for elderly assistance, 2) low salary, 3) lack of attention given by healthcare providers, 4) lack of safety and infrastructure in the estates, 5) lack of information on housing needs and costly schemes, 7) stigma relating to preferential treatment by ethnicity, 8) lack of information on financial assistance available for the poor, and 9) food insecurity.

Currently, the project is in the strategic advocacy development part, where a documentary highlighting the issues and problems faced by households negotiating poverty in the estates is being developed.



### 3.4.2 Health of Migrant workers in Malaysia

**Project Team: Dr. Asha Rathina Pandi, Mr. Abu Hayat, Professor Mohan Dutta**

The World Bank estimated that about 4 million migrant workers of both documented and undocumented were residing in Malaysia in 2017 (World Bank, 2019). The Malaysian economy heavily relies on migrant workers to fill up the growing gap of skills-shortage arising from rapid urbanisation, and growth and development.

This study draws on the culture-centered approach (CCA) to examine the meanings of health among migrant domestic and construction workers in Malaysia. The voices of the low-skilled workers in the informal sectors will provide a co-constructive lens to understand the precarity surrounding their lived experiences in Malaysia. Between July to October 2021, the researchers recruited 25 migrant domestic women; and 30 male construction workers to share their lived experiences of working in Malaysia. The domestic women were from Indonesia and Philippines; while the construction workers were from Nepal, Indonesia and Bangladesh. The narratives of the domestic workers included voices of survivors who were abused by their employers and rescued by NGOs and the Embassy.

Participants were recruited through community leaders and NGOs such as Pertimig (Indonesia), Ammpo- Sentro (Philippines) and Serantau (Indonesia), and in-depth semi-structured interviews ranging between 60 to 90 minutes were conducted online due to Covid-19 lockdown restrictions at that time. The community leaders were interviewed to shed light on migrant well-being amidst the Covid-19 pandemic.

The researchers are preparing to analyse data from interviews for publication and policy-advocacy purposes.



### 3.4.3 Negotiations of structures among Indian youth in Malaysia

#### **Project Team: Braema Mathi, Think Centre, and Professor Mohan Dutta**

This study is aimed at exploring and documenting key aspects of an Indian youth's life and to hear their thoughts on a number of key thematic issues. Youths are a pivotal group in any society and to any country as they have the vitality and the inspiration to make change for the better, a reality. This part of the study will end with discussions to assess how Indian youths, and the focused age band is 16 to 28 years, can work on solution-seeking approaches on some of the key matters that raise in the discussions of "Opportunities, Challenges and Solutions", the operative title of this Phase 1 study.

This study is a joint partnership effort between Penang Institute, Malaysia and Massey University, New Zealand under its CARE (Culture-Centred Approach to Research and Evaluation) Centre which focuses on participatory approaches and empowerment of the community involved in the study. The outcome of the study is for a report to be done, to share the findings and to involve the interviewees in the process and relevant partners.

In this study marginalisation and deprivation emerge as key underpinning principles to inequality. 'Marginalisation' in this study is defined broadly as processes of social exclusions, that is, failure of society to provide certain individuals and groups with those rights and benefits normally available to its members such as employment, adequate housing, health care, education and training. Marginalisation has taken place in the past from when the Indians came to this part of the world in the 11<sup>th</sup> Century and later, in larger numbers, when the Malayan Peninsula was colonised and were brought in for work. Since the 1963 racial riots in 1963, marginalisation has increased, for Indians and other minority ethnic groups. The Indians continue to contribute though they have not seen as being on par with other communities – the Malays or the Chinese - in Malaysia.

This study sought views on how Indian youths felt about the country's and the Penang state's treatment of them. The study found distinctive forms of marginalisation consistently faced by the Indian community perhaps not faced by the other ethnic groups. It is precisely the lack of realisation of the distinctive nature of marginalisation that one-size-fits-all welfare approaches often adopted by the federal government, has led to the failure to improve the socio-economic status of the Indian community in Malaysia.

This Phase 1 study following the CARE's framework was conducted in two parts – in-depth qualitative interviews, followed by focus group discussions. As such, the study in total had conducted 45 in-depth interviews and 1 focus group discussion. The inputs from the 45 formed the basis of the focus group discussion.

As a result, this study revealed distinctive forms of challenges steadily faced by the Indian community perhaps not faced by the other ethnic groups. Such challenges may vary from culture, concept of identity, education attainment, employment, racism, and community. These responses are featured in Chapter 3 of this report.

At an individual level, Indian youths do have the odds stacked against them, especially those who have done well enough to get into government paid education or be employed. They cope is what is visible. But they could also do with more goal setting, and individual responsibility for themselves to plan and so achieve their desired goals against the. That needs to become a normative. To the parents, the intrusive and excessive management and governance of their children has contributed to a 'leave-it' attitude among the Indian youths, which a more open-minded and parent-child communication can build up confidence in the children, to become adaptive and street-smart adults. Society too needs to mind its manners, focus on building up its image as a multi-cultural society and live without prejudice for one another. The Indian youths today has worked hard to bring change to their socio-economic status, but change will only take place if this ethnic preference that oppressed their opportunities can be removed. This is discussed in Chapter 4.

It is also interesting to note that the government has initiated good projects such as Vision School, good for bridging the inter-ethnic relationship, building up harmonization and acculturation.

This should be extended and implemented well. And it is time to have legislation through an anti-discrimination Act. Furthermore, the action plans proposed in this study in based on bottom-up approaches. All the action plans have been discussed (and re-discussed) with the grass-root communities, activists and people who have been engaging directly with the marginalised Indian youth communities in Penang.

This report presents the voices of the Indian youths from varied background. The focus group discussion is an assessment on how action plans can be proposed and worked upon by interviewees in a participatory manner.

Indian youths, here, have shown to be determined. It is hoped that this journey for inclusivity is achieved and marginalisation is stopped so that Indian youths can lead more dignified lives.

### 3.4.4 Rohingyas in southeast Asia: Advocating for rights

The Rohingya, a Muslim minority in Myanmar, is one of the most persecuted minorities in the world. They have likewise been called the “world's largest stateless population” by the UN's Assistant Secretary General for Humanitarian Affairs. They have been stripped of their rights, driven from their villages and herded into squalid camps in their own country. Media reports in 2015, noted thousands of Rohingyas crowded into leaky boats risking their lives to cross the Andaman Sea and seek refugee in Thailand or Indonesia. As of October 2017, Malaysia had 150,000 Rohingya refugees, Indonesia had 1,000; and Thailand had 5,000. Between 500,000-700,000 refugees fled Myanmar and 120,000 were internally displaced within Rakhine State.

This multidimensional tragedy underscores the complex economic, political, moral-ethical and humanitarian problems of the refugee crisis in Southeast Asia. The tragedy is compounded by the lack of substantive media discussion and dearth of information and debate from within host countries where Rohingya refugees are located, notably in Southeast Asia. The protracted and debilitating consequences of the current Rohingya refugee crisis could affect the fragile ethno-religious balance in the host States and possibly other States of the Association of Southeast Asian Nations (ASEAN). At present, only Malaysia and Indonesia have been vocal in voicing their criticism against the Myanmar government.

This collaboration with Asia Centre sought to build an advocacy framework for human rights protection for the Rohingyas at the regional (ASEAN) level, anchored in the voices of Rohingya community members. In this connection it aims to conduct a multi-country regional project that encapsulates both action research and advocacy involving the receiving countries of Thailand, Indonesia and Malaysia. The project has significant implications as the conditions faced by the Rohingya refugees' in these countries have been neglected. Media attention has focused principally on Bangladesh and Myanmar. The project's focus on the ASEAN space adds a missing perspective, which will assess the strategic impact and influence it will have on ASEAN member states.

In terms of advocacy, the project seeks to advance rights protection in all three countries, which are not signatories to the UN Refugee Convention and do not grant refugees protection. Rohingya refugees are in a state of limbo as they are provided limited basic services on health, education and livelihoods, they cannot work legally, nor can they access public services. A regional project of this scope and significance provides an opportunity for advocacy at multiple levels: through national human rights institutions, through representatives of the ASEAN Intergovernmental Commission on Human Rights (AICHR), through ASEAN level advocacy, through the Universal Periodic Review (UPR) and through the UN international systems to press the issue and plight of the Rohingyas. A strategic and critical entry point for regional advocacy has presented itself on September 29, 2018 when foreign ministers from ASEAN urged Myanmar to hold all parties responsible for the violence in Rakhine state “fully accountable.” This

comes at a time when Indonesia has been elected as a member of the United Nations Security Council.

The objectives of the project are to, draw attention to the human rights challenges faced by the Rohingyas in ASEAN member countries, in particular the three receiving countries (Indonesia, Malaysia, Thailand); understand the challenges of migrants, notably the Rohingya across the three host countries; analyse fundamental issues of citizenship and security affecting the Rohingya community in light of international, regional and national legal standards; and undertake national, regional and international level advocacy to improve the situation of the Rohingya refugees, especially in the three countries where their situation has received less attention.

## 3.5 SINGAPORE

### 3.5.1 Migrant Domestic Workers in Singapore

**Research Team: Professor Mohan Dutta, Dr. Satveer Kaur-Gill, Dr. Asha Pandi, Dr. Dazzelyn Zapata, and Mr. Julio Etchart**

The study of the health of migrant workers in Singapore began in 2014. The CARE lab was first hosted in Singapore by the National University of Singapore. This research was led by Mohan Dutta, Satveer Kaur, Dazzelyn Zapata, and Julio Etchart. The study sought to understand the health fragilities experienced by the low-wage migrant workers, some of the most vulnerable populations in the city-state. Migrant construction workers and migrant domestic workers are socially, economically, and geographically peripheralized. Hired through precarious migration regimes that limit their work conditions, these workers remain at the margins of the city-state.

From 2014 to January 2022, CARE has conducted over n=300 ethnographic interviews with migrant construction and domestic workers. More than 30 advisory boards and focus groups sessions to build collaboratively, social change outcomes with the migrant population. In addition, N=500 surveys were conducted, designed, and distributed by migrant domestic workers themselves to quantify and understand the patterns of precarity experienced.



All of the research data led to several iterations of communication campaigns (interventions) to bring attention to the need for better social conditions for these workers. The campaigns designed with migrant workers included the use of both traditional and digital media.

In 2021, further interviews were conducted via digital means with both the communities to understand the disproportionate outbreak inequality faced during the pandemic. This ongoing work entailed documenting workers' health outcomes through qualitative and quantitative engagement.

Over 8 years, CARE data and scholars have been cited by the mainstream and international media on the precarity of migrants in Singapore, including discussions on their food and labour rights. In addition, academic publications such as journals, chapters, and white papers focusing on migrant health have also been published extensively.

Currently, CARE scholars are working on producing journal articles on migrant health relating to their mental health negotiations amid oppressive conditions during the pandemic and their organising and activism on social media applications.

We engage foreign domestic workers (FDW) in dialogue via in-depth interviews and focus groups in order to co-construct their experiences of living and working in Singapore, especially in the context of health and health care. These experiences will help to open up participatory spaces in national discourse, so that relevant policies and interventions can be developed.

[https://www.youtube.com/watch?v=c1z-okT1\\_GY](https://www.youtube.com/watch?v=c1z-okT1_GY)

## **RESPECT OUR RIGHTS Campaign and Documentary**

An advisory group of foreign domestic workers (FDWs) at the "margins of the margins," experiencing various forms of labour trafficking and housed at the Humanitarian Organisation for Migrant Economics (HOME) co-created the "Respect our rights" campaign.

Based on multiple iterative meetings, they identified the key problems that shaped their everyday struggles with health and wellbeing amidst domestic work. Guiding the development of the in-depth interview protocol and the subsequent interpretation of in-depth interviews, they then participated in putting forth the key solutions to their challenges of health and wellbeing.

Foregrounding the concept of labour rights, they built the "Respect our rights" campaign. Through multiple rounds of dialogues, they co-scripted the narrative of the campaign, and co-created the storyboard that formed the infrastructure of the campaign. The storyboard was situated amidst the overarching campaign strategy, including a media plan, media tactics, and a framework for media relations.

The campaign was grounded in video-based interviews that documented the extreme forms of abuse and violations of their labour rights experienced by foreign domestic workers in Singapore. A documentary “Respect our rights” co-scripted by the FDWs that formed the advisory group depicted the forms of exploitation, the role of the structure in perpetuating exploitation, and the importance of a rights framework to secure the health and wellbeing of FDWs.

Video advertisements, print advertisements, and outdoor advertisements (on bus stands) created by FDWs formed the communicative infrastructure of the campaign.

### **Respect Our Rights 3.0: Different Jobs, Same Respect Roadshow co-created by domestic workers and students**

It was a meaningful two days of building awareness and garnering pledges in support of the welfare rights of Foreign Domestic Workers (FDWs) in Singapore. The “Respect Our Rights: Different Jobs, Same Respect” campaign roadshow was held on 8 and 9 April 2017 at Tampines Mall and NEX Shopping Centre.

Built on a co-creative process anchored in the culture-centered approach, and guided by a strategic framework built by an advisory group of foreign domestic workers, the roadshow was a result of 12 weeks of preparation over the semester.

The roadshow garnered 1,234 pledges from Singaporeans, who each received a free goodie bag filled with goodies such as a decal with the pledge, as well as a cup of coffee for them to bring home. Every coffee cup was stamped with the words ‘I Respect My Foreign Domestic Worker’ while each goodie bag had a sticker that served as a reminder to the 3 things that pledgers committed to. The 3 things included: giving their FDWs a weekly day off, not confiscating their FDW’s phone, and not keeping their passport if it is against their will. Many participants publicly demonstrated their support by taking pictures at the photobooth with their pledges, which were displayed at the exhibition.

A Ministry of Manpower (MOM) representative attended the event as a Guest-of-Honour to show support for the cause. Head of National University of Singapore (NUS) Communications and New Media Department, and the founding director of NUS’s Center for Culture-Centered Approach to Research and Evaluation (CARE), Professor Mohan J Dutta, began the opening ceremony with a welcoming address to participants.

Professor Mohan J Dutta said, “The 3.0 version of Respect Our Rights continues to push for creating spaces for listening to the voices of foreign domestic workers in Singapore. The campaign invites employers to consider the importance of treating foreign domestic workers with respect and encourages simple yet important behaviours.”

A highlight of the event, the photo story exhibition featuring real stories shared by FDWs, attracted significant attention from the crowd, who responded by writing encouragement notes to share their love and support to FDWs in Singapore. Informational displays were also present to educate FDW employers on the Ministry of Manpower (MOM) guidelines on the rights of FDWs in Singapore.

Link: <https://www.facebook.com/FDWRespectOurRights>

Link to the Foreign Domestic Workers (FDW) Respect Our Rights 3.0 campaign page  
<https://www.facebook.com/FDWRespectOurRights>

A campaign led by National University of Singapore Communications & New Media students that supports the rights of foreign domestic workers in Singapore. Come listen to stories of foreign domestic workers.

<https://www.youtube.com/watch?v=j4tmswetNWU>

### **Respect Our Rights 3.0**

These are stories of loss, stories of longing, stories of belonging, and stories of betrayal. These different stories are all stories of human rights violations. Respect Our Rights 3.0 is a campaign led by Communication & New Media students of the National University of Singapore, that supports the basic welfare rights of foreign domestic workers in Singapore.

CARE Website Link:

<https://carecca.nz/research/care-projects/care-projects-foreign-domestic-workers-singapore/>

### 3.5.2 Heart Health among Malay community in Singapore

**Research Team: Professor Mohan Dutta, Munira Bashir, Abdul Rahman, and Satveer Kaur-Gill**

This project engages groups in Singapore who are especially vulnerable to cardiovascular disease to highlight the voices of the community in developing culturally-centered health promotion methods and materials. The project received SGD80, 000 funding through a competitive grant from the Singapore Heart Foundation to study how the Malay community in Singapore experience heart health.

In recent years, studies have shown that the Malay community has been plagued by an increase in incidences of deaths due to cardiovascular diseases. The first of its kind, the Malay Heart Health project was an attempt at a Malay centric heart health intervention that targeted the Malay community. Part of the cultured-centered approach entailed active research of the community in the form of 60 in-depth interviews with community members from low to high income, 12 advisory board meetings and 6 focus group sessions.

Through our interviews with the community members, our findings pointed to a few key factors that were unique to the Malay community and made a culture-centric intervention all the more necessary. One key finding struck out to us; taste is central to the Malay community regardless of the income level. We found that many were not as receptive to healthier Malay cuisines as it did not carry the taste that they were used to.

Another important finding is that social events are a big part of the Malay culture and this includes wedding receptions, gatherings, baby showers and of course, Eid visiting. At such occasions, the community members reported not being able to control the food they eat as there is a culture of eating together and even after one was done eating, they would continue eating when asked to join.

One other observation that we noted was that cardiovascular diseases seems to be a rich man's disease as the higher income Malay community members had the means to afford eating out more than those in the lower income range. The majority in the lower income received financial assistance from organisations such as CDC and mosques, and food distributed through monthly food drives. Eating out is a rare opportunity for many of them with large families and they mostly cooked at home with the cheapest ingredients that would not run over their budget. On another note, although health



was important to them, there was a huge information gap about chronic diseases, heart attack and stroke that exists in the community.

### The Intervention:

In keeping to the tenets of the cultured-centered method, this study actively puts forth the idea that community members are their own best problem configurators and solution providers. As such, the intervention saw two phases; the first phase being a collaboration with Jurong Green MAEC, a branch within Jurong Green Community Centre, while the second phase comprised of community members from Chai Chee rental blocks.

In the first phase, the collaboration with Jurong Green MAEC saw 12 advisory board meetings with 14 members who identified several issues that they felt needed to be addressed in their community. They linked diet and stress as contributors of cardiovascular diseases. The strategies included introducing healthier Malay cuisines without altering the taste that they were used to, financial management seminars to help the low income community members manage their budget better, outings for families to relieve stress, health screening, and exercise activities.

The campaign “*Gaya Hidup Sihat Sepanjang Hayat*” or “Healthy Lifestyle for Life” was carried out over a stretch of 2 months and was launched with a big bang ushering in celebrities like Sufi Rashid, Khairudin Samsudin and Suria Mohd who introduced tips on preparing easy healthy recipes. To encourage bonding with the family, the advisory board members planned an outing to Bollywood Veggies where 120 of them got a personalised tour around the farm and an insight to veggies they could use in their daily cooking. Again, to reduce stress and encourage families to come together, they came up with an outdoor Zumba activity where 80 community members got together and did Zumba in the void deck space of a nearby HDB block. Mothers, grandparents and caregivers brought their little ones along and nothing stopped the *hijabis* from joining the fun!

In the second phase, 12 people from Chai Chee rental blocks came together to start a focus group, after which they collaborated with Sunlove Senior Citizen Centre (SCC) to ensure that the activities they came up with had a wider reach.



Once again, the focus group members identified several issues they thought should be addressed in their community. This included an emphasis on a healthier diet, education on cardiovascular diseases and smoking.

With many low-income families in the community, the group wanted recipes that they could easily make without breaking the bank. They kick-started a programme at the SCC called “Healthy Cooking Wednesday” using healthy Malay cuisine recipes. These were tested, compiled with the assistance of Khoo Teck Phuat Hospital, and distributed to the senior citizens. As they found it easy to adapt the recipes to their needs, this initiative brought about recipes cards in Malay featuring recipes from community members and mini tips on keeping the food healthy.

Community members also came up with posters and brochures creating awareness about signs of heart attacks, strokes and the dangers of smoking, especially while pregnant. These posters were put on at lifts, at the SCC and RCs. The brochures and recipe cards were distributed by the focus group members at the launch of the campaign where they also cooked for the people who came down! The launch saw a short explanation of the brochures and followed with a friendly dance-off to wind down for the day.

As the main aim of the project was for the members of the community to come up with solutions for their own community, it gained a lot of support from the community, especially those from the rental blocks who were interested in making the project sustainable even without a budget. Hence, “Healthy Cooking Wednesday” continues till today! We are excited to see what a follow up campaign for this project would look like.

Professor Dutta shares: “The voices of community members form the soul and spirit of this campaign, generating a positive dialogic space for celebrating heart healthy behaviors and beliefs in the community. What is powerful about this advisory board and the work of community members is their ability to identify cultural resources of healing from within the community, connecting back to cultural traditions, and cultural meanings, and demonstrating the importance of community participation in dialogues for health and wellbeing.”



### 3.5.3 MSM & HIV Prevention

#### Research Team: Daniel Teo and Mohan Dutta

The lived sexual experiences of men who have sex with men (MSM) in Singapore form the basis of culturally-grounded knowledge which in turn shapes the development of relevant, community-based interventions for HIV prevention and safe sex promotion. The project included interviewing members of the MSM community to find out how they conceptualize their sexuality and sexual behavior; and developing communication solutions in partnership with all relevant stakeholders for HIV prevention and promotion of safe-sex practices.

### 3.5.4 Transgender Sex Workers

#### Research team: Professor Mohan Dutta, Raksha Mahtani, Dyah Pitaloka, Dazzelyn Zapata in collaboration with Project X

There are limited communication interventions that are serving the transgender community, especially in the context of Singapore. Despite some prevention programs that have proven to be effective for some, many of such programs are not sustainable due to their top-down approach. This project aims to engage the local transgender sex workers to identify the health problems they experience and to develop interventions that correspond to their health needs.

The Stiletto Project showcased the role of participatory communication processes in creating openings for community voices, as a culture-centered project that engages with transgender sex workers (TSWs) in Singapore through advisory boards, in-depth interviews and focus groups to identify the problems they face with health, violence, ageing and other affected areas of their life.

In 2014, the CARE team initiated a collaboration with a local community-based organization, Project X, to reach out to local transgender sex workers



and to form an advisory board of transgender sex workers. The task of the advisory board was simple: to come up with a list of key issues they wanted to work on and crowdsource the solutions they propose to these issues. In 2016, they collaborated to produce a media campaign to create awareness of issues that their community faced, the most salient one being stigma and discrimination.

The project went into full swing in late 2015 with the CARE team developing a website housing health information relevant for this community, based on strategies identified by the community. In addition to the digital component of the campaign, the peer leaders began reaching out to the community to deliver a health intervention in the form of postcards designed for TSWs, by TSWs.

The power of Project Stiletto was to embrace the framework of the CCA to develop solutions to health and wellbeing rooted in the experiences of community members. Challenging the traditional notion of campaigns usually targeting the transgender community with safer sex messaging, Project Stiletto focused on community-responsive health information (sex reassignment surgery and hormone therapy), mental health and stigma, and communicative strategies for addressing discrimination and stigma.



### 3.5.5 Meanings of Health among low-income families in Singapore

**Research Team: Professor Mohan Dutta, Dr. Naomi Tan, Dr. Asha Rathina Pandi**

Health meanings emerge from the lived experiences of the individual as he/she navigates through socio-structural constraints. These individual meanings of health become key information in revealing a localised, alternative understanding of health in the community. The main outcome of this research is to create avenues and develop solutions for more equitable health outcomes in such marginalised communities. Currently, CARE is reaching out to the invisible poor in Singapore to understand their lived experiences of food insecurity and the impact on their health. The team organises a monthly food distribution with resources from the various NGOs that we collaborate with.

Food insecurity, defined by the World Health Organization as the lack of access to sufficient, safe, and nutritious food to maintain a healthy and active life, is a potential health problem faced by both adults and children in low-income households. Research has consistently shown that food insecurity has detrimental effects on one's health, leading to malnutrition, obesity, poor dental health, and increasing the likelihood of developing chronic diseases such as diabetes, high blood pressure, or heart disease. In the Singapore context, the food needs of the low-income are in part addressed by food donations or redistribution from private charities, religious-based organizations, voluntary welfare organizations (VWO), and through direct governmental support. However, what remains unclear is the magnitude and severity of food insecurity in Singapore, and the extent to which current efforts are able to ameliorate this problem. More importantly, little is known about experience of food insecurity in the Singapore context, in particular, the specific challenges the low-income face in acquiring food and how they navigate these challenges. Amidst a seeming abundance of tasty and 'cheap' food in Singapore, it is often difficult to picture someone going hungry.

Given the lack of research investigating food insecurity in the Singapore context, this project begins with a broad exploratory approach in order to have a deeper understanding of the problem. What does it mean to be food insecure in Singapore? How is this experienced in their daily lives? How does food insecurity connect with poverty and other structural barriers they may face? How does this impact their physical and mental health? From 2014 to 2015, CARE conducted 100 in-depth interviews with low-income individuals in Singapore. As food insecurity is a relatively invisible problem, interview participants were recruited through (1) food charities such as Food from the Heart, Willing Hearts, and the Food Bank Singapore; (2) by going door-to-door at public rental flats which can only be rented by Singaporeans with a monthly household income of S\$1,500 or less; (3) snowball sampling and recommendations from participants; and (4) community partners at two different interview sites, who were participants that assisted in recruiting their neighbours and people from their social network.

The interview findings suggest that food insecurity tends to be an intermittent problem, typically affecting low-income households during specific times of the month or when unanticipated expenses come into play (e.g. medical expenses, accidents, or loss of job). In addition, unlike dramatized portrayals of food insecurity as starvation or the total absence of food, most (but not all) incidences of food insecurity shared by participants involved (1) cutting down the amount of food eaten, (2) consuming cheaper but low-nutrition alternatives (e.g. Maggi mee, canned food), or (3) simply filling the stomach to avoid hunger (e.g. dipping bread in water to feel full). It is also worth noting that participants, through their stories, alluded to the everydayness of food insecurity.

CARE's work on poverty and food insecurity culminated in an online and social media campaign called 'No Singaporeans Left Behind'. After completing the interviews and analyzing the findings, 8 to 10 advisory board members were recruited to design and plan an intervention for the low-income community. As with all culture-centered projects, the rationale is that communities are in the best position to articulate and formulate solutions for the problems that they face. The advisory board designed an online campaign to raise awareness on the lived experience of poverty and food insecurity, with the aim of informing the Singapore public about the everyday challenges and negotiations that they faced. The No Singaporeans Left Behind campaign was run for a month, and included a website, a Facebook page, an Instagram page, 2 community dialogues with relevant stakeholders, a 1-minute advertisement distributed online, and a 30-minute documentary.



### 3.5.6 Negotiation of Health among Foreign Construction Workers

#### Research Team: Professor Mohan Dutta

Low-wage male migrant workers in the construction industry form a hyper-precarious segment of Singapore's population.

Migrant construction workers (MCWs) play a pivotal role in building the infrastructure of the country, which underlies the country's strong economy. Presently, almost one million migrant workers are residing in Singapore, doing jobs in shipyards, construction companies, manufacturing, sanitation services, and cleaning work.

This group faces many problems, including adjustment to a foreign environment, poor living conditions, and exploitation by employers. These problems lead to a whole host of health issues such as inaccessibility to healthcare, inaccessibility to preventive resources, and inaccessibility to resources of everyday wellbeing. This research programme aims to create opportunities to work with foreign construction workers to solve the health issues that they face through the co-creation of communicative infrastructures. Through their participation in advisory groups, problems are identified and solutions are developed by migrant workers themselves.

The first study on the threats to health and wellbeing of MCWs examined the meanings of health narrated by the Bangladeshi migrant workers based on their lived experiences. Central to the migrant worker's experience of health is access to decent and quality food.



Driven by the participation of low-wage foreign construction workers, the 'Respect Our Food Rights' campaign was organised by CARE with an aim to raise awareness regarding the poor quality of food available to migrant construction workers (MCWs) in Singapore.

This campaign was developed by an advisory group of MCWs, collaborating with CARE researchers in collaboration with sixty MCWs, who narrated their stories of lack of access to good quality food, and facilitated by HealthServe.

In a discussion about food safety and security, one of the MCWs said: "Catering food is generally left outside for workers on shoe boxes or hang (*sic*) to the door. It's a blessing when the mouse doesn't make a hole in the packet, at times the food like rice, dal and vegetables gets spoilt due to the heat".

This research project, and the emergent campaign that it supports, poses an urgent need to develop the infrastructures for the delivery of food and elucidates that the quality of food available to workers are often unclean, unhygienic, and stale. Lack of access to quality food poses risk to the health of MCWs and their ability to do arduous work demanded of them.

The campaign strategy foregrounded the labour rights of foreign construction workers, disrupting the silence around worker rights perpetuated by Singapore's Out-of-bound (OB) markers and history of repression of civil society organising for worker rights. The narratives foregrounded by the workers, scripted into digital stories, depict the right of workers to decent food. Campaign messages were placed on digital platforms and on outdoor spaces, as wrap-around on public transport, and as ads on trains. A documentary scripted by the workers foregrounded the ironies in the organising of migrant labour, marked by structural violence. A white paper, documenting the research built on the voices of the MCWs, documented the empiricism of everyday struggle with food, embodied in the materiality of risks to health and wellbeing. The white paper and the broader campaign advocacy generated a number of significant media stories, creating the infrastructure in media discourse rooted in the voices of the migrant construction workers in Singapore. The public conversations generated by the white paper and the campaign placed the food insecurity of low wage foreign construction workers in the discursive and political registers of Singapore, serving as the basis for civil society organising and advocacy.



<https://www.youtube.com/watch?v=mpe2kt08Tvk>

"Respect The Food Rights of Workers" Documentary. Filmed June, 2015

## Opinion Pieces

<https://culture-centered.blogspot.com/2020/02/one-of-strongest-emergent-themes-in-our.html>

## Gallery

<https://carecca.nz/research/care-projects/care-projects-foreign-construction-workers-singapore/>

## Media

Singapore Was a Coronavirus Success Story—Until an Outbreak Showed How Vulnerable Workers Can Fall Through the Cracks by Hillary Leung, TIME

<https://time.com/5825261/singapore-coronavirus-migrant-workers-inequality/>

Image: Residents are seen in a purpose-built migrant workers dormitory that was designated as an isolation area in Singapore on April 18, 2020. Ore Huiying – Getty Images



Researchers reveal COVID-19 concern for Singapore's migrant workers by CARE

[https://www.massey.ac.nz/massey/about-massey/news/article.cfm?mnarticle\\_uuid=3F3A4A22-4364-42B6-B993-1C6C2639AD27](https://www.massey.ac.nz/massey/about-massey/news/article.cfm?mnarticle_uuid=3F3A4A22-4364-42B6-B993-1C6C2639AD27)

Image: An image of a worker from CARE's migrant worker project in Singapore. Copyright CARE.



Source: [Massey University](#)

'We're in a prison': Singapore's migrant workers suffer as Covid-19 surges back

<https://www.theguardian.com/world/2020/apr/17/singapores-cramped-migrant-worker-dorms-hide-covid-19-surge-risk>

by [Rebecca Ratcliffe](#), South-east Asia correspondent, The Guardian

Image: A migrant worker living in a factory-converted dormitory in Singapore.



Photograph: Edgar Su/Reuters

Singapore Was A Shining Star In COVID-19 Control — Until It Wasn't by Jason Beaubin, Global Health and Development Correspondent, NPR

<https://www.npr.org/sections/goatsandsoda/2020/05/03/849135036/singapore-was-a-shining-star-in-covid-control-until-it-wasnt>

Image: Foreign workers wearing protective masks queue for free meals in Singapore. Photograph: Suhaimi Abdullah/Getty Images



Singapore Was A Shining Star In COVID-19 Control — Until It Wasn't by Jason Beaubin, Global Health and Development Correspondent, NPR

Image: Singapore is seeing a spike in coronavirus cases among its hundreds of thousands of migrant workers. Above, a volunteer from a nonprofit group talks to migrant workers now confined to a factory that was converted to a dormitory as part of the effort to contain the spread of COVID-19.

Photograph: Ore Huiying/Getty Images



Coronavirus: Singapore migrant worker dormitories still hot topic as Covid-19 cases rise

[https://www.scmp.com/week-asia/health-environment/article/3079675/coronavirus-singapore-migrant-worker-dormitories-still?module=perpetual\\_scroll&pgtype=article&campaign=3079675](https://www.scmp.com/week-asia/health-environment/article/3079675/coronavirus-singapore-migrant-worker-dormitories-still?module=perpetual_scroll&pgtype=article&campaign=3079675)

by [Kok Xinghui](#) in Singapore and [Bhavan Jaipragas](#) in Hong Kong , [South China Morning Post](#)

Image: A migrant worker looks out from a window of his Singapore dormitory. Photo: AFP



Coronavirus: Singapore urged to consider migrant workers' mental health amid 'circuit breaker' lockdown by Bhavan Jaipragas, South China Morning Post

<https://www.scmp.com/week-asia/health-environment/article/3081290/coronavirus-singapore-urged-consider-migrant-workers>

Image: A migrant worker looks out from a window of his Singapore dormitory. Photo: AFP



### Migrant Worker Cluster: A Singapore Nightmare

<https://theaseanpost.com/article/migrant-worker-cluster-singapore-nightmare>

by Athira Nortajuddin, The Asean Post

Image: Residents queue for food at the Tuas South foreign workers dormitory that has been placed under government restriction as a preventive measure against the spread of COVID-19 in Singapore. (AFP Photo)



### Covid-19 Singapore: A 'pandemic of inequality' exposed by Yvette Tan, BBC News

<https://www.bbc.co.uk/news/world-asia-54082861>

Additional reporting by Krithiika Kannan, graphics by South Asia Visual Journalism



### More than 9 in 10 Bangladeshi foreign workers say they are given unclean and unhygienic food: NUS survey

<https://www.straitstimes.com/singapore/more-than-9-in-10-bangladeshi-foreign-workers-say-they-are-given-unclean-and-unhygienic>

by Joanna Seow, Manpower Correspondent

<https://www.straitstimes.com/authors/joanna-seow>

The Straits Times <https://www.straitstimes.com/singapore/more-than-9-in-10-bangladeshi-foreign-workers-say-they-are-given-unclean-and-unhygienic>



Image: The interior of a food catering company which prepares food for Bangladeshi workers. Over nine in 10 Bangladeshi migrant workers here are given unclean and unhygienic food to eat from caterers, a new survey has found. ST PHOTO: KUA CHEE SIONG

### White papers: Food Insecurity and Health of Bangladeshi Workers in Singapore: A Culture-Centered Study

<https://www.healthserve.org.sg/wp-content/uploads/2020/09/FoodInsecurityandHealthofBangladeshiWorkersinSingaporeA.pdf>



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White papers: Structural constraints, voice infrastructures, and mental health among low-wage migrant workers in Singapore: Solutions for addressing COVID19

<https://carecca.nz/2020/04/22/care-white-paper-issue-8-structural-constraints-voice-infrastructures-and-mental-health-among-low-wage-migrant-workers-in-singapore-solutions-for-addressing-covid19/>



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Infrastructures of housing and food for low-wage migrant workers in Singapore

[https://sites.massey.ac.nz/wp-content/uploads/sites/68/2020/04/CARE\\_COVID19\\_whitepaper\\_MigrantInfrastructuresEmbargoed.pdf](https://sites.massey.ac.nz/wp-content/uploads/sites/68/2020/04/CARE_COVID19_whitepaper_MigrantInfrastructuresEmbargoed.pdf)



Infrastructures of housing and food for low-wage migrant workers in Singapore

<https://carecca.nz/2020/04/13/care-white-paper-issue-6-infrastructures-of-housing-and-food-for-low-wage-migrant-workers-in-singapore/>

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### 3.5.7 A culture-centered approach to community-led empowerment: Empower Programme (Enriching and Mobilising Participation of Whampoa's Elder Residents)

**Research Team: Professor Mohan Dutta and Tsao Foundation**

This project resulted from a collaboration between Massey University and the Tsao Foundation, via Massey's Center for Centre for Culture-Centered Approach to Research and Evaluation (CARE) and the International Longevity Centre Singapore (ILC-S). We worked together on the \$0.9M SGD programme, largely funded by the National Council of Social Service Singapore, while CARE and ILC-S co-funding the balance across from January 2019 - June 2022.

The EMPOWER programme (Enriching and Mobilising Participation of Whampoa's Elder Residents) was created based on the key tenets of the culture-centered approach (CCA), building a conceptual framework for empowerment education and community-led activities rooted in cultural values and community voice.

The collaboration resulted in community empowerment and in community-led solutions to the challenges of ageing. It demonstrated the value of the culture-centered approach as a guiding framework for empowering the voices of ageing communities in conceptualizing and leading social change processes. This is the first application of the culture-centered approach in the context of ageing community in Singapore.



### 3.5.8 Community-led culture-centered design of healthcare for the future in Singapore

The Alexandra Health Innovation Project is a study initiated with the aim of understanding the health seeking experiences of community members residing in the areas of Bukit Merah and Queenstown. These two areas and specifically some subzones within them, fall within the catchment area near Alexandra Hospital—the erstwhile British Military Hospital that is poised to become a ‘test bed’ for health innovation in Singapore, led by the National University Health System. This follows from the aim of the Ministry of Health of move care ‘from the hospital to the community.’ But what is the *community*? As has been pointed out by some senior stakeholders involved in the project in their interviews with us, community is not just the primary care providers, the polyclinics and the VWOs but also “any layperson who has got absolutely nothing to do with healthcare,” and the “group of people that need to come together to help the person successfully stay and age in place.” Recognising that the voices of the people living in these communities that will be affected by health care reform should take precedence and that reform cannot be successful without the meaningful participation of the community, the culture- centered approach (CCA) steps in to close the gap between the community members and the stakeholders of the Health Innovation Project.

The CCA aims to emphasise the everyday, lived experiences of the community members in these areas and privilege their voices over those of the stakeholders. By articulating their experiences with health care, the barriers to health faced by them, the community members define the problems faced by them and also delineate solutions to those problems. In this way, the community comes to dictate the contours of the healthcare reform agenda with the researchers and stakeholders as partners.

The first phase of the project covered participant observation and walk-about to understand the services available in the community such as clinics, exercise corners, senior activity centers etc. The project so far has covered 130 in-depth interviews with community members based on a sampling frame representative of the community in these areas. We have also conducted two advisory board sessions. Simultaneously, interviews with stakeholders such as healthcare providers, general practitioners, VWOs, chronic disease care center managers, family service centers and social workers, among others, have also begun.

So far, the narratives of the elderly community members point to self-management of certain problems, social isolation and a desire to lead more active lives, all of which are essential to ageing actively in the community. As Zahira, a 70 year old Malay woman who lives alone in a 3 room flat pointed out, “Because neighbours also, last time got neighbours all, some moved out some passed away already. Ah. [Pause] So left me la.”

When probed about what she would like to see in her community that could help her age well she says:

“We should have a, meeting (in) these block or all the old old people. Come and give us a talk, like how to look after ourselves. Because we are alone ah.” The CCA then has much to offer by way of foregrounding these everyday experiences of the elderly in the community and how they can be channelled toward making community care and ageing in place a reality.

### **3.5.9 Culture-centered community-led heart health intervention among women**

Heart disease is the number one cause of death for both men and women in Singapore. Despite public health campaigns seeking to reduce the risk of heart disease, there remains considerable need in terms of bringing about improvements in heart health outcomes among women, and in creating infrastructures that support their knowledge of CVD risk factors and prevention behaviour.

The Heart to Heart intervention, which was a randomized controlled trial consisting of a year-long gender-tailored program for 100 female heart patients, was a collaboration between CARE and cardiologists at the National University Heart Centre. The project combined measurements of biomedical outcomes with a culture-centred methodology, making it the first of its kind in the Singapore. The control group received standard cardiovascular care, and the intervention group participated in a women's heart health programme conceptualized and designed by the participants themselves.

The format of the intervention follows the tenets of the culture-centred approach, which argues that when the target population is actively engaged in identifying the key problems they face and the accompanying solutions, interventions designed based on their input are likely to be more effective. This is in contrast to conventional interventions following a top-down biomedical approach that often fails to address cultural and structural context, ultimately lacking relevance to the lives of their audience.

Following the completion of the one-year clinical trial, the pre-post differences from a heart health awareness survey for both the intervention and control groups was analysed to assess the effectiveness of the program in influencing knowledge, awareness, and behaviour.

Participants in the culture-centered intervention were more likely to report greater knowledge as compared to participants in the control group. Similarly, in the domain of knowledge of information on treatment options for heart health, participants in the intervention group were more likely to be aware of research that compares the effectiveness of different kinds of medication and procedures for heart disease and cholesterol medicine.

Further, women who participated in the culture-centered intervention were more likely to report discussing preventive and treatment information related to heart health with their doctor as compared to women in the control group.

As Hamidah, a participant in the intervention shared-

*Actually my main intention of coming, since directly from the beginning, I just want to help develop something. Because being a sufferer, I also want to know what's available, and know more about what's happening to me. And so therefore, ya, that's the whole idea of the whole thing. So that we can all come together and develop something that could help, because I think there's a growing number of people with heart illnesses and all that. And for one, to begin with, I was so ignorant. I mean I was like, ok I got a heart problem, what's next? Do I die? (laughs) Well, scary in some ways, not scary as in terrified kind of thing, but just that it's good to know more and how you can handle things. So like in the middle of the night, you suddenly have a wheezing, ok not to worry, this is what the specialist say. Yeah.*

The findings suggest modest support for the role of a culture-centred health communication intervention in addressing the heart health risks experienced by women. However, the intervention was still useful in serving as a pilot study and to test the feasibility of such an approach for female heart patients in Singapore, who are currently an underserved population.

The small sample size and difficulty in retaining participants for all of the intervention activities are some potential reasons for the limited findings, and may have affected our ability to detect large effects or statistical significance. Beyond the survey findings, in-depth interviews with participants and clinicians or researchers involved in the project offered important insights on some of the challenges in meeting the health needs of female heart patients.

### 3.5.10 Culture-centered constructions of diabetes in Singapore

**Research team: Quek Ling Yang, Dyah Pitaloka, Munirah Bashir, Asha Pandi, Dyah Pitaloka**

Diabetes is an increasingly prevalent and prominent concern globally. According to the International Diabetes Federation, there is an estimated 415 million people with diabetes worldwide in the year 2015, and this figure is forecasted to surge up to 642 million in the year 2040. South-East Asia and the Western Pacific have the highest number of diabetic individuals – approximately 78 million and 153 million respectively. The burden of diabetes in Singapore is disproportionately borne by communities at the margins.

The multi-pronged project involved community-led research in communities at the margins, alongside a collaboration with the National University Health System to explore the negotiations of diabetes in community settings.

The research project demonstrated that in the clinical setting, most respondents do not have intention to seek information on their own regarding diabetes or other illnesses. They expect their health providers/doctors to send them reminders or provide them information pertaining to diabetes care, medication, insurance, subsidies, injection during routine check-ups. At least six of them mentioned about receiving text messages from NUH nurse reminding them about medication and consultation schedule.

When asked about the diabetes brochures available in the waiting room, none of the participants ever checked and read the brochures. Responses varied from, not having time to read lengthy information presented in the brochure, need a guide to help understand information in the brochures, to limited use of English. Some participants were not aware of the availability of health information brochures in the waiting room. Some did not pay attention and some had issues with placement of these brochures in the hospital.

Participants noted that it was not about the information presented, but more about who delivers the information to the participants (with obligation to support their family and to manage their health costs, participants expect health providers to assist them in getting updated information about diabetes and diabetes medication.

Most respondents were aware of the food to avoid, and all of them preferred home-cooked food where they could control on the use of oil, sugar, salt. Meat intake reduced after diagnosis; vegetables and fruit intake increased. Culture and food diet are linked. The main food items to be avoided included juices, sodas, rice, coconut milk, sugar, salt. A small portion



was preferred. Only three respondents did regular exercise such as brisk walking after meals.

Interactions between doctor-patient were vital to all participants. Doctors at NUH were seen as their main source of information. They trusted the doctors to help them manage their diabetes care. Most of them had phone numbers of their doctors where they could contact their doctors at any time. Most respondents talked about how they had preferred to see the same doctor at NUH although there could be better other doctors/specialist elsewhere. Trust and honesty was important in their interactions.

The use of TCM or Ayurveda or traditional medicine was less among participants. They believed Western medicine was more valuable; partly due to their strong connection to their doctors at NUH.

Among communities at the raced, classed margins of Singapore, the negotiations of diabetes were constituted amidst the negotiations of marginalising structures. State-driven health campaigns were seen by the participants as perpetuating further marginalisation and disenfranchisement.



## 3.6 INDONESIA

### 3.6.1 Violence, erasure, and meanings of health: Culturally-centering voices of remembering

**Project team: Dyah Pitaloka and Mohan Jyoti Dutta**

Dialita choir (Dialita is the abbreviation of Di Atas Lima Puluh Tahun or Above 50 Years Old) is a choir that is made up of women whose parents, relatives and friends were captured, tortured and exiled during the 1965/1966 anti-communist purge in Indonesia. In their late sixties, the members of Dialita co-initiate social change through singing performances. Their performances challenge the dominant style of communicating about 1965 anti- communist purge and co-create alternative narratives filled with melodious dialogues and joyful hopes for the future. This communicative approach is contrast to the sufferings they have experienced after the 1965/1966 anti-communist purge in Indonesia that wiped out their family members and took away their freedom and decent lives. In their voices, singing improved their health.

The ability to battle the fear, as expressed by one of the choir members, is an entry point for crafting meanings of health and resilience. Singing the songs that had been erased from the nation's memory for so long, the members of the choir embark on their trauma healing journey not as victims, but as survivors (*penyintas*).

*"We have to be brave and must not stay silent. Look at us! We're old now. Young people must know the truth, and it is important for them to know the truth, to listen to different*





*stories and make sense of what had happened in the past. They need to learn about 65 from different sources”, one of them said.*

During our many conversations and collaborations with Dialita, we observed that the younger generation of Indonesians, such as college students, musicians and artists demonstrated their enthusiasm to learn the stories of Dialita. In each of their performances, Dialita choir invites the audience to experience the beauty of their voices and sincerity in their songs. Therefore, although the younger audience members had never heard about the songs and the choir, Dialita performance becomes an open field for interaction and communication. The boundary between the performers and the audience disappears as audience members turn into performers of stories based on their lived experiences, engagement, dreams, aspirations, and imaginations.

These songs and performances shared by survivors of 1965 draw audiences' attention to the material bases of oppression, discrimination, and injustice, carried out by false claims manufactured through propaganda. Performances become sites of change for both the survivors and the audience.

For the survivors, the performative sites mark a transition from being victims to being survivors – individuals who have lived through the struggle and are able to talk about their trauma without fear. Envisioning a healthy life is intertwined with the communicative processes that address the structures of forgetting and trauma. For the audience, the performative sites mark a structural transformation that allows them to learn, to engage, and to participate in the social change processes initiated by the performers.

### 3.6.2 Insecurities, labour chains, and immobilities of Indonesian foreign domestic workers

**Project team: Dyah Pitaloka and Mohan Jyoti Dutta**

Drawing on the key tenets of the CCA, this project maps the pathways of immobility amidst foreign domestic work.

Based on in-depth interviews with foreign domestic workers from Indonesia, it examines the everyday struggles of health and wellbeing in the context of domestic work.

These challenges to health and wellbeing are situated amidst the movements of labour from Indonesia to Singapore, documenting the ruptures, disjunctures, and impossibilities in such movements.

The voices of working foreign domestic workers document the everyday struggles negotiating rest and security amidst work, foregrounding the challenges of food insecurity and lack of access to decent space for resting.

Particularly salient in this study is the explanation of the interplays of culture and structure, documenting the ways in which the structures of migration constitute the erasure of cultural identities of foreign domestic workers. Participant narratives document the ways in which the sexualized construction of Indonesian foreign domestic workers shapes sexual violence at the workplace. Moreover, the absence of adequate structures for responding to the complaints raised by foreign domestic workers perpetuates the practices of exploitation.

## 3.7 CHINA

### 3.7.1 Health meanings and migration in China

#### Project team: Kang Sun and Mohan Jyoti Dutta

This project explores understandings of care in the backdrop of left behind families in rural China when the middle generation from rural families in China have gone to cities to work. We work with the culture-centered approach to foreground local meanings of care, suggesting that projects of health communication can serve the goal of promoting care as a site of social change amid global flows of labour. Family care is examined as a contested space where meanings of health are challenged and contradicted.

With China's opening to the global investments and market, its coastal areas were developed into new cities from 1980s onwards. Industry, service, and construction developed as important sectors of economic development that demanded a large number of cheap labour, with separation of countryside families becoming a social norm. Thus, under such a national structure of labor division and demand, grandparents' taking care of grandchildren becomes only "natural" so that the middle generation of the families can concentrate on earning and saving.

Aligned with the meaning making goals of the culture-centered approach, both in-depth interviews and focus group discussions of about 45 to 90 minutes in length, were conducted with peasant workers and their adult family members. By engaging with the CCA, we concentrated on the meanings villagers attach to care and explore how such meanings are connected to changing social, economic, and material structures. Some the themes that emerged were: care through everyday life is divided into care of the children and care of the elderly, each intertwined with the other, and thus disrupting a monolithic understanding of care that pits care givers and care recipients in specific and distinct roles. Further, such a web of meanings of care is usually expressed together with the difficulties of accessing schooling in cities, lack of elderly care facilities in the countryside, and frustrations of economic access to provide long term care to the elderly. As an interviewee, *Min* shared:

*The society takes its course and when the elderly care centre becomes a norm of the society, then we will not feel uncomfortable to go to the elderly care centre. So it means that only if you follow the course of the society and try to adapt to the major course of the society, you can live a well off life.*

This then points to the needs for considering the structures of health that accompany the changing dynamics of economic organising.



### 3.7.2 Health, loss, and resistance: Benzene poisoning among migrant workers in China

**Project team: Ee Lyn Tan and Mohan Jyoti Dutta**

In China, use of benzene in common raw materials like paints, thinners, solvents and glue in factories has been linked to diseases like leukaemia, leukopenia, severe anaemia and asthma in exposed workers. Apart from straining the public healthcare system, it causes untold suffering to victims and their families.

In this project, participants share what they understand about their diagnosis and illnesses, what it means to them and how they cope with it. They share how they negotiate access to diagnosis and treatment, such as getting help from labour rights groups and lawyer-activists, and threatening officials with protests and even suicide.

It is hoped this information would provide insight to policy makers so change may be pursued in tackling this hazardous pollutant and opening up treatment for victims.

This project began in 2013, where interviews were conducted with 35 participants, nearly all of them victims of benzene poisoning. It moved into an ethnographic phase 2 in May 2016 involving 33 individuals. Of these, 8 are patient workers including two who are already dead. The remaining 25 are all relatives of the 8 patients, social workers/activists and labour rights lawyers.

Phase 2 involved the researcher working with collaborator Labour Action China on specific cases which are targeted at helping worker/patients access treatment.

CARE's collaborator in this project is Labour Action China, a Hong Kong based non-government organisation and labour activist group.

## 3.8 GLOBAL HEALTH AT THE MARGINS

### 3.8.1 Global Hunger and Health

Started in 1997, the Global Hunger interventions form the basis of the key theoretical tenets of the culture-centered approach, exploring the role of voice infrastructures at the margins in challenging and transforming unhealthy structures. The communicative infrastructure of “Voices of hunger” build symbolic anchors for organising for structural transformation, attending to the ways in which inaccess to food is shaped by power and control, constituted within colonial and capitalist architectures. These marginalising interplays of colonialism and capitalism have been further exacerbated by accelerated neoliberal capitalism.

One of the earliest community spaces where the “Voices of hunger” interventions were developed is in Jangalmahal, West Bengal. Bengal has documented some of the worst effects of colonial violence, reflected in the Bengal famine that resulted from British imperial policy and its extractive politics of exploitation and food deprivation. The Bengal famine reflected the underlying politics of food distribution that shaped inaccess to food. In postcolonial India, many areas of Jangalmahal, largely inhabited by indigenous and dalit communities, experienced some of the most extreme forms of hunger. In this backdrop, our culture-centered co-creation with advisory group members from the “margins of the margins” built a framework for organising for structural transformation, laying claims to just public distribution system through accountability to the local community.



Another thread of the “Voices of Hunger” project developed in Tippecanoe County, Indiana, in the backdrop of the global financial crisis. The problem of hunger and food insecurity is compounded by the economic recession, and the soaring gas prices in that the purchasing power of families is depleting in the face of rising food costs (Newsweek, 2010). The rising food insecurity and hunger in America prompted the President Barrack Obama's present move to strengthen food security through various food assistance programs intended to reverse the trend by 2015. The establishment of the Supplemental Nutrition for Women, Infants and Children (WIC) Program, the Supplemental Nutritional Assistance Program (SNAP) formerly known as Food Stamp Program and several interventions geared toward halting food insecurity attest to the magnitude of the problem in America ( The WIC Program, 2009, Food and Nutrition Act,2008).

In addition to the government responses, different organizations such as Not for Profit Organizations (NGOs), charity organizations and churches are responding to the threat of hunger and food insecurity through the establishment of food pantries and food banks. We will return to this in detail later in this paper. However, conspicuously erased from much of the programs are the voices of the food insecure who exist at the margins. The absence of marginalized populations at the site of these food programs is of concern, and underscores the importance of culturally relevant approaches that listens to the unique challenges of the hungry and food insecure. It is reasonable to infer that



the absence of the food insecure from government programs explains the failure of present top down food assistance programs. For instance, despite three decades of the existence of WIC and SNAP, food insecurity and hunger remain on the rise in America. WIC was established in 1972 (The WIC Program, 2009).

Within the context of our culture-centered project, the centralized location soliciting, collecting, and redistributing food to those in need is that of Food Finders Food Bank, Inc. Food Finders Food Bank in Tippecanoe County, Indiana currently serves a number of surrounding counties, both suburban and rural, in the Northwest-Central region of Indiana. Specifically, food is donated from farmers, individuals businesses (grocers/ restaurants), large manufacturers or processors, the USDA, personalized local donations, and larger emergency food relief organizations (Feeding America) to the local food bank, Food Finders. This organization then redistributes the food to local nonprofit food bank member agencies, such as food pantries, soup kitchens, and shelters for the needy. It is as these locations where those experiencing food insecurity are able to gain access to food, whether that be per receiving food products to be taken home or actual cooked food to be eaten at a shelter or kitchen.



Against the backdrop of the failure of expert interventions such as the food assistance programs, there is increasing demand for a Culture Centered Approach to address health, and food insecurity. The CCA listens to marginalized populations in the design of health and food interventions. In the context of food insecurity, a culture-centered analysis deconstructs the missing links in contemporary food assistance programs in America, and offer constructive ways on how to meaningfully engage with marginalized

populations that are the beneficiaries of the food assistance programs.

In addition, the CCA asks, how does the dominant structures silence or erase the agency of marginalized communities who lack the opportunities to voice their concerns. We use agency here to mean the capacity to make decisions regarding food access. For instance, what does hunger mean? What does food mean to the marginalized? How best should food be distributed to the food insecure? (Access) What kinds of food are desirable? What quantities should be distributed at the pantries, and at what intervals? CCA seeks to reverse the status quo by listening to the voices of the food insecure population who have been rendered invisible in the dominant top down food assistance programs. In this sense, CCA offers entry point for alternative definition of the kinds of food that should be delivered at the food banks, and how the food insecure should be treated at the pantries.



In this project, the research team examined the lived experiences of food insecure persons in the Lafayette/West Lafayette area in Indiana. We sought to understand what food insecurity meant to the food insecure in West Lafayette/Lafayette. In addition, we examined the operations of the various food delivering organizations in West Lafayette, and juxtaposed their operations with the lived experiences of the food insecure. Our goal was to assess the need of food insecure, and offer meaningful ways of engaging with the food insecure. In order to achieve this goal, we conducted 17 in-depth interviews, 3 longitudinal focus groups, and PhotoVoice Workshops. This report is meant to be read in complement with the PhotoVoice Art Exhibit titled "Voices of Hunger" that was placed on display.

Since its inception, the project has grown to nine countries spanning five continents and developed across over thirty communities. In Singapore, narratives of hunger offered by community members residing in rental blocks foregrounded the organising of the food distribution system, the erasure of community voice, and the broader structural context of extreme neoliberalism. Everyday struggles with securing access to food shaped the experiences of health and the struggles with mental health and wellbeing. Similarly, in Aotearoa New Zealand, the negotiations of poverty in communities at the margins are reflected in the day-to-day challenges securing access to food.

The voice infrastructures co-created in communities at the margins has resulted in community-led food gardens, community-led initiatives for food distribution, food distribution systems owned by households and people experiencing poverty, media campaigns documenting the scale and depth of hunger experienced by communities at the margins, and community-led advocacy. Amidst COVID-19, the everyday negotiations of food insecurity in communities at the “margins of the margins” shaped community-led organising to build universal access to safe and quality food.

## Media

NUS researchers launch online campaign to raise awareness of poverty in Singapore

<https://www.straitstimes.com/singapore/housing/nus-researchers-launch-online-campaign-to-raise-awareness-of-poverty-in-singapore>

Researchers at NUS launched an online campaign called Singaporeans Left Behind to raise awareness about challenges encountered by the poor. ST PHOTO: JAMIE KOH



Media\_Coverage\_Voices\_of\_Hunger\_6\_May\_2021

[https://carecca.nz/wp-content/uploads/sites/68/2021/11/Media\\_Coverage\\_Voices\\_of\\_Hunger\\_6\\_May\\_2011.pdf](https://carecca.nz/wp-content/uploads/sites/68/2021/11/Media_Coverage_Voices_of_Hunger_6_May_2011.pdf)



## YouTube

<https://www.youtube.com/watch?v=LOq2yNnncMQ>

<https://www.youtube.com/watch?v=d5NcWnKtdMk>

## Blog Posts

LR- Transcript 1 <http://culture-centered.blogspot.com/2012/03/lr-transcript-1.html> posted by LaReina Hingson <https://www.blogger.com/profile/10808942740023490518> on March 23, 2012



Are culture-centered projects viable in Singapore? Reflections on academic freedom and the Yale-NUS saga <http://culture-centered.blogspot.com/2019/10/are-culture-centered-projects-viable-in.html>

posted by [Mohan J. Dutta](#) on October 07, 2019



Trapped meanings in steel and concrete <http://culture-centered.blogspot.com/2012/11/trapped-meanings-in-steel-in-concrete.html%E2%80%99> posted by [Mohan J. Dutta](#) on November 29, 2012



Negotiations of objectivity in the social sciences <http://culture-centered.blogspot.com/2013/03/negotiations-of-objectivity-in-social.html>

posted by [Mohan J. Dutta](#) on March 11, 2013



Do we need to experience something to write about it? <http://culture-centered.blogspot.com/2011/01/do-we-need-to-experience-something-to.html>

posted by [Mohan J. Dutta](#) on January 28, 2011



Voices of hunger: Interrogating inequality

<http://culture-centered.blogspot.com/2013/03/voices-of-hunger-interrogating.html>

posted by [Mohan J. Dutta](#) on March 29, 2013

Original Article

Voices of Hunger: Addressing Health Disparities Through the Culture-Centered Approach

<http://onlinelibrary.wiley.com/doi/10.1111/jcom.12009/abstract>



(Not) Talking about Hunger: Experiences from the Mobile Pantry & Insights from Winne

<http://culture-centered.blogspot.com/2011/07/not-talking-about-hunger-experiences.html>

posted by [Christina J.](#) on July 01, 2011



Constructing the Discourse of Food Policy

<http://culture-centered.blogspot.com/2011/06/constructing-discourse-of-food-policy.html>

posted by [Christina J.](#) on June 24, 2011



Voices of Hunger: Come listen to stories of hunger in Lafayette/West Lafayette

<http://culture-centered.blogspot.com/2011/05/voices-of-hunger-come-listen-to-stories.html>

posted by [Mohan J. Dutta](#) on May 04, 2011



## White papers

Food Insecurity Report- Voices of Hunger in Lafayette/West Lafayette: Culture-centered Dialogues

<https://carecca.nz/wp-content/uploads/sites/68/2021/11/FoodInsecurityReport-Final.pdf>



## Gallery

CARE Website Link:

<https://carecca.nz/research/care-projects/care-projects-global-hunger/>

### 3.8.2 Academic freedom at risk and organising for justice

#### Research team: Professor Mohan Dutta

Drawing upon the experiences of CARE carrying out community-led social justice projects at the “margins of the margins” across spaces, including in contexts of authoritarian power and control, such as Singapore, India, and China, this project mixes auto-ethnography with ethnographic participant observations, in-depth interviews, and survey to map out a justice-based framework of academic freedom.

The experiences of the CARE team negotiating the power and control of the authoritarian state, capitalist influence, and infrastructures of disinformation and hate organised by Hindutva and white supremacy shape the key conceptual threads that place academic freedom amidst hegemonic structures. The project maps out the ways in which the neoliberal organising of the academe has worked alongside settler colonial power and control, the rise of far right populism, and the deployment of authoritarian techniques by nation states.

Attention is paid to the forces of power that deploy influence through opaque structures, depleting the democratic spaces in the academe and constraining academic voice in mapping out the structures that constitute inequalities.

Salient to justice-based scholarship as reflected in the scholarship of CARE is the role of voice infrastructures in directly speaking to power, placed in solidarity with the struggles of the margins. The accountability of academics is turned toward communities at the margins, thus directly challenging hegemonic formations.

The culture-centered, community-led theorising of academic freedom in this line of work attends to the strategies for re-organising of the academe in the service of the struggles of the “margins of the margins.”

### 3.8.3 Asian healing formations: Negotiating tradition and modernity

#### Research team: Professor Mohan Dutta, Pauline Luk, Lily Lee and Desiree Soh

World Health Organization (WHO) addressed the importance and underestimated use of traditional medicines in WHO Traditional Medicine Strategy 2014-2023.

Recognising that the dominance of western medicine has created unequal structures in medical systems, it emphasized the importance of addressing the needs and the uses of traditional medicines in the healthcare system. This research project studies how patients, practitioners of Asian healing traditions (Traditional Chinese Medicine and Ayurveda), and western medical doctors enact their agency of (not) using traditional pathways of healing.

For the TCM component of the project carried out in Singapore, 25 TCM practitioners and 51 patients who had been using TCM as a means of healing were interviewed in 2015 and 2016, where they voiced their concerns in communicating their choices in using TCM.

The results show culture and structure both complementing and challenging the use of traditional medicine in Singapore's multicultural society. Patients, practitioners of TCM, Western doctors and the general public are commonly seen in participating the negotiation. Now policymakers have been playing key roles in TCM policies, but may not be tuned in to conversations on the ground, which may be necessary to bridge communication and collaboration between Western medical doctors, creating awareness of and working out structures for TCM practices as well as ease patient access.

This continuing study will next engage local TCM physicians in focus group discussions, which could crowdsource ground-up suggestions on dealing with communication challenges like disconnected networks and prejudiced image of TCM practitioners.

This project is a teamwork of Pauline Luk, Lily Lee, and Desiree Soh, and led by Professor Mohan Dutta.

"The project allows me to attend more than 30 sessions of participant observations in TCM clinics. This is an eye-opening experience. I am amazed to see that there are TCM clinics operated in modern settings like a western medical clinic, while there are some clinics still operate like in the old days. I even have a chance to experience a *tuina* session when I had a shoulder pain. After a 20-minutes session, the pain disappeared and it never came back again until now." Said Pauline Luk, the researcher of the project.

In a separate strand, Professor Mohan Dutta collaborates with a team of community researchers in India in seeking to develop a conceptual framework for mapping the pathways of local uses of Ayurvedic healing, the juxtaposition of Ayurvedic healing amidst the uses of biomedicine, and the structural challenges to the everyday uses of Ayurvedic healing.

Current strands of this work are developing frameworks for engaging with indigenous communities across diverse contexts in understanding the negotiations of culture, structure and agency that constitute healing traditions.

### 3.8.4 Negotiating climate change at the global margins

**Research team: Professor Mohan Dutta, Dr. Jagadish Thaker, Dr. Ashiwani Falnikar and community research teams**

Spanning five countries across three continents, this project draws from a culture-centered approach to build communicative infrastructures for the voices of the “margins of the margins” negotiating the effects of climate change.

The voices of communities at the “margins of the margins” bearing disproportionate burdens of climate change make sense of climate change, building a discursive register for sense-making, locating climate change within the context of their everyday negotiations of health and wellbeing, and articulating their everyday challenges to health and wellbeing amidst the changes in the ecosystems.

The everyday negotiations of climate change form the conceptual bases for theorizing the interplays between climate change, health, and wellbeing.

Empirically-based accounts offered by communities at the “margins of the margins” of the Global South offer embodied registers for making sense of climate change, and for grounding solutions to climate change in the cognitive infrastructures of community life.

For communities at the “margins of the margins” of the global South, climate change is experienced as heat, lack of access to water for irrigation, and lack of access to safe and clean drinking water.

Community-led culture-centered solutions for social change draw upon community agency and seek transformation in the structures of capitalism and colonialism that constitute climate change.



## 4. RECENT FUNDED PROJECTS

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### 4.1.1 Violence Prevention Needs of Diverse Communities: A Culture-Centered Approach

The Centre for Culture-Centred Approach to Research and Education (CARE) at Massey University secured funding from the Joint Venture Business Unit, Eliminating Family Violence and Sexual Violence (JVBU) to provide co-design expertise for its project “Violence prevention needs of diverse communities”.

While family violence and sexual violence affect a broad range of people in Aotearoa New Zealand, some populations in New Zealand are disproportionately affected. These groups experience multiple and overlapping factors, including disadvantage, discrimination, stigmatisation, and isolation. Current prevention approaches are limited in addressing the needs of disabled people, new migrant communities, rainbow communities, and ageing communities. Moreover, needs and experiences are likely to differ across these four communities, including at the mutual intersections of these identities and intersections with Māori, Pacific peoples, young people, rural people, etc.

The co-design process drew on the framework of the culture-centered approach (CCA) developed and fine-tuned by CARE Director Professor Mohan Dutta in identifying and co-creating community-led approaches to the prevention of sexual violence and family violence, and in building a national level framework for the prevention of sexual violence and family violence that is based on community participation. The team’s experience over a decade working on violence-related community-led interventions across the globe with sex-workers, migrant communities, transgender communities, survivors of genocide, and refugees with experiences of trauma amongst others offered the conceptual foundations of the project that sought to co-create voice infrastructures for community-led solutions at the “margins of the margins.”

The team drew on the insights developed by advisory groups of community members and community researchers who inhabit marginalised identities and come from the communities that are being researched.

The culture-centered approach (CCA) driving this co-design process places marginalised communities in the driving seat in shaping prevention solutions and in owning them. It creates a dialogic space for conversations between place-based locally-owned strategies of prevention and national level prevention strategies. The CARE team partnered with local diverse communities at the “margins of the margins,” key stakeholders, and the JVBU to produce an interim and a final report for Ministers, with recommendations on:

- the violence prevention needs and aspirations of disabled people, new migrant communities, rainbow communities, and ageing communities
- community-led prevention initiatives to be funded by the government
- a longer-term prevention investment strategy that is anchored in community voices.

The work drew on the key tenets of the CCA to build participatory spaces for disabled people, new migrant communities, rainbow communities, and older people to develop a community-led framework for the prevention of sexual violence and family violence.

Notes Professor Mohan Dutta, Director, CARE, "This work offers a vital register for listening to the voices of communities who have hitherto been erased. Through the participatory spaces co-created with communities, imaginaries and frameworks for violence prevention solutions are generated that are anchored in the lived experiences and everyday negotiations of violence in marginalized contexts, situated in the rhythms of community life."

The culture-centered process builds voice democracy at the margins, where community members who are most disenfranchised (at the "margins of the margins") develop a conceptual framework for the prevention of sexual violence and family violence. Through community-based interviews, interviews with key stakeholders working with violence prevention, advisory groups, and workshops, the project will outline strategies for community-led prevention that are anchored in community voices and owned by communities.



Report: Community-led culture-centered prevention of family violence and sexual violence

<https://carecca.nz/wp-content/uploads/sites/68/2021/11/CARE-JVBU-Violence-prevention-needs-of-diverse-communities-Report.pdf>

Executive Summary: CARE-JVBU-Violence-prevention-needs-of-diverse-communities

<https://carecca.nz/wp-content/uploads/sites/68/2021/11/Executive-Summary.pdf>



E-Update-Joint-Venture-Family-Violence-and-Sexual-Violence-21-December-2020

<https://carecca.nz/wp-content/uploads/sites/68/2021/11/E-Update-Joint-Venture-Family-Violence-and-Sexual-Violence-21-December-2020.pdf>



Empowering diverse communities

<https://tepunaaonui.govt.nz/>

Image source : violencefree.govt.nz

<https://tepunaaonui.govt.nz/>

Read the report : Massey CARE report by JVBU

<https://violencefree.govt.nz/news-and-resources/>

Link: <https://violencefree.govt.nz/news-and-resources/>



CARE-JVBU VIOLENCE PREVENTION NEEDS OF DIVERSE COMMUNITIES: Interim Report and Press Release

Interim Report: CARE-JVBU-Violence-prevention-needs-of-diverse-communities

<https://carecca.nz/research/care-projects/care-jvbu-project-violence-prevention-needs-in-diverse-communities/>



Gallery - CARE Website Link:

<https://carecca.nz/research/care-projects/care-jvbu-project-violence-prevention-needs-in-diverse-communities/>



### Violence prevention needs of diverse communities: A culture-centered approach

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The proposed co-design process draws on the framework of the culture-centered approach (CCA) developed and fine-tuned by CARE Director Professor Mohan Dutta in identifying and co-creating community-led approaches to the prevention of sexual violence and family violence, and in building a national level framework for the prevention of sexual violence and family violence that is based on community participation. CARE will draw on the team's experience over a decade working on violence-related community-led interventions across the globe with sex-workers, migrant communities, transgender communities, survivors of genocide, and refugees with experiences of trauma amongst others. The team draws on the insights developed by advisory groups of community members and community researchers who inhabit marginalised identities and come from the communities that are being researched.

The culture-centered approach (CCA) driving this co-design process places marginalised communities in the driving seat in shaping prevention solutions and in owning them. It creates a dialogic space for conversations between place-based locally-owned strategies of prevention and national level prevention strategies. The CARE team will partner with local diverse communities at the "margins of the margins," key stakeholders, and the JVBU to produce an interim and a final report for Ministers, with recommendations on:

- the violence prevention needs and aspirations of disabled people, new migrant communities, rainbow communities, and ageing communities
- community-led prevention initiatives to be funded by the government
- a longer-term prevention investment strategy that is anchored in community voices.

The work will draw on the key tenets of the CCA to build participatory spaces for disabled people, new migrant communities, rainbow communities, and older people to develop a community-led framework for the prevention of sexual violence and family violence. Notes

Professor Mohan Dutta, Director, CARE, "This work offers a vital register for listening to the voices of communities who have hitherto been erased. Through the participatory spaces co-created with communities, imaginaries and frameworks for violence prevention solutions are generated that are anchored in the lived experiences and everyday negotiations of violence in marginalized contexts, situated in the rhythms of community life."

The culture-centered process builds voice democracy at the margins, where community members who are most disenfranchised (at the "margins of the margins") develop a conceptual framework for the prevention of sexual violence and family violence. Through community-based interviews, interviews with key stakeholders working with violence prevention, advisory groups, and workshops, the project will outline strategies for community-led prevention that are anchored in community voices and owned by communities.

## 4.1.2 Family Violence and Sexual Violence prevention in Pacifika communities

### Research Team: Petelo Louis Leaupepe

How does the participation of Pacifika communities in leading change shape Family Violence and Sexual Violence prevention. The subjects of both family and sexual violence are taboo in the Pacifika community and often get very little to no attention, therefore going unnoticed.

The interviews suggest that the subjects of both Family and Sexual violence often get “swept under the rug” because of the stigmas around violence, intertwined with shame and judgement it brings, not only to the individual but also to the family that is affected. Due to this fear of how one’s community will view them when accounts of violence are shared outside the family, it is easier for victims to not openly express a need for help.

The views regarding family violence and sexual violence vary across generations. In these interviews, the older generation leans more towards the viewpoint of these issues being dealt with inside the family that is affected. However, if the dispute cannot be settled internally, then the help of the pastor from the local church should be sought upon to help resolve the issue.

The younger generation holds a different viewpoint on how to deal with the issues of family violence and sexual violence. They believe there should be more services in place for people in the pacific community who suffer from family and/or sexual violence. One of the interviewees suggested having these services in places such as churches where the island community tend to be very present.

The younger generation believe there could be changes seen by doing this and that it may encourage the aging community to speak more openly about these issues. Another interviewee suggested that should these services be available to help with the issues of violence, there would need to be one of their own involved from within their community or someone with the same ethnic background who would be able to relate and explain the issues in a more understandable way and in their native pacific language due to the language barriers. The language barriers emerged as key when carrying out the interviews.

The subject of violence has been negotiated in the Pacific community across generations and many Pacific peoples see it as “just a way of life. The issue of violence is embedded in everyday practices, and enacted in cycles in pacific communities. Because of this, many of my interviewees find it hard to see change and find it hard to accept the change that is happening around them.

The subject of police intervention also comes with mixed responses in the community, with some finding that interventions help de-escalate the situation and others finding that interventions can cause the situation to escalate. However, there was a pattern where interviewees agreed that if the situation was approached by a Polynesian officer, that they would have more of an understanding of the customs and the culture and therefore, would receive a better response from families affected.

Also, participants were more open to discuss family violence than sexual violence. When sexual violence was brought up, there was a sense of unease among the participants, and it was harder for them to talk about. In an interview with one individual, they said that it was hard for them to openly discuss because normally the sexual violence usually comes from within the family and if there were to be a punishment, it does not come from authorities but from the people of the village. Consequences such as banishment or the offender having to surrender their crops and livestock to the village and church can come from local authorities within communities. From the interviewees, we formed an advisory group of six individuals to further discuss the issues of family violence and sexual violence, and to also work on and produce prevention methods through the participation of the Pacific community that can help combat the effects of Family and Sexual violence.

### 4.1.3 Asian New Zealanders in the Music Sector with SquareSums&Co. and the New Zealand Music Commission

#### **Research Lead: Balamohan Shingade**

This research is commissioned by SquareSums&Co. Through the Capability Grants Programme offered by the New Zealand Music Commission. The research work will be conducted over an eight month period from November 1st, 2021 – June 30th, 2022.

This preliminary study is to understand the challenges and opportunities conceptualised by Asian New Zealanders working in or aspiring to work in the music sector. The collective aim will be to respond to and help create community-led infrastructure that supports Asian New Zealanders who face fundamental threats to work and wellbeing.

#### 4.1.4 Culture-centered community-led framework for addressing Islamophobia

**Research team: Professor Mohan Dutta in collaboration with The Humanism Project**

In this collaboration with The Humanism Project, the culture-centered process creates the communicative infrastructure for the “margins of the margins” experiencing Islamophobia in Australia.

The pedagogy of the CCA offered to communities at the “margins of the margins” is complemented by education-based workshops for key stakeholders in diverse positions of power in the key tenets of the CCA, foregrounding the processes of listening to the voices of communities at the margins.

The participation of communities at the “margins of the margins” in processes of democratic organising serves as the basis for developing solutions to Islamophobia, drawing in the partnerships of key stakeholders in building the frameworks for transformation.

#### 4.1.5 Community-led culture-centered violence prevention in Highbury

**Research team: Venessa Pokaia, Cushla Kerr, Hana Fiso, Sarah Holdaway, Professor Mohan Dutta**

Rooted in participation of the intersectional “margins of the margins” in the Highbury advisory roopu (HAR), the community-led violence prevention campaign “*Aroha ki te Tangata*” addresses the prevention of family violence and sexual violence experienced by disabled and ageing communities.

Divided into three parts, the violence prevention strategies include a **Photovoice campaign** where at several hui, CARE’s Richard Torres supported HAR and other participants from the hāpori, on the usage of photography and picturesque form, to describe what violence prevention looks like to them.

An event within the hāpori to display the Photovoice campaign, was originally planned to take place at the Highbury shopping centre, as it is often referred by locals as the heart of Highbury. Local bands, guest speakers, kai and various activities were set to take place, however, Covid-19 prevented this from eventuating. Further plans are developing to hold the **Photovoice campaign event** at Te Pātikitiki, where attendees within this space can be safely managed.

Through hui hāpori, a community solution to violence prevention saw the development of the **Community-led culture-centred prevention framework**, as did the idea of having **Community Pou** (a pillar of strength), a person of many positive attributes, to

lead the framework. Ongoing hui hāpori saw the collation of community educational material which will ultimately be delivered by trained Community Pou, to the diverse communities of ageing, disabled and rainbow,

HAR and other whānau within the hāpori of Highbury are passionate about ensuring Marutau (safety for all) and lifting the mauri of the tangata (people) and the whenua (land).

#### 4.1.6 Culture-centered community-led strategies for building social cohesion

**Research team: Professor Mohan Dutta, Venessa Pokaia**

Drawing upon the agentic capacities of communities to build spaces for dialogue and harmony, this culture-centered community-led intervention promotes social cohesion across diverse communities in Aotearoa New Zealand.

Built on the culture-centered approach (CCA), the project proposes a community-led framework for promoting social cohesion in three communities (Fielding, Highbury, and Palmerston North).

We will build on community advisory groups, comprising of diverse community members (migrants, Māori, Pasifika, rainbow, and disabled) at the “margins of the margins” to co-design community dialogues promoting mutual understanding, dialogue, and co-operation.

The “margins of the margins” create the basis for empowering members of the three place-based communities that are not typically represented in the various spaces of community decision-making. Based on the question, “Which voices are not represented here?” we will grow existing community advisory groups in the three communities, bringing in diverse voices to create a community-led framework for social cohesion.

Based upon existing dialogues and intersections among diverse communities, we will explore opportunities for partnerships and collaborations among the diverse groups within the place-based communities. The funding will support one community pou in each community, totalling three community pou over one year. The community pou will be trained in the tenets of the CCA, listening, dialogue and participation, and will offer the training on these concepts for community members at the “margins of the margins.”

They will lead three community dialogues in each community that will serve as the basis for creating community-wide conversations, events, and activities throughout the year. The community-wide dialogues will be complemented by community-wide events centered on social cohesion.

#### **4.1.7 Culture-centered community-led prevention of family violence and sexual violence among rainbow communities in Wellington**

Government funding has been allocated for the Violence Prevention Needs of Diverse Communities project, aimed at supporting community-led prevention initiatives. The diverse communities identified as part of this project are older people, disabled people, rainbow communities and new migrant communities .

These initiatives seek to invest in community-led violence prevention focused on engaging with communities at higher risk of harm from family violence and sexual violence.

This includes growing the evidence base of what works in relation to prevention and early intervention within the New Zealand context, for specific communities. This evidence base will contribute to ongoing work on family violence and sexual violence.

This community-led culture-centered prevention intervention led and carried out by an advisory group of rainbow community members depicts the role of community agency in creating solutions. It attends to the interplays of colonialism, capitalism, and patriarchy, turning to the voices of rainbow communities at the “margins of the margins” to generate transformative solutions.

The solutions are embedded in the everyday struggles of community members at the raced, gendered margins.

#### **4.1.8 Culture-centered community-led prevention of family violence and sexual violence among refugee communities in Auckland**

Government funding has been allocated for the Violence Prevention Needs of Diverse Communities project, aimed at supporting community-led prevention initiatives. The diverse communities identified as part of this project are older people, disabled people, rainbow communities and new migrant communities .

These initiatives seek to invest in community-led violence prevention focused on engaging with communities at higher risk of harm from family violence and sexual violence.

This includes growing the evidence base of what works in relation to prevention and early intervention within the New Zealand context, for specific communities. This evidence base will contribute to ongoing work on family violence and sexual violence.

This culture-centered community-led prevention of sexual violence and family violence intervention is rooted in the agentic capacity and participation of refugee women at the “margins of the margins.” The women draw upon their lived experiences and everyday struggles to build violence prevention solutions that address the interplays of whiteness, patriarchy, colonialism, and capitalism.

## 5. DOCTORAL RESEARCH PROJECTS AT CARE

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### Ngā Hau Christine Elers



Ngā Hau Christine Elers examines the everyday constructions of health among Māori at the “margins of the margins” negotiating the interpenetrating structural violence of settler colonialism and neoliberal capitalism.

Rooted in the voices of Whānau articulating health rooted in relationship with land and the river, the dissertation offers an embodied framework for decolonising health, turning to community-led culture-centered organising for health and wellbeing in the form of land occupation, community garden, and diverse forms of community mutual support to secure the everyday resources of health.

THEORISING MĀORI HEALTH AND WELLBEING: VOICES FROM THE MARGINS  
by Ngā Hau Christine Elers

<https://carecca.nz/research/care-projects/care-doctoral-research-projects-theorising-maori-health-and-wellbeing-voices-from-the-margins/>

### Pooja Jayan



Pooja Jayan explores the negotiations of health and wellbeing among migrant Indian nurses in Aotearoa New Zealand, often placed at the bottom of the raced hierarchy of health services delivery in the settler colonial state. Her dissertation offers a framework for organising migrant nurses at the raced margins, attending to the interplays of voice infrastructures, anti-racist articulations, and mobilising for labour rights.

EXPLORING MEANINGS OF HEALTH AND WELLBEING AMONG MIGRANT INDIAN NURSES IN NEW ZEALAND USING A CULTURE-CENTERED APPROACH  
by Pooja Jayan

<https://carecca.nz/care-doctoral-research-projects-exploring-meanings-of-health-and-wellbeing-among-migrant-indian-nurses-in-new-zealand-using-a-culture-centered-approach/>

## Md. Mahbubur Rahman



Md. Mahbubur Rahman's PhD research topic is "Construction of health among the Rohingya refugees in Bangladesh: A Culture-Centered Approach." His primary research interests include health communication, media communication, intercultural communication, migrant health, refugee health, pharmacy and medicine. To explore their everyday negotiations of health, the locally-embedded and contextually situated experiences of the Rohingya refugees offer the basis for identifying the gaps in the current health policy approaches and interventions addressing their

health needs. The colonising forms of top-down health policy frameworks directed at addressing Rohingya health needs are predetermined by the local authorities and aid agencies in the Rohingya camps of Bangladesh. As an alternative, in this research the adoption of the culture-centered approach centers refugee voices in the construction of the everyday health needs through dialogical exchanges between the researcher and the Rohingya refugees.

CONSTRUCTION OF HEALTH AMONG THE ROHINGYA REFUGEES IN BANGLADESH: A CULTURE-CENTERED APPROACH by MD Mahbubur Rahman

<https://carecca.nz/care-doctoral-research-projects-construction-of-health-among-the-rohingya-refugees-in-bangladesh-a-culture-centered-approach/>

## Samiksha Pattanaik



Samiksha Pattanaik's doctoral research looks at the health experiences and mobile phone usage of India's ASHA (Accredited social health activists) workers in the context of the Covid-19 pandemic. India's ASHA (Accredited Social Health Activists) workers, who are typically rural women engaged to work as community health activists under the Government of India's National Rural Health Mission, experienced a disproportionate impact of the Covid-19 pandemic, as they were at the forefront of

rural India's fight against the Covid-19 pandemic.

Across rural India, ASHA workers, most of them from marginalised backgrounds, were mobilised to undertake door-to-door covid-19 screening, distribution of medicines, monitoring containment zones, as well as educating villagers about vaccines and the need to take precautions. Yet, most of these workers witnessed risky working conditions, inadequate compensation, lack of protective gear, harassment, and long working hours, among other issues.

Despite the disproportionate impact of pandemics on marginalised groups, such as ASHA workers, pandemic communication generally follows a top-down approach. In doing so, the voices of these groups are erased or obscured from mainstream discourse, which further exacerbates the impact of pandemics on them. This top-down approach is also witnessed on social media, which is now being widely used by the public at large.

All this occurs without much consideration of the varied ways social media is used by communities that may have alternative understandings of health and technology.

Through a culture-centered approach (CCA), this research work aims to create an entry point for rural ASHA workers to articulate pandemic communication solutions from below, rather than being passive recipients of expert-driven solutions disseminated via digital channels. Through semi-structured interviews, the CCA will enable the researcher to engage in a dialogue with ASHA workers in order to gain a better understanding of the meanings they ascribe to Covid-19 within their rural context and the role mobile phone plays in this process.

HEALTH EXPERIENCES AND MOBILE PHONE USAGE OF INDIA'S ASHA (ACCREDITED SOCIAL HEALTH ACTIVISTS) WORKERS IN THE CONTEXT OF THE COVID-19 PANDEMIC by Samiksha Pattanaik

<https://carecca.nz/research/care-projects/doctoral-research-projects-at-care/care-doctoral-research-projectshealth-experiences-and-mobile-phone-usage-of-indias-asha-accredited-social-health-activists-workers-in-the-context-of-the-covid-19-pandemic>

## 6. PUBLICATIONS

### 6.1 BOOKS

Kaur-Gill, S., & Dutta, M. J. (in press). *Migrants & the COVID-19 Pandemic: Communication, Inequality, and Transformation*. Springer.

Dutta, M. J. (2020). *Communication, culture, and social change: Meaning, co-option and resistance*. Palgrave Macmillan.

Dutta, M. J., & Zapata, D. B. (Eds.). (2019). *Communicating for social change: Meaning, power, and resistance*. Palgrave Macmillan.

Dutta, M. J. (2017). *Imagining India in discourse: Meaning, power, structure*. Springer.

Dutta, M. J. (2015). *Neoliberal health organising: Communication, meaning, and politics*. Routledge.

Dutta, M. J., & Kreps, G. L. (Eds.). (2013). *Reducing health disparities: Communication interventions*. Peter Lang.

Dutta, M. J. (2012). *Voices of resistance: Communication and social change*. Purdue University Press.

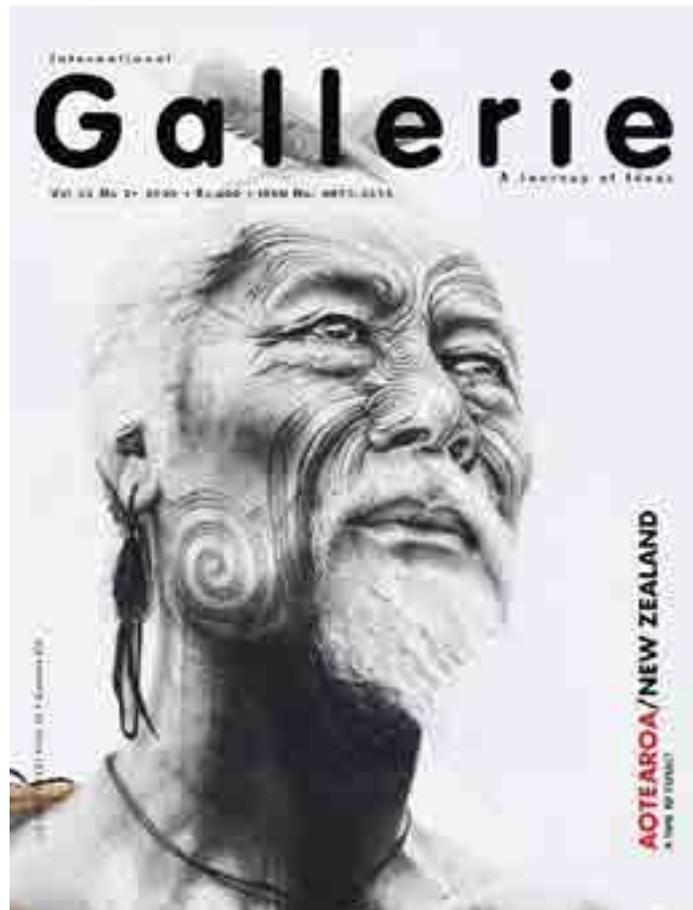
Dutta, M. J. (2011). *Communicating social change: Structure, culture, agency*. Taylor & Francis.

Harter, L. M., Dutta, M. J., & Cole, C. E. (Eds.). (2009). *Communication for social impact: Engaging communication theory, research, and pedagogy*. Hampton Press.

Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Polity Press.

Zoller, H. M., & Dutta, M. J. (Eds.). (2008). *Emerging perspectives in health communication: Meaning, culture, and power*. Taylor & Francis.

In collaboration with International Gallerie.  
Aotearoa/New Zealand. Vol 23 No 2,  
2020 ISSN No. 0973-2314



## 6.2 ARTICLES AND BOOK CHAPTERS

### 2022

Mika, J. P., Dell, K., Elers, C., Dutta, M., & Tong, Q. (2022). Indigenous environmental defenders in Aotearoa New Zealand: Ihumātao and Ōroua River. *AlterNative: An International Journal of Indigenous Peoples*.

Salter, L., & Dutta, M. (2022). Experiences with COVID-19 among gig workers.

Dutta, M. J. (2022). De-centering the whiteness of applied communication research: some editorial strategies. *Journal of Applied Communication Research*, 50(2), 109-110.

Elers, P., Dutta, M. J., & Elers, S. (2022). Culturally centring digital inclusion and marginality: A case study in Aotearoa New Zealand. *New Media & Society*, 24(2), 311-327. DOI: <https://doi.org/10.1177/14614448211063180>

### 2021

Ganchoudhuri, S., & Dutta, M. J. (2021). Neoliberal Hegemony and National HIV/AIDS Policy in India. In *Post-AIDS Discourse in Health Communication* (pp. 106-121). Routledge.

Kaur-Gill, S., Pandi, A. R., & Dutta, M. J. (2021). Singapore's national discourse on foreign domestic workers: Exploring perceptions of the margins. *Journalism*, 22(12), 2991-3012.

Elers, P., Te Tau, T., Dutta, M. J., Elers, S., & Jayan, P. (2021). Explorations of health in Aotearoa New Zealand's low-income suburbia. *Health Communication*, 36(12), 1453-1463.

Kaur-Gill, S., & Dutta, M. J. (2021). Structure as depressant: Theorizing narratives of mental health among migrant domestic workers. *Health communication*, 36(12), 1464-1475.

Pooja Jayan & Mohan J. Dutta (2021) Nobody cares about us: COVID-19 and voices of refugees from Aotearoa New Zealand, *Communication Research and Practice*, 7:4, 361-378, DOI: 10.1080/22041451.2021.1994686

Dutta, M. J. (2021). Culture-centred approach to digital health communication: Sustaining health, addressing inequalities, transforming structures. *Catalan Journal of Communication & Cultural Studies*, 13(2), 311-319.

Dutta, M., Ramasubramanian, S., Barrett, M., Elers, C., Sarwatay, D., Raghunath, P., ... & Zapata, D. (2021). decolonising open science: Southern interventions. *Journal of Communication*, 71(5), 803-826.

Pitaloka, D., & Dutta, M. J. (2021). PERFORMING SONGS AS HEALING THE TRAUMA OF THE 1965 ANTI-COMMUNIST KILLINGS IN INDONESIA. *Traumatic Pasts in Asia: History, Psychiatry, and Trauma from the 1930s to the Present*, 226.

Elers, S., Elers, P. & Dutta, M. (2021). 4. Responding to White Supremacy: An Analysis of Twitter Messages by Māori after the Christchurch Terrorist Attack. In B. Carlson & J. Berglund (Ed.), *Indigenous Peoples Rise Up: The Global Ascendancy of Social Media Activism* (pp. 65-79). Ithaca, NY: Rutgers University Press. <https://doi.org/10.36019/9781978808812-005>

Dutta, M. J. (2021). Singapore's extreme neoliberalism and the COVID outbreak: Culturally centering voices of low-wage migrant workers. *American Behavioral Scientist*, 65(10), 1302-1322.

- Ganesh, S., Dutta, M., & Hau, N. (2021). 23 Building communities. *Handbook of Management Communication*, 16, 427.
- Belarde-Lewis, M., Cote-Meek, S., Parkhurst, N. A. D., Duarte, M., Dutta, M., Elers, P., ... & Wilson, A. (2021). *Indigenous Peoples Rise Up: The Global Ascendancy of Social Media Activism*. Rutgers University Press.
- Elers, P., Dutta, M.J., & Elers, S. (2021). Engagement and the Nonprofit Organization: Voices from the Margins. *Management Communication Quarterly*. 35(3), 368-391
- Lee, S.T., Dutta, M.J., Luk, P., Kaur-Gill, S., & Lin, J. (2021). Health Orientation as a Psychographic Framework for Understanding Physical Exercise Behavior. *Health Communication*.
- Dutta, M.J. (2021). Neoliberal Governmentality and Low-Wage Migrant Labour in India and Singapore. *Journal of Creative Communications*. 16(2), 139-152
- Dutta, M.J. (2021). Migrant health as a human right amidst COVID-19: a culture-centered approach. *International Journal of Human Rights in Healthcare*. 14(3), 223-239
- Dutta, M.J., & Elers, P. (2021). Negotiating Community-Academic-Activist Relationships Amidst the Pandemic. *Communication, Culture and Critique*. 14(2), 381-384
- Sun, K., & Dutta, M. (2021). Grandparenting in rural China: A culture-centered approach (CCA) to understand economic inequality and rural labor change. *Qualitative Social Work*.
- Dutta, M.J. (2021). Universities, civility, and repression in the age of new media: Surveillance capital and resistance. In *Civility, Free Speech, and Academic Freedom in Higher Education: Faculty on the Margins*. (pp. 41 - 58).
- Falnikar, A., & Dutta, M.J. (2021). Bt cotton and the voices of the widows in the face of farmer-suicides. *Journal of International and Intercultural Communication*. 14(2), 95-111
- KaurGill, S., & Dutta, M. J. (2021). Strategic communication campaigns in health. *The handbook of strategic communication*, 309-319.
- Elers, P., Elers, S., Dutta, M.J., & Torres, R. (2021). Applying the Cultured-Centered Approach to visual storytelling methods. *Review of Communication*. 21(1), 33-43
- Dutta, M.J. (2021). Communication as praxis. *Journal of Applied Communication Research*. 49(1), 1-2
- Elers, C., Jayan, P., Elers, P., & Dutta, M.J. (2021). Negotiating Health Amidst COVID-19 Lockdown in Low-income Communities in Aotearoa New Zealand. *Health Communication*. 36(1), 109-115
- Elers, P., Te Tau, T., Dutta, M. J., Elers, S., & Jayan, P. (2021). Explorations of health in Aotearoa New Zealand's low-income suburbia. *Health Communication*, 36(12), 1453-1463.
- Baldy, C. R., Belarde-Lewis, M., Berglund, J., Carlson, B., Cote-Meek, S., Duarte, M., ... & Wilson, A. (2021). *Indigenous Peoples Rise Up: Global Media and Race*.
- Dutta, M. J. (2021). Communication Inequality, Structural Inequality, and COVID-19. In *Communicating COVID-19* (pp. 85-98). Palgrave Macmillan, Cham.
- Phillips, M. E. (2021). *Repairing (and Exploiting) the Underclass Image: The Importance of Intersectionality in Asia's Maid Trade*. University of California, Berkeley.
- Dutta, M.J., & Pal, M. (2021). Theorizing from the global south: Dismantling, resisting, and transforming communication theory. *Communication Theory*. 30(4), 349-369

**2020**

- Vats, A., & Dutta, M.J. (2020). Locating freedom of speech in an era of global white nationalism. *First Amendment Studies*. 54(2), 156-180
- Dutta, M., & Elers, P. (2020). Media narratives of kindness – a critique. *Media International Australia*. 177(1), 108-112
- Dutta, M.J., Kaur, S., & Elers, P. (2020). Validity in interpretive methods: frameworks and innovations. *Annals of the International Communication Association*.
- Dutta, M.J. (2020). Whiteness, internationalization, and erasure: decolonising futures from the Global South. *Communication and Critical/ Cultural Studies*. 17(2), 228-235
- Habersaat, KB., Betsch, C., Danchin, M., Sunstein, CR., Böhm, R., Falk, A., . . . Butler, R. (2020). Ten considerations for effectively managing the COVID-19 transition. *Nature Human Behaviour*. 4(7), 677-687
- Kaur-Gill, S., & Dutta, M.J. (2020). Structure as Depressant: Theorizing Narratives of Mental Health among Migrant Domestic Workers. *Health Communication*.
- Dutta, M., & Thaker, J. (2020). Sustainability, Ecology, and Agriculture in Women Farmers' Voices: Culture-Centering Gender and Development. *Communication Theory*. 30(2)
- Schraedley, MK., Bean, H., Dempsey, SE., Dutta, M.J., Hunt, KP., Ivancic, SR., . . . Sellnow, T. (2020). Food (in)security communication: a forum addressing current challenges and future possibilities. *Journal of Applied Communication Research*. 48(2), 166-185
- Kaur-Gill, S., & Dutta, M.J. (2020). Negotiating the (im)mobility of domestic work: Communicative erasures, disrupted embodiments, and neoliberal Asia. *Journal of International and Intercultural Communication*. 13(2), 130-150
- Dutta, M.J., & Elers, S. (2020). Public relations, indigeneity and colonization: Indigenous resistance as dialogic anchor. *Public Relations Review*. 46(1)

**2019**

- Chandanabhumma, P. P., Duran, B. M., Peterson, J. C., Pearson, C. R., Oetzel, J. G., Dutta, M. J., & Wallerstein, N. B. (2019). Space within the scientific discourse for the voice of the other? Expressions of community voice in the scientific discourse of community-based participatory research. *Health communication*, 1-12.
- Dutta, M. J. (2019). What Is alternative modernity? decolonising culture as hybridity in the Asian turn. *Asia Pacific Media Educator*.
- Dutta, M. J. (2019). Cultural imperialism and development communication for social change. In Oliver Boyd-Barrett and Tanner Mirrlees (Eds.), Title: Media Imperialism: Continuity and Change. Rowman & Littlefield.
- Dutta, M. J. (2019). Introduction: Theory, method, and praxis of social change. In *Communicating for Social Change* (pp. 315-331). Palgrave Macmillan, Singapore.
- Dutta, M. J. (2019). Culture-centered social change: From process to evaluation. In *Communicating for Social Change* (pp. 315-331). Palgrave Macmillan, Singapore.

- Dutta, U., & Dutta, M. J. (2019). Songs of the Bauls: Voices from the margins as transformative infrastructures. *Religions*, 10(5), 335.
- Dutta, M. J., & Elers, S. (2019). Public relations, indigeneity and colonization: Indigenous resistance as dialogic anchor. *Public Relations Review*, 101852.
- Dutta, M. J., & Thaker, J. (2019). 'Communication sovereignty' as resistance: strategies adopted by women farmers amid the agrarian crisis in India. *Journal of Applied Communication Research*, 47(1), 24-46.
- Falnikar, A., & Dutta, M. J. (2019). Voices of farmer-widows amid the agrarian crisis in India. *Women's Studies in Communication*, 42(4), 432-451.
- Falnikar, A., Tan, E., Ganchoudhuri, S., & Dutta, M. J. (2019). Discursive constructions of income inequality in neoliberal Singapore. *Journal of Creative Communications*, 14(2), 132-146. <https://doi.org/10.1177/0973258619851979>
- Kaur-Gill, S., Pandi, A. R., & Dutta, M. J. (2019). Singapore's national discourse on foreign domestic workers: Exploring perceptions of the margins. *Journalism*. <https://doi.org/10.1177/1464884919879850>
- Neyazi, T., Kumar, A., & Dutta, M. J. (2019). Channel Complementarity or Displacement? Theory and Evidence from a non-Western Election Context. *Journal of Broadcasting & Electronic Media*.
- Pitaloka, D., & Dutta, M. J. (2019). Embodied memories and spaces of healing: Culturally-centering voices of the survivors of 1965 Indonesian mass killings. In *Communicating for Social Change* (pp. 333-357). Palgrave Macmillan, Singapore.
- Tan, E. L., & Dutta, M. J. (2019). Inequalities and workplace injuries: How Chinese workers cope with serious diseases caused by Benzene poisoning. In *Communicating for Social Change* (pp. 359-381). Palgrave Macmillan, Singapore.
- Thaker, J., Dutta, M. J., Nair, V., & Rao, V. P. (2019). Media portrayal stigma among gender and sexual minorities. In *Communicating for Social Change* (pp. 383-407). Palgrave Macmillan, Singapore.
- Wallerstein, N., Oetzel, J. G., Duran, B., Magarati, M., Pearson, C., Belone, L., ... & Dutta, M. (2019). Culture-centeredness in community-based participatory research: contributions to health education intervention research. *Health education research*, 34(4), 372-388.

## 2018

- Dutta, M. J. (2018). On Spivak. In O. Ihlen (Eds.), *Public Relations and Social Theory: Key Figures, Concepts and Developments*.
- Dutta, M. J. (2018). Culture-centered approach in addressing health disparities: Communication infrastructures for subaltern voices. *Communication Methods and Measures*, 1-21.
- Dutta, M. J. (2018). Culturally centering social change communication: subaltern critiques of, resistance to, and re-imagination of development. *Journal of Multicultural Discourses*, 1-18.
- Dutta, M. J. (2018). Autoethnography as decolonization, decolonising autoethnography: Resisting to build our homes. *Cultural Studies ↔ Critical Methodologies*, 18(1), 94-96.
- Dutta, M. J. (2018). Health Communication. In R. Heath & W. Johanssen (Eds.), *The International Encyclopedia of Strategic Communication*. John Wiley & Sons.

- Dutta, M. J., Collins, W., Sastry, S., Dillard, S., Anaele, A., Kumar, R., ... & Bonu, T. (2018). A culture-centered community-grounded approach to disseminating health information among African Americans. *Health communication*, 1-10.
- Dutta, M. J., & Kaur-Gill, S. (2018). Precarities of migrant work in Singapore: Migration, (Im) mobility, and neoliberal governmentality. *International Journal of Communication*, 12, 19.
- Dutta, M. J., & Shome, R. (2018). Mobilities, Communication, and Asia. Mobilities in Asia—Introduction. *International Journal of Communication*, 12, 19.
- Dutta, M. J. (2018). Power and control in communication studies. In D. Cloud (Ed.), *Oxford Research Encyclopedia of Communication*. Oxford University Press.
- Dutta, M. J. (2018). Health communication in global contexts. In D. Cloud (Ed.), *Oxford Research Encyclopedia of Communication*. Oxford University Press.
- Dutta, M. J., & Basu, A. (2018). Subalternity, neoliberal seductions, and freedom: decolonising the global market of social change. *Cultural Studies ↔ Critical Methodologies*, 18(1), 80-93.
- Dutta, M. J., Comer, S., Teo, D., Luk, P., Lee, M., Zapata, D., ... & Kaur, S. (2018). Health meanings among foreign domestic workers in Singapore: A culture-centered approach. *Health communication*, 33(5), 643-652.
- Dutta, M. J., Kaur, S., Luk, P., Lin, J., & Lee, S. T. (2018). Health information seeking among Singaporeans: Roles and collective contexts. *Health communication*, 33(4), 433-442.
- Dutta, M. J., Kaur-Gill, S., Tan, N., & Lam, C. (2018). mHealth, health, and mobility: A culture-centered interrogation. In *mHealth Innovation in Asia* (pp. 91-107). Springer, Dordrecht.
- Ho, E. Y., Lie, S., Luk, P., & Dutta, M. J. (2018). Speaking of health in Singapore using the Singlish term "Heaty." In *Engaging and Transforming Global Communication through Cultural Discourse Analysis: A Tribute to Donal Carbaugh*.
- Lee, S. T., Dutta, M. J., Lin, J., Luk, P., & Kaur-Gill, S. (2018). Trust ecologies and channel complementarity for information seeking in cancer prevention. *Journal of Health Communication*, 23(3), 254-263.
- Low, T. T., Chan, S. P., Wai, S. H., Ang, Z., Kyu, K., Lee, K. Y., Dutta, M. J., & Nang, T. (2018). The women's heart health programme: a pilot trial of sex-specific cardiovascular management. *BMC women's health*, 18(1), 56.
- Ray, S., & Dutta, M. J. (2018). Insecure peace: understanding citizen and local government relations in a Maoist-affected region in India. *Critical Asian Studies*, 50(1), 37-57.
- Thaker, J., & Dutta, M. J. (2018). Women farmers' voices on climate change adaptation in India. In *Environmental communication among minority populations* (pp. 113-130). Routledge.
- Thaker, J., Dutta, M., Nair, V., & Rao, V. P. (2018). The interplay between stigma, collective efficacy, and advocacy communication among men who have sex with men and transgender females. *Journal of Health Communication*, 23(7), 614-623.

## 2017

- Basu, A., & Dutta, M. J. (2017). Subaltern Resistance Narratives and the Culture-Centered Approach: Inverting Public Health Discourse. In *Thinking Through Resistance* (pp. 34-50). Routledge.

- Dutta, M. J. (2017). Negotiating health on dirty jobs: Culture-centered constructions of health among migrant construction workers in Singapore. In *Culture, Migration, and Health Communication in a Global Context* (pp. 45-59). Routledge.
- Dutta, M. J. (2017). Culture-centered approach to social change communication. In L. Chen (Ed.), *Intercultural Communication Handbook* (pp. 309-329). De Gruyter Mouton.
- Dutta, M. J. (2017). Content effects: Personal and public health. In P. Rossler (Ed.), *International Encyclopedia for Media Effects* (pp. 1-14). John Wiley & Sons.
- Dutta, M. J. (2017). Migration and health in the construction industry: Culturally centering voices of Bangladeshi workers in Singapore. *International Journal of Environmental Research and Public Health*, 14(2), 132.
- Dutta, D., & Dutta, M. J. (2017). Cultural intelligence, postcolonial critique. *The International Encyclopedia of Intercultural Communication*, 1-7.
- Dutta, M. J., & Kang, S. (2017). Complex structures: Meaning formation amid China's new rural cooperative medical scheme. *International Journal of Communication*, 11, 26..
- Dutta, M. J., Kaur-Gill, S., & Tan, N. (2017). Cultivation in health and risk messaging. In *Oxford Research Encyclopedia of Health and Risk Message Design and Processing* (pp. 1-15). Oxford University Press.
- Dutta, M., Sastry, S., Dillard, S., Kumar, R., Anaele, A., Collins, W., ... & Spinetta, C. (2017). Narratives of stress in health meanings of African Americans in Lake County, Indiana. *Health communication*, 32(10), 1241-1251.
- KaurGill, S., & Dutta, M. J. (2017). Digital Ethnography. *The International Encyclopedia of Communication Research Methods*, 1-10.
- Lin, J., & Dutta, M. J. (2017). A replication of channel complementarity theory among Internet users in India. *Health communication*, 32(4), 483-492.
- Rao, A., & Dutta, M. J. (2017). Repertoires of collective action in an "IT City": Urban civil society negotiations of offline and online spaces in Bangalore. *Communication Monographs*, 84(2), 221-240.
- Sastry, S., & Dutta, M. J. (2017). Health communication in the time of Ebola: A culture-centered interrogation. *Journal of health communication*, 22(sup1), 10-14.
- Tan, N., Kaur-Gill, S., Dutta, M. J., & Venkataraman, N. (2017). Food insecurity in Singapore: The communicative (dis) value of the lived experiences of the poor. *Health communication*, 32(8), 954-962.

## 2016

- Dutta, M. J. (2016). A postcolonial critique of public relations. *The Routledge Handbook of Critical Public Relations*, (pp. 248-260). Routledge.
- Dutta, M. (2016). Social Context of health and diversity issues. In *Handbook of Qualitative Health Research for Evidence-Based Practice* (pp. 7-20). Springer New York.
- Dutta, M. J. (2016). Cultural context, structural determinants, and global health inequities: The role of communication. *Frontiers in Communication*. Opening grand challenge.

- Dutta, M. J. (2016). Violence in Gaza: an academic-activist agenda for health communication. *Health communication, 31*(12), 1579-1581.
- Dutta, M. J., Hingson, L., Anaele, A., Sen, S., & Jones, K. (2016). Narratives of Food Insecurity in Tippecanoe County, Indiana: Economic Constraints in Local Meanings of Hunger. *Health communication, 31*(6), 647-658. (Lead Article)
- Dutta, M.J., & Kaur, S. (2016). Communicating the culture-centered approach to health disparities. In J. Yamasaki, P. Geist-Martin, & B. Sharf, *Storied Health and Illness* (pp. 333-357). Waveland Press Inc.
- Dutta, M., & Rastogi, R. (2016). Deconstructing PRSP measurement: Participation as neoliberal colonization. *Journal of Creative Communications, 11*(3), 211-226.
- Gao, H., Dutta, M., & Okoror, T. (2016). Listening to Chinese immigrant restaurant workers in the Midwest: Application of the culture-centered approach (CCA) to Explore Perceptions of Health and Health Care. *Health communication, 31*(6), 727-737.
- Kaur, S., Tan, N., & Dutta, M. J. (2016). Media, migration and politics: The coverage of the Little India riot in the Straits Times in Singapore. *Journal of Creative Communications, 11*(1), 27-43.
- Kang, S., & Dutta, M. J. (2016). Meanings of care: A culture-centered approach to left-behind family members in the countryside of China. *Journal of health communication, 21*(11), 1141-1147.
- Dutta, M. J., & Sastry, S. (2016). Reading HIV/AIDS in the Indian Media: Social, cultural and economic constructions. In *Liberalizing, Feminizing and Popularizing Health Communications in Asia* (pp. 73-90). Routledge.
- Thaker, J., & Dutta, M. (2016). Millet in our own voices: A culturally-centred articulation of alternative development by DDS women farmers' sanghams. In *Globalisation and the Challenges of Development in Contemporary India* (pp. 131-144). Springer Singapore.
- Jamil, R., & Dutta, M. (2016). Structural and cultural constructions of spirit healing in rural Bangladesh: A culture-centered approach. In D. L. Rubin & A. N. Miller (Eds.), *Health communication and faith-based communities*.

## 2015

- Dutta, M. J. (2015). Cultural Discourses of Health. *The International Encyclopedia of Language and Social Interaction*.
- Dutta, M. J. (2015). decolonising communication for social change: A CultureCentered approach. *Communication Theory, 25*(2), 123-143. (Lead Article)
- Dutta, M. J. (2015). New communication technologies, social media, and public health. In R. Detels, M. Gulliford, Q. A. Karim, & C. C. Tan (Eds.) *Oxford Textbook of Global Public Health*.
- Dutta, M. J., & Acharya, L. (2015). Power, control, and the margins in an HIV/AIDS intervention: A culturecentered interrogation of the "Avahan" campaign targeting Indian truckers. *Communication, Culture & Critique, 8*(2), 254-272.
- Dutta, M. J., & Kumar, R. (2015). Public relations and resistance: A culture-centered approach. In J. N. Kim, E-J KI, & J. Ledingham (Eds.), *Public relations as relationship management*. Routledge.

Rastogi, R., & Dutta, M. J. (2015). Neoliberalism, agriculture and farmer stories: Voices of farmers from the margins of India. *Journal of Creative Communications*, 10(2), 128-140.

Yehya, N. A., & Dutta, M. J. (2015). Articulations of health and poverty among women on WIC. *Health communication*, 30(12), 1223-1233.

## 2014

Dutta, M. J. (2014). A Culture-Centered Approach to Listening: Voices of Social Change. *International Journal of Listening*, 28(2), 67-81.

Dutta, M. J. (2014). Globalization Theory. In T. Thompson (Ed.), *Encyclopedia of Health Communication*. Sage

Dutta, M. J. (2014). Culture-centered approaches to health communication. In T. Thompson (Ed.), *Encyclopedia of Health Communication*. Sage

Dutta, M. J. (2014). Communities in health communication. In T. Thompson (Ed.), *Encyclopedia of Health Communication*. Sage

Dutta, M. J. (2014). Yoga, meditation, and Ayurveda. In T. Thompson (Ed.), *Encyclopedia of Health Communication*. Sage

Dutta, M. J. (2014). Cultural sensitivity approaches to health communication. In T. Thompson (Ed.), *Encyclopedia of Health Communication*. Sage

Dutta, M. J. (2014). Postcolonial theory and health communication. In T. Thompson (Ed.), *Encyclopedia of Health Communication*. Sage

Dutta, M. J. (2014). Public diplomacy, public relations and the Middle East: A culture-centered approach to power in global contexts. In *International Public Relations and Public Diplomacy*.

Dutta, M. J., & Sen, S. (2014). Coverage of the Financial Crisis in English Language Print Media in India Ideologies of Neoliberalism. *Journal of Creative Communications*, 9(3), 199-213.

Dillard, S. J., Dutta, M., & Sun, W. S. (2014). Culture-Centered Engagement With Delivery of Health Services: Co-Constructing Meanings of Health in the Tzu Chi Foundation Through Buddhist Philosophy. *Health communication*, 29(2), 147-156.

## 2013

Airhihenbuwa, C. O., & Dutta, M. J. (2013). New Perspectives on Global Health Communication: Affirming Spaces for Rights, Equity, and Voices. In R. Obregon & S. Waisbord (Eds.), *Handbook of Global Health Communication*.

Ban, Z., Sastry, S., & Dutta, M. (2013). "Shoppers' Republic of China": Orientalism in neoliberal US news discourse. *Journal of International and Intercultural Communication*.

Basu, A., & Dutta, M. (2013). Health and sex work: Structures as narrative nodes. In A. Misra & S. Chopra Chatterji (Eds.) *Narratives of health and illness: Readings from Asia*. Delhi: Orient Blackswan.

D'Enbeau, S., Munz, E., Wilson, S. R., & Dutta, M. J. (2013). Reflecting on evaluation research: Intersections of academy, community, and identity. *Tamara Journal of Critical Organisation Inquiry*, 11(4), 53.

- Dutta, M. J. (2013). Disseminating HIV pre-exposure prophylaxis information in underserved communities. *American Journal of Preventive Medicine* 44, S133-6.
- Dutta, M. J. (2013) Health communication as health activism: The case of the campaign to stop the Gardasil clinical trials in India. In M. Dutta & G. Kreps (Eds.), *Communicating health disparities*. Peter Lang New York.
- Dutta, M. J. (2013). Globalization, public relations, and activism for social change: A culture-centered approach. In K. Sriramesh, Z. Ansgar, & J. N. Kim (Eds), *Public relations and communication management: Current trends and emerging topics*. New York: Routledge.
- Dutta, M., & Acharya, A. (2013). Culture-centered deconstructions: In-depth interviews with HIV planners targeting tribals in Orissa, India. In M. Dutta & G. Kreps (Eds.), *Communicating health disparities*. Peter Lang New York.
- Dutta, M. J., & Anaele, A. (2013). Culture-centered resistance in the context of mining: The Ogoni resistance movement. In A. Singhal & G. Kreps (Eds.) *Global health communication*. Peter Lang.
- Dutta, M. J., Anaele, A., & Jones, C. (2013). Voices of hunger: Addressing health disparities through the culture-centered approach. *Journal of Communication*, 63, 159-180.
- Dutta, M., & Basu, A. (2013). Negotiating our postcolonial selves: From the ground to the ivory tower. In Holman-Jones, S., Adams, T., & Ellis, C. E. (Eds.), *Handbook of autoethnography*. Left Coast Press.
- Dutta, M. J., Dillard, S., Kumar, R., Sastry, S., Jones, C., Anaele, A., Dutta, U., Collins, W., Okoror, T., & Robinson, C. (2013). Culture-centered approach to developing comparative effectiveness research summary guides (CERSGs) for African Americans in Lake and Marion Counties of Indiana. In M. J. Dutta & G. Kreps (Eds.) *Communication interventions addressing health disparities*. Peter Lang New York.
- Dutta, M. J., & Dutta, D. (2013). Multinational going cultural: A postcolonial deconstruction of cultural intelligence. *Journal of International and Intercultural Communication*, 6, 241-258.
- Dutta, M. J., & Dutta, U. (2013). Voices of the poor from the margins of Bengal: Structural inequities and health. *Qualitative Health Research*, 23, 14-25.
- Dutta, M. J., & Jamil, R. (2013). Health at the margins of migration: Culture-centered co-constructions among Bangladeshi immigrants. *Health communication*, 28(2), 170-182.
- Dutta, M. J., & Jones, C. (2013). Health inequalities in rural United States: Culture-centered co-constructions with healthcare providers. In M. J. Dutta & G. Kreps (Eds.) *Communication interventions addressing health disparities*. Peter Lang New York.
- Pal, M., & Dutta, M. J. (2013). "Land is our Mother": Alternative meanings of development in subaltern organising. *Journal of International and Intercultural Communication*, 6, 203-220.
- Sastry, S., & Dutta, Mohan, J. (2013). Global Health Interventions and the "common sense" of Neoliberalism: A dialectical analysis of PEPFAR. *Journal of International and Intercultural Communication*, 6, 21-39.
- Mitra, R., Green, R. J., & Dutta, M. J. (2013). Corporate reputation in emerging markets: A culture-centered review and critique. In C. Carroll (Ed.), *The Handbook of Communication and Corporate Reputation*. Oxford: Blackwell Publishing.

**2012**

- Acharya, L., & Dutta, M. J. (2012). Deconstructing the portrayals of HIV/AIDS among campaign planners targeting tribal populations in Koraput, India: A culture-centered interrogation. *Health Communication, 27*, 629-640.
- Ban, Z., & Dutta, M. J. (2012). Minding their business: Discourses of colonialism and neoliberalism in the commercial guide for US companies in China. *Public Relations Inquiry, 1*, 197-200.
- Dutta, M. J. (2012). Hunger as health: Culture-centered interrogations of alternative rationalities of health. *Communication Monographs, 79*, 366-384.
- Dutta, M. (2012). Critical interrogations of global public relations: Power, culture, and agency. In K. Sriramesh & D. Vercic (Eds.), *Cultural theories of public relations* (pp. 202-217). Routledge.
- Dutta, M. (2012). Health. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M. (2012). Poverty. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M. (2012). Prostitution. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M., & Dutta, D. (2012). Science. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M. (2012). AIDS. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M. (2012). A culturally centered approach to communication for social change. In S. Melkote (Ed.) *Development communication and directed change: A reappraisal of theories and practices*.
- Dutta, M. J., & Ban, Z. (2012). Minding their business: Discourses of colonialism and neoliberalism in the commercial guides for US companies in China. *Public Relations Inquiry, 1*, 197-220.
- Dutta, M. J., Brockus, S., & Vercler, L. (2012). Television coverage of Operation Iraqi Freedom: The frames that made news. *Journal of International Communication, 18*, 156-173.
- Jamil, R., & Dutta, M. J. (2012). A culture-centered exploration of health: Constructions from rural Bangladesh. *Health Communication, 27*, 369-379.
- Koenig, C. J., Dutta, M. J., Kandula, L., & Palaniappan, L. (2012). "All of those things we don't eat:" A culture-centered approach to dietary health meanings for Asian Indians living in the United States. *Health Communication, 27*, 818-828.
- Pal, M., & Dutta, M. J. (2012). organising resistance on the internet: The case of the International Campaign for Justice in Bhopal. *Communication, Culture, Critique, 5*, 230-251.
- Sastry, S., & Dutta, M. J. (2012). Public health, global surveillance, and the "emerging disease" worldview: A postcolonial appraisal of PEPFAR. *Health Communication, 27*, 519-532.
- Basnyat, I., & Dutta, M. (2012). Reframing Motherhood Through the Culture-Centered Approach: Articulations of Agency Among Young Nepalese Women. *Health Communication, 27*, 273-283.

Airhihenbuwa, C. O., & Dutta, M. J. (2012). New Perspectives on Global Health Communication. *The Handbook of Global Health Communication*, 34-51.

Dutta, M., Zhuo, B., & Pal, M. (2012). Engaging worldviews, cultures, and structures through dialogue: The culture-centered approach to public relations. *Prism*, 9.

Dutta, M. (2012). *Voices of resistance*. West Lafayette, IN: Purdue University Press.

## 2011

Basnyat, I., & Dutta, M. (2011). Reframing motherhood through the culture-centered approach: Articulations of agency among young Nepalese women. *Health Communication*, 27, 273-283.

Basnyat, I., & Dutta, M. (2011). Family Planning (re)Defined: How Young Nepalese Women Understand and Negotiate Contraceptive Choices. *Asian Journal of Communication*, 21, 338-354.

Basu, A., & Dutta, M. (2011). 'We are mothers first': Localocentric articulation of sex worker identity as a keyword in HIV/AIDS communication. *Women & Health*, 51, 106-123.

Dutta, M. (2011). Health, human right, and performance: Interrupted stories. *Health Communication*, 26, 679-682.

Dutta, M., & Basu, A. (2011). Culture, communication and health: A guiding framework. In T. Thompson, R. Parrott, & J. F. Nussbaum (Eds.) *Routledge handbook of health communication* (2nd ed). New York: Routledge.

Dempsey, S., Dutta, M. J., Frey, L. et al. (2011). What is the role of the communication discipline in social justice, community engagement, and public scholarship? *Communication Monographs*, 78, 256-271.

Sastry, S., & Dutta, M. (2011). Postcolonial constructions of HIV/AIDS: Meaning, culture, and structure. *Health Communication*, 26, 437-449.

Bodie, G., Dutta, M., & Basu, A. (2011). Social disparities in online health use: The integrative model of e-health use. In A. Lazakidou & K. Siassiakos (Eds.), *Handbook of research on distributed medical informatics and e-health*. Hershey, PA: Medical Information Science Reference.

Dutta, M. & Pal, M. (2011). Public relations in a global context: Postcolonial thoughts. In N. Bardhan & K. Weaver (Eds.), *Public relations in global cultural contexts* (pp. 195-225). New York: Routledge

Whitten, P, Dutta, MJ, Carpenter S, Bodie GD. (2011). News media and health care providers at the crossroads of medical adverse events. In: Henriksen K, Battles J, Keyes M, Grady ML, eds., *Advances in patient safety: New directions and alternative approaches*. Vol. 1, Assessment. AHRQ Pub. No. 08-0034-1. Rockville, MD: Agency for Healthcare Research and Quality.

## 2010

Basu, A., & Dutta, M. (2010). *Born into Brothels: Neocolonial moves and unheard voices*. *Feminist Media Studies*, 10, 101-105.

- Dutta, M. (2010). The critical cultural turn in Health Communication: Reflexivity, solidarity, and praxis. *Health Communication*, 25, 534-539.
- Dutta, M. (2010). The critical cultural turn in *Health Communication: Reflexivity, solidarity, and praxis*. *Health Communication*, 25, 534-539.
- Dutta, M., & Basnyat, I. (2010). The Radio Communication Project in Nepal: Culture, power and meaning in constructions of health. In L. K. Khiun (Ed.), *Liberalizing, Feminizing and Popularizing Health Communications in Asia* (pp. 151-76). Burlington, VT: Ashgate.
- Dutta, M., & Pal, M. (2010). Dialogue theory in marginalized settings: A Subaltern Studies approach. *Communication Theory*.
- Paek, H-J., Lee, A. L., Jeong, S-H., Wang, J., & Dutta, M. (2010). The emerging landscape of health communication in Asia: Theoretical contributions, methodological questions, and applied collaborations. *Health Communication*, 25, 1-8.
- Sastry, S. J., & Dutta, M. J. (2010). Reading HIV/AIDS in the Indian Media: social, cultural and economic constructions. In L. K. Khiun (Ed.), *Liberalizing, Feminizing and Popularizing Health Communications in Asia* (pp. 59-76). Burlington, VT: Ashgate.
- Thompson, T. L., Stephenson, M., Southwell, B., & Dutta, M. (2010). The nuts and bolts of publication in *Health Communication*. *Health Communication*, 25, 512-515.
- Yehya, N., & Dutta, M. (2010). Health, religion, and meaning: A culture-centered study of Druze women. *Qualitative Health Research*.

## 2009

- Basu, A., & Dutta, M. (2009). Sex workers and HIV/AIDS: Analyzing participatory culture-centered health communication strategies. *Human Communication Research*, 35, 86-114.
- Dutta, M.J., & Harter, L.M. (2009). Communicating for social impact in international contexts. In L.M. Harter & M. J. Dutta (Eds.), *Communicating for social impact: Engaging communication theory, research, and practice* (pp. 1-10). Creskill, New Jersey: Hampton Press.
- Dutta, M. (2009). Theorizing resistance: Applying Gayatri Chakravorty Spivak in public relations. In Ihlen, Ø., van Ruler, B., & Fredrikson, M. *Social theory on public relations*. Routledge.
- Harter, L. M., Dutta, M. J., Ellingson, L., & Norander, S. (2009). The poetic is political...and other notes on engaged communication scholarship. In L.M. Harter & M. J. Dutta (Eds.), *Communicating for social impact: Engaging communication theory, research, and practice* (pp. 33-46). Creskill, New Jersey: Hampton Press.
- Kim, I., & Dutta, M. J. (2009). Studying crisis communication from the subaltern studies framework: Grassroots activism in the wake of Hurricane Katrina. *Journal of Public Relations Research*.

## 2008

- Basu, A., & Dutta, M. (2008). Participatory change in a campaign led by sex workers: Connecting resistance to action-oriented agency. *Qualitative Health Research*, 18, 106-119.
- Basu, A., & Dutta, M. (2008). The relationship between health information seeking and community participation: The roles of motivation and ability. *Health Communication*, 23, 70-79.

- Bodie, G., & Dutta, M. (2008). A culture-centered approach to e-health literacy. *Health Marketing Quarterly*.
- DeSouza, R., Basu, A., Kim, I., Basnyat, I., & Dutta, M. (2008). The paradox of "fair trade": The influence of neoliberal trade agreements on food security and health. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 411-430). Mahwah, NJ: Lawrence Erlbaum Associates.
- DeSouza, R., & Dutta, M. (2008). The Internet as a social network in health communication: The case of Saathii. *Journal of Health Communication, 13*, 326-3
- Dutta, M. (2008). Participatory communication in entertainment education: A critical analysis. *Communication for Development and Social Change: A Global Journal, 2*, 53-72.
- Dutta, M. (2008). A critical response to Storey and Jacobson: The co-optive possibilities of participatory discourse. *Communication for Development and Social Change: A Global Journal, 2*, 81-90.
- Dutta, M. (2008). Health Marketing Quarterly Special Issue: Media strategy in health marketing. *Health Marketing Quarterly*.
- Dutta, M., & Basnyat, I. (2008). Interrogating the Radio Communication Project in Nepal: The participatory framing of colonization. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 247-265). Mahwah, NJ: Lawrence Erlbaum Associates.
- Dutta, M., & Basnyat, I. (2008). The Radio Communication Project in Nepal: A critical analysis. *Health Education and Behavior*.
- Dutta, M., & Basnyat, I. (2008). A critical response to participatory hegemony. *Health Education and Behavior*.
- Dutta, M., & Basu, A. (2008). Meanings of health: Interrogating structure and culture. *Health Communication, 23*, 560-572.
- Dutta, M. J., Bodie, G. D., & Basu, A. (2008). Health disparity and the racial divide among the nation's youth: Internet as an equalizer? In A. Everett (Ed.), *MacArthur Foundation series on digital media and learning: Race and ethnicity* (pp. 175-197). Cambridge, MA: The MIT Press.
- Dutta, M., & DeSouza, R. (2008). Reconciling the past and present: Reflexivity in the critical-cultural approach to health campaigns. *Health Communication, 23*, 326-339.
- Dutta, M., & Boyd, J. (2008). Turning "smoking man" images around: Portrayals of smoking in men's magazines as a blueprint for smoking cessation campaigns. *Health Communication, 22*, 253-263.
- Dutta, M., & King, A. (2008). Communicative choices of the uninsured. *Health Marketing Quarterly*.
- Dutta, M., & Zoller, H. (2008). Theoretical foundations: Interpretive, critical and cultural approaches to health communication. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 1-27). Mahwah, NJ: Lawrence Erlbaum Associates.

- Dutta, M., & Zoller, H. (2008). Introduction: Popular discourse and constructions of health and healing. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 30-38). Mahwah, NJ: Lawrence Erlbaum Associates.
- Dutta, M., & Zoller, H. (2008). Introduction: Culture in health communication. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 147-154). Mahwah, NJ: Lawrence Erlbaum Associates.
- Pal, M., & Dutta, M. (2008). Public relations in a global context: The relevance of critical modernism as a theoretical lens. *Journal of Public Relations Research*, 20, 159-179. (Lead Article)
- Pal, M., & Dutta, M. (2008). Theorizing resistance in a global context: Processes, strategies and tactics in communication scholarship. *Communication Yearbook*, 32, 41-87.
- Zoller, H., & Dutta, M. (2008). Introduction: Medical communication. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 267-274). Mahwah, NJ: Lawrence Erlbaum Associates.
- Zoller, H., & Dutta, M. (2008). Introduction: Communication and health policy. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 358-364). Mahwah, NJ: Lawrence Erlbaum Associates.
- Zoller, H., & Dutta, M. (2008). Afterword: Emerging agendas in health communication and the challenge of multiple perspectives. In Zoller, H., & Dutta, M. (Eds). *Emerging perspectives in health communication: Interpretive, critical and cultural approaches* (pp. 449-463). Mahwah, NJ: Lawrence Erlbaum Associates.

## 2007

- Dutta, M. (2007). Communicating about culture and health: Theorizing culture-centered and cultural-sensitivity approaches. *Communication Theory*, 17, 304-328.
- Dutta, M. (2007). Health information processing from television: The role of health orientation. *Health Communication*, 21, 1-9. (Lead Article)
- Dutta, M. (2007). The Ten Commandments of reviewing. *Health Communication*.
- Dutta, M., & Basu, A. (2007). Health among men in rural Bengal: Approaching meanings through a culture-centered approach. *Qualitative Health Research*, 17, 38-48.
- Dutta, M., & Basu, A. (2007). Centralizing context and culture in the co-construction of health: Localizing and vocalizing health meanings in rural India. *Health Communication*, 21, 187-196.
- Dutta, M., & Feng, H. (2007). Health orientation and disease state as predictors of online health support group use. *Health Communication*, 22, 181-189.

## 2006

- Dutta, M. (2006). Theoretical approaches to entertainment education: A subaltern critique. *Health Communication*, 20, 221-231.
- Dutta, M., & Bodie, G. (2006). Health orientation as a predictor of exercising: A psychographic approach. *Social Marketing Quarterly*, 12, 3-18. (Lead Article)

- Dutta, M. (2006). U.S. public diplomacy in the Middle East: A critical approach. *Journal of Communication Inquiry*, 30, 102-124. (Lead Article)
- Dutta, M. (2006). A psychographic approach to attitudes toward advertising: Utility and regulation. *Journal of Advertising Research*, 46, 102-112.
- Dutta, M. (2006). The antecedents of community-oriented Internet use: Community participation and community satisfaction. *Journal of Computer-Mediated Communication*, 11(1), article 5. [http://jcmc.indiana.edu/vol11/issue1/dutta\\_bergman.html](http://jcmc.indiana.edu/vol11/issue1/dutta_bergman.html).
- Dutta, M. (2006). Motivation-based approaches to health uses of the Internet. In R. Rice & M. Murerro (Eds.), *The Internet and health care: Theory, research, and practice* (pp. 83-105). Mahwah, NJ: Lawrence Erlbaum Associates.
- Dutta, M., & Mattson, M. (2006). Decomplexifying risk and crisis communication strategies in response to bioterrorism. In S. Amass, & A. Chaturvedi, *Advances in homeland security, Vol. 1* (pp. 11-36). West Lafayette, IN: Purdue University Press.
- Madhavan, K.P.C., Dutta, M.J., & Arns, L.L. (2006). Pedagogical e-learning frameworks using advanced 3D visualization for bio-terror crises communication training. In S. Amass, A. Chaturvedi, and S. Peeta. (eds.) *Advances in Homeland Security. Vol. 2. Guiding Future Homeland Security Policy – Directions for Scientific Inquiry* (pp. 33-53). West Lafayette, IN: Purdue University Press.
- Zollinger TW, Saywell RM, Overgaard AD, Przybylski MJ, & Dutta, M. (2006). Anti-tobacco Media Awareness of Rural Youth Compared to Suburban and Urban Youth in Indiana. *Journal of Rural Health*, 22, 119-123.

## 2005

- Dutta, M. (2005). Operation Iraqi Freedom: Mediated public sphere as a public relations tool. *Atlantic Journal of Communication*, 13, 220-241.
- Dutta, M. (2005). Community participation and Internet use after 9/11: The theory of channel complementarity. *Journal of Computer Mediated Communication*, 11(2), Article 4, <http://jcmc.indiana.edu/vol11/issue2/dutta-bergman.html>.
- Dutta, M. (2005). Developing a profile of consumer intention to seek out additional health information beyond a doctor: The role of communicative and motivation variables. *Health Communication*, 17, 1-16. (Lead Article)
- Dutta, M. (2005). A formative approach to strategic message targeting through soap operas: Using selective processing theory. *Health Communication*, 19, 11-18.
- Dutta, M. (2005). The readership of health magazines: The role of health orientation. *Health Marketing Quarterly*, 22, 27-49.
- Dutta, M. (2005). Access to the Internet in the context of community participation and community satisfaction. *New Media and Society*, 7, 89-109.
- Dutta, M. (2005). Idiocentrism, involvement, and health appeals: A social-psychological framework. *Southern Communication Journal*, 70, 46-55.

- Dutta, M. (2005). The relationship among health orientation, provider-patient communication, and satisfaction: An individual difference approach. *Health Communication, 18*, 291-303.
- Dutta, M. (2005). Psychographic profiling of fruit and vegetable consumption: The role of health orientation. *Social Marketing Quarterly, 11*, 1-20.
- Dutta, M. (2005). Depression and News Gathering After September 11: The Interplay of Affect and Cognition. *Communication Research Reports*.
- Dutta, M. (2005). Civil society and communication: Not so civil after all. *Journal of Public Relations Research, 17*(3), 267-289.
- Dutta, M. (2005). Theory and practice in health communication campaigns: A critical interrogation. *Health Communication, 18*(2), 103-12. (Lead Article)
- Dutta, M., & Pal, M. (2005). Advertising and culture: American advertising in the eyes of Indian immigrants. *Journal of Communication Inquiry, 29*, 1-20.

## 2004

- Dutta, M. (2004). Reaching unhealthy eaters: Applying a strategic approach to media vehicle choice. *Health Communication, 16*, 493-506.
- Dutta, M. (2004). An alternative approach to social capital: Exploring the linkage between health consciousness and community participation. *Health Communication, 16*, 393-409.
- Dutta, M. (2004). Describing volunteerism: The theory of unified responsibility. *Journal of Public Relations Research, 16*, 353-369.
- Dutta, M. (2004). Interpersonal communication after 9/11 via the telephone and the Internet: Theory of channel complementarity. *New Media and Society, 6*, 661-675.
- Dutta, M. (2004). Poverty, structural barriers and health: A Santali narrative of health communication. *Qualitative Health Research, 14*, 1-16.
- Dutta, M. (2004). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory, 14*, 237-263.
- Dutta, M. (2004). Developing a profile of consumer intention to seek out health information beyond the doctor. *Health Marketing Quarterly, 21*, 91-112.
- Dutta, M. (2004). Primary sources of health information: Comparison in the domain of health attitudes, health cognitions, and health behaviors. *Health Communication, 16*, 273-288.
- Dutta, M. (2004). The impact of completeness and Web use motivation on the credibility of e-Health information. *Journal of Communication, 54*, 253-269.
- Dutta, M. (2004). Health attitudes, health cognitions and health behaviors among Internet health information seekers: Population-based survey. *Journal of Medical Internet Research, 6*, e15. Retrieved June 2, 2004, from <http://www.jmir.org/2004/2/e15/index.htm>
- Dutta, M. (2004). An alternative approach to entertainment education. *Journal of International Communication, 10*, 93-107.
- Dutta, M. (2004). Complementarity in consumption of news types across traditional and new media. *Journal of Broadcasting and Electronic Media, 48*, 41-60.

Dutta,, M. (2004). A descriptive narrative of healthy eating: A social marketing approach using psychographics. *Health Marketing Quarterly*, 20, 81-101.

### 2003

Babrow, A., & Dutta,, M. (2003). Constructing the uncertainties of bioterror: A study of U.S. news reporting on the anthrax attack of Fall, 2001. In C. B. Grant (Ed.), *Rethinking communicative interaction: New interdisciplinary horizons* (pp. 31-60). Amsterdam, Netherlands: John Benjamins Press.

Dutta,, M. (2003). Health communication on the Web: The roles of web use motivation and information completeness. *Communication Monographs*, 70, 264-274.

Dutta,, M. (2003). Trusted online sources of health information: Differences in demographics, health beliefs, and health-information orientation. *Journal of Medical Internet Research*, 5, e21. Retrieved June 2, 2004, from <http://www.jmir.org/2003/3/e21/index.html>

Dutta,, M. (2003). Demographic and psychographic antecedents of community participation: Applying a social marketing model. *Social Marketing Quarterly*, 9, 17-31.

Dutta,, M. (2003). The linear interaction model of personality effects in health communication. *Health Communication*, 15, 101-115.

### 2002 and Earlier

Dutta,, M., & Wells, W. D. (2002). The values and lifestyles of idiocentrics and allocentrics in an individualist culture. *Journal of Consumer Psychology*, 12, 42-54.

Dutta,, M. (2002). Beyond demographic variables: Using psychographic research to narrate the story of Internet users. *Studies In Media & Information Literacy Education [an electronic journal]*, 2, 25 pages.

Dutta,, M., & Doyle, K. (2001). Money and meaning in India and Great Britain: Tales of similarities and differences. *American Behavioral Scientist*, 45, 216-233.

Wan, F., Dutta,, M., & Doyle, K. (2001). Who consumes the print media: A psychological exploration of media use. In D. Muehling (Ed.), *Proceedings of the American Academy of Advertising*, 119-127.

Dutta, M. (2000). Brides and grooms in the Indian marketplace: An analysis of Indian matrimonial ads. In M. A. Shaver (Ed.), *Proceedings of the American Academy of Advertising*, 136-140.

Dutta, M. (2000). Integration of the information processing and experiential perspectives. In M. A. Shaver (Ed.), *Proceedings of the American Academy of Advertising*, 54-59.

Dutta, M., & Vanacker, B. (1999). The effect of personality on persuasive appeals in health communication. In S. Hoch & R. Meyer (Eds.), *Advances in Consumer Research*, 42, 32-38.

Dutta, M., & Youn, S. (1999). Profiling healthy eating consumers: A psychographic approach to social marketing. *Social Marketing Quarterly*, 5, 5-21.

Dutta, M. (1998). The metaphoric paradox of "City of Joy." Proceedings of The 13th Annual Red River Student Communication Conference.

## In Press

- Dutta, M. J. (in press). Globalization, communication and social change. *Review of Communication*.
- Dutta, M. J. (in press). Culture-centered approach to health and risk communication. In *Oxford Research Encyclopedia of Communication*.
- Dutta, M. J. (in press). Health communication campaigns. In C. Botan (Ed), *Handbook of Strategic Communication*.
- Dutta, M., & Kaur-Gill, S. (in press). Organizational development and social change. In *Oxford Research Encyclopedia of Communication*.
- Dutta, M. J., & Kaur-Gill, S. (in press). Strategic health communication. In C. Botan (Ed.), *The Handbook of Strategic Communication*. Wiley-Blackwell.
- Dutta, M. J., & Pal, M. (in press). Theorizing from the global South: Dismantling, resisting, and transforming communication theory. *Communication Theory*.
- Dutta, M. J., & Thaker, J. T. (in press). Sustainability, ecology, and agriculture in women farmers' voices: Culture-centering gender and development. *Communication Theory*.
- Airhihenbuwa, C. O., & Dutta, M. J. (in press). New Perspectives on Global Health Communication: Affirming Spaces for Rights, Equity, and Voices. In R. Obregon & S. Waisbord (Eds.), *Handbook of global health communication*.
- Basu, A., & Dutta, M. (in press). *Born into Brothels*: Neocolonial moves and unheard voices. *Feminist Media Studies*.
- Bodie, G., Dutta, M., & Basu, A. (in press). Social disparities in online health use: The integrative model of e-health use. In A. Lazakidou & K. Siassiakos (Eds.), *Handbook of research on distributed medical informatics and e-health*. Hershey, PA: Medical Information Science Reference.
- Dutta, M. (in press). Communicative predictors of exercising: A strategic approach. *Health Communication*.
- Dutta, M. (in press). Public relations in a global context: Postcolonial thoughts. In N. Bardhan & K. Weaver (Eds.), *Public relations in global cultural contexts*. Routledge.
- Dutta, M. (in press). Cultural theories of health communication. In S. Littlejohn & K. Foss (Eds.), *Encyclopedia of communication theory*. Sage.
- Dutta, M. (in press). Health communication: Current status and challenges. In J. Parker & E. Thorson (Eds.), *Health care communication in the new media landscape*. Springer Publishing Company.
- Dutta, M. (in press). Afterword: The cultural constructions of HIV/AIDS. In M. U. D'Silva, J. L. Hart, & K. L. Walker (Eds.), *Communicating about HIV/AIDS: Taboo topics and difficult conversations*. Hampton Press.
- Dutta, M. (in press). Health. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.

- Dutta, M. (in press). Poverty. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M. (in press). Prostitution. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M. (in press). Science. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M. (in press). AIDS. In O. Patterson (Ed.), *Cultural sociology of West, Central, & South Asia*. Sage.
- Dutta, M., & Basu, A. (in press). Cultural theories of health communication. In T. Thompson, J. Nussbaum, & R. Parrott (Eds.), *Handbook of health communication*. Routledge.
- Dutta, M. J., & Bodie, G. (in press). Here's to your health! Health information searches on the web. In A. Spink & M. Zimmer (Eds.), *Web searching: Interdisciplinary perspectives*.
- Dutta, M., & Pal, M. (in press). The Internet as a site of resistance: The case of the Narmada Bachao Andolan. In S. Duhe, *New media and public relations* (pp. 203-215). New York, NY: Peter Lang New York.
- Dutta, M., Pfister, R., & Kosmoski, C. (in press). Consumer evaluation of genetic information online: The role of quality on attitude and behavioral intentions. *Journal of Computer Mediated Communication*.
- Jamil, R., & Dutta, M. (in press). Structural and cultural constructions of spirit healing in rural Bangladesh: A culture-centered approach. In D. L. Rubin & A. N. Miller (Eds.), *Health communication and faith-based communities*.
- Kisselburgh, L., & Dutta, M. (in press). The construction of civility in multicultural organizations. In P. Lutgen-Sandvik, & B.D. Sypher (Eds.), *The destructive side of organizational communication: Processes, consequences and constructive ways of organising*. London: Routledge.
- Whitten, P, Dutta, MJ, Carpenter S, Bodie GD. (in press). News media and health care providers at the crossroads of medical adverse events. In: Henriksen K, Battles J, Keyes M, Grady ML, eds., *Advances in patient safety: New directions and alternative approaches*. Vol. 1, Assessment. AHRQ Pub. No. 08-0034-1. Rockville, MD: Agency for Healthcare Research and Quality.

## 6.3 WHITE PAPERS

CARE generates knowledge through publicly accessible white papers. These white papers form the public knowledge infrastructure of the Center, created as interventions to address the various challenges of sustainable development goals (SDGs) through open conversations in community, activist, and policy spaces. With circulation that ranges between 50 to 700, the white papers serve as key resources for creating social impact, often guided by and anchored in community voices. The white papers often are released through dialogues that bring in community organisers, unions, activists, and policy makers. CARE also offers its knowledge infrastructure in solidarity with various partner organisations that host their papers on the CARE infrastructure. Media reports, from the New Zealand Herald, Stuff, Straits Times and South China Morning Post to National Public Radio, The Wire, The Citizen and Times magazine report on CARE white papers, and link to the papers.

### 2020-22

- Salter, L. A., & Dutta, M. J. (2022, March). Experiences with COVID-19 Among Gig Workers. *CARE White Papers*, 15. <https://carecca.nz/research/white-papers/care-white-paper-issue-15-experiences-with-covid-19-among-gig-workers/>
- Dutta, M. J., Jayan, P., Rahman, M. M., Elers, C., & Whittfield, F. (2022, February). A Culture-Centered Approach to Community-led Social Cohesion in Aotearoa New Zealand. *CARE White Papers*, 14. <https://carecca.nz/care-white-paper-issue-14-a-culture-centered-approach-to-community-led-social-cohesion-in-aotearoa-new-zealand/>
- Dutta, M. J. (2022, January). Experiences of Muslims in India on digital platforms with anti-Muslim hate. *CARE White Papers*, 13. <http://carecca.nz/research/white-papers/experiences-of-muslims-in-india-on-digital-platforms-with-anti-muslim-hate/>
- Dutta, M. J., Jayan, P., Rahman, M. M., & Elers, C. (2021, August). A culture-centered approach to hate speech regulation. *CARE White Papers*, 12. <https://carecca.nz/2021/08/17/care-white-paper-issue-12-august-2021-a-culture-centered-approach-to-hate-speech-regulation/>
- Dutta, M. J. (2021, May). Cultural Hindutva and Islamophobia. *CARE White Papers*, 11. <https://carecca.nz/research/white-papers/care-white-paper-issue-11-cultural-hindutva-and-islamophobia/>
- Dutta, M. J. (2020, September). Digital Hate and the infrastructures of communicative capital. *CARE White Papers*, 10. <http://carecca.nz/2020/09/03/care-white-paper-issue-10-digital-hate-and-the-infrastructures-of-communicative-capital/>
- Dutta, M. J. (2020, July). Relocating the Health of Transgender Sex Workers in Singapore from the Margins: A Culture-Centered Approach. *CARE White Papers*, 9. <http://carecca.nz/2020/07/28/care-white-paper-issue-9-relocating-the-health-of-transgender-sex-workers-in-singapore-from-the-margins-a-culture-centered-approach/>
- Dutta, M. J. (2020, April). Structural constraints, voice infrastructures, and mental health among low-wage migrant workers in Singapore: Solutions for addressing COVID19. *CARE White Papers*, 8. <https://carecca.nz/2020/04/22/care-white-paper-issue-8-structural->

[constraints-voice-infrastructures-and-mental-health-among-low-wage-migrant-workers-in-singapore-solutions-for-addressing-covid19/](#)

Moana-Johnson, G., & Dutta, M. J. (2020, April). Culture-centered community-led testing. CARE White Papers, 7. <http://carecca.nz/2020/04/17/care-white-paper-issue-7-april-2020-culture-centered-community-led-testing/>

Dutta, M. J. (2020, April). Infrastructures of housing and food for low-wage migrant workers in Singapore. CARE White Papers, 6. <http://carecca.nz/2020/04/13/care-white-paper-issue-6-infrastructures-of-housing-and-food-for-low-wage-migrant-workers-in-singapore/>

Dutta, M. J. (2020, April). Challenges To Seeking Health Information And Healthcare Among Low Income Communities Amid COVID19. CARE White Papers, 5. <https://carecca.nz/research/white-papers/care-covid-19-white-papers/care-white-paper-issue-5-april-2020/>

Elers, C., & Dutta, M. J. (2020, March). COVID-19 Wage Subsidy Package. CARE White Papers, 4. <https://carecca.nz/2020/03/31/care-white-paper-issue-4-march-2020/>

Dutta, M. J. (2020, April). The limits of the "Singapore Model" in COVID-19 response: Why authoritarian governmentality is not the solution. CARE White Papers, 3. <https://carecca.nz/research/white-papers/care-white-paper-issue-3-april-2020/>

Dutta, M. J. (2020, March). A culture-centered approach to pandemic response: Voice, Universal Infrastructure, and Equality. CARE White Papers, 2. <https://carecca.nz/research/white-papers/care-white-papers-issue-2-a-culture-centered-approach-to-pandemic-response-voice-universal-infrastructure-and-equality/>

Elers, P., Elers, S., & Dutta, M. J. (2020, February). Exploring challenges: A Culture-Centred Approach (CCA) project in Glen Innes. CARE White Papers, 1. <http://carecca.nz/2020/02/13/care-white-paper-series-exploring-challenges-a-culture-centred-approach-cca-project-in-glen-innes/>

## 2019

Tuiono, T., & Dutta, M. J. (2019, August). Ihumātao protest, colonization, and cultural voice. CARE White Papers, 2019(5). <http://carecca.nz/research/white-papers/care-white-paper-solidarity-in-anti-racist-struggles-a-culture-centered-intervention/>

Elers, C., & Dutta, M. J. (2019, August). Ihumātao protest, colonization, and cultural voice. CARE White Papers, 2019(4). <https://carecca.nz/2022/07/05/care-white-paper-issue-4-august-2019-ihumatao-protest-colonization-and-cultural-voice/>

Stephens, M., & Dutta, M. J. (2019, December). Strengthening-Refugee-Voices-in-NZ. CARE White Papers, 2018(3). <https://carecca.nz/2019/06/26/strengthening-refugee-voices-in-new-zealand-by-dr-murdoch-stephens-professor-mohan-j-dutta/>

Bradford, S., & Dutta, M. J. (2018, November). Academic-activist partnerships in struggles of the oppressed. CARE White Papers, 2018(2). <https://carecca.nz/2018/11/29/academic-activist-partnerships-in-struggles-of-the-oppressed/>

Dutta, M. J., & Mathi, B. (2018, August). Academic-activist partnerships in struggles of the oppressed. CARE White Papers, 2018(1). <https://carecca.nz/research/white-papers/2018-2-sexual-violence-on-university-campuses-communication-interventions>

## Archives

### 2016

VOL 2. (APRIL 2016) Dutta, et al., (2016). Culture-Centered Method: The nuts and bolts of co-creating communication infrastructures of listening in communities. CARE White Paper Series, 2 New! Dutta, et al., (2016). Metode-Berbasis Budaya. Culture-Centered Method: The nuts and bolts of co-creating communication infrastructures of listening in communities in Bahasa Indonesia. CARE White Paper Series, 2

VOL 1. (APRIL 2016) Dutta, M., Tan, M., & Rathina-Pandi. (2016). Singaporeans Left Behind: A Culture-Centered Study of the Poverty Experience in Singapore. CARE White Paper Series, 1 New!

### 2015

VOL 1. (JUNE 2015) Dutta, M. (2015). Food Insecurity and Health of Bangladeshi Workers in Singapore: A Culture-Centered Study. CARE White Paper Series, 1.

### 2014

VOL 2. (OCT 2014) Dutta, M., Kaur, S. & Comer, S. (2014). "Respect our Rights" – Voices of Foreign Domestic Workers Negotiating Structures. CARE White Paper Series, 2.

VOL 2. (FEB 2014) Teo, D., & Dutta, M. (2014). HIV Prevention Among Men Who Have Sex With Men: A culturally-centered framework for interventions. CARE White Paper Series, 2.

VOL 1. (FEB 2014) Dutta, M., Thaker, J., & Abid, A. (2014). Bt brinjal: A review of key debates. CARE White Paper Series, 1. VOL 1. (FEB 2014) Thaker, J., & Dutta, M. (2014). Bt cotton, scientific studies, and power circuits: Culturally-centering science. CARE White Paper Series, 1.

### 2013

VOL 1. (MAR 2013) Comer, S., & Dutta, M. (2013). Women's heart health in Singapore: A culture-centered framework. CARE White Paper Series, 1.

### 2012

VOL 2. (SEP 2012) Dutta, M. (2012). Globalization, health inequities, and structural transformation: A Culture-Centered Approach to communication for social justice. CARE White Paper Series, 2.

VOL. 1 (AUG 2012) Dutta, M. (2012). A cross-sectional survey of public opinion toward Affordable Care Act in Indiana. CARE White Paper Series, 1. Dutta, M. (2012). US public opinion on healthcare reform: A cross-sectional survey. CARE White Paper Series, 1.

## 6.4 SELECT OP-EDS AND BLOG POSTS

### 6.4.1 Blog: Reflecting back on 2021: Academia in the politics of transformation by Mohan J. Dutta on December 30, 2021

The year 2021 brought with it a lesson that I hope to carry forward in my academic journey in the coming years.

That the sources of power will seek to silence the voices emergent from the margins is a lesson I have borne witness to over the last two decades of academic-community work, in some instances, at personal cost.

As we built the activist-in-residence program, starting with the transformative conversations with Braema Mathi, Sue Bradford, and Tame Iti, the organising role of power in silencing dissenting voices became all too evident.

From generating disinformation campaigns, to planting false narratives, to carrying out witch hunts framed as audits, to targeting academics with hate messages, threats of violence, and incarceration, dominant structures will draw upon a wide array of strategies and tools to silence academic voices that speak with and alongside the margins.

In the face of these practices of silencing, academia can continue to thrive as a vital space of dissent that generates oppositional intellectual registers, working alongside intellectuals and activists in movements, political parties, and communities.

2021 brought home the message that academia is a critical resource in the ongoing work of challenging extreme neoliberalism, hate politics, and authoritarian populism. Academia is a powerful space for resisting, intervening into, and dismantling these



structures of dominant power that threaten to colonize communities, societies and democracies across the globe.

This recognition of the power of academia as a space that can offer a critical anchor to dismantling the control of dominant actors is vital to the ongoing politics of transformation.

The role of academics in building infrastructures of listening to voices of the subaltern margins that are hitherto erased, working alongside social movements and activist organising, is an important ingredient in the labour of challenging oppressive structures.

For academics to participate in and sustain dissent, our power lies in forging solidarities as collectives. These collectives ought to be built both within academia, and outside academia.

Within academia, our ongoing work ought to build strategies for challenging the precarization of academic labour. Centering conversations on academic freedom and connecting these conversations to the ongoing challenges of precarious academic labour are vital to our unions in the education sector. Connecting across diverse spaces, linking with the struggles of non-academic staff, connecting with the struggles of students are vital elements to sustaining collectives within academia.

Connecting across spaces in academia also translates importantly into connecting across geographies. In the face of the increasing repression of academic freedom across geographies, listening across, centering attention on, and building bridges that reach out to the margins of global geopolitics is an essential ingredient in a global politics of transformation.

Outside of academia, building connections with unions, working-class movements, movements against neoliberalism, Indigenous movements, movements for diversity (gender, race, ability) are critical resources in sustaining the politics of transformation.

Most importantly, 2021 has highlighted the vital role of community agency in empowering academia in its role in the politics of transformation.

The recognition that the neoliberal onslaught on academia that has privatized it through donor and state control can be resisted by re-turning to community, forms the basis for re-imagining the relationship between academia and community.

That academics are accountable to communities at the margins re-imagines the textures and roles of academia in creative ways. In this imaginary, academics are sustained by communities, and in turn, are committed to sustaining communities.

It is in this friendship with communities, particularly communities at the margins, that academia offers a politics of transformation.

Link to the blogpost on: <https://culture-centered.blogspot.com/2021/12/reflecting-back-on-2021-academia-in.html>

## 6.4.2 Opinion: The communicative strategies of Hindutva

by Prof. Mohan Dutta, Massey University



Professor Mohan Dutta, director of the Center for Culture-Centered Approach to Research and Evaluation (CARE) at Massey University.

Hindutva, a political ideology that seeks to construct India in the structure of a Hindu nation (Hindu Rashtra), draws its conceptual tenets from the organising framework of fascism. As a modern project, Hindutva is rooted in the desire to create a Hindu nation that is organised on the principles of the European nation-state through cultural hegemony that homogenises the population, simultaneously erasing the rights of religious minorities.

The fascist root of Hindutva is evident in the writings of one of the key architects of the concept, MS Golwalkar, who writes: "German race pride has now become the topic of the day. To keep up the purity of the race and its culture, Germany shocked the world by her purging the country of the Semitic races – the Jews ... a good lesson for us in Hindustan to learn and profit by."

Note here the deep interplays of the ideology of Hindutva and white supremacy. The purity of race and culture that forms the hate structure of white supremacy is mobilised in the political formation of Hindutva. Hindutva embodies the colonial imposition of a politics of purity through the purge of the 'other' organised by the state.

One of the key architects of Hindutva, Vinayak Damodar Savarkar, wrote the book *Hindutva* in 1923, outlining the concepts of a common nation (*rashtra*), a common race (*jati*) and a common culture or civilisation (*sanskriti*). Note the parallels here with the ideology of the German Nazi party, anchored in *ein volk* (one people), *ein reich* (one nation), *ein Fuhrer* (one leader).

At the heart of this ideology is the production of the 'other' that is outside of the nation. Similar to the construction of Jews as the outside of *ein volk* in Nazi ideology, Muslims and Christians are constructed as the outside of the Hindu *rashtra* in the ideological construction of Hindutva.

The effects of this ideology are evident in the hate and violence that have been directed at Muslims. The ongoing political project of disenfranchising Muslims through the Citizenship Amendment Act (CAA) is a reminder of the Nuremberg Laws passed in Nazi Germany to strip German Jews of their citizenship.

The communicative infrastructure of Hindutva is deployed through the articulation of a monolithic 'Hinduness' as the basis for organising the political project. To belong, one has to declare their 'Hinduness' and allegiance to the Hindu Rashtra, as defined by the political project of Hindutva.

To dissent from this monolithic vision of Hindutva is to be anti-Hindu. Within the organising structures of India, to dissent against the ideology of Hindutva is to be anti-Indian. The political project of Hindutva threatens the pluralism, polymorphism, and democratic ethos of Hinduism.

The celebrated Indian film-maker Anand Patwardhan, observed at the Dismantling Global Hindutva conference, "If Hindutva is Hinduism, then the Ku Klux Klan is Christianity."

The recent attacks on me, the Center for Culture-Centered Approach to Research and Evaluation (CARE), Massey University, and on academics globally writing on and debating about the pernicious effects of Hindutva, are reflective of the hegemonic communicative infrastructure of Hindutva. At the heart of this hegemonic infrastructure is the silencing of dissent while imposing a monolithic ideology. In this instance, Hindutva proclaims to speak for all Hindus as it carries out this fundamental attack on academic freedom.

From trolls reproducing digital hate, to hateful propaganda published in diaspora digital portals, to letter writing campaigns targeting the university, to petitions attacking the university for steadfastly supporting academic freedom, forces of Hindutva draw on a wide range of strategies. Hindutva deploys bullying and rhetorical fallacies to silence dissent because it lacks the tools of argumentation to appeal to reason.

Referring to these forces of Hindutva at work to silence academic freedom in the form of the organised attacks on the Dismantling Global Hindutva conference, Professor Gyan Prakash, Dayton-Stockton Professor of History at Princeton University, observes: "The extraordinary thing about the conference was the massive disinformation campaign by those seeking to prevent the academic scrutiny of Hindutva. The campaign launched against this conference was concerted, comprehensive, and entirely without scruples. As has been covered in the Guardian and Al Jazeera, many participants received threats, including death threats. We know that, as a co-sponsoring institution, you also faced overwhelming pressure to pull out from this conference. The threats include nearly every threat to academic freedom listed on the AAUP's (American Association of University Professors) website."

Of particular concern in western democracies are the threads of foreign influence and interference into academic freedom and the fabric of pluralism.

In western democracies, Hindutva seeks to silence criticism by communicatively inverting the violence perpetuated by the political ideology of Hindutva, while

simultaneously playing to the ethos of superficial western multiculturalism. It projects a narrative of fragility, constructing references to Hinduphobia, in seeking to assert its cultural hegemony in the diaspora, while simultaneously silencing dissent and articulations of social justice. Hindutva actively erases the voices of adivasis (indigenous people), oppressed caste communities, women experiencing gender violence, gender diverse communities, and minority communities in seeking to establish the hegemony of its monolithic values.

In our work at CARE that seeks to co-create spaces for the voices of the 'margins of the margins' to be heard, we will continue to pursue our justice-based scholarship in spite of the organised forces of hate seeking to silence these voices by policing the term Hindutva. We are empowered in this work by the steadfast support of the leadership of Massey University in safeguarding our academic freedom, and in the protections offered by the Education Act 1989.

### **Related articles**

[Professor Mohan J. Dutta recognised as Distinguished Scholar](#)

[Professor Mohan Dutta named ICA Fellow](#)

[Article Source: Massey University News](#)

### 6.4.3 Opinion: The collaborations between Whiteness and Brahminism: The ongoing erasure of the “margins of the margins”

The collaborations between Whiteness and Brahminism: The ongoing erasure of the “margins of the margins” was written by Prof. Mohan Dutta.

The racist politics of whiteness is convergent with the feudal politics of caste (Wilkerson, 2020). Both white supremacy and caste supremacy work through the erasure of the voices of the outcaste, even as the outcaste is turned into the object of interventions.

Brahminical privilege in the diaspora colludes with Whiteness in perpetuating caste oppression.

Caste oppression, picked up and circulated into the networks of White Pākehā culture, find new modalities of perpetuating its violence.

In response to the work of the culture-centered approach (CCA) (Dutta, 2004), imagine this scenario, a White Pākehā person and a White Brahmin person having a conversation about the “margins of the margins,” a key concept of the CCA.

The conversation goes somewhat like this.

*White Pākehā (with a grimace, expressing disgust): And what even is that, “margins of the margins?”*

*White Brahmin (picking up the Pākehā grimace and perfecting it): Oh really, how disgusting it is! To talk about us migrants and put us in a box. To call us as the margins?*

*White Pākehā: What even is the margins of the margins? Who is that?*

*White Brahmin: I know right? It is not acceptable sorry. I mean, I am myself a migrant. I live migrant identities. How can you call me margins?*

*White Pākehā: And who exactly are you centering in this talk?*

*White Brahmin: Remember, for you who is at the periphery is at the center for others. I don't think of myself as the periphery.*

*White Pākehā: That's mansplaining...*

This snippet of a fictitious conversation depicts the whiteness of the violence of the erasure. Of course, this violence is performed without having done the readings although numerous readings and lessons have been shared with the White Pākehā. Necessary to the perpetuation of erasure of the margins is the deployment of “woke discourse” that serves the hegemonic positions of whiteness and brahminism. As a communicative inversion, “mansplaining” becomes the rhetorical tool for the White

Pākehā and the White Brahmin to erase the margins, to deny its existence, and worse, to turn it into a caricature to serve Pākehā-Brahmin hegemony.

Lazy posturing is an integral strategy that holds up White privilege, and deploys primitive caste politics to bolster it, all under the pretext of progressivism or radicalism (mediated by the oh-so-feminist-sounding jingoism).

The Savarna Brahmin in the diaspora performing the model minority is integral to the erasure of the margins. That there exist material registers of marginalization is the anchor to transformative social change. The White Brahmin collaborator with the White Pākehā culture maintains the infrastructures of erasure by denying the existence of the margins. Even worse, the White Brahmin takes up the migrant position to deny the existence of the margins and her struggles, erasing the possibilities of listening to the voices of the outcastes in the diaspora who are also the objects of the Brahmin's oppression in the homeland. Erased from the discursive registers are the predominantly caste-based gender violence perpetuated by Brahmins both in the homeland and in the diaspora.

The Brahmin profits from this denial of marginalization, both at home and in the diaspora. Erased from the discursive registers are the everyday forms of gendered-raced violence perpetuated by the whiteness of settler colonialism.

That somehow the reference to margins is disenfranchising works to hold up the supremacy of both the Pākehā and the Brahmin. This denial can justify both Brahmin and White privilege, with the privileged continuing to talk about how to lift the burden of the soul, all along denying the very agentic capacities of those at the margins (Dutta, 2004). Not seeing, not witnessing the margins and attacking the discursive register of the margins is integral to the denial of the voices of those at the margins.

To deny the materiality of the margins is a vital strategy to retaining and reproducing white Pākehā and brahminical privilege.

In our work with the CCA therefore, it is vital to witness, count, describe and challenge this politics of white-savarna denialism.

As resistance then, let's turn to the discursive register. The margins exist. The "margins of the margins" exist. Produced by the very structures of White-Brahminical colonialism that both White Pākehā and White Brahmins deny.

## References

Dutta, M. J. (2004). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory*, 14(3), 237-263.

- 6.4.4 Dialogue isn't always the best option. E-Tangata. <https://e-tangata.co.nz/comment-and-analysis/dialogue-isnt-always-the-best-option/>
- 6.4.5 Addressing sexual violence on university campuses: Structure, culture, and agency. Academia.sg. <https://www.academia.sg/academic-views/addressing-sexual-violence-on-university-campuses-structure-culture-and-agency/>
- 6.4.6 Sexual harassment is the norm at university. South China Morning Post. <https://www.scmp.com/week-asia/opinion/article/3009357/sexual-harassment-norm-university-singapore-student-monica-baey>
- 6.4.7 From Dadri to Kansas: Countering the politics of hate. The Wire. <https://thewire.in/politics/from-dadri-to-kansas-countering-the-politics-of-hate>
- 6.4.8 Frenzied media trials are all about audience numbers. The Wire. <https://thewire.in/media/frenzied-media-trials-are-all-about-audience-numbers>
- 6.4.9 We need ethics, not regulation to counter fake news. The Wire. <https://thewire.in/culture/fake-news-communication-ethics>
- 6.4.10 Digital hate and the potential for profit. The Citizen. <https://www.thecitizen.in/index.php/en/NewsDetail/index/4/19310/Digital-Hate-and-the-Potential-of-Profit-->
- 6.4.11 COVID-19: India's underclasses and the depravity of our unequal societies. <https://www.thecitizen.in/index.php/en/NewsDetail/index/4/18516/COVID19---Indias-Underclasses-and-the-Depravity-of-Our-Unequal-Societies>
- 6.4.12 The hate that threatens to destroy India's democracy. The Citizen. <https://www.thecitizen.in/index.php/en/NewsDetail/index/4/14696/The-Hate-that-Threatens-to-Destroy-Indian-Democracy-->
- 6.4.13 The National Register of Citizens and the politics of exclusion and hate. The Citizen. <https://www.thecitizen.in/index.php/en/NewsDetail/index/4/14538/The-National-Register-of-Citizens-And-The-Politics-of-Exclusion-and--Hate-->
- 6.4.14 Where is the Hinduism I believe in? The Citizen. <https://www.thecitizen.in/index.php/en/NewsDetail/index/4/11096/Where-is-the-Hinduism-I-Believe-In->
- 6.4.15 The Islamophobia industry and the Christchurch terror attack. The Citizen. <http://dev.thecitizen.in/en/opinion/the-islamophobia-industry-and-the-christchurch-terror-attack-a-call-to-dismantle-hate>

## 7. PUBLIC PROGRAMMES

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### 7.1 ACTIVIST IN RESIDENCE

The activist-in-residence programme is conceptualised as a communicative infrastructure for decolonising the University, turning to embodied struggles for social justice as the sites of knowledge generation. At the heart of the programme is the de-centering of disembodied, disconnected, abstract knowledge, located within colonial and neoliberal capitalist structures, and deployed toward the ongoing disenfranchisement of communities at the margins.

The first of its kind in Aotearoa New Zealand, the programme creates a conceptual framework for public, community and working class pedagogy that is rooted in struggles against exploitative and extractive structures.

The residency was initially conceptualised in the context of the National University of Singapore in Singapore with the gender and human rights activist Braema Mathi. However, the programme experienced a plethora of structural challenges, and had to be shut down in Singapore.

Centering the key question of solidarity in academic activist formations, the inaugural activist-in-residence in Aotearoa Dr. Sue Bradford explored the challenges to the



organising of academe, the ways in which the academe constrains the possibilities of transformative politics, and the necessary unlearnings that shape imaginaries of transformation. The white paper generated through the dialogue with Sue offers vital entry points for conceptualising the role of the university in the struggles of the oppressed.

The activist-in-residence programme supports an activist for a week at the Palmerston North campus of CARE, creating the infrastructure for dialogues. These dialogues take the form of an interview that is broadcast live; a public talk; a workshop with students, academics and the broader community; and a publicly accessible white paper that is built on the weeklong collaboration between the activist and Professor Dutta. These interventions serve as the basis for social change and structural transformation, outlining the entry points for organising communication to catalyse structural transformation.

The signature of the activist-in-residence programme is the framework of communication for social change it builds, putting forth key tenets of organising for social change. The dedicated time for dialogues and co-writing is crafted to address the structural barriers that prevent the flow of ideas between struggles and academic spaces. Moreover, the ethical commitments to humility and critical reflexivity actively work toward decentering power in the dialogic exchanges. The placing of the activist as the lead author and the anchor to the creation of knowledge disrupts the extractive forms of knowledge generation that work through co-option and incorporation of activist knowledge into the academic literature, enclosing the knowledge within journal spaces, often without offering the ownership of the knowledge to the activist. In this way, CARE's activist-in-residence programme dismantles the extractive practices that constitute the organising of the academe.



The workshops offered by the activists create public discursive registers for organising for structural transformation, building open conversations on strategies for social change.

For community and public spaces, opening up the activist-in-residence programme to community participation further democratizes the process of knowledge generation. For instance, the presence of the renowned Maori activist Tame Iti at CARE created the openings for the activist to participate in a range of community conversations, while simultaneously opening up the university to the participation of the wider community.

Rooted in the concept that embodied struggles that seek to transform structures are key sites for generating culture-centered imaginaries of social change, the centering of activists at CARE turns to the articulations of change from within the everyday practices of organising. It decenters the colonial construction of knowledge within the walls of the academe, instead placing knowledge in intimate relationship with struggles at the “margins of the margins” against the forces of colonialism and capitalism.

The innovations crafted in the activist-in-residence programme have faced a wide array of structural challenges. Attacks on the programme have often been launched from bogus websites, through email campaigns, or through threats to the university. These structural challenges reflect the organising roles of the state-capitalist nexus



in attacking the articulations of social justice emergent from the “margins of the margins.” Broadly, the attacks on the activist-in-residence programme demonstrate the organising role of power in creating and perpetuating erasure.

To sustain the activist-in-residence programme therefore, the CARE team has crafted and secured diverse forms of solidarities in communities, drawing on these solidarities to foreground social justice as an organising framework for the academe. The steadfast support of the leadership at Massey University and its commitment to addressing the sustainable development goals (SDGs) have been critical to the activist-in-residence programme.



## BYRON CLARK, “ANTI-RACISM INTERVENTIONS”

(18 – 22 October 2021), online

Byron Clark is an activist from Christchurch. For the past two years his work has focused on the reemergence of the far-right and the spread of misinformation online. Much of this activism has taken the form of video essays on YouTube mixing humour with educational content. Clark also has a background in oral history, having recorded an oral history of the Occupy protest in Christchurch that took place in 2011 and has written for *Fightback*, *Overland* and David Farrier's *Webworm*.

Byron Clark has played an instrumental role in exposing the networks of white supremacy in Aotearoa. We will explore together the collaborations between white supremacy and Hindutva, and strategies for resisting the fascist forces.

Due to the ongoing COVID-19 restriction in 2021, this activist-in-residence programme took place online via CARE's Facebook page and YouTube channel.



### CARE in Conversation with Byron Clark and Prof. Mohan Dutta

[https://youtu.be/s\\_8V-Y13yUA](https://youtu.be/s_8V-Y13yUA)

Tuesday 19 October, 1pm

Watch on <https://www.facebook.com/CAREMassey/videos/459751999067153>.



### CARE Public Talk: Digital Hate in Aotearoa with Byron Clark

<https://youtu.be/l7xTYhcRvp4>

Wednesday 20 October, 12pm

Over the past decade, the world has watched as movements like the alt-right and Qanon have emerged online, and have in turn affected offline politics. Aotearoa has not been immune to this phenomenon. This talk examines the origins of hate on the internet, and how social media fueled its growth, with a particular focus on the new far-right in Aotearoa.

Watch on <https://www.facebook.com/CAREMassey/videos/295345062162148/>



### **CARE Workshop: Countering Online Hate and Misinformation with Byron Clark**

<https://www.youtube.com/watch?v=qSDNcGkWOm4&t=2554s>

Thursday 21 October, 11am

Everyone has a role to play in countering the spread of hate and misinformation. This workshop demonstrated how to report content to social media platforms as well as utilising institutions like Netsafe and the Broadcasting Standards Authority. It also featured discussion about preventing radicalisation and possibilities for de-radicalisation.

Watch on <https://www.facebook.com/CAREMassey/videos/1960018094165599/>



### **CARE White Paper: Anti-Social Networks: Hate and misinformation online and strategies for responding with Byron Clark and Prof. Mohan Dutta**

<https://www.youtube.com/watch?v=SvSuqN196vs>

Friday 22 October, 10am

This paper examines the networks spreading hate and misinformation that have emerged online in Aotearoa in the past few years, and how they have been able to influence mainstream politics despite their small numbers. Ideologies and conspiracy theories from overseas—in particular the United States—have mixed with false narratives that are locally specific. The authors looked at strategies for countering these narratives.

Watch on <https://www.facebook.com/CAREMassey/videos/1372617053135223/>



## MARISE LANT, “CHALLENGING RACISM IN AOTEAROA NEW ZEALAND”

(Palmerston North: CARE, Massey University, 24 – 28 August 2020)

Marise Lant is a Māori leader, lobbyist, an Indigenous rights protector, founder of 250 Years of Colonisation—The Aftermath leading the protest and burning of the Union Jack in opposition and response to the arrival of the year replica of Endeavour to Gisborne on 8 October 2019, previous chairperson of the Tairāwhiti District Māori Womens Welfare League, current representative on the Tairāwhiti District Māori Council, and supporter of the Tairāwhiti Multicultural Council.



### A Conversation with Marise Lant

<https://youtu.be/wpYSTbSo60w>

Tuesday 25 August, 6pm

Watch on <https://www.facebook.com/CAREMassey/videos/2009244589206512>

### CARE Public Talk

<https://youtu.be/UKuZH8XRedM>

Wednesday 26 August, 12pm

SSLB3, Social Science Lecture Block, Manawatū campus

Watch on [Facebook](#)

### CARE Workshop

Thursday 27 August, 11am

CARE Lab, BSC1.06, Manawatū campus

### CARE White Paper Launch

<https://youtu.be/QcOoyM4gllc>

Friday 28 August, 11am

SSLB3, Social Science Lecture Block, Manawatū campus

Watch on <https://www.facebook.com/CAREMassey/videos/1015763122212391/>

## JOLOVAN WHAM, “FIRST WORLD AUTHORITARIANISM: LESSONS FROM SINGAPORE”

(Palmerston North: CARE, Massey University, 27 – 29 Nov 2019)

Jolovan Wham is a Singaporean of ethnic Chinese descent. He has been involved in human rights activism, working primarily on issues relating to migrants, the death penalty, and freedom of expression.

He was executive director of Humanitarian Organisation for Migration Economics (HOME), an NGO which provides shelter, education opportunities and legal aid for low waged migrant workers.

He is a member of the Community Action Network, a coalition of activists which promotes civil and political rights. He obtained his Bachelor's degree in Social Work from the National University of Singapore. His activism has resulted in him being banned by the Education Minister from speaking at education institutions and campuses

### CARE Public Talk: First World Authoritarianism: Lessons from Singapore by Mr. Jolovan Wham

<https://www.facebook.com/CAREMassey/videos/444993742872894>

Wednesday 27 November 2019, 12pm

Palmerston North City Library

Authoritarianism is said to be on the rise and democracy in retreat in many parts of the world. Commentators often point out this trend in long standing liberal democracies in the United States but also to the consolidation of power in regimes like China and Russia. What can we learn from Singapore's experience to combat the rise of authoritarianism?

In this talk, Mr. Wham will talk about one party rule in Singapore, how it is perpetuated and the State's and Singapore society's response to activism and advocacy.

Watch on <https://www.facebook.com/CAREMassey/videos/444993742872894>



### CARE Workshop: Dissent and Resistance: Negotiating Boundaries in Singapore Activism by Mr. Jolovan Wham

Thursday 28 November 2019, 12pm

GLB 3.02, Manawatū Campus

Activists in one party states or dictatorships are often detained and imprisoned for years. In some cases, they are murdered and disappeared. The Singapore state eschews such extreme tactics and yet retains almost absolute control over the population. What are the opportunities for dissent and resistance in such a controlled environment? What tactics and strategies have activists used to achieve their goals?



### CARE White Paper Launch: Communicative Strategies for Resisting Authoritarianism by Mr. Jolovan Wham and Prof. Mohan Dutta

<https://www.facebook.com/CAREMassey/videos/420947012181897>

Friday 29 November 2019, 12pm

BSC B1.08, Manawatū Campus

Watch on <https://www.facebook.com/CAREMassey/videos/420947012181897>



### A Conversation with Jolovan Wham

<https://youtu.be/JiQUCARVIW4>

Professor Mohan J Dutta sits down with CARE Activist-in-Residence Jolovan Wham about his work in Singapore

26 November 2019

CARE, Manawatū Campus

Watch on <https://www.facebook.com/watch/?v=1414494998703562>



## TEANAU TUIONO, “DECONSTRUCTING BORDERS AND RE-INDIGENISING SOLIDARITY”

(5 – 9 August 2019)

Teana has over 20 years' experience as an activist, advocate and organiser at local, national and international levels on social justice and environmental issues. In Pasifika communities he is known for his work in the education sector and climate change advocacy. In Māori communities he is known for his indigenous rights activism. He has an interest in working at the intersection of indigenous rights and environmental issues where he has worked with remote indigenous communities on the frontlines of climate change and biodiversity loss.



**The Solidarity Project** (is all about exploring conversations of solidarity and whānaungatanga across cultures and communities.

<https://carecca.nz/2019/08/05/care-activist-in-residence-teana-tuiono-the-solidarity-project/>

Teana Tuiono in conversation with:

- *Anjum Rahman*. Watch on <https://www.facebook.com/CAREMassey/videos/1284625348356599/>
- *Guled Mire*. Watch on <https://www.facebook.com/CAREMassey/videos/2314967898758552/>
- *Gayaal Iddamalgoda*. Watch on <https://carecca.nz/2019/08/05/care-activist-in-residence-teana-tuiono-the-solidarity-project/>

### A Conversation with Teana Tuiono

<https://youtu.be/k1V5giHsIso>

5 August 2019

CARE Director Mohan J Dutta sits down for an informative conversation with our latest Activist-in-Residence Mr Teana Tuiono

Watch on <https://www.facebook.com/watch/?v=466515987265303>.

### CARE Public Talk: Deconstructing Borders and Re-Indigenising Solidarity with Teanau Tuiono

[https://youtu.be/BRCFFWSu\\_xw](https://youtu.be/BRCFFWSu_xw)

Wednesday 7 August, 12pm

Palmerston North City Library

Watch on <https://www.facebook.com/CAREMassey/videos/341724333429636>

### CARE White Paper Launch

<https://youtu.be/YZNCVKaJruo>

Friday 9 AUGUST 2019, 10am

Comms Lab, B.109, Manawatū Campus

Watch on <https://www.facebook.com/CAREMassey/videos/372259300150168/>

## TĀME ITI, “DECOLONISING OURSELVES INDIGENISING THE UNIVERSITY”

(18 – 22 March 2019)

Tāme Iti is an activist-of-activists, bringing his art and activism together in decolonising structures. His activism as performance offers many openings for imagining the role of communication in social change.

[https://youtu.be/2m-Gf3\\_avQI](https://youtu.be/2m-Gf3_avQI)

Tāme's visit comes just weeks after the United Nations Human Rights Council (2019) report reminded us of the following:

- “The impacts of colonisation continued to be felt, through entrenched structural racism and poorer outcomes for Māori” (p. 2)
- “Māori life expectancy was lower and unemployment rates were higher” (p. 3)
- “inequalities within the system and mental health outcomes, especially for Māori” (p. 4)
- “Māori were disproportionately represented at every stage of the criminal justice system, as both offenders and victims” (p. 4)

Accordingly, this calls for a decolonising project to critically engage and interrogate the structural conditions that reproduce racism and poorer outcomes for Māori. Tāme Iti's Activist Residency will interrupt the dominant discursive positioning and practices of Pākehā hegemony and will situate the university as a site of resistance to enable new ways in which we understand and conceptualise structural racism. We welcome Tāme Iti as our Activist-in-Residence.

"Tēnā koe e te Rangatira. Nau mai, haere mai!"

[https://youtu.be/2m-Gf3\\_avQI](https://youtu.be/2m-Gf3_avQI)



### Public Talk

[https://youtu.be/OV\\_63qhkiKE](https://youtu.be/OV_63qhkiKE)

Wednesday 20 March, 12pm

SSLB1, Manawatū campus

Watch on <https://www.facebook.com/watch/?v=565881243898378>

### Workshop

Thursday 21 March, 1pm

SSLB4, Manawatū campus

### White Paper Launch

<https://youtu.be/lo1xTJeyYdk>

Friday 22 March, 1pm

Venue: GLB3.08, Manawatū campus

Watch on <https://www.facebook.com/CAREMassey/videos/322963698408474/>

## SANGEETHA THANAPAL, “RACISM IN SINGAPORE: CHINESE PRIVILEGE AS A CONCEPTUAL ANCHOR”

(27 February – 1 March 2019)

Our first activist-in-residence of 2019 is Singapore activist Sangeetha Thanapal, whose work on Chinese privilege has intervened into the racist structures of Chinese imperialism. She was recently interrogated and issued warning by Singapore Police for her anti-racist work under the colonial anti-sedition law ([source](#)).

Prof. Mohan Dutta will be working with Sangeetha to share some of CARE's ongoing work with racist structures that marginalise Indians in South-east Asia, and strategies for race-based activism.

Website: [kaliandkalki.com](http://kaliandkalki.com)

### A Conversation with Sangeetha Thanapal

<https://www.facebook.com/CAREMassey/videos/398684294040882/>

Professor Mohan J Dutta sits down with Activist-in-Residence Sangeetha Thanapal

28 February

Watch on <https://www.facebook.com/CAREMassey/videos/398684294040882/>.



### CARE Public Talk: Racism in Singapore: Chinese Privilege as a Conceptual Anchor with Sangeetha Thanapal

<https://www.facebook.com/CAREMassey/videos/1435986189869930/>

Wednesday 27 February, 12.30pm

GLB 3.08, Manawatū Campus

Ms. Thanapal will deliver a talk that discusses the state of race and racism in Singapore. She will go through the history of race in Singapore, address some common (mis)conceptions of her country, and discuss her PhD dissertation, which is on the subject of Chinese Privilege, a term she coined to explain race relations in Singapore. She will also discuss reactions to her work, both from people and the State.

Watch on <https://www.facebook.com/CAREMassey/videos/1435986189869930/>



## CARE Workshop: How to Carry Out Anti-Racist Activism Using Social Media with Sangeetha Thanapal

Thursday 28 February 2019, 10am

GLB 2.03, Manawatū Campus

In this 1.5 hour workshop, Ms. Thanapal will teach you how to utilise social media and all its possibilities in order to successfully undertake anti-racist work. She will demonstrate how to use the main different platforms, what they can each be best utilised for, and how to create change from the ground up using these techniques. Participants will leave with a plan they intend to execute over 2019.

Learning outcomes:

1. How to set an activist goal?
2. How to plan and execute activism on social media?
3. What types of activist content works for different platforms?



## CARE White Paper Launch

<https://www.facebook.com/CAREMassey/videos/773287333042445>

Friday 1 March, 12pm

GLB 3.01, Manawatū Campus

Watch on <https://youtu.be/I8zR3QaBbfg>



## DR. MURDOCH STEPHENS

(19 – 23 November 2018)

Dr. Murdoch Stephens is the editor of publishing collective Lawrence & Gibson. He has a PhD on critical theory and climate change from Massey University, and was the driving force behind the double the refugee quota campaign, which is now government policy. He has published dozens of opinion editorials, academic articles and book chapters on New Zealand's refugee quota and the country's response to the refugee crisis. He recently completed a PhD focused on how four contemporary critical theorists have written of climate change. A version of that work was published as *Critical Environmental Communication: How does critique respond to the urgency of climate change?* in 2018 by Lexington.



**CARE Public Talk: For who, by who? Reflections on campaigning and prospects for refugee led organisations in an expanded refugee quota with Dr. Murdoch Stephens**

<https://youtu.be/xLX6u6bkj5w>

Tuesday 20 November, 1pm

GLB 1.14, Manawatū Campus

Watch <https://youtu.be/xLX6u6bkj5w>



**CARE Workshop: On starting, continuing and excelling in a DIY, grass roots political campaign with Dr. Murdoch Stephens**

Wednesday 21 November, 10am

GLB 3.08 Manawatū Campus

Watch [online](#)



**CARE White Paper: The state helps the refugee speak: dialogue, ventriloquism or something else?**

<https://www.facebook.com/CAREMassey/videos/1259287927544794>

Friday 23 November

Watch <https://www.facebook.com/CAREMassey/videos/1259287927544794>

## DR. JAMES GOMEZ

(22 – 26 October 2018)

Dr. James Gomez will collaborate with CARE on Communication, Democracy, and Freedom in Asia, highlighting the 'Fake News' challenge to democracy and co-produce a CARE White Paper with Prof. Mohan Dutta during his residency.

<https://youtu.be/QoUXLhMKbAM>



Dr. James Gomez is the Chair, Board of Directors of Asia Centre, a not-for-profit organisation that seeks to create human rights impact in the South-east Asia region. Dr. Gomez currently oversees its operations in both Thailand and Malaysia and is leading the partnerships for the Centre's many activities in other parts of the region. Dr. James Gomez brings to Asia Centre over 25 years of international and regional experience in leadership roles at universities, think-tanks, inter-governmental agencies and non-governmental organisations. He is the convener of Asia Centre's upcoming international conference on *Fake News and Elections in Asia*, 10 – 12 July 2019, Bangkok, Thailand.

### CARE Workshop: Developing an advocacy strategy for Rohingya refugees in Southeast Asia by Dr. James Gomez

<https://youtu.be/kO86MnNOVXo>

Tuesday 23 October, 12 pm

SGP 1.02 VLT, Manawatū Campus



### CARE Public Talk: The Universal Periodic Review of Southeast Asia: Civil Society Perspectives by Dr. James Gomez

Wednesday 24 October, 12pm

SGP 1.02 VLT, Manawatū Campus



### CARE White Paper: Fake News, Digital Democracy and State Repression by Dr. James Gomez and Prof. Mohan Dutta

Friday 26 October, 4 pm

GLB 1.14 VLT, Manawatū Campus



## DR. SUE BRADFORD, “ON RE-IMAGINING ACADEMIC-ACTIVIST LINKAGES”

(1 – 5 October 2018)

Dr. Bradford has a lifelong background in street and community activism, and is a mother of five. Much of her work has been in unemployed workers' and beneficiaries' organisations. She was a Green Member of Parliament for ten years (1999–2009) before going on to undertake a PhD in public policy with Marilyn Waring at AUT, graduating in 2014.



Dr. Bradford has a particular interest in the interface between radical community development, activism and the role of academics and universities. She is always searching for ways in which these spaces can be more productively navigated than is often the case.

She currently works for Kotare Research and Education for Social Change in Aotearoa Trust as well as picking up various speaking and writing engagements.

Dr. Sue Bradford will collaborate with CARE on re-imagining academic-activist linkages and co-produce a white paper with Prof. Mohan Dutta during her residency.

<https://youtu.be/kJf2-NSjwgk>



CARE Public Talk: Social Movements, Party Politics, and Structural Transformation: Navigating a path forward in challenging times by Dr. Sue Bradford

<https://youtu.be/hYpvIXQPHIQ>

Wednesday 3 October, 1pm

GLB 3.08, Manawatū Campus



## CARE Workshop: From Grassroots Organising to Policy Advocacy: The trajectory of social change

Thursday 4 October, 10am

GLB 3.07, Manawatū Campus



## CARE White Paper Launch: Academic-Activist Partnerships in Struggles of the Oppressed by Dr. Sue Bradford and Prof. Mohan Dutta

<https://www.youtube.com/watch?v=MFkaPXkvELY>

Friday 3 October, 2pm

BSC B1.08, Manawatū Campus



## 7.2 EVENTS

CARE public events build on the activist-in-residence programme to create public registers for conversations on key areas of social justice and social change.

### 7.2.1 Public conversations on The Singapore Model, Asian Values, and Authoritarian control

A series of public events held face-to-face and online build the discursive registers for interrogating the interplays of cultural essentialism as embodied in The Asian Turn, the Singapore Model, and consolidation of authoritarian control. These events specifically attend to the dangers of cultural essentialism in propping up and reproducing totalitarian power that serves the interests of global capital.

In October 2018, Professor Mohan Dutta delivered a public talk on the role of totalitarian control in the Singapore Model in accelerating capital accumulation. The talk attended to the organising of creative cities and smart governmentality to entrench elite power and control, while at the same time perpetuating the exploitation of migrants and the working classes.

In a CARE public conversation among the Singapore-based migrant and human rights activists Kokila Annamalai, Jolovan Wham, and Professor Mohan Dutta, the concept of communicative inequality is further explored in the backdrop of the Singapore Model. Drawing upon the key tenets of the CCA that attend to the inequalities in distribution of information and voice infrastructures, the panel examined the ways in which communicative inequality shaped outbreak inequality, with disproportionate burdens of the pandemic borne by hyper-precarious low-wage migrant workers.



## 7.2.2 Resistance, social movements, and challenges to authoritarian control

CARE events have drawn upon diverse solidarities at the margins to challenge authoritarian power and control, outlining strategies for voice that resist the repressive practices perpetuated by the nexus between the authoritarian state and global capital. Building upon the partnerships with activists such as Jolovan Wham who resist the repressive power of the authoritarian state, these public events serve as interventions into the infrastructures of erasure and forgetting. For instance, in solidarity with activists organising for democracy in Hong Kong, CARE organised a public conversation on democracy and dissent in the neoliberal university. The event created the space for conversations on strategies for resisting disinformation, propaganda, and deployment of authoritarian power to control academic freedom in universities.



Public interventions at CARE critically interrogate and challenge the global rise of authoritarianism, populist movements and far right interference into academic freedom.

### 7.2.3 Gig work, platform capitalism and organising labour

The public conversations on the precarity of work hosted at CARE attend to the ways in which the future of work is being organised by platform capital, entrenching the precarities that are reflective of the extreme neoliberal interventions carried out across the spaces of dispossession in the Global South. The CARE public talks attend to the nature of hyper-precarity across spaces, connecting the key threads that define the nature of hyper-precarity, mapping out the workings and flows of power, and foregrounding the work of co-creating voice infrastructures at the “margins of the margins.”

The event “Organising gig workers in Aotearoa: successes, challenges and strategies for the future” brought together union organisers in a conversation on the role of the unions in responding to gig work.

On 1st December, 2021, CARE hosted a one day Activist In Residence Public Talk on Organising gig workers in Aotearoa: successes, challenges and strategies for the future with Anita Rosentreter - Strategic Project Coordinator, First Union, Sam Jones - Director of Health at E tū Union and Julian Ang - Former member of NZ Rideshare Association & Advocate for Uber driver rights moderated Dr. Leon Salter and Prof. Mohan Dutta.

The public talk discussed the nature of gig work, which is growing rapidly in Aotearoa and internationally, and is expected to play a key role in the post-pandemic economy.

This panel of experts took stock of and reflect on the successes of the union movement in combatting the kinds of insecure work that characterise the gig economy, as well as discuss the unique challenges it presents for organising. Also, strategies were shared on how best to organise gig workers in the future.

The talk was live streamed on facebook Organising gig workers in Aotearoa: successes, challenges and strategies for the future. <https://www.facebook.com/CAREMassey/videos/590942195262842>

The release of the CARE white paper on gig work in 2022 witnessed a public conversation with Prof. Mohan J. Dutta and Dr. Leon Salter alongside panellists Rebecca Macfie, Ibrahim Omer, and Anita Rosentreter.

Findings from interviews with 25 rideshare and delivery drivers about their navigation of precarious working conditions in a pandemic environment served as the basis for the public conversation on the necessary policy tools for addressing the precarity of gig work. Ibrahim Omer is a New Zealand MP representing Labour, Rebecca Macfie is an award winning New Zealand journalist and Anita Rosentreter is the Strategic Project Coordinator for Transport, Logistics and Manufacturing at FIRST Union. The panel outlined the nature of union organising in the realm of platform-based gig work and the strategies for collectivisation that are instrumental to the development of policies offering protections to platform-based gig workers.



## 7.2.4 Public interventions resisting Hindutva

The accelerated reproduction, circulation, and dissemination of hate by the almost-fascist far-right forces of Hindutva constitute the experiences of marginalisation voiced by minorities in India and in the Indian diaspora globally.

This hate is particularly pronounced in the targeting of Muslims. CARE's scholarship documents the global flows of Islamophobia in the backdrop of the Christchurch terrorist attacks in Aotearoa. Salient in this thread of scholarship is the interpenetrating relationship between Hindutva and white supremacy.

CARE has hosted public conversations with key activists in Australia and Aotearoa New Zealand Anjum Rahman, Haroon Kasim, and Sapna Samant on the nature of the extremism propelled by Hindutva and the effects of Hindutva on the health and wellbeing of Muslims in India and in the diaspora.

It has held series of dialogues with advocates and community organisers on the organising strategies of Hindutva and the nature of Hindutva violence. Particularly salient here is the organising of Hindutva in Aotearoa that threatens social cohesion and democracy.

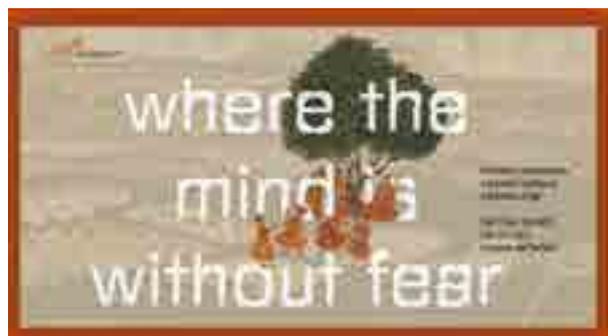
Critical analysis of the disinformation seeded by Hindutva in the backdrop of the decision by the Office of the Chief Censor in Aotearoa New Zealand to re-review the rating of the propaganda film *The Kashmir Files* that has contributed to growing Islamophobia offered a significant register for mapping the flows of Hindutva in Aotearoa.



The release of the CARE white paper on the experiences of Indian Muslims with Islamophobia as a public event brought together key activists and academics challenging the silencing strategies deployed by Hindutva to silence critical voices. The activist Haroon Kasim from The Humanism Project calls Hinduphobia as Nazi hate speech construct. The activist Anjum Rahman calls for public policy that addresses the monetisation of hate, offering the concept of algorithmic audits she has been writing on.



Moreover through public events such as poetry reading and performances, CARE has sought to co-create infrastructures for resisting Hindutva.



### 7.2.5 Maori Expert Advisory Group Hui

During 2021, CARE had the honour to have hosted Māori Expert Advisory Group (MEAG) on the Manawatu campus on multiple occasions.

These dialogues were critical to building an infrastructure of solidarity across struggles at the intersectional margins in co-creating community-led frameworks for preventing sexual violence and family violence.

The MEAG was asked by the Ministry of Health (MOH) to provide leadership and advice on scoping a training programme for the routine enquiry of family violence, sexual violence, child abuse and neglect (FVSV), for primary health care and community providers, to benefit whānau.

Part of the brief was to examine what elements from the Violence Intervention Programme (VIP), a training programme implemented across all district health boards (DHBs), could be used in the Primary Health Care Sector. MEAG's work across diverse Māori, Pasifika, and ethnic service providers across Aotearoa built the registers for recognising the agency of communities as drivers of change, rooted in the fundamental principles of Te Tiriti O Waitangi.

The MEAG offered insights and guidance to CARE that drew on the lessons learned through its extensive engagement with Māori and Pasifika communities and providers on the Violence Intervention Programme (VIP).

CARE is grateful to MEAG for the ongoing dialogues, the manaakitanga, patience and guidance extended to us, and the partnership in creatively exploring solutions to the prevention of family violence and sexual violence.



The continued dialogues with members of the MEAG strengthened our framework, placing it in dialogue with the key tenets of Kaupapa Māori.

MEAG as a collective are our sources of inspiration, strength, and joy.

We express our deep gratitude to Chris Stewart for your advocacy and solidarity as Project Leader and Chair of the MEAG. Thank you Alaina Homan for your support with the coordination of the meetings. We thank MEAG members, Matt Matamua, Te Awhimate Nancy Tait, Dr. Cheryl Waerea-i-te-rangi Smith, Caroline Herewini, Tim Marshall, Tricia Walsh, Sheree Davis, and Bella Bartley for the powerful conversations.

CARE is grateful to Dr. Cheryl Smith for the close reading and review of our draft report that was submitted to the Joint Venture Business Unit.

In June 2022, MEAG launched its report at CARE, delivered as a dialogue between Te Awhimate Nancy Tait, Caroline Herewini, and Mohan Dutta. This report outlines the work undertaken over eighteen months and includes a final set of recommendations for the Ministry to consider.

The ongoing dialogues between CARE and MEAG foreground the vital role of intersectional solidarities across diverse contexts at the “margins of the margins” to build the registers for community-led, culture-centered prevention of family violence and sexual violence. Community sovereignty lies at the heart of building solutions for prevention of family violence and sexual violence, mobilising communities to address the underlying forces of colonialism, capitalism, whiteness and patriarchy that constitute family violence and sexual violence.

“The continued dialogues with members of the MEAG strengthened our framework, placing it in dialogue with the key tenets of Kaupapa Māori,” says Prof. Mohan Dutta, Director, CARE.

## 7.2.6 First CARE conference

### Conference for social change: Intersections of theory and praxis

The first CARE conference was conceptualised at one of the weekly meetings of CARE in 2015, where the research team felt the urgency of intervening in the theoretical production of social change communication knowledge from outside of the colonial tropes of social change communication, rooted in the U.S.

With the hope of creating an infrastructure for conversations among academics and activists placed in struggles in the global South, the conference sought out dialogues in Asia. At the crux of these dialogues was the exploration of the communicative processes that constitute organising against hegemonic structures.

Foregrounding the voices of activists and organisers engaged in the everyday practice of communicating for social change, the Conference for Social Change: Intersections of Theory and Praxis was held in early 2016 in Singapore.

The various presentations delivered at the conference formed critical chapters in an edited book. The diverse presentations that were part of the inaugural Conference for Social Change witnessed and built on the rich frameworks of theorizing social change rooted in Asia and embedded within empirically grounded struggles.

A number of key sessions at the conference were organised around the concept of organising for structural transformation.

Workshops and dialogues offered by activists and civil society partners such as Deccan Development Society, India; Jolovan Wham and the Humanitarian Organisation for Migrant Economics (HOME); Sherry Sherqueshaa, Vanessa Ho and Project X; Dialita Performance from Indonesia; Healthserv and Mohsin Malhar from Banglar Kantha; and Food from the Heart shaped the key conceptual threads during the conference.

The conference hosted Professor Collins O. Airhihenbuwa as a distinguished keynote speaker, and plenary speakers Professors Ambar Basu and Barbara Sharf.



We also had the pleasure of witnessing a lecture demonstration by Rachmi Diyah Larasati, professor of dance at the University of Minnesota. The performance offered a communicative infrastructure of remembering and witnessing the 1965 Indonesian genocide.

The poetography by Julio Etchart and Mohan Dutta attended to the authoritarian repression and violence that form the infrastructures of claims to freedom laid by the neoliberal project. Weaving in images with poetry, the performance rendered visible the everyday strategies of violence that formed the colonial architecture of neoliberalism. That neoliberalism is in character a violent project, an extension of the whiteness of colonialism, forms the critical register for this performative intervention.

The conference witness the documentary screening of the Learning 65 film, co-directed by Dyah Pitaloka and Mohan Dutta, and co-scripted by survivors of the 1965 Indonesian genocide.

The conference was accompanied by preconference film documentary workshops offered by dalit, landless women farmers organised under the umbrella of the Deccan Development Society and a workshop on films for interrupting authoritarian structures of hate by independent documentary filmmaker Nakul Singh Sawhney, who worked through elements of his film "Muzzafarnagar baqi hai."

We thank all the conference secretariats who worked hard and pushed through to make the conference possible, Satveer Kaur, Naomi Tan, Pauline Luk, Abdul Rahman Bin Abdol Rahim, and Asha Rathina Pandi, as well as the other members of the conference committee: Dyah Pitaloka, Munirah Bashir, Ashwini Falnikar, Somrita Ganchoudhuri, Li Lijun, Monishankar Prasad, and Julio Etchart.



We thank the CNM administrative staff who assisted us throughout the planning, implementation, and conclusion of the conference, especially Gayathri Dorairaju and Norizan Binti Abdul Majid.

## 7.2.7 Second CARE-CNM communication conference

### Communication Interventions: Imagining Futures

Building on the theme “Communicating for social change” of the 2016 conference of the Center for Culture-centered Approach to Research and Evaluation (CARE), the 2018 CARE conference foregrounds the role of communication in intervening into structures.

A key thread that weaves the conference together is the concept of futures, both attending to the political, economic, social and cultural transformations that are predicated on the consolidation of power and control in digital and financial capital, and the openings for building registers for social justice through solidarities, connections, and strategies of refusal.

Examining the ways in which structures organise social, cultural, political and economic systems, the theme *Communication Interventions* works theoretically, methodologically, and practically with the role of communication in catalysing, enabling, and implementing transformations.

The various panels and keynote speeches in the conference attend to the diversity of theoretical modes through which communication intervenes into the world.

The intersections of academia, activism, and community, the inter-plays among them, and the bridges that connect them, are explored in depth through the sessions. The human and gender rights activist Braema Mathi explored the transformations in civil society in Singapore, outlining the challenges to civil society organising and the openings for transformations in the future.

Panels showcasing CARE interventions attend to the conceptual terrains in which culturally-centering communication



builds communication infrastructures from the margins. Workshops on specific elements of methods, collaborations, and publishing complement the theory-practice linkages that flow throughout the conference.

Keynotes and plenary speeches delivered by Professor Kenneth Paul Tan, Dr. Denisa Kera, Professor T T Sreekumar, and Professor Ingrid Hoofd offered critical anchors for situating the question of social change amidst digital transformations and accelerationism.

The address delivered by Professor Kenneth Paul Tan outlined the authoritarian threads that constrain academic freedom in the neoliberal university, and the constraints on claims to justice within the authoritarian structures of the university.

Professor Debbie Dougherty offered insights into the nuts-and-bolts of publishing scholarship embedded in communication practice.

The presentation by the CARE-Project X collaborative foregrounded the diverse registers for structural transformation, emergent from the lessons learned through the community-led culture-centered campaign on the rights of transgender sexworkers.

The conference also witnessed the launch of the edited collection of poetry created through the partnership between CARE and the Migrant organisation, Banglar Kantha.



## 7.2.7 Films for social change

Over the last decade, CARE has screened films for social change to build registers for conversations on social change.

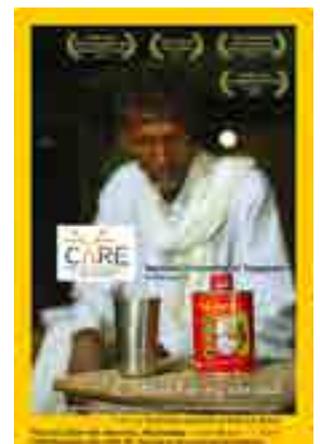
Through the medium of film making, hitherto erased narratives at the margins build anchors for structural transformation. They place on the discursive register entry points for debate and dialogue, foregrounding the assumptions and normative frameworks that legitimize and reproduce oppression.

From the celebrated Singapore-based film makers Tan Pin Pin and Boo Junfeng to the Indian activist Samarendra Das to the film makers Nakul Singh Sawhney, Nandan Saxena and Kavita Bahl, diverse artists have participated in dialogues in the CARE series, exploring the processes of structural transformation.

Tan Pin Pin discussed the ways in which films as sites of articulating stories witness the erasures that have been perpetuated by the authoritarian state.

The film makers Nandan Saxena and Kavita Behl draw attention to the role of film making in interrupting hegemonic accounts.

CARE also screens the documentaries that are co-created by our advisory groups and production teams. These community-led culture-centered documentaries are scripted by community advisory groups negotiating marginalisation. The stories told from the "margins of the margins" turn the narrative power in the hands of communities, building spaces for resistance to the intersecting forces of colonialism and capitalism. CARE documentaries have built the registers for social change, creating public conversations as the basis for policy advocacy seeking structural transformation.



## 7.3 LECTURE SERIES

### 7.3.1 #End The Hate Lecture Series: Mapping and resisting Hindutva

The #EndTheHate Lecture Series seeks to generate public conversations on mapping the political and economic resources that circulate hate and developing strategies for dismantling the communicative infrastructures of hate. Hindutva, a far-right almost fascist ideology spreads through the circulation of hate online and offline. The series of talks on Hindutva offer registers for conceptualising it and developing interventions in response to it.



CARE hosted an online lecture, a part of the #EndTheHate lecture series with Associate Prof. Anustup Basu, University of Illinois at Urbana-Champaign (<https://english.illinois.edu/directory/profile/basu1>) who spoke on the "Hindutva 2.0 as Information Ecology" on Wednesday, 10th February 2021 @ 6PM NZDT. <https://www.facebook.com/watch/?v=827144361174525>

The event was live streamed on CARE's facebook page @CAREMassey

The lecture revolved around the concept that as an ideology, Hindu nationalism has traditionally struggled to create a universal 'monotheme' for a larger, pan-Indian Hindu community. That is, to unite believers in different gods and goddesses -- different caste, linguistic, cultural, and regional groups -- into an axiomatic identity. This was obviously a difficult project because Hinduism had no universal 'church' and there were no traditional ways of brining a people divided by caste and untouchability under one roof as a congregation or 'flock.' In the course of the twentieth century, Hindutva had attempted to recast disparate energies of 'Hinduism' into a 'Political Monotheism' with a jealous mission and one destination narrative. It had used disciplinary institutions like the Rashtriya Swyamsevak Sangh (RSS), ecumenical organizations like the Vishwa Hindu Parishad (VHP), and organs of print capitalism to that purpose. This paper inquired whether we now have a dispensation of Hindutva 2.0, that is, an electronic information culture that seeks to create a new, increasingly pan-Indian and transnational virtual Hindu 'commons' beyond traditional caste strictures and taboos pertaining to custom, touch, food, or water.

Dr. Basu is an Associate Professor of English, Criticism, Cinema and Media Studies, University of Illinois at Urbana-Champaign and the Author of "Hindutva as Political Monotheism" (Durham: Duke University Press, 2020)

Link to the live stream recording:

<https://www.facebook.com/watch/?v=827144361174525>

Link to the book: <http://www.english.illinois.edu/people/basu1> Author of "Hindutva as Political Monotheism" (Durham: Duke University Press, 2020) <https://www.dukeupress.edu/hindutva-as-political-monotheism>

## CARE #EndTheHate Lecture Series: Critically interrogating the Hinduphobia narrative with Prof. Mohan Dutta

CARE & Prof. Mohan Dutta as a part of CARE #EndTheHate Lecture Series presented an online lecture on 25th August 2021 talking about Critically interrogating the Hinduphobia narrative

In this lecture, Professor Mohan Dutta drew on his work on anti-racist interventions to critically interrogate the language of Hinduphobia and the ways in which it is deployed in liberal democracies to silence critiques of the infrastructures of hate being deployed in India and globally. CARE looked forward to seeing our colleagues and collaborators, at this [#CARETalk](#) as part of our “End the hate” series on this very important topic.



Lecture Title: Lecture Series:  
Critically interrogating the Hinduphobia narrative with Prof. Mohan Dutta

Livestream recording link: Critically interrogating the Hinduphobia narrative  
<https://www.facebook.com/CAREMassey/videos/427333448669666>

## CARE PUBLIC TALK – A Strategic Silence: Hindutva Blindness In India's Security Community with Amit Julka

CARE organised a Public Talk on A Strategic Silence: Hindutva Blindness In India's Security Community with our guest lecturer Amit Julka on 7th October 2021 which premiered on Facebook.

The talk was based on the antecedents of India's security community – comprising academics, policy analysts, and ex-officials from the diplomatic core and the armed forces – can be traced back to the late colonial era. Over the course of its history, it has focused its attention on numerous actors and movements, including Maoist insurgents, ethnonationalist groups, Islamic fundamentalists, and external rivals such as Pakistan and China. Curiously absent from this list however are Hindu extremist groups. This absence is particularly noteworthy given their long history of challenging India's constitution, orchestrating pogroms, as well as systemically perpetrating acts of violence that would otherwise be labelled domestic terrorism if performed by non-majoritarian groups or individuals. In this talk, Amit argued that this absence is not accidental – it arises from disciplinary socialization, and a denial that is rooted in what Gramsci calls mass common-sense. This invisibilization of majoritarian extremist violence and its subsequent effects is also exacerbated through the material precarity that junior researchers face in terms of limited employment opportunities and low wages, should they want to speak up about such 'controversial issues'. As a result of these ideational and material pressures, the security imaginary that is produced through this discursive silencing is one that aligns with interests of dominant groups both within and outside the nation. By decoupling the two and questioning the 'object' of what is being securitized and against whom, he intended to conclude the discussion by showcasing the invisible impact of this silence, namely, how it makes us (the strategic community) complicit in furthering majoritarianism, both at the state and the societal level.

Watch the premiere recording on: <https://www.facebook.com/CAREMassey/videos/462207031709613>.

**CARE PUBLIC TALK**

**A STRATEGIC SILENCE: HINDUTVA BLINDNESS IN INDIA'S SECURITY COMMUNITY**

WITH **AMIT JULKA**

**THURSDAY**  
**7th OCTOBER 2021**  
**9 PM NZDT**

**PREMIERE ON FACEBOOK**

**@caremassey**

The antecedents of India's security community, comprising academics, policy analysts, and ex-officials from the diplomatic core and the armed forces, can be traced back to the late colonial era. Over the course of its history, it has focused its attention on numerous actors and movements, including Maoist insurgents, ethnonationalist groups, Islamic fundamentalists, and external rivals such as Pakistan and China. Curiously absent from this list however are Hindu extremist groups. This absence is particularly noteworthy given their long history of challenging India's constitution, orchestrating pogroms, as well as systemically perpetrating acts of violence that would otherwise be labelled domestic terrorism if performed by non-majoritarian groups or individuals. In this talk, Amit argued that this absence is not accidental – it arises from disciplinary socialization, and a denial that is rooted in what Gramsci calls mass common-sense. This invisibilization of majoritarian extremist violence and its subsequent effects is also exacerbated through the material precarity that junior researchers face in terms of limited employment opportunities and low wages, should they want to speak up about such 'controversial issues'. As a result of these ideational and material pressures, the security imaginary that is produced through this discursive silencing is one that aligns with interests of dominant groups both within and outside the nation. By decoupling the two and questioning the 'object' of what is being securitized and against whom, he intended to conclude the discussion by showcasing the invisible impact of this silence, namely, how it makes us (the strategic community) complicit in furthering majoritarianism, both at the state and the societal level.

## 7.3.2 Social justice and the neoliberal university: Transformative openings

The lecture series conceptualises the university as the site of transformation, attending to the capitalist and colonial structures that shape the nature of academic labour.

### Decolonising Metrics: Re-imagining the University

On 24th February 2021, Prof. Mohan Dutta presented an online lecture at CARE on the topic decolonising Metrics: Re-imagining the University as a three part lecture.

He critically interrogated the interplays of colonialism and capitalism in shaping the metrics-driven University. The critical interrogation served as the basis for imagining a politics of renewal

that foregrounds the concepts of community, collective, and care as the basis for decolonization work. In the first lecture, the metrics-driven framework of higher education will be described and critically analysed. The second lecture would offer a nuts-and-bolts analysis of the metrics driving universities globally. The third and final lecture of the series would draw out decolonising strategies of resistance that interrogate the political economy of metrics and offer alternative imaginaries. The lecture wrapped up with a collective conversation on decolonising possibilities that offer pathways for social change.



### CARE TALK – ‘SOCIAL JUSTICE AND ACADEMIC FREEDOM’ with Prof Mohan Dutta & Dr. Leon Salter, Massey University

On 27<sup>th</sup> July 2021 Prof Mohan Dutta & Dr. Leon Salter, Massey University presented a live talk at the CARE lab on Social Justice and Academic Freedom. The Center for Culture-Centered Approach to Research and Evaluation (CARE) has been conducting a global study on social justice and academic freedom. In its second year, the study foregrounds voices of academics doing social justice work and negotiating the threats to academic freedom. In this talk, Professor Mohan Dutta outlined the key structural threats to academic freedom in the context of social justice scholarship. The talk will draw upon case studies emergent from the work of CARE.

The Facebook Livestream can be accessed here: <https://www.facebook.com/CAREMassey/videos/4266514053394251>



### 7.3.3 CARE COVID19 Lecture Series

The CARE COVID-19 lecture series explored the economic, political, social, and cultural dimensions of the pandemic as it unfolded, hosting conversations that span the initial outbreak to ongoing outbreaks across the globe. These conversations brought together activists, community organisers and academics, exploring the communicative dimensions of the pandemic, situating these dimensions amidst pandemic inequalities, and outlining strategies for organising for structural transformation.

Series of talks delivered by Professor Mohan Dutta situated the concept of communicative inequality in the context of COVID, and outlined the work of co-creating voice infrastructures at the “margins of the margins” as the basis for building movements for socialist transformation.

A lecture delivered by CARE collaborating faculty Professor Stephen Croucher explored the communicative convergences and divergences in the flows of COVID-19 globally, drawing upon his multi-country comparative research project.

As a part of the CARE COVID19 Lecture Series on Monday, 15th February 2021 Dr Fatima Junaid, School of Management, Massey University presented an online lecture on Fear, Trauma, Loss and Grief: The effects of Terror and Covid-19 on Polarity and Discrimination within Workplaces

In this talk Fatima talked about the implications of prolonged exposure to terrorism, and the current context of Covid-19. She highlighted the influence of stress and trauma due to loss, and how that impacts us in terms of drawing closer to those we trust, while the fear of death makes our social attitudes rigid, especially towards those who are different. This complexity can cause polarity and discrimination within workplaces.

Link to the livestream recording: [Fear, Trauma, Loss and Grief: The effects of Terror and Covid-19 on Polarity and Discrimination within Workplaces](#)

The COVID-19 lecture series offered at CARE explores the openings for transforming the neoliberal systems of organising health and wellbeing globally, turning to strategies for strengthening community and working class agency in mobilising for change.



### 7.3.4 Mapping and resisting authoritarianism

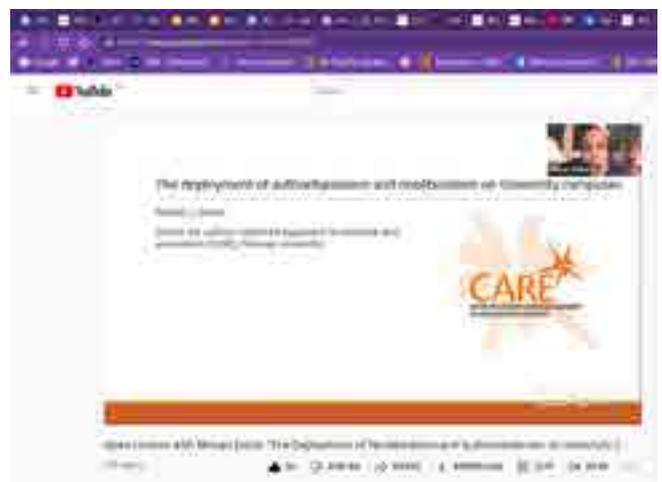
Public lectures mapping techniques of authoritarianism map out the communicative processes through which authoritarian structures erase the spaces for voicing at the margins.

The lectures in this series attend to the resilience and flows of authoritarianism globally, the interplays of authoritarianism and extreme neoliberalism, and the strategies through which authoritarian repression sustains itself. The critical analysis of authoritarian power and control is complemented by exploration of strategies for resistance.

The public lecture delivered by Professor Cherian Goerge at the National University of Singapore, hosted by CARE emerged as an intervention into the role of authoritarian power and control in constituting academic freedom, rendering visible the screening process that academic visitors delivering talks have to go through. In his talk, Cherian outlined authoritarian resilience, depicting the stealthier forms of censorship that sustain authoritarian power and control.

Similarly, in a talk outlining the authoritarian strategies of border management, Professor Sudeshna Roy depicts the strategies of authoritarian border management amidst the COVID-19 outbreak.

Professor Mohan Dutta delivered a teach-in lecture with protesting students at Boğaziçi Direnişi in Turkey .on “The deployment of authoritarianism and neoliberalism on University campuses.” The lecture attended to the forces of capitalist control, metric-based managerialism and authoritarian repression that seek to erase articulations of social justice



## 7.4 ICA CONFERENCE: GLOBAL HUB

CARE was awarded a grant from the International Communication Association (ICA) to host a regional hub for the 2021 ICA Conference.

Prof. Mohan Dutta, was delighted as theme Co-Chair of the 2021 ICA that CARE was able to host this hub in Aotearoa with the theme of “Engaging the Essential Work of Care: Communication, Connectedness, and Social Justice.”, between May 28 to May 31, 2021 at CARE Massey University

The #ICA21 Regional Hub was successfully hosted and operated in a hybrid model, with face-to-face participation complementing virtual participation due to the prevailing COVID19 situation.

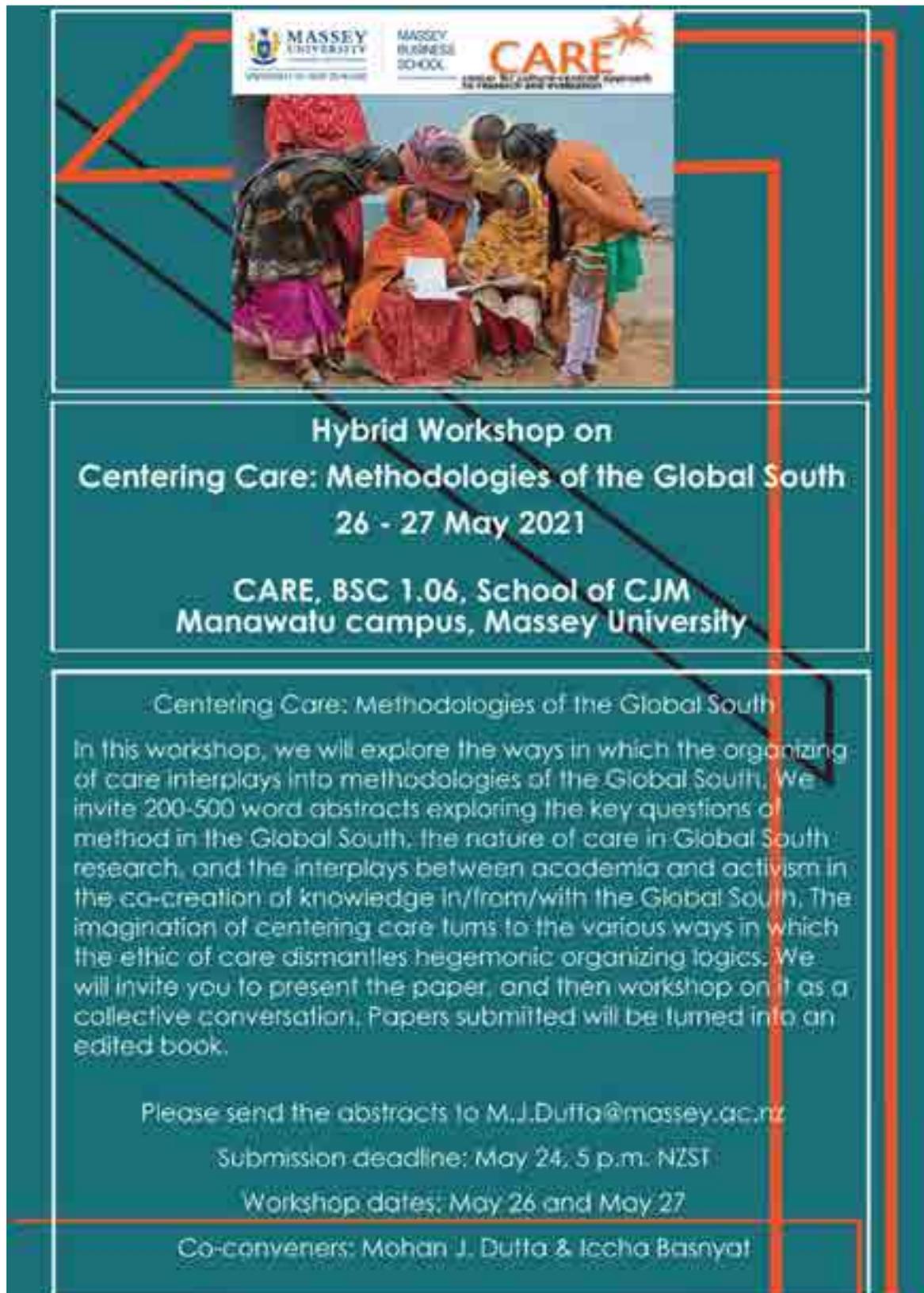
The face-to-face mode complemented the virtual conference, with spotlight sessions that were focused on work in Aotearoa.

It featured two spotlight sessions per day, for the five days of the conference that brought together participants around themes, and hosted face-to-face conversations around the virtual sessions, with the participants present on Massey’s Manawatu’s campus.

Participants indicated their preferences for the sessions around which they would like to have face-to-face conversations and then watched the virtual sessions together, followed by a discussion of the themes emergent from the sessions.

**CARE ICA 2021 PRE CONFERENCE – HYBRID WORKSHOP  
26TH – 27TH MAY 2021**

<https://carecca.nz/care-ica-2021-pre-conference-hybrid-workshop-26th-27th-may-2021/>



**MASSEY UNIVERSITY**  
WIRAPŌHIAKI ō TE PŌHĀKI

**MASSEY BUSINESS SCHOOL**

**CARE**  
Center for Cultural and Ethical Research in Research and Evaluation

**Hybrid Workshop on  
Centering Care: Methodologies of the Global South  
26 - 27 May 2021**

**CARE, BSC 1.06, School of CJM  
Manawatu campus, Massey University**

**Centering Care: Methodologies of the Global South**

In this workshop, we will explore the ways in which the organizing of care interplays into methodologies of the Global South. We invite 200-500 word abstracts exploring the key questions of method in the Global South, the nature of care in Global South research, and the interplays between academia and activism in the co-creation of knowledge in/from/with the Global South. The imagination of centering care turns to the various ways in which the ethic of care dismantles hegemonic organizing logics. We will invite you to present the paper, and then workshop on it as a collective conversation. Papers submitted will be turned into an edited book.

Please send the abstracts to [M.J.Duffa@massey.ac.nz](mailto:M.J.Duffa@massey.ac.nz)

Submission deadline: May 24, 5 p.m. NZST

Workshop dates: May 26 and May 27

Co-conveners: Mohan J. Duffa & Iccha Basnyal

## Centering Care: Methodologies of the Global South Workshops

CARE hosted an ICA Pre Conference on "Centering Care: Methodologies of the Global South" <https://carecca.nz/2021/05/29/ica2021-care/> on 26-27 May 2021 at the CARE Lab, Massey University.

The workshop complemented the ICA Regional Hub hosted at CARE .

The workshop brought in activists and scholars from across the global south in virtual sessions, working alongside face-to-face interactions, focusing on key methodological questions in scholarship of/from the Global South.

Aligned with the conference theme, the workshop centered the essential work of care in organising research and practice in universities.

Sessions connected with local organisers and activists in generating conversations on key questions of care work in the generation of decolonising knowledge.

Centering the principles of Kaupapa Māori, the workshops explored the decolonising work of care in culture-centered methods.

**HYBRID WORKSHOP ON  
CENTERING CARE: METHODOLOGIES OF THE GLOBAL SOUTH**  
26 - 27 May 2021 @ FAM Online (NZT)  
Caren, Lee & DE, School of CIM, Massey University  
Massey University  
Date: 19th/11/2021 10:00 AM (NZT)

**Centering Care: Methodologies of the Global South Program Schedule**  
26 May 2021, Wednesday (All times are NZT)

9:00am - 10:00am - Panel  
Decolonising research and practice from/with the Global South: Eddah Mufid, David Dwan, Colin Fine

11:00am - 12:00pm - Panel  
Global care, local, and working with/for/through: Deborah Davis, Nigel Gray

1:00pm - 2:00pm - Panel  
Community and transnational care in the Global South: Wendi Frenkel, Melissa Aki, Aina Pouta, Heidi Wimmer

4:00pm - 5:00pm - Panel  
Care work and the Global South: Françoise Willems, Aynara Duffin, Kaitiaki Johnson

<https://carecca.nz/care-ica-2021-pre-conference-hybrid-workshop-26th-27th-may-2021/>

**HYBRID WORKSHOP ON  
CENTERING CARE: METHODOLOGIES OF THE GLOBAL SOUTH**  
26 - 27 May 2021 @ FAM Online (NZT)  
DEE, Lee & Caren, Lee & DE, School of CIM, Massey University  
Massey University  
Date: 19th/11/2021 10:00 AM (NZT)

**Centering Care: Methodologies of the Global South Program Schedule**  
27 May 2021, Thursday (All times are NZT)

10:00am - 11:00am - Panel  
CARE LAB in the Global South: Sylvia Muepape, Sylvia Muepape, Reta Kume, Jock MacIntyre, Peta Fox

11:00am - 12:00pm - Panel  
Care work and decolonising: Decolonising practice: Christine Kim, Lynn Mooko, Masha Duffin, Aynara Johnson

1:00pm - 2:00pm - Panel  
Decolonising organizing processes: Sun Joo, Deborah Alessi, Heidi Wimmer, El Jem'el, Quyen Quyen May Sonner

4:00pm - 5:00pm - Panel  
Care, gender, and the future of research: Sylvia Muepape, Lynn Muepape, Heidi Wimmer

<https://carecca.nz/ica21-regional-hub-in-aotearoa-care-massey-university-28th-31st-may-2021/>

## Centering Care: Methodologies of the Global South Workshops

<p>26 May, Thursday Venue: Comm. Lab (B 1.08)</p>	<p>27 May, Thursday Venue: CARE Lab (BSC 1.06) &amp; Comm. Lab (B 1.08)</p>
<p><b>9:00-10:30 – Panel 1</b></p> <p>Dismantling whiteness from the Global South: Eddah Matua, Devika Chawla, Colin Chasi</p> <p><i>Panel 1:</i> <a href="https://www.facebook.com/CAREMassey/videos/1150306995442489">https://www.facebook.com/CAREMassey/videos/1150306995442489</a></p>	<p><b>9:00-10:30 – Panel 5</b></p> <p>COVID-19 in the Global South: Devalina Mookerjee; Uttaran Dutta, Raihan Jamil, Rati Kumar, Suddhabrata Deb Roy</p> <p><i>Panel 5:</i> <a href="https://www.facebook.com/CAREMassey/videos/505144274012330">https://www.facebook.com/CAREMassey/videos/505144274012330</a></p>
<p><b>11:00-12:30 – Panel 2</b></p> <p>Gender, caste, class, and essential work: Iccha Basnyat, Debalina Dutta, Pooja Jayan</p> <p><i>Panel 2:</i> <a href="https://www.facebook.com/CAREMassey/videos/178384647546658">https://www.facebook.com/CAREMassey/videos/178384647546658</a> <a href="https://www.facebook.com/CAREMassey/videos/824689311795663">https://www.facebook.com/CAREMassey/videos/824689311795663</a></p>	<p><b>11:00-12:30 – Panel 6</b></p> <p>Land, violence, and democracy: Dismantling Empire: Christine Elers, Dyah Pitaloka, Mohan Dutta, Ashwini Falnikar</p> <p><i>Panel 6:</i> <a href="https://www.facebook.com/CAREMassey/videos/505144274012330">https://www.facebook.com/CAREMassey/videos/505144274012330</a></p>
<p><b>1:30-3:00 – Panel 3</b></p> <p>Community and Transformation in the Global South: Vinod Pavarala, Mahuya Pal, Asha Pandi, Pradip Thomas</p> <p><i>Panel 3:</i> <a href="https://www.facebook.com/CAREMassey/videos/4373957222615053">https://www.facebook.com/CAREMassey/videos/4373957222615053</a></p>	<p><b>1:30-3:00 – Panel 7</b></p> <p>Decolonizing organizing processes: Ban Zhuo, Debashish Munshi, Rahul Rastogi, Ee Lyn Tan, Dazzelyn Zapata, Mary Simpson</p> <p><i>Panel 7:</i> <a href="https://www.facebook.com/CAREMassey/videos/324783462359271">https://www.facebook.com/CAREMassey/videos/324783462359271</a></p>
<p><b>4:00-5:30 – Panel 4</b></p> <p>Trauma and Method in the Global South: Francine Whittfield, Mohan Dutta, Mahbubur Rahman</p> <p><i>Panel 4:</i> <a href="https://www.facebook.com/CAREMassey/videos/312140613694135">https://www.facebook.com/CAREMassey/videos/312140613694135</a></p>	<p><b>4:00-5:30 – Panel 8</b></p> <p>Care, precarity, and the futures of labour: Satveer Kaur, Leon Salter, Shaunak Sastry</p> <p><i>Panel 8:</i> <a href="https://www.facebook.com/CAREMassey/videos/499733707885487">https://www.facebook.com/CAREMassey/videos/499733707885487</a></p>

## CARE ICA21 Regional Hub in Aotearoa: Engaging the Essential Work of Care: Communication, Connectedness, and Social Justice | 28th - 31st May 2021

28 May, Friday Venue: Comm. Lab (B 1.08)	29 May, Saturday Venue: Comm. Lab (B 1.08)	30 May, Sunday Venue: Comm. Lab (B 1.08)	31 May, Monday Venue: Comm. Lab (B 1.08)
<p><b>9:00-10:30 – Panel 1</b></p> <p>Community Power, Digital Resistance and Connective Action Activism Communication and Social Justice: Christine Elers, Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/4300664506660681">https://www.facebook.com/CAREMassey/videos/4300664506660681</a></p>	<p><b>9:00-10:30 – Panel 1</b></p> <p>Community and Collective Action: NGOs and Beyond, Organizational Communication: Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/476354893624677">https://www.facebook.com/CAREMassey/videos/476354893624677</a></p>	<p><b>9:00-10:30 – Panel 1</b></p> <p>Organizational Communication Research Escalator: Melissa Hui Chen</p> <p><a href="https://www.facebook.com/CAREMassey/videos/205960591240516">https://www.facebook.com/CAREMassey/videos/205960591240516</a></p>	<p><b>9:00-10:30 – Panel 1</b></p> <p>Communicating Care and Resiliency Health Communication: Pooja Jayan</p> <p><a href="https://www.facebook.com/CAREMassey/videos/510931763433375">https://www.facebook.com/CAREMassey/videos/510931763433375</a></p>
<p><b>11:00-12:30 – Panel 2</b></p> <p>The Role of Culture in Community Resilience, Care and Intergenerational Solidarity Intercultural Communication: Mary Simpson</p> <p><a href="https://www.facebook.com/CAREMassey/videos/988767955200356">https://www.facebook.com/CAREMassey/videos/988767955200356</a></p>	<p><b>11:00-12:30 – Panel 2</b></p> <p>Human Rights and the Displaced Global Communication and Social Change: Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/338225504596178">https://www.facebook.com/CAREMassey/videos/338225504596178</a></p>	<p><b>10:30-12:00 – Panel 2</b></p> <p>Health Communication Interactive Poster Session, Health Communication: Negotiations of Health Among Rohingya Refugees in Cox's Bazar, Bangladesh: A Culture-Centered Approach to Health and Care: Mahbubur Rahman, Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/213677217065997">https://www.facebook.com/CAREMassey/videos/213677217065997</a></p>	<p><b>11:00-12:30 – Panel 2</b></p> <p>Intergroup Processes Across Diverse Contexts Intergroup Communication: Stephen Croucher, Thao Nguyen, Mohan Dutta, Doug Ashwell</p> <p><a href="https://www.facebook.com/CAREMassey/videos/1181441232323255">https://www.facebook.com/CAREMassey/videos/1181441232323255</a></p>
		<p><b>12:00-1:30 – ICA Closing plenary</b></p> <p>Empire and the global politics of care: Academic-activism, social justice, and Southern imaginaries: Marise Lant, Kokila Annamalai, Karen Wilkins, Mahua Pal &amp; Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/328281908687999">https://www.facebook.com/CAREMassey/videos/328281908687999</a></p>	

28 May, Friday Venue: Comm. Lab (B 1.08)	29 May, Saturday Venue: Comm. Lab (B 1.08)	30 May, Sunday Venue: Comm. Lab (B 1.08)	31 May, Monday Venue: Comm. Lab (B 1.08)
<p><b>1:30-3:00 – Panel 3</b></p> <p>Research That Cares: Perspectives on Social Justice Research in Public Relations, Public Relations Activism, Communication and Social Justice: Debashish Munshi</p> <p><a href="https://www.facebook.com/CAREMassey/videos/715034395871451">https://www.facebook.com/CAREMassey/videos/715034395871451</a></p>	<p><b>1:30-3:00 – Panel 3</b></p> <p>Health Communication for Closing Health Disparities, Health Communication: Phoebe Elers, Steve Elers, Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/4128070063927160">https://www.facebook.com/CAREMassey/videos/4128070063927160</a></p>	<p><b>1:30-3:00 – Panel 3</b></p> <p>"The Art of Short Papers in Instructional Communication": A Conversation with the Editors of Leading Journals in the Field, Blue Sky Workshops: Stephen Croucher</p> <p><a href="https://www.facebook.com/CAREMassey/videos/333178078222578">https://www.facebook.com/CAREMassey/videos/333178078222578</a></p>	<p><b>1:30-2:15 – Panel 3</b></p> <p>Communicating Environmental Concepts of Culture-Centered Care: Jagadish Thaker(JT)</p> <p><a href="https://www.facebook.com/CAREMassey/videos/312721813801297">https://www.facebook.com/CAREMassey/videos/312721813801297</a></p>
		<p><b>3:30-5:00 – Hybrid Hub With India &amp; Aotearoa New Zealand @ #ICA21-Panel</b></p> <p>Communicating Mediatized and Politicized COVID-19 Responses and Their Impact on Race and Ethnicity, Ethnicity and Race in Communication: Dr. Jason Vincent Cabanes, Sudeshna Roy, Usha Raman, Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/1235450296890848">https://www.facebook.com/CAREMassey/videos/1235450296890848</a></p>	<p><b>2:15-3:00 – ICA Conference Closing</b></p> <p>Prof. Stephen Croucher &amp; Mohan Dutta</p> <p><a href="https://www.facebook.com/CAREMassey/videos/1102167816972703">https://www.facebook.com/CAREMassey/videos/1102167816972703</a></p>



## 8. RECENT CARE NEWS

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### 8.1 CARE IN THE NEWS

8.1.1 Museum given public money despite links to groups which uphold white supremacy narrative. New Zealand Herald. <https://www.nzherald.co.nz/kahu/museum-given-public-money-despite-links-to-group-which-upholds-white-supremacy-narrative/AAUXSRFGNZWZC5TIZL47HLURXY/>

8.1.2 "Hindu Lives Matter" emerges as dangerous slogan after horrific killing in India. Times. <https://time.com/6193304/hindu-lives-matter-india-killing/>

8.1.3 The worrying rise of right-wing Hindutva thinking. Radio New Zealand. <https://www.rnz.co.nz/national/programmes/saturday/audio/2018823224/prof-mohan-dutta-the-worrying-rise-of-right-wing-hindutva-thinking>

8.1.4 Massey University professor hit by right-wing Hindu trolls. New Zealand Herald. <https://www.nzherald.co.nz/nz/massey-university-professor-hit-by-right-wing-hindu-trolls/LQQH4V7YFFVXBRWRO3VECGXUW4/>

8.1.5 Police aware of concerns about presence of far-right Indian nationalist groups in NZ. New Zealand Herald. <https://www.nzherald.co.nz/nz/police-aware-of-concerns-about-far-right-indian-nationalist-groups-in-nz/WDEKKAENYNDZGMMNWOVIE37UY/>

8.1.6 Massey research paper on Hindutva leads to trolling, persecution and threats. New Zealand Herald. <https://www.nzherald.co.nz/nz/massey-research-paper-on-hindutva-leads-to-trolling-persecution-and-threats/ETX6SQDHFMCYWSWODSK3UIXTQE/>

8.1.7 New Zealand police say safety plans in place after Hindutva threats to professor. The Scroll. <https://scroll.in/latest/1006343/new-zealand-police-says-safety-plans-in-place-after-hindutva-threats-to-professor>

8.1.8 New Zealand's gig workers faced more risk with fewer protections during the pandemic. Stuff. <https://www.stuff.co.nz/national/health/coronavirus/300560108/new-zealands-gig-workers-faced-more-risk-with-fewer-protections-during-the-pandemic>

8.1.9 Indian diplomats weigh in on academic spat. Newsroom. <https://www.newsroom.co.nz/indian-diplomats-weigh-in-on-hindutva-spat>

8.1.10 The rise of Hindutva and hate in Aotearoa's Indian diaspora. Stuff. <https://www.stuff.co.nz/national/300420720/the-rise-of-hindutva-and-hate-in-aotearoas-indian-diaspora>

8.1.11 Media council upholds complaints against Indian news site. New Zealand Herald. <https://www.nzherald.co.nz/nz/media-council-upholds-complaints-against-indian-news-site/XHWNR7E7WLRUHMGMU4DCAEPWXI/>

8.1.12 'Crossed the line': NZ media regulator upholds complaint against Indian news portal for ethical breach. NRI Affairs. <https://www.nriaffairs.com/crossed-the-line-nz-media-regulator-upholds-complaint-against-indian-news-portal-for-ethical-breach/>

8.1.13 Indian high commissioner in NZ draws flak from diaspora activists. NRI Affairs. <https://www.nriaffairs.com/indian-high-commissioner-in-nz-draws-flak-from-diaspora-activists/>

8.1.14 Chief censor makes Kashmir film R18, stops short of ban. Newsroom. <https://www.newsroom.co.nz/chief-censor-makes-kashmir-film-r18-stops-short-of-ban>

8.1.15 Scott Morrison and Anthony Albanese pictured wearing scarves bearing symbol used by Hindu ultra-nationalist group VHP India. ABC News. <https://www.abc.net.au/news/2022-05-19/scott-morrison-anthony-albanese-wear-scarves-with-vhp-logo/101072692>

8.1.16 On R-Day, Diaspora Groups Call for Release of Anti-CAA Protestors Charged Under UAPA. The Wire. <https://thewire.in/rights/on-r-day-diaspora-groups-call-for-release-of-anti-caa-protestors-charged-under-uapa>

8.1.17 Research project shines light on New Zealand's poverty problem. Stuff. <https://www.stuff.co.nz/manawatu-standard/opinion/119492074/research-project-shines-light-on-new-zealands-poverty-problem>

8.1.18 Police aware of concerns about far-right Indian nationalist groups in NZ. NZ Herald. <https://www.nzherald.co.nz/nz/police-aware-of-concerns-about-far-right-indian-nationalist-groups-in-nz/WDTEKKAENYNDZGMMNWOVIE37UY/>

8.1.19 Sue Bradford takes up residence as Massey University's activist. Stuff <https://www.stuff.co.nz/manawatu-standard/news/107443172/sue-bradford-takes-up-residence-as-massey-universitys-activist>

8.1.20 'Disgusted': Over 1000 IIT Alumni Write to Kharagpur Director on Professor's Casteist Abuse. The Wire <https://thewire.in/caste/iit-alumni-kharagpur-professor-caste-sc-st-students>

8.1.21 College Ranking Metrics Should Include Academic Freedom. Inside Higher Ed (Nov 2019) <https://www.insidehighered.com/views/2019/11/06/why-academic-freedom-should-be-included-college-rankings-opinion>

8.1.22 How to challenge racism by listening to those who experience it. The Conversation (March 2019) <https://theconversation.com/how-to-challenge-racism-by-listening-to-those-who-experience-it-113909>

8.1.23 Activist Tāme Iti to take up residence at Massey (March 2019) <https://www.stuff.co.nz/manawatu-standard/news/111056676/activist-tme-iti-to-take-up-residence-at-massey>

8.1.24 Resistance Cannot be Selective, Mamata Banerjee Fails to Meet the Benchmark of Dissent and Democracy. The Citizen (Feb 2019) <https://www.thecitizen.in/index.php/en/NewsDetail/index/4/16344/Resistance-Cannot-be-Selective-Mamata-Banerjee-Fails-to-Meet-the-Benchmark-of-Dissent-and-Democracy>

8.1.25 Singapore is right to question university rankings fixation. Research has a social value, too. SCMP (Jan 2019) <https://www.scmp.com/week-asia/opinion/article/2182204/singapore-right-question-university-rankings-fixation-research-has>

8.1.26 Coronavirus: Singapore urged to consider migrant workers' mental health amid 'circuit breaker' lockdown. SCMP (April 2020) (Also under Opinion) <https://www.scmp.com/week-asia/health-environment/article/3081290/coronavirus-singapore-urged-consider-migrant-workers>

8.1.27 'We're in a prison': Singapore's migrant workers suffer as Covid-19 surges back. The Guardian (April 2020) <https://www.theguardian.com/world/2020/apr/23/singapore-million-migrant-workers-suffer-as-covid-19-surges-back>

8.1.28 After initial success, Japan and Singapore struggle with the second wave of coronavirus infections. ZME Science (May 2020) <https://www.zmescience.com/science/japan-singapore-coronavirus-20042020/>

8.1.29 When She Spoke to "Ma'am" About Sexual Abuse By "Sir" She Was Deported. The Citizen. (Oct 2018) <https://www.thecitizen.in/index.php/en/NewsDetail/index/7/15226/When-She-Spoke-to-Maam-About-Sexual-Abuse-By-Sir-She-Was-Deported-->

8.1.30 From victims to survivors: The healing journey of the Dialita choir. The Jakarta Post (September 2016) <https://www.thejakartapost.com/life/2016/09/27/from-victims-to-survivors-the-healing-journey-of-the-dialita-choir.html>

8.1.31 More than 9 in 10 Bangladeshi foreign workers say they are given unclean and unhygienic food: NUS survey. The Straits Times (June 2015) <https://www.straitstimes.com/singapore/more-than-9-in-10-bangladeshi-foreign-workers-say-they-are-given-unclean-and-unhygienic>

- 8.1.32 A campaign for domestic helpers' rights, by maids. Today (November 2014) <https://www.todayonline.com/singapore/campaign-domestic-helpers-rights-maids>
- 8.1.33 Indian diaspora condemn arrest of Setalvad, Sreekumar and Zubair. The Siasat Daily (June 2022) <https://www.siasat.com/indian-diaspora-condemn-arrest-of-setalvad-sreekumar-and-zubair-2360913/>
- 8.1.34 'Trumped-Up Charges': 26 Bodies of Indians Abroad Condemn Arrests of Zubair, Setalvad. The Wire (June 2022) <https://thewire.in/rights/trumped-up-charges-26-bodies-of-indians-abroad-condemn-arrests-of-zubair-setalvad>
- 8.1.35 Here's How Digital Platforms Proliferate Anti-Muslim Hate (February 2022) <https://twocircles.net/2022feb07/444941.html>
- 8.1.36 Is Hindutva attacking academic freedom? NRI Affairs (September 2021) <https://www.nriaffairs.com/is-hindutva-attacking-academic-freedom/>
- 8.1.37 Singapore coronavirus clusters awaken Asia to migrants' plight. Nikkei Asia (June 2020) <https://asia.nikkei.com/Spotlight/Asia-Insight/Singapore-coronavirus-clusters-awaken-Asia-to-migrants-plight>
- 8.1.38 Cost of healthy diet and healthcare a barrier for disadvantaged people. RNZ (February 2020) <https://www.rnz.co.nz/news/national/409437/cost-of-healthy-diet-and-healthcare-a-barrier-for-disadvantaged-people>
- 8.1.39 Catered food for workers needs more regulation, urge researchers. Today (June 2015) <https://www.todayonline.com/singapore/catered-food-workers-needs-more-regulation-urge-researchers>

## 8.2 PROFESSOR MOHAN J DUTTA SERVED AS AN ADVISOR ON THE WHO-EUROPE EXPERT ADVISORY GROUP ON CULTURAL CONTEXTS OF HEALTH

Professor Mohan J Dutta served as an advisor on the WHO-Europe Expert Advisory Group on Cultural Contexts of Health. In this role, Professor Mohan Dutta offered expert insights into strategies for addressing pandemic fatigue. These insights are relevant now more than ever.



- Understand people. Collect and use evidence for targeted, tailored and effective policies, interventions and communication.
- Allow people to live their lives, but reduce risk. Wide-ranging restrictions may not be feasible for everyone in the long run.
- Engage people as part of the solution. Find ways to meaningfully involve individuals and communities at every level.
- Acknowledge and address the hardship people experience and the profound impact the pandemic has had on their lives.

The link to the insights document & the pdf below: <https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf>



WHO Pandemic fatigue Reinvigorating the public to prevent COVID-19 & Prof. Mohan Dutta

### 8.3 FACULTY MEMBER DR. JAGADISH THAKER CO-AUTHORED A PIECE ON ATTITUDES TOWARD VACCINES IN AOTEAROA NEW ZEALAND

CARE faculty member Dr. Jagadish Thaker co-authored a piece on attitudes toward vaccines in Aotearoa New Zealand in 2020.

Dr. Ashley Bloomfield cited this important research in 2021, noting that one in four New Zealanders are hesitant to get vaccinated and the importance of focusing on reliable information from trusted sources.

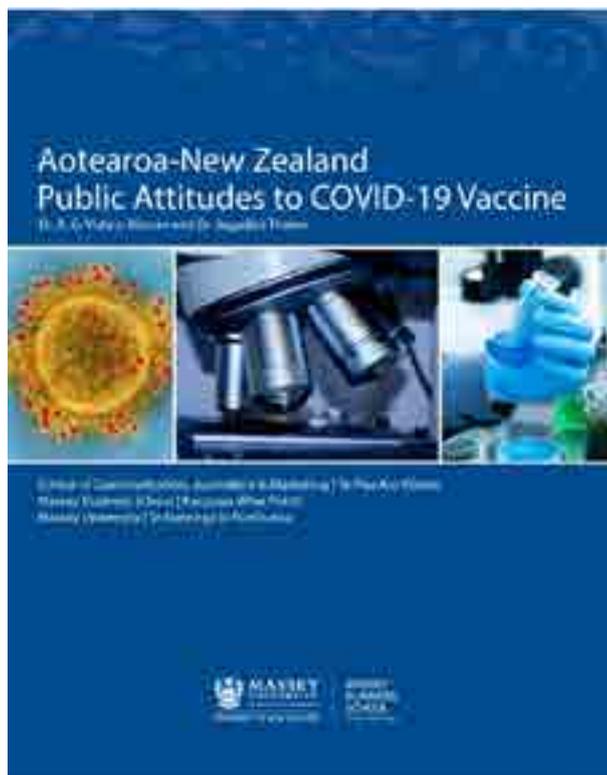


Read Dr. JT's Research on Massey Research Online here:

<https://mro.massey.ac.nz/bitstream/handle/10179/15567/Aotearoa%20New%20Zealand%20Public%20Attitudes%20to%20COVID-19%20Vaccine.pdf>

Article Links:

- <https://www.rnz.co.nz/national/programmes/morningreport/audio/2018780325/vaccine-hesitant-need-reliable-info-about-its-safety-says-dr-bloomfield>
- <https://www.rnz.co.nz/news/national/434814/how-the-government-can-convince-doubters-to-get-a-covid-19-vaccine?fbclid=IwARoWaXfIOdXoTVloHSUxEOLewS5C9aBTzoNoi8CeJslIHZNZNaztpCRwp1l>



Aotearoa New Zealand Public Attitudes to COVID-19 Vaccine

<https://carecca.nz/wp-content/uploads/sites/68/2021/01/Aotearoa-New-Zealand-Public-Attitudes-to-COVID-19-Vaccine.pdf>

## 8.4 CARE DIRECTOR PROF. MOHAN DUTTA DELIVERED A TALK ON “DECOLONISING COMMUNICATION EDUCATION : INSIGHTS FROM SITE” AT FEBRUARY 2021 PART OF THE BIRTH CENTENARY DR. VIKRAM SARABHAI

In this talk, Professor Dutta discussed the theoretical registers created by SITE for intervening into the whiteness of communication studies.

The presentation attended to the concepts of public ownership of media, community-owned development, science democracies, and public pedagogy as the basis for interrogating the privatization of development and communication infrastructures,

The imaginary of SITE serves as a basis for voicing communication as community participation in development.

The event was hosted by the Manipal Institute of Communication (MIC), a constituent unit of Manipal Academy of Higher Education , #Manipal, #Karnataka, #India.

MIC is a premier media and communication studies institution in India.



The webinar was organised in honour of Dr Vikram Sarabhai's birth centenary.

Dr Vikram Sarabhai's birth centenary is an occasion to pay tributes to his unique contribution to the development and deployment of satellites for Communication. Dr Sarabhai as the Director, Physical Research Laboratory located in Ahmedabad, convened an army of an able and brilliant scientist, anthropologist, communicators, and social scientist from all corners of the country to spearhead the Indian Space programme.

In 1966, Sarabhai's dialogue with NASA was instrumental in the creation of SITE. The historic Satellite Instructional Television Experiment (SITE) in India (1975-76) was regarded as "the largest sociological experiment in the world". SITE is regarded as a textbook case of mass media and development. It covered 2400 villages of six states and transmitted programmes using ATS-6. British Science writer, Arthur C Clarke called SITE the "greatest Communication experiment in history." It has engendered research traditions in communication spanning areas of policy, technology choice, deployment, instruction, and relevance of certain paradigms in the field. The webinar apart from paying tribute to the visionary would highlight scholarly reminiscences of that era and where applicable its resonance in the positive communication ecosystem.

## 8.5 PROF. MOHAN DUTTA DELIVERED A LIVE TALK TITLED “TRANSFORMATIONS IN THEORIZING HEALTH AND COMMUNICATION: ASIAN IMAGINARIES” AT FRONTIERS OF HEALTH COMMUNICATION IN ASIA: CHALLENGES AND OPPORTUNITIES

### Health Communication Symposium at Hong Kong Baptist University on March 4-5.

The panel on Key Theoretical, Methodological, and Ethical Issues in Health Communication

Transformations in Theorizing Health and Communication: Asian Imaginaries was held live at [bit.ly/hcs4mar](https://bit.ly/hcs4mar)

The symposium was about how Health communication research has experienced a rapid growth in recent years in Asia. The diverse and rich Asian cultures, socio-economic modes, policy regulations, and familial factors contribute to a wide range of exciting research agendas and provide enormous opportunities to advance knowledge about the meanings and practices of health as well as the explanation, prediction, intervention, and control of disease and illness. This symposium invited researchers to share their observations of challenges and opportunities for conducting health communication research in the Asia contexts or from the Asian perspectives. Key issues to be interrogated in this symposium included, but are not limited to, theorization, technology, culture, risk and crisis, and provider-patient relations in health communication with an Asian focus. Organised by Centre for Media & Communication Research, School of Communication, Hong Kong Baptist University.



## 8.6 PROF. MOHAN DUTTA SERVES ON THE WORLD HEALTH ORGANIZATION (WHO) EXPERT GROUP ON CULTURE & HEALTH

For the last five years, Prof. Mohan Dutta has served on the World Health Organization (WHO) <https://www.who.int/> expert group on #Culture & #Health.

The outcome of this collective work/report is titled, "Beyond bias: exploring the cultural contexts of health and well-being measurement."

[https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/284903/Cultural-contexts-health.pdf](https://www.euro.who.int/__data/assets/pdf_file/0008/284903/Cultural-contexts-health.pdf)

This first expert group meeting on the cultural contexts of health and well-being was convened by the WHO Regional Office for Europe on 15–16 January 2015. As part of the adoption of Health 2020, the European policy for health and well-being, WHO Member States agreed to a measurement framework, which would measure and report on objective and subjective well-being. However, practical challenges remain, particularly with respect to the influence of cultural factors on well-being and well-being measurement. The aim of this meeting was to provide advice on how to consider the impact of culture on health and well-being, and how to communicate findings from well-being data across such a culturally diverse region as Europe. This report outlines the detailed recommendations made by the expert group in relation to each of these objectives.



Read the report here: [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/284903/Cultural-contexts-health.pdf](https://www.euro.who.int/__data/assets/pdf_file/0008/284903/Cultural-contexts-health.pdf)

## 8.7 CARE DIRECTOR PROFESSOR MOHAN DUTTA SERVES AS ADVISOR TO THE CENTER FOR ADIVASI (INDIGENOUS) RESEARCH AND DEVELOPMENT, ODISHA.

CARE Director Professor Mohan Dutta serves as Advisor to the Center for Adivasi (Indigenous) Research and Development, Odisha. A public talk was organised by CARD on Adivasi (Indigenous) Epistemology, Decolonization, and Climate Change.

**WORLD HUMAN SCIENCES & MANAGEMENT CONFERENCE (WHS&M)**  
 Introduction to Global Pedagogies in  
**ANTHROPOLOGICAL CONTEXTS, DISCIPLINARY PRACTICES OF SOCIAL SCIENCES AND POLICY FRAMES**

**Mohan J. Dutta**  
 Dean's Chair Professor of Communication,  
 Director, Center for Culture-Centered Approach to Research & Evaluation (CARE) at Massey University, New Zealand

**"ADIVASI EPISTEMOLOGY, DECOLONIZATION AND CLIMATE CHANGE"**

**COMMUNICATION SOCIETY OF INDIA**

**Center for Adivasi Research and Development (CARD), Odisha**  
 In Association with IIM Bhubaneswar, Western University Council & Central University of Odisha, Bhubaneswar

**Meeting Link:** <https://bit.ly/2Z0HCAFD2021>  
**Meeting ID:** 365 144 7099  
**Passcode:** CARD2021

## 9 RECOGNITION

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### 9.1 AWARDS AND HONOURS

#### 9.1.1 Professor Dutta's "tireless advocacy" recognised with Aubrey Fisher Mentorship Award

CARE: Center for Culture-Centered Approach to Research and Evaluation congratulates Professor Mohan Dutta, Dean's Chair in Communication from the School of Communication, Journalism and Marketing, Massey University on being named as the 2021 Aubrey Fisher Mentorship Award winner by International Communication Association (@icahdq)



The award, presented by the International Communications Association, was first initiated in 1988 and honors outstanding scholars, teachers and advisors who have had a major impact in the field of communication.

The Aubrey Fisher Award is the highest recognition for mentorship in the discipline of communication and most importantly, recipients of this award are recognised to have influenced their former students, who themselves are important figures working in the field of communication.

His nomination states, "the discipline is more inclusive today, to a large part because of Mohan's tireless advocacy. Mohan's courage in questioning consistently disciplinary #Whiteness is one of most powerful testimonies to his mentorship. This mentorship role extends much beyond us, his advisees, as he inspires students of colour across the discipline and works to make space for them."

Professor Dutta says he is honoured to be recognised with the award. "This award for me is one of the most powerful recognitions of my lifetime of mentoring students, community organisers and activists".

Professor Dutta is Dean's Chair Professor of Communication. He is the Director of the Center for Culture-Centered Approach to Research and Evaluation (CARE), developing culturally-centred, community-based projects of social change, advocacy, and activism that articulate health as a human right.

Related articles: Professor Mohan Dutta named ICA Fellow

<https://www.massey.ac.nz/about/news/professor-mohan-dutta-named-ica-fellow/>

Read the Article: [Professor Dutta's "tireless advocacy" recognised with Aubrey Fisher Mentorship award by International Communication Association](https://www.massey.ac.nz/about/news/professor-duttas-tireless-advocacy-recognised-with-aubrey-fisher-mentorship-award/)

<https://www.massey.ac.nz/about/news/professor-duttas-tireless-advocacy-recognised-with-aubrey-fisher-mentorship-award/>

### 9.1.2 CARE congratulated Dr. Leon Salter, Massey University on being awarded the MBIE Science Whitinga Fellowship

CARE: Center for Culture-Centered Approach to Research and Evaluation was proud of Dr. Leon Salter, on being the recipient of the MBIE Science Whitinga Fellowship funded by the Ministry of Business, Innovation and Employment (MBIE) and administered by the Royal Society Te Apārangi (<https://www.royalsociety.org.nz/>) in #NewZealand. Dr. Salter is presently working as a Postdoctoral Research Fellow at CARE.



Dr. Leon Salter @ Massey University's Graduation Ceremony

Dr. Leon's project is titled, "Examining the effects of the expansion of gig work on health and wellbeing in a post-pandemic economy." It uses the culture-centered approach (CCA) to create a framework for worker organising in the gig economy. Dr. Leon will be housed at CARE: Center for Culture-Centered Approach to Research and Evaluation in doing this work for the next two years.

The social impact of this work is in creating a framework for safeguarding worker rights through collaborations with unions and advocates, and is at the frontiers of the kinds of questions we ought to be grappling with in the context of the Artificial Intelligence (AI) economy. Congratulations again on this amazing achievement.

### 9.1.3 CARE Researcher wins Early Career Researcher award by National Communication Association Health Communication Division & Fulbright Fellowship

It was a joyous & proud moment to celebrate the achievement of Dr. Saveer Kaur, that CARE Researcher, wins Early Career Researcher award from the National Communication Association Health Communication Division.

Prof. Mohan Dutta and CARE congratulated Dr. Satveer for being recognised with the National Communication Association Health Communication Division Early Career Researcher award. Satveer also won the Fulbright Fellowship for her work on migrant health and was hosted by UC Berkeley's Institute for the Study of Societal Issues in 2020.

#### Dr. Satveer Kaur-Gill



Prof. Mohan Dutta said, "This award speaks to your brilliance, courage, and social impact. You are the kind of scholar that reflects the mission of our discipline, to work through communicative practices to build better health and wellbeing for all. Your bold, structurally transformative, insurgent scholarship bears testimony to the power of the discipline in transforming structures, elucidating the power of communication in creating infrastructures for better health and wellbeing among the most marginalised by placing your body on the line. Your program of research rooted in community-engaged service, research anchored in community voice and teaching practice committed to nurturing an ethics of care rooted in social justice reflect the

futures of health communication, depicting the powerful contributions communication scholarship can make to the contemporary global challenges of health inequities. It is rare that we see a scholar who embodies such a strong combination of theoretical depth, methodological rigor, and commitment to transformative health communication practice. Most importantly, it is your courage and your integrity that offer the pathways for what it means to practice health communication for structural transformation."

Follow us on <https://www.facebook.com/CAREMassey/posts/5154914557858241>

### 9.1.4 Professor Mohan Dutta is recognised with Outstanding Contributions to Promoting Equity and Inclusion Award by the National Communication Association

Professor Mohan Dutta, Dean's Chair in Communication at School of Communication, Journalism & Marketing, Massey University (<https://www.massey.ac.nz>) is recognised with Outstanding Contributions to Promoting Equity and Inclusion Award by the National Communication Association (<https://www.natcom.org>).



CARE: Center for Culture-Centered Approach to Research and Evaluation congratulated Professor Mohan Dutta, as the inaugural recipient of the Outstanding Contributions to Promoting Equity and Inclusion Award of the Health Communication Division, National Communication Association.

This award recognises Professor Dutta's significant and sustainable contributions to addressing inequalities in health outcomes through communication interventions that seek to change unequal structures. Over two decades, he has created and led community-led culture-centered solutions to health and wellbeing among the most marginalised, creating spaces for communities to own decision-making processes. These culture-centered solutions have addressed classed, raced, gendered inequalities that adversely impact human health and wellbeing and created sustained changes in the overarching structural determinants. Outstanding Contributions to Promoting Equity and Inclusion Award by the National Communication Association. In promoting equity and inclusion across communities at the margins spread over eight countries, he has mentored multiple generations of academics, activists, and community researchers. This has contributed to the transformations in the disciplinary structure of health communication, building the basis for a movement toward equity.

Referring to Mohan Dutta's influence on promoting equity and inclusion, noted Dr. Satveer Kaur-Gill, (<https://scholar.google.com.sg/citations?user=NMIdn7AAAAAJ&hl=en>) "Dr. Dutta has not just significantly contributed to toward theoretic health communication literature but has built an impressive register for socially impactful scholarship through community-led change in some of the most disenfranchised communities in different parts of the globe. His public scholarship is an exemplar for how to build health equity amidst marginalization and in challenging the very structures that impede health. This includes writing countless opinion pieces regarding important and challenging health and social issues of our time, leading social change campaigns, participating in protests, writing and signing petitions, and developing strategies alongside communities for changing structures."

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<https://twitter.com/CAREMasseyNZ/status/1433639978525888516>

### 9.1.5 Professor Mohan J. Dutta is recognized as a Distinguished Scholar by National Communication Association (NCA)

CARE congratulates Professor Mohan J. Dutta, Dean's Chair Professor and Director, CARE for his recognition as a 2021 National Communication Association (NCA) Distinguished Scholar

Presented annually, the Distinguished Scholar Award is NCA's highest accolade. It honours a lifetime of scholarly achievement in the study of human communication. Recipients are selected by their peers to showcase the best of the communication discipline.



NCA logo image source: <https://www.natcom.org/>

Over a span of two decades, Professor Dutta has developed the culture-centered approach through his ethnographic justice-driven communication scholarship carried out in solidarity with communities at the “margins of the margins” across the globe. Spanning seventeen countries across four continents, the impact of this scholarship is felt in communities experiencing structural deprivation, through the creation of infrastructures for voice, participation, and community democracy. Fostering community participation in everyday grassroots democracies for social change, the program of research led by Professor Dutta has created community development solutions; designed material infrastructures such as community-owned food systems, hospitals, educational infrastructures, and systems of clean drinking water; led community-owned advocacy and activist campaigns, and guided public policy.

The Center for Culture-Centered Approach to Research and Evaluation (CARE) built by Dutta has led and carried out over fifty community-led social change projects across the globe, working with Indigenous communities, low-wage migrant workers, refugees, sex workers, precarious workers, domestic workers, rural communities, communities experiencing poverty, disabled communities, rainbow communities, minority communities, ageing communities, and farmers. The activist-in-residence programme at the Center, white papers, and community dialogues created anchors for structural transformation.

Theoretically, the framework of the culture-centered approach has been recognised as one of the most significant theories of communication, reflected in the Charles H. Woolbert Research Award (<https://www.natcom.org/awards/charles-h-woolbert-research-award>), given to a “journal article or book chapter that has stood the

test of time and has become a stimulus for new conceptualizations of communication phenomena.” His work with landless oppressed caste women farmers in Telangana organised into a cooperative has been recognised with the NCA Golden Anniversary Monograph Award. The CCA has formed the basis for over hundred research projects in marginalised communities across the globe.

Upon the recognition with the Distinguished Scholar award, noted Professor Dutta,

“The significant challenges of health and wellbeing, poverty, inequality, climate change, food security, access to clean drinking water, and peace and social cohesion outlined in the Sustainable Development Goals call for creative solutions built through community leadership and participation. I am humbled with this recognition as it speaks to the transformative power of communication, and particularly of voice infrastructures at the margins in leading the processes of structural transformation.”

In carrying out this work, Professor Dutta has educated, mentored and nurtured over three generations of students, community leaders, and activists, many of whom represent marginalised identities. His mentorship of scholars from the Global South has been recognised with the International Communication Association Aubrey Fisher Mentorship Award. Earlier this year, he was recognised with the NCA Health Communication Division Award for “Outstanding contributions to promoting Equity and Inclusion.”

Professor Dutta is also recognised with the 2015 ICA Applied Public Policy Communication Researcher Award and is an ICA Fellow.

The NCA citation reads,

“Dr. Dutta’s research examines the role of advocacy and activism in challenging marginalizing structures, the relationship between poverty and health, and the ways in which participatory culture-centered processes serve as axes of global social change, among other topics. Dr. Dutta’s research program includes 10 books, over 200 articles and book chapters, and has been cited over 12,000 times. Dr. Dutta provides extensive intellectual leadership; they have directed 46 doctoral dissertations, facilitated numerous workshops, and served as editor of *Journal of Applied Communication Research*.”

Professor Dutta received the award at the NCA 107th Annual Convention in November.



## 10. AFTERWORD: COMMUNITIES ENVISIONING TRANSFORMATION: MANIFESTO FOR CHANGE

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This is a manifesto for imagination generated by community researchers working across five spaces globally, developing culture-centered interventions. In this manifesto, the community researchers collectively voice a vision for change. The vision is voiced through a dialogue that is translated and summarized here.



For our communities to achieve health and wellbeing, those systems of exploitation that rob us of our dignity have to be changed.

Our dignity is attacked and stolen everyday, our communities being told that we don't matter, that our voices don't matter.

Across the different contexts where we do our work, irrespective of whether we are struggling for our voices and for the voices of our communities in democracies or within authoritarian structures, the everyday attacks on community voices form the frameworks of dominant decision-making in society.

Our governments, NGOs, and private corporations work together often to erase our voices, to deny communities of the opportunities for voice in decision-making.

The power of the work that we do at the Center for Culture-Centered Approach to Research and Evaluation (CARE) shows the pathways for how we can secure resources for our community voices to be heard. As CARE moves into the next decade, we look forward to developing community spaces for voices to emerge, which is the basis for securing health and wellbeing for our communities.





## FOR FURTHER INFORMATION

### CARE

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