

Researching Migrant Motherhood Using the Drawing Method

67

Sandra Benza and Pranee Liamputtong

Contents

1	Introduction	1370
2	Motherhood and Migration	1371
3	The Study and Drawing Method	1372
4	Becoming an "Amai"	1373
5	Traditional and Changed Mothering Roles and Practices	1375
6	Experiences of Motherhood in Australia	1376
	6.1 Lack of Opportunity for Traditional Practices	
	6.2 The Need to Work and Financial Burden	1377
	6.3 Social Isolation	1378
	6.4 Concerns About Children's Health and Well-being	1378
7	Dealing with Challenges	1380
8	Living in Two Different Worlds: Women's Concerns and Attempts	1381
9	Conclusion and Future Directions	1383
Re	ferences	1384

Abstract

This chapter discusses the use of an inclusive research approach using the drawing method to examine the perceptions and lived experiences of motherhood among Zimbabwean migrant women living in Australia. Most women experienced the impact of migration on the mothering role in their new homeland. Many tried to deal with their motherhood and mothering roles as best as they could, including making special attempts to assimilate into Australian life and cultivating any support that could assist them. Impacts of culture and migration on motherhood should be understood so that the well-being of the Zimbabwean migrant mothers and their babies can be enhanced. Methodologically, this chapter

Monash Health, Pakenham, VIC, Australia

College of Health Sciences, VinUniversity, Hanoi, Vietnam e-mail: pranee.l@vinuni.edu.vn

S. Benza

P. Liamputtong (⋈)

has shown the value of inclusive research methods in research relating to migrant women and motherhood. Inclusive research methods, such as the drawing method, permit individuals to be able to express their voices that reflected their lived experiences better than through a verbal means alone. The authors have demonstrated the way the women in the present study used this inclusive method to portray their lives as migrant mothers. The method is suitable for other research dealing with marginalized individuals and researchers are encouraged to experiment with it in their future research.

Keywords

Motherhood · Traditional and changed roles · Migration · Zimbabwean migrant women · Australia · Inclusive research approach · Drawing method

1 Introduction

Migration has become a global phenomenon. There has been an increase in migration among the people. Currently, there are about 258 million international migrants and 763 million internal migrants (WHO 2018). People migrate for various reasons including economic, political, religious, or simply to fulfill a personal dream (Merry et al. 2017). Australia has been a country that many people migrate to seek a new life (McMichael 2019). According to the latest census in 2016, there were 34,787 Zimbabwe-born people living in Australia. The distribution by state and territory showed that Western Australia had the largest number of Zimbabwean-born Australians (11,649), followed by Queensland (8881), New South Wales (6495), and Victoria (4694). Of these, there were 17,601 females (50.6 percent) and 17,187 males (49.4 percent) (Australian Bureau of Statistics 2018).

The increasing numbers of female Zimbabweans settling in Australia highlight the need for culturally sensitive health care that could enhance the health and well-being of Zimbabwean mothers. However, with a few exceptions, there is limited research about the African women taking on the motherhood role in a host country (Carolan and Cassar 2008; Ngum Chi Watts et al. 2015). In particular, little is known about the Zimbabwean women's perceptions of motherhood and their migrant motherhood experiences in Australia.

Although studies have suggested that motherhood brings fulfillment for women (Hill et al. 2011; Ettowa 2012), the reality of being a mother for migrant women can be far from their idealistic anticipation of a better life in the new homeland (Liamputtong 2006; Levi 2010; Benza and Liamputtong 2014; Renzaho and Oldroyd 2014; Ngum Chi Watts et al. 2015; Merry et al. 2017; Williams Veazey 2019). In her work with Southeast Asian women, Liamputtong (2006) contends that while some women find their mothering role enjoyable, many found the process of motherhood burdensome, particularly when it combines with migration (see also Ngum Chi Watts et al. 2015; Williams Veazey 2019). Becoming a mother in these changing circumstances has an impact on the health and well-being of many women (Hill et al. 2011; Renzaho and Oldroyd 2014).

In this chapter, the use of drawing method in the qualitative research that examined the perceptions and experiences of motherhood among Zimbabwean women living in Australia, how they adjust their motherhood and mothering role in a new country, and how they deal with the double identities of being a mother and a migrant woman in their new homeland are discussed.

2 Motherhood and Migration

Moving to a new country is a significant life change that can result in feelings of isolation, loneliness, and depression (Renzaho and Oldroyd 2014; Feldman-Savelsberg 2016; Merry et al. 2017; Pangas et al. 2019; Williams Veazey 2019). The combination of motherhood and migration becomes a double burden for the migrant women (Liamputtong 2003, 2006; Merry et al. 2017; Pangas et al. 2019; Williams Veazey 2019). Adapting to a new way of life while holding onto own traditional values and beliefs is some of the migration challenges faced by women from immigrant backgrounds (Higginbottom et al. 2015; Ngum Chi Watts et al. 2015; Osman et al. 2016; Merry et al. 2017). The challenges faced by migrant women include the issues of potential conflict between their cultural beliefs and practices in their new homeland and ways of life in Australia (Levi 2010; Pavlish et al. 2010; Renzaho et al. 2011; Higginbottom et al. 2013, 2015; Benza and Liamputtong 2014).

Migrant women have the desire to preserve their culture and tradition while trying to embrace the ways of life in their new homeland. These cultural values and traditional beliefs have an influence on the migrant women's perceptions and experiences of motherhood in the new cultural environment (Liamputtong and Naksook 2003a, b; Liamputtong 2006; Carolan and Cassar 2008; DeSouza 2005; Ettowa 2012). However, the tension increases when these mothers hold onto their tradition amid the challenges of migration while the children have assimilated into Australian society (Liamputtong 2006; Levi 2010; Ngum Chi Watts et al. 2015).

Women develop attitudes toward and knowledge about motherhood based on their interaction with others in society (Evans and Stoddart 1990; Koniak-Griffin et al. 2006). In their homeland, the interaction can occur with not only family members but also the community in which women reside. This interaction is lost when they have to migrate to another country (Benza and Liamputtong 2014; Ngum Chi Watts et al. 2015; Williams Veazey 2019). Although migrating to a new country brings opportunities for a better life, for some migrant women, there is also a sense of loss as their family and friends who would help during the postnatal period or with looking after the children are left in their original countries (Hoang and Kilpatrick 2009; Levi 2010). Research has also suggested that continued lack of support for migrant mothers increase their risk of emotional stress during their childbearing years (Hoban and Liamputtong 2013; Renzaho and Oldroyd 2014; Ngum Chi Watts et al. 2015; Osman et al. 2016; Anupamaa et al. 2020).

Many migrant women, being the minority group in society, experience social oppression, racial discrimination, disempowerment, and negative experiences with

health caregivers (Carolan and Cassar 2008; Benza and Liamputtong 2014; Merry et al. 2017; Pangas et al. 2019). Migrant women also display feelings of abandonment when they fail to access maternity care, other social services, or when they could not express their needs due to language barriers (DeSouza 2005; Hoang and Kilpatrick 2009; Murray et al. 2010; Deng and Marlowe 2013; Renzaho and Oldroyd 2014; Pangas et al. 2019). The language barriers also prevent migrant women from gaining the knowledge of services available for them in a new country (Bollini et al. 2016; Carolan and Cassar 2008; Benza and Liamputtong 2014; Renzaho and Oldroyd 2014;). Studies have raised the issue of cultural insensitivity as the basis of failing to meet the mothering expectations of migrant women (Reitmanova and Gustafson 2007; Grewal et al. 2008). These barriers pose a great challenge to the women who are already struggling to adjust in an unfamiliar environment (Renzaho and Oldroyd 2014; Merry et al. 2017). This is significant due to the impact this has on their ability to express needs and preferences.

Importantly, migrant women also encounter confusion and conflict with beliefs when it comes to raising children between cultures that are different (Liamputtong 2006; Renzaho et al. 2011; Osman et al. 2016; Merry et al. 2017). Women from immigrant backgrounds experience a sense of cultural bereavement (Levi 2010) when their parenting styles were challenged by laws of the new country (Renzaho et al. 2011; Osman et al. 2016). For migrant women, motherhood experiences vary depending on the adjustment process, and their ability to do so, in the new home country. It is these mixed emotions that override the joy of becoming a mother in a new homeland among many migrant mothers (Liamputtong 2006; Ngum Chi Watts et al. 2015).

3 The Study and Drawing Method

The research on which this chapter is based was undertaken using the qualitative approach. Qualitative research was essential in order to have an in-depth understanding of the lived experiences of Zimbabwean mothers in the study. Methodologically, qualitative research explores issues by understanding the meanings and interpretations of peoples' experiences (Creswell and Poth 2018; Liamputtong 2020). It allows us to understand people's lives in greater depth than quantitative methods can do (Bryman 2016). The methodological framework of this study was based on phenomenology as the authors attempted to learn about the lived experiences of being a migrant mother from the perspectives of Zimbabwean women (Carpenter 2017).

In this study, the individual interviewing method was used in conjunction with the drawing method. These multi-methods permitted the authors to collect rich detailed information from the women. They were able to relate the meanings of their own migrant motherhood experiences through drawings. Drawing as a research tool provides a rich insight into how people make sense of their world (Guillemin 2004; Liamputtong and Fernandez 2015; Liamputtong and Suwankhong 2015; Denis-Ramirez et al. 2017; Suwankhong and Liamputtong 2018; Liamputtong and

Benza 2019; Søndergaard and Reventlow 2019; Joseph et al. 2019, 2020). Drawings continue from the narratives, and the images are more effective in providing meanings to other aspects that an individual may not be able to describe (Liamputtong 2007). The drawings can "act as a nonverbal stepping-stone into the world of experiences and emotions" of people (Søndergaard and Reventlow 2019, p. 3). They can convey the meanings, feelings, and experiences of research participants to researchers with ease (Søndergaard and Reventlow 2019). The use of drawings as a research method has provided an extremely useful means for conversations about difficult and taboo subjects with the research participants (Liamputtong 2007; Westall and Liamputtong 2011; Suwankhong and Liamputtong 2018; Liamputtong and Benza 2019; Søndergaard and Reventlow 2019). Several pieces of blank paper with a box of color pencils were provided to each woman and the woman was encouraged to draw at least three images relevant to being a migrant mother. All women, except one, were happy to draw the images.

For each woman, the interview process took about 2 hours, and this involved interviewing and drawings exercises. As part of the trustworthiness of the data, the member checking strategy was adopted (Liamputtong 2020); that is all women were given the opportunity to view the data transcript so that they could confirm if their stories had been represented correctly.

4 Becoming an "Amai"

The common Zimbabwean term the women used to refer to motherhood was "amai" which is culturally described as a woman or a mother who has various roles (Liamputtong 2006; Ngum Chi Watts et al. 2015). A woman was not a mother until she had a baby. Therefore, motherhood was defined by the actual birth of a baby. Motherhood was also seen as a life journey (Liamputtong 2006; Ngum Chi Watts et al. 2015). Once a woman had a baby, her life changed. Motherhood was a role that brought people together in a family, and a mother was deemed to be the center of the family. For most women, motherhood was a role that came with many responsibilities (Peng and Wong 2016). It was common for them to relate motherhood with the responsibilities of caring and being there for the children all the time.

Basically, motherhood to me is being a responsible mum looking after your kids well as well as providing everything they need physically, spiritually and emotionally. Being with them all the time and make sure they are all well fed and looked after. (Mavis, a mother of four)

However, motherhood was not limited to caring for the children but also involved looking after the husband and attending to house duties (Liamputtong 2006; Ngum Chi Watts et al. 2015; Peng and Wong 2016). Nolizwe, a mother of two, drew a picture that she felt best described motherhood. According to Nolizwea, a mother was someone who had to juggle and do everything for her family and her drawing was reflective of how the two hands would never be enough for the mother's workload (Fig. 1).



Fig. 1 Motherhood and multiple tasks



Fig. 2 Motherhood and life change

Motherhood means hands that are like an octopus, you need to have multiple hands to do so many tasks and accomplish them. So I wish we could have eight hands then we would be able to do most of the tasks but unfortunately we only have two.

Because of responsibilities, many women remarked that their lives had changed after becoming a mother, as there were many compromises and sacrifices in order to accommodate the child or children (Liamputtong 2006; Ngum Chi Watts et al. 2015; Peng and Wong 2016). Nolizwe, a mother of two, shared her view through her drawing (Fig. 2).



Fig. 3 Motherhood and love of a mother

Once you have a baby your life changes because it's no longer about you. So basically you have to compromise and sacrifice what you loved to do to accommodate the little ones in your life.

Although many women expressed that sometimes the tasks were burdensome, some believed that taking on the responsibilities of caring for the children and house duties was the mother's role. Thus, despite many sacrifices and responsibilities, most women proudly spoke of the unconditional love they had for their children. Mavis, a mother of four, also demonstrated this view through her drawing (Fig. 3).

You know, I've learnt to multitask because I'm expected to be doing a number of things at the same time and as well as not losing my love. I still love my children even if I have lots of things to do, I still love my kids.

5 Traditional and Changed Mothering Roles and Practices

Traditionally, the role of a mother in Zimbabwean culture is centered on household duties and to look after the children (Ngum Chi Watts et al. 2015). The mother had multiple roles such as being the housekeeper, teacher, caregiver, nurse, and cook (Benza and Liamputtong 2014). However, although the traditional Zimbabwean mother was expected to do a lot of work at home, there was always adequate help with childbearing and childrearing (Levi 2010; Feldman-Savelsberg 2016). There was always a sister, an aunt, or a grandmother that Feldman-Savelsberg (2016) termed as "kin-based social networks," to help taking care of the children. This made the task of motherhood not too burdensome for a new mother.

In Zimbabwe, if the mother had a paid job, she would employ a live-in maid to look after the children and help with house duties. The help from the maid and

extended family members made motherhood easier. Most women in the study remarked that it was a common practice in Africa where it would take the whole village to raise a child. But if there was no maid, the house chores and caring for the children were solely the mother's responsibility. For some women, the role of the mother meant doing everything for her children and not expecting anything in return. Hence, a mother would always be there for the children in sickness and in health.

For many women, motherhood included the provision of guidance and discipline to the children (Liamputtong 2006). In Zimbabwean culture, if a child lacked discipline, the extended family and society blamed the mother (Mangena 2009; Tsai et al. 2011). Therefore, teaching the children what was right or wrong as well as shaping children's values based on the Zimbabwean cultural beliefs was essential. However, as some women reflected on the motherhood practices in Zimbabwe, they felt that it was easy to lose emotional connection with children because there was always an aunt, sister, or granny to take on the childrearing role. It was in this context that some women felt that the lifestyle in Australia improved family connection and promoted the mother and child bond because the mother became the primary caregiver.

6 Experiences of Motherhood in Australia

Many women portrayed their motherhood experiences in Australia concerning their personal experiences in Zimbabwe.

6.1 Lack of Opportunity for Traditional Practices

Most women spoke about the process called "kusungirwa" that took place with their first pregnancies in their country of origin. Traditionally, kusungirwa is a process whereby the woman is taken to her parents' home when she is about 7 months pregnant until the baby is about 6 weeks old (Kudzai 2013). Kusungirwa makes it easier for women because the mother will be supported by their family members and significant others. Even with consecutive births, a female relative would come to help with the newborn (Kudzai 2013).

As other migrant mothers living in Australia, the lack of traditional *kusungirwa* practice in Australia created a great challenge to the women (see Liamputtong Rice 2000; Liamputtong and Naksook 2003a, b; Hoban and Liamputtong 2013). They had to rely on their husband to help during the *kusungirwa* period. However, it created difficulties and uneasiness among the men to help with the newborn in Australia. Traditionally, it is not a man's responsibility to do this. For example, Maneta a mother of five, noted:

The only help I was going to get was from my husband and he had never helped anyone who had just given birth. So my temper was up and so was his and my older children could actually sense this and there was no one to tell.

6.2 The Need to Work and Financial Burden

Although women suggested they were fortunate to be in Australia for a better life and did not regret their decision to make Australia their new home, settling in a foreign land was a challenge on its own (Deng and Marlowe 2013; Merry et al. 2017). When combined with other factors such as financial burden, motherhood became even more burdensome for them (Ngum Chi Watts et al. 2015).

The traditional role of motherhood proved to be difficult for the Zimbabwean migrant women who had to balance housework, caring for the children, and also having to work to earn sufficient incomes for the family (Merry et al. 2017). It was a challenge to fulfill the role of motherhood and to be a full-time worker while striving to maintain personal sanity. Traditionally, as men were seen as a breadwinner, Zimbabwean mothers would allow their husband to leave all the work for the woman (Chereni 2015). They did not have to be concerned about family income. However, with the lifestyle in Australia, cultural expectations for the Zimbabwean mother to do all the house duties were problematic because they also needed to bring an income through a paid job. For most women, due to the lack of help from extended family in Australia, the husband's help with caring for the children and the house duties would be helpful for them (Renzaho and Oldroyd 2014). However, as suggested above, this did not occur to all households of the women in the present study. Although respecting her Zimbabwean culture, Netsai, a mother of three, remarked that it could be challenging if the husband did not help with the house duties and looking after the children even when he was the main financial provider for the family.

For most women, their main challenge was childcare costs because they needed to be employed in order to contribute to the household income. It was common for the participants to link the loss of extended family to the costs they incurred through child care services. This was because in Zimbabwe, there was always someone to look after the child if the parents had to go somewhere (Levi 2010). In Australia, they had to pay someone to look after the children or to leave them in childcare to do so. Paradoxically, although most women expressed the huge expenses of childcare, they felt that they could not afford to stay at home.

Many women also talked about the need to work to earn money as they still had to send money back to Zimbabwe to help family members who were left behind (Stewart et al. 2015; Merry et al. 2017). This was one main reason that they had to continue working, although this interfered with their mothering roles. Due to their financial situation, most women expressed their appreciation of a government assistance that they received in their new homeland (Ngum Chi Watts et al. 2015). Many women remarked how the baby bonus was a relief for them as it helped with the expenses after the baby was born. The baby bonus is an income-tested financial support offered by the Australian government to help families after the birth or adoption of a child.



Fig. 4 Mixed feelings and motherhood

6.3 Social Isolation

Similar to other migrant and refugee women (Liamputtong 2006; Renzaho and Oldroyd 2014; Feldman-Savelsberg 2016; Osman et al. 2016; Merry et al. 2017), issues of social isolation were a common experience among the women in the present study. In most cases, the women felt socially isolated because they did not know their neighbors. Most people in Australia tend to keep to themselves, whereas in Zimbabwe everyone is a family. Family structure in the African culture consists of grandparents, parents, children, aunts, uncles, and neighbors who are also part of the family (Feldman-Savelsberg 2016). Therefore, in Zimbabwe, the extended family played an important role in childrearing and in supporting the mother (Kudzai 2013). Most women articulated that although Australia had all the resources like Medicare, they were unsure of whether it was easier to have a child in Australia. Most believed that the emotional and social support, which they received from relatives back in Zimbabwe, was lacking.

When sharing their journeys of becoming mothers in Australia, most women relayed that the real challenge was when the husband had to go back to work soon after the birth of their child, and they were left with the newborn and the other children at home. Importantly, with the lack of support after giving birth, some women suggested that it could lead to postnatal depression among a new mother (Renzaho and Oldroyd 2014; Anupamaa et al. 2020). Clara, a mother of two, described her mixed emotions through her drawing of how she felt after having a baby (see Fig. 4).

Most of the times it was like waking up to a beautiful sunrise and I would enjoy the baby but occasionally there were cloudy rainy days and I would feel low or run down.

6.4 Concerns About Children's Health and Well-being

The health and well-being of the children were a major concern among the women in the present study (Liamputtong 2006). Some women spoke about fears of losing a

child through death or losing them to drugs or alcohol. The women who had been discriminated against in Australia expressed their ambivalent feelings about having children in Australia (Merry et al. 2017). The fear that their children would go through discrimination had an impact on their own health and well-being as well. However, they realized that they could not do much but to encourage their children to adapt and adjust to the new environment.

As a migrant mother, I feel that the discrimination that my children face in society will also have an impact on my health as the mother. They learn to cope and manage on their own but as the mother, you tend to feel helpless when things like these happen. (Clara, a mother of two)

Although mothers strived to do their best to take care of their children, the environment outside the home had more influence on their well-being. Rudo, a mother of two, felt that the worst motherhood experience involved issues that happened outside the home environment:

When you see your child break down, when your child goes through bullying at school or making wrong choices due to peer pressure so that they suit their friends. No mother wants her child to do the worst but all the mothers want the best for their children.

Due to the need to earn an income, most women had to leave their child(ren) in childcare. The women emphasized that the biggest issue was leaving their children with strangers. As some women had experienced prejudice in Australia, they feared that their children would go through similar discrimination in childcare. This was a paradox for them as they had to leave their children in childcare due to the need to work outside their home, yet they had great fear about the well-being of their children.

Due to their work commitments, many mothers could not keep the children with them or stayed home to take care of the children at all times including helping them with their homework from schools (Deng and Marlowe 2013; Merry et al. 2017). This led many to feel helpless about their living situation. Some women expressed that the mother's sense of hopelessness also led to the worst motherhood experience.

Notably, most women revealed that all those challenges made the journey of motherhood stressful. Fungayi, a mother of three, described her mixed emotions of being a migrant mother and her experiences through her drawing (see Fig. 5).

So it was all those emotions going through my head. Therefore, it was like a rainbow of its colours. Sometimes, I was feeling exhausted and sometimes I was feeling excited. There were a lot of emotions, I was feeling like I was excited that I had a baby but I was anxious how I would be able to manage to look after it.

Importantly, most women remarked that culturally, expressing motherhood challenges proves that someone has failed as a mother, and this made them feel bad as a mother (Liamputtong 2006).



Fig. 5 Mixed emotions of being a migrant mother

7 Dealing with Challenges

Although motherhood was not easy, in such circumstances, the woman had to be on top of the situation for everything to be manageable. Most women contacted their families overseas when faced with motherhood challenges or consulted some friends that they had in Australia (Ngum Chi Watts et al. 2015; Merry et al. 2017; Williams Veazey 2019). Importantly, the women only confided in the family or close friends but did not feel comfortable discussing the issue with professional providers due to fears of being misunderstood as a result of cultural differences.

I'm not used to the idea of telling the counselors and the psychologist my problems but I find comfort in telling my family or close friend. When I tell my mother or close relative even on the phone, I find courage in them and I feel that I have been helped than seeking help from someone that I do not know. (Netsai, a mother of three)

Despite the difficulties they encountered with their motherhood, most women believed that this was something they would eventually overcome. They needed to find ways that would help their situation not to become too stressful. In order to reduce the financial burden of childcare costs, some women had no other options except doing shift work so that they could take turn caring for the children with their husband. Although these arrangements were cost effective, the women would always be exhausted from their night shifts, and there was the lack of family interaction. Most women revealed that their children spent more time on iPads, iPhones, or watching TV. As the women believed that family time was valuable, they felt guilty and shame when they could not be there for their family.

To cope with motherhood challenges, it was important to have a network of friends. In this new homeland, friends replaced the extended family they had back home. Thus, they taught their children to address their friends as an aunt or uncle in



Fig. 6 Support from a father is essential

order to establish supportive networks in the new homeland. However, for some women, it was difficult to rely on friends as they had their own lives and could not be there all the time as needed. Many women attempted to elicit help from their husbands. The women believed that support from their husbands was crucial to fulfill their mothering roles in a new homeland. Namatai, a mother of three, used her drawing to describe the husband's influence on the mothering role (see Fig. 6).

The child influences your experiences like if the child listens to you, you will love and enjoy the experience but they if the child is difficult and always getting into trouble this means the mothering role for you will be challenging. The partner or husband has an influence on the motherhood experiences, like if he's supportive the mothering role will be easier but if he is abusive it will prove to be difficult.

The women also acknowledged that this would be a challenge for their husbands as it was not a cultural norm for men in Zimbabwe (Chereni 2015). Helping in a family could make others see men as "weak." It challenged the men's masculinity in Zimbabwean culture (Chereni 2015). Namatai, a mother of two, expressed how migration had changed their lives when it comes to doing things together as the family.

If it was back in Zimbabwe, my husband would not help out in the kitchen and if he did his parents or other relatives would think that he is not a real man. In Africa, he would be considered a weak man.

8 Living in Two Different Worlds: Women's Concerns and Attempts

Australia is a multicultural society, and people from different migrant backgrounds have the opportunity to learn new things while maintaining their own cultural values (Renzaho et al. 2011; Deng and Marlowe 2013; McMichael 2019). However, for the

women in the present study, this proved challenging when it came to motherhood because the children grew up in a different environment from their own (Liamputtong 2006; Deng and Marlowe 2013; Feldman-Savelsberg 2016; Merry et al. 2017). Most women expressed that the children were forced to learn the Zimbabwean heritage from parents at home while learning the Australian culture outside of the home. Several women felt confused when deciding how to raise their children here in Australia. This was because it was not realistic to relate to their own upbringing in Zimbabwe as they were now living in a completely different environment (Deng and Marlowe 2013; Feldman-Savelsberg 2016). It also created confusion among their children.

However, others emphasized their wish to have their children being able to observe their Zimbabwean culture such as the values, customs, and language (Deng and Marlowe 2013; Feldman-Savelsberg 2016). But their attempts would be questioned by their children.

Our children need to know what is appropriate to our culture because our culture is very different from the culture here. However, it is always difficult because the children will ask you how come everyone else is doing it differently. (Chiedza, a mother of three)

Although wanting to maintain the Zimbabwean culture, mothers realized the need for themselves to be part of their children's lives by being part of the society in which the children grew up (Liamputtong 2006; Feldman-Savelsberg 2016; Merry et al. 2017). In this context, it was important for them to move toward the Australian culture for their children to fit in the mainstream society. For some, they received help from significant others to achieve this. Maneta, a mother of five, remarked that her friends and family were very helpful in her childrening role when she had conflicting ideas about how to raise children: "They advise me to adapt to the Australian culture and to make the children have the best life here and not replicate what happens in Zimbabwe."

Others spoke of poor parent-child relations because their parenting styles from their home country were different to parenting standards in the new environment (Dengi et al. 2016; Osman et al. 2016).

There is a challenge because my daughter is not going to grow up the way we grew up because it's a different environment so it's definitely going to be a challenge for me. (Dorothy, a mother of three)

Mothers were primary caregivers who shape the children's language and social interactions (Liamputtong 2006; Feldman-Savelsberg 2016). For the Zimbabwean women, language maintenance included belonging to the Zimbabwean community and ensuring that the language was passed on to the children (Merry et al. 2017). As such, some women expressed the desire for their children to be able to speak the Zimbabwean language as they believed that the ability to speak the native language enabled them to understand the culture that they were from. Some mothers took the time to pass on their knowledge of the Zimbabwean culture to their children. Most

women believed that good motherhood included fostering the mother language to the children otherwise they would feel that they had failed as mothers (Liamputtong 2006; Feldman-Savelsberg 2016). Accordingly, some women were happy with the support gained through the local community language school for the children to learn the Zimbabwean language.

9 Conclusion and Future Directions

Motherhood had a special meaning in the lives of Zimbabwean women and their families. Motherhood brought joy to them and assisted them to be able to settle in a new country better. However, some women expressed concerns and negative experiences of becoming a mother and raising children in their new homeland. These negative experiences of motherhood resulted from several issues including settlement, lack of extended family to help with housework and childcare while working, concerns about the well-being of their children in a new living environment, conflicts in childrearing methods between cultures, and unfamiliar and negative experiences in health care. Hence, migrant women may not experience the same enjoyment for motherhood as other mothers might have in their host country (Bollini et al. 2016; Koniak-Griffin et al. 2006; Pavlish et al. 2010; Renzaho and Oldroyd 2014; Williams Veazey 2019).

Findings from the present study contribute to knowledge regarding motherhood experiences of Zimbabwean migrant women. Increased awareness of motherhood experiences and needs among Zimbabwean migrant women and the provision of culturally and sensitive health care for them would enhance the health and wellbeing of these migrant women.

Results of our study suggest that the presence of close and extended family for migrant women would prevent social isolation and enhance their motherhood experiences (Levi 2010; Hoban and Liamputtong 2013; Ngum Chi Watts et al. 2015; Feldman-Savelsberg 2016). Due to the lack of extended family in Australia, it would be great assistance to these women if culturally social support is established for migrant women in the Australian health and social care (Benza and Liamputtong 2014; Ngum Chi Watts et al. 2015). For example, a support network that involves members of the Zimbabwean community who understand and appreciate Zimbabwean culture can be established as part of the health and social care. Due to the lack of help in Australia, the women had to rely on the help of their husbands. Fathers played a major role in the experiences of motherhood and how women performed their mothering roles. The involvement of fathers should be incorporated into the social support for migrant women. Culturally appropriate support networks would help to minimize stress and thus enhance their experiences of motherhood in their new homeland (DeSouza 2005; Ngum Chi Watts et al. 2015; Feldman-Savelsberg 2016; Pangas et al. 2019).

Methodologically, this chapter has shown the value of inclusive research methods in research relating to migrant women and motherhood. Inclusive research methods, such as the drawing method, permit individuals to be able to express their voices that reflected their lived experiences better than through a verbal means alone. The way the women in the present study used this inclusive method to portray their lives as migrant mothers has been demonstrated. The method is suitable for other research dealing with marginalized individuals and researchers are encouraged to experiment with it in their future research.

Acknowledgments We are grateful to the Zimbabwean women who took part in this research.

References

- Anupamaa, D. S., Nayakb, B. S., & Chakrabarty, J. (2020). Child-rearing practices among migrant mothers of South India: A mixed method study. Clinical Epidemiology & Global Health, 8, 161–165
- Australian Bureau of Statistics. (2018). Zimbabwean-born: Community information summary. Retrieved from https://www.homeaffairs.gov.au/mca/files/2016-cis-zimbabwe.PDF
- Benza, S., & Liamputtong, P. (2014). Pregnancy, childbirth and motherhood: A meta-synthesis of the lived experiences of immigrant women. *Midwifery*, 30(6), 575–584.
- Bollini, P., Stozer, U., & Warner, P. (2016). Pregnancy outcomes and migration in Switzerland: Results from a focus group study. *International Journal of Public Health*, 5, 278–286.
- Bryman, A. (2016). Social research methods, 5th edn. Oxford: Oxford University Press.
- Carolan, M., & Cassar, L. (2008). Antenatal perceptions of pregnant African women attending maternity services in Melbourne, Australia. Midwifery, 26, 189–201.
- Carpenter, C. (2017). Phenomenology and rehabilitation research. In P. Liamputtong (Ed.), Research methods in health: Foundations for evidence-based practice (3rd ed., pp. 123–140). Oxford University Press: Melbourne.
- Chereni, A. (2015). Fathering and gender transformation in Zimbabwean transnational families. *Forum: Qualitative Social Research, 16*(2), Art 20. http://www.qualitative-research.net/index.php/fqs/article/view/2248/3817.
- Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). Sage: Thousand Oaks.
- Deng, S. A., & Marlowe, J. M. (2013). Refugee resettlement and parenting in a different context. Journal of Immigrant & Refugee Studies, 11(4), 416–430.
- Denis-Ramirez, E., Sørensen, K. H., & Skovdal, M. (2017). In the midst of a "perfect storm": Unpacking the causes and consequences of Ebola-related stigma for children orphaned by Ebola in Sierra Leone. *Children and Youth Services Review*, 73, 445–453.
- DeSouza, R. (2005). Transforming possibilities of care: Goan immigrant motherhood in New Zealand. *Contemporary Nurse*, 20, 87–101.
- Ettowa, J. B. (2012). Becoming a mother: The meaning of childbirth for African-Canadian women. *Contemporary Nurse*, 41, 28–40.
- Evans, R. G., & Stoddart, G. L. (1990). Producing health, consuming health care. *Social Science & Medicine*, 31, 1347–1363.
- Feldman-Savelsberg, P. (2016). *Mothers on the move: Reproducing belonging between Africa and Europe*. Chicago: University of Chicago Press.
- Grewal, S. K., Bhagat, R., & Balneaves, L. G. (2008). Perinatal beliefs and practices of immigrant Punjabi women living in Canada. *Journal of Obstetrics and Gynaecology, Neonatal Nursing*, 37, 290–300.
- Guillemin, M. (2004). Understanding illness: Using drawing as a research method. *Qualitative Health Research*, 14, 272–289.

- Higginbottom, G. M. A., Safipour, J., Mumtaz, Z., Chiu, Y., Paton, P., & Pillay, J. (2013). 'I have to do what I believe': Sudanese women's beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada. BMC Pregnancy and Childbirth, 13, 1–10.
- Higginbottom, G. M., Morgan, M., Alexandre, M., Forgeron, J., Kocay, D., & Barolia, R. (2015). Immigrant women's experiences of maternity-care services in Canada: A systematic review using a narrative synthesis. Systematic Review, 11(4), 13.
- Hill, N., Hunt, E., & Hyrkas, K. (2011). Somali immigrant women's health care experiences and beliefs regarding pregnancy and birth in the United States. *Journal of Transcultural Nursing*, 23, 72–81.
- Hoang, H. T., & Kilpatrick, Q. L. S. (2009). Having a baby in the new land: A qualitative exploration of the experiences of Asian migrants in rural Tasmania, Australia. *Rural and Remote Health*, 9, 1–11.
- Hoban, E., & Liamputtong, P. (2013). Cambodian immigrant women's postpartum experiences in Victoria, Australia. *Midwifery*, 29(7), 772–778.
- Joseph, J., Liamputtong, P., & Brodribb, W. (2019) Postpartum breastfeeding experiences in the traditional-biomedical crossroads: A qualitative study using drawing with Vietnamese and Myanmarese refugee women in Australia. *Journal of Advanced Nursing*, 75(11), 2855–2866. https://doi.org/10.1111/jasn.14110.
- Joseph, J., Liamputtong, P., & Brodribb, W. (2020) From liminality to vitality: Infant feeding beliefs among refugee mothers from Vietnam and Myanmar. *Qualitative Health Research*, 30(8), 1171– 1182. https://doi.org/10.1177/1049732318825147.
- Koniak-Griffin, D., Logsdon, M. C., Hines-Martin, V., & Turner, C. C. (2006). Contemporary mothering in a diverse society. *JOGNN: Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 35, 671–678.
- Kudzai, C. (2013). Pre-natal to post-natal childcare within traditional and westernised parenting styles: A paradigm shift in Zimbabwe. Greener Journal of Social Sciences, 3(7), 363–370.
- Levi, M. (2010). *Mothering, trauma and transition: The experiences of Sudanese refugee women raising teenagers in Australia*. Unpublished doctoral dissertation, Faculty of Science, Technology and Engineering, La Trobe University, Melbourne.
- Liamputtong. (2003). Life as mothers in a new land: The experience of motherhood among Thai women in Australia. *Health Care for Women International*, 24(7), 650–668.
- Liamputtong, P. (2006). Motherhood and "moral career": Discourses of good motherhood among southeast Asian immigrant women in Australia. *Qualitative Sociology*, 29(1), 25–53.
- Liamputtong, P. (2007). Researching the vulnerable: A guide to sensitive research methods. London: Sage Publications.
- Liamputtong, P., & Benza, S. (2019). 'Being able to bear a child': Insights from Zimbabwean women in Melbourne. *Women & Birth, 32*, e216–e222. https://doi.org/10.1016/j.wombi.2018.07.002.
- Liamputtong, P., & Fernandez, S. (2015). The drawing method and Burmese refugee children's perceptions of health and illness. *Australasian Journal of Early Childhood*, 40(1), 23–32.
- Liamputtong, P., & Naksook, C. (2003a). Life as mothers in a new land: The experience of motherhood among Thai women in Australia. *Health Care Women International*, 24(7), 650–668.
- Liamputtong, P., & Naksook, C. (2003b). Perceptions and experiences of motherhood, health and the husband's roles among Thai women in Australia. *Midwifery*, 19(1), 27–36.
- Liamputtong, P. (2020). *Qualitative research methods*, 5th edn. Melbourne: Oxford University Press.
- Liamputtong Rice, P. (2000). Hmong woman and reproduction. Westport: Bergin & Garvey.
- Liamputtong, P., & Suwankhong, D. (2015). Therapeutic landscapes and Thai women with breast cancer. *Social Science & Medicine*, 128(March), 263–271.
- Mangena, F. (2009). The search for an African feminist ethic: A Zimbabwean perspective. *Journal of international Women's Studies*, 11(2), 18–30.

- McMichael, C. (2019). The health of migrants and refugees. In P. Liamputtong (Ed.), *Public health: Local and global perspectives* (2nd ed., pp. 352–370). Cambridge University Press; Melbourne.
- Merry, L., Palaez, S., & Edwards, N. C. (2017). Refugees, asylum-seekers and undocumented migrants and the experience of parenthood: A synthesis of the qualitative literature. *Globalization and Health*, 13, 75. https://doi.org/10.1186/s12992-017-0299-4.
- Murray, L., Windsor, C., Parker, E., & Tewfik. (2010). The experiences of African women giving birth in Brisbane, Australia. *Health Care for Women International*, 31, 458–472.
- Ngum Chi Watts, M. C., Liamputtong, P., & McMichael, C. (2015). Teenage motherhood: Perceptions and experiences of African Australian teenagers in greater Melbourne Australia. BMC Public Health. 15, 873. https://doi.org/10.1186/s12889-015-2215-2.
- Osman, F., Klingberg-Allvin, M., Flacking, R., & Schon, U.-K. (2016). Parenthood in transition Somali-born parents' experiences of and needs for parenting support programmes. *BMC International Health and Human Rights, 16, 7.* https://doi.org/10.1186/s12914-016-0082-2.
- Pangas, J., Ogunsijia, O., Elmira, R., Shanti Raman, S., Liamputtong, P., Burns, B., Dahlena, H., & Schmied, V. (2019). Refugee women's experiences negotiating motherhood and maternity care in a new country: A meta-ethnographic review. *International Journal of Nursing Studies*, 90, 31–45
- Pavlish, C. L., Noor, S., & Brandt, J. (2010). Somali immigrant women and the American health care system: Discordant beliefs, divergent expectation, and silent worries. Social Science & Medicine, 71, 353–361.
- Peng, Y., & Wong, O. M. H. (2016). Who takes care of my left-behind children? Migrant mothers and caregivers in transnational child care. *Journal of Family Issues*, 37(14), 2021–2044.
- Reitmanova, S., & Gustafson, D. L. (2007). "They can't understand it": Maternity health and health care needs of immigrant Muslim women in St. John's Newfoundland. *Maternal and Child Health Journal*, 2, 101–111.
- Renzaho, A. M. A., & Oldroyd, J. C. (2014). Closing the gap in maternal and child health: A qualitative study examining health needs of migrant mothers in Dandenong, Victoria, Australia. *Maternal & Child Health Journal*, 18, 1391–1402.
- Renzaho, A. M. N., Green, J., Mellor, D., & Swinburn, B. (2011). Parenting, family functioning and lifestyle in a new culture: The case of African migrants in Melbourne, Victoria, Australia. *Child, Family and Social Work Journal*, 16, 228–240.
- Søndergaard, E., & Reventlow, S. (2019). Drawing as a facilitating approach when conducting research among children. *International Journal of Qualitative Methods, 18*, 1–11. https://doi.org/10.1177/1609406918822558.
- Stewart, M., Dennis, C., Kariwo, M., Kushner, K., Letourneau, N., Makumbe, K., Makwarimba, E., & Shizha, E. (2015). Challenges faced by refugee new parents from Africa in Canada. *Journal of Immigrants and Minority Health*, 17, 1146–1156.
- Suwankhong, D., & Liamputtong, P. (2018) Experiences of chemotherapy among women with breast cancer in rural areas of southern Thailand: A qualitative study. Asian Pacific Journal of Cancer Prevention, 19(2), 521–528.
- Tsai, T., Chen, I., & Huang, S. (2011). Motherhood journey through the eyes of immigrant women. *Women's Studies International Forum*, 34, 91–100.
- Westall, C., & Liamputtong, P. (2011). *Motherhood and postnatal depression: Narratives of women and their partners*. Dordrecht: Springe.
- Williams Veazey, L. (2019). All in the same boat: Migration and motherhood online. In C. Zufferey & F. Buchanan (Eds.), *Intersections of mothering: Feminist accounts* (pp. 90–103). Routledge: London
- World Health Organization. (2018). *Refugee and migrant health*. Retrieved from http://www.who.int/migrants/en/