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Resettlement challenges and dilemmas: An in-depth case study of Bhutanese refugee women in Australia

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Abstract

In this paper, the perceptions of Bhutanese refugee women were explored in relation to their changing identity and their behavioural responses in the use of preventive health services following resettlement. Interviews with 30 Bhutanese refugee women in Melbourne revealed resettlement drivers, challenges and dilemmas. There was no option for women other than resettlement, women wanted to escape from bad conditions and hopes for a better future for their children was critical in their thinking. Resettlement introduced new unexpected challenges including cultural discontinuity, changed dependency and a sense of not belonging. Dilemmas were apparent in their experiences including: despondency and contentment, gratitude and regret; and identifying as either Australian or refugee. Motherhood was important to women in this study and was challenged by changed dependency with their children in resettlement. Challenges of cultural discontinuity included the impact of communication difficulties and illiteracy and the absence of social connections with neighbours. A better understanding of how changing identities of women interact should lead to more effective strategies including tailored programs and activities.

KEYWORDS

challenges, dilemma, identity, refugees, resettlement, women

1 | INTRODUCTION

Resettlement in a new country can be overwhelming (Colucci *et al.*, 2015) and is a disruptive encounter for people and their social ways of being (Mosselson, 2006). Starting a new life in a new country

inevitably demands adaptation to social realities while trying to maintain a coherent sense of one's own histories, traditions and culture (Marlowe, 2011). For refugees, resettlement often involves little choice, including selecting the country of resettlement, so adjusting to a new culture and language can be even harder (Clark *et al.*, 2014). Even when well-supported, the process of resettlement for refugees can involve a rollercoaster of emotions (Ferguson, 2011; Hauck *et al.*, 2014).

With forced migration, the resettlement of refugees has important political, social, economic and personal implications, one of which is the rebuilding of new identities (Colic-Peisker and Walker, 2003). This is because identities are relative; they are culturally and structurally determined, despite common replication in social roles, networks, groups and status. Refugees arriving in a new country of permanent resettlement frequently face the daunting task of acculturation and reshaping disconnected and shattered histories (Colic-Peisker and Tilbury, 2003). With the loss of their former lives, their identities as 'refugees', can become fixed, even though unwelcomed by those on whom it is bestowed (Colic-Peisker, 2009).

Identity as a refugee may have important implications for long-term health and the adoption of healthy behaviours. Resettlement processes involve building connections to home and neighbourhoods, re-establishing connections to friends, family and ethno-cultural and other communities that help generate feelings of belonging. These are important determinants of psychosocial wellbeing in resettlement (Gifford *et al.*, 2007; Zwi *et al.*, 2015; Jiwrajka *et al.*, 2017). These activities also help to re-calibrate identity in new settings. However, while several meta-synthesis studies have strongly promoted the need for social connectedness for refugees after resettlement, they have also recognised inadequacies in current policies and systems (Davidson *et al.*, 2004; Lawrence and Kearns, 2005; Grove and Zwi, 2006; Riggs *et al.*, 2012). Despite its long history, the impact of such shortcomings on refugee identity following resettlement is not well understood (Danso, 2002; Milner and Khawaja, 2010).

Intersectionality has been used to explore dimensions of refugee's social identity, particularly the way different dimensions intersect to influence health and wellbeing (Guruge and Khanlou, 2004). Intersectionality aims to analyse human experience beyond single categories of difference and has been recommended as a way to critically investigate the complexity of groups with multiple similarities and differences (Hankivsky *et al.*, 2010). It has also been applied to understand the impact of race, class and gender on women's identities, experiences and struggles for empowerment (Davis, 2008).

Identity has particular importance for the Bhutanese ethnic group, referred to as Lhotshampa, who lived in the southern part of Bhutan prior to the early 1990s. These were the only Nepali speaking Bhutanese recognised at that time (Hutt, 2005). This term was applied by the Buddhist Bhutanese Government, and became prominent in 1989 when a 'one nation one people' policy was imposed in the country. The policy enforced practices of Drukpa culture, dress, religion and language on all Bhutanese regardless of their cultural heritage (Mills *et al.*, 2008). These laws led to discrimination against the Lhotsampas, who were mostly Hindu. The Government closed Nepali-speaking schools and dismissed many Lhotsampas who were occupying government positions (Lui, 2007). Daily business activities, hospitals and post offices in the south were also forced to close, and many others lost their jobs as a result. Eventually many Nepalese-ethnic Bhutanese fled to Nepal (Lui, 2007) and by 1993 over 100,000 people had settled in refugee camps in eastern Nepal initiating a humanitarian emergency (Human Rights Watch, 2003; Hutt, 2005; Evans, 2010).

The refugee camps were home to these Nepali-speaking Bhutanese refugees for more than two decades, after which three resolution options were considered by the United Nations High Commission for Refugees (UNHCR); namely repatriation, host country settlement, or third country resettlement. Although repatriation was preferred by most refugees, several bilateral talks between the Bhutanese

and Nepalese governments ruled this option out. Nepal was also unwilling to give citizenship to such a large population group. Eventually, the protracted refugee situation led to the third country resettlement option (Maxym, 2010), with a program agreed to in 2007 involving eight countries: Australia, the United States, Canada, Denmark, Netherland, New Zealand, the United Kingdom and Norway (Gurung *et al.*, 2009). The Bhutanese refugee resettlement program is one of the largest worldwide resettlement programs supported by the UNHCR (Benson *et al.*, 2012). By the end of 2017, 10 years after the third country resettlement program began, nearly 111,000 Bhutanese refugees have been resettled in a third country (Corcoran, 2017).

As a signatory to the United Nations (UN) 1951 Refugee Convention, Australia is one of 26 countries participating in the UNHCR resettlement program (Koser, 2015). Some 65,000 people have resettled in Australia over the last 5 years and numbers fluctuate year to year as different international challenges emerge (United Nations High Commission for Refugees, 2016; Australian Government, 2017).

More than 6,000 Bhutanese refugees have been included in the humanitarian resettlement program of Australia as a part of a coordinated international strategy to resolve the long-standing impasse that led Bhutanese refugees to spend nearly two decades in Nepali refugee camps (Corcoran, 2017). Prior to their resettlement beginning in 2007 (Commonwealth of Australia, 2007), this refugee cohort had little access to preventive health services in the refugee camps, apart from basic vaccinations for infectious diseases. The social position of Bhutanese-Nepalese women often means that women's health issues are hidden because of cultural constraints (Menon *et al.*, 2012). This is contrary to the situation in Australia where women's health issues are openly discussed and women's health care is publicly encouraged.

Many of the Bhutanese refugee women who lived in the refugee camps in Nepal experienced personal and social hardships, including violence and ongoing gender discrimination. For example, ration cards were given out only in the names of men, which meant that women could not access basic aid independently. Consequently, many women remained in violent domestic situations or lived without basic essentials such as housing or food and had to rely on the mercy of friends or family members for protection and safety (Donini, 2008).

Traditional gender roles are common in many refugee populations from patriarchal societies where women's status is low. Poor education and stigmatised beliefs about women's health and bodies are also common in these groups (Maxym, 2010; Parajuli and Horey, 2019) and women often rely on male family members to make their health decisions (Maxym, 2010; Centers for Disease Control and Prevention, 2014).

Understanding how the concept of intersectionality applies to individuals gave insight into the changing influences on people's identity(s). For example, the primary author, as a researcher and Nepali could see beyond her professional role as a refugee health nurse to analyse human experiences beyond single categories of difference, such as age, gender and ethnicity (Marecek, 2016). Specifically, the needs and motives of Bhutanese refugees in the camps in Nepal required different understanding as a Nepalese nurse than as an Australian-Nepalese nurse seeing similar women who had resettled in Melbourne. Contrary to what might be expected, access to health services was easier for Bhutanese women in the refugee camps than in Australia, because services in the camps were designed to meet their specific needs. Lack of literacy and language creates additional barriers to access in Australia. An intersectional lens helps when considering the types of strategies that can be enacted to shift behaviours and why some strategies may not deliver the expected impact. This paper explores Bhutanese refugee women's perceptions of their changing identity; associated challenges and dilemmas and their behavioural response to the use of preventive health services following resettlement.

2 | METHODS

The findings from interviews are part of the PhD project of the primary author exploring the perceptions and experiences in accessing preventive health care services of 30 Bhutanese refugee women who had resettled in Melbourne Australia. The primary author is a Nepalese-Australian nurse, who shares the same culture and language of the Bhutanese refugee women and likely to be considered an 'insider' by them, but also an 'outsider' as she is an educated Nepalese professional woman who is in Australia as a skilled migrant (Dwyer and Buckle, 2009). Her interest in the health of Bhutanese refugee women began with her work with this population in refugee camps of Nepal during the 1990s. She continues in her role as a refugee health nurse in Australia.

Bhutanese refugee women aged 18 years and older were purposefully recruited through community networks. All 30 women were born in Bhutan, had lived in refugee camps in Nepal for at least 16 years and in Melbourne for at least 4 years. Most of them had never gone to school and were illiterate in their own Nepali language. All participants were married, and each had at least two children. While no study participant was personally known to the researchers, the primary author was known indirectly to some participants through her work with their community.

The interviews were conducted face-to-face in Nepali by the primary author in the homes of the study participants using a separate room with only the interviewer and interviewee present. A plain language statement in Nepali was provided and explained in detail prior to gaining consent. Participants chose a pseudonym, which confirmed their understanding that their words could be read by others. The interviews covered a broad range of questions relating to experiences accessing women's health services and included questions about perceived identity and follow-up question(s), for example, '(W)hat makes you feel/not feel Australian?' Poor literacy meant that the transcripts could not be returned to participants for checking, so the issues raised in the interviews were summarised verbally at the end of each interview for confirmation.[1]

3 | RESETTLEMENT DRIVERS

Women clearly expressed in the interviews that the process of resettlement was imposed upon them and that their choice would have been to return to their own country, which was denied to them. Their reluctant acceptance of the third-country resettlement options are explained as resettlement drivers.

The women's role as a mother was the most strongly expressed identity in the interviews and presented in terms of hopes for their children's future, which was the most powerful driver for their resettlement decision. This is consistent with a study of Iraqi refugees who resettled in the United States (Yako and Biswas, 2014), where concern for their children was found to be the most common motivator for their decisions about resettlement in third countries. Almost every woman in this study spoke about their children's future and the opportunities for them was the main reason for their decision to resettle. This was frequently expressed in terms of the advantages for their children from resettlement. 'We are here for our children' is one of the important themes to emerge from the interviews.

With few exceptions women in the study felt that their children would have bright futures in Australia and that any personal satisfaction would come largely from their own children's happiness and achievements in Australia. Most women had low expectations of personal happiness for themselves. Ganga expressed it this way:

> *I don't think I can enjoy life here in the fullest happiness, as we have problems with language, education and work. We had to leave our birth country and had to live in the camp for many years as we were forced to leave by the Bhutanese government. Now here [in*

Australia] we have our own house to live in and our children have a lot of opportunities (Ganga, 45–49 years).

The women saw many advantages for their children and linked their opportunities and future potential to their own and expectations of happiness.

Our children may feel more Australian here because they are young and have more time to learn a language, educate themselves and they can give more to this country later. We must be happy in their happiness (Devi, 50–52 years).

Others, such as Phulmaya, compared her family's current life to life in the camps with particular appreciation for the opportunities their children had gained:

This is our country now, we are taking every advantage that the government has given to us. In the camp we didn't have anything, now we have everything, our children's future is good in this country (Phulmaya, 55–59 years).

Women raised the lack of other options in terms of places to live the rest of their life as a significant driver of resettlement. As repatriation to Bhutan was not possible, many women felt that third country resettlement gave them little choice. This issue was particularly apparent among older women. According to Saraswata the decision to resettle was essentially forced on her.

When there was a time to decide to come to Australia, it was such a hard decision to make. We didn't want to come. We spent our whole life in Bhutan and Nepal and we did not know what happened in Bidesh (abroad); we were not able to guess (Saraswata, 65–69 years).

The experiences in camps meant that resettlement was necessary for women like Aama, who talked about fleeing from Bhutan and living in camps with very scarce resources:

… though I am not happy for many things, I can't go back to Bhutan and I will die here. We were forced to leave our country by bhote (the Monarch of Bhutan), we lived a miserable life in camps. We have a wonderful life here without any difficulties, for food and shelter. Now I want to be here, I will die in this country, nowhere else (Aama, 70–74 years).

The desire to escape from repeated bad experiences was another resettlement driver for Bhutanese refugee women. Sexual assault and threats of assault were common and others, such as Devi, described the trauma of witnessing and experiencing violence. This was the reason she left her home, her village and her country. Living with memories of that time, especially of the violence against women, continues to haunt her. Fear of becoming a victim of sexual assault after witnessing the rape of her next-door neighbour was the main reason that she left Bhutan. She recalled that time:

In Bhutan, the army came to our house to look for the certificates [of citizenship], but my certificate was with my parents … they burnt our house in front of us… My husband was accused of belonging to the anti-government party. They used to come at night, they raped so many women. My husband was hiding from them, he was not at home, and I was so scared that I would be raped one day … it was really hard for women to live in that situation (Devi, 50–54 years).

Experiences in the refugee camps were also miserable for many women as Saraswati reflected:

> *When we were in the camp, we did not have enough food. Everything was really not good to eat … We never had good vegetables, we left all our belongings behind in Bhutan. We were a well-off family in Bhutan (Saraswata, 65–69 years).*

The memory of scarcity, hunger, diseases and deaths were prominent when women recalled life in the camps. Leela recalled those days in camps and the inadequacy of basic needs such as, food, water supply, shelter, health care and lack of educational opportunities for children. The stresses of displacement continue to disturb her even after 5 years in Australia:

> *Twenty years was such a long time in the camp. It was too much pressure on many things including fulfilling the basic needs of food, shelter and health. Many people died from diseases, lack of food, and lack of treatment. The tension and stress from that time is affecting me even now (Leela, 50–54 years).*

4 | RESETTLEMENT CHALLENGES

Resettlement raises several challenges. Bhutanese refugees who resettled in New Zealand described difficulties when they first arrived. After living in camps for many years they did not know how to fulfil their basic daily needs, such as shopping, using public transport or even finding their way around their neighbourhood (Ferguson, 2011).

The most common challenge for women in this study was cultural discontinuity, which was particularly associated with cultural and religious practices. The impact of cultural expectations was evident in their health seeking behaviours. In the refugee camps health care was directly associated with illness and the presence of symptoms. Remedies were initially sought through the family and traditional healers (Ferguson, 2011). Women in this study reported similar feelings. Difficulties in fulfilling cultural and religious needs was expressed by almost all women. Prior to resettlement, the celebration of religious festivals was a shared community experience, but now the women felt confined to their households on these occasions. They recalled festive times in Bhutan and Nepal that were observed by everyone and affected the whole environment. This did not happen in Australia and many felt, like Chandrawati, that as the family festivals were not widely recognised, it was necessary to be mindful of neighbours even when celebrations occurred inside the home.

> *There is no similar culture, language or festival. If I am in Bhutan or Nepal when our main festival happens it sounds like all the world is having a festival, but here our festival is not recognised. We are very reluctant to celebrate them publicly, it happens just inside the house. Nobody knows what's happening. We always need to be conscious of other people and think about how answer their questions. We can't make our minds and hearts very open during those times (Chandrawati, 40–44 years).*

Breaking cultural continuity reinforced the sense of marginalisation and social segregation. This aspect of resettlement adversely affected some of the older Bhutanese women, and discouraged them from accessing health or social services or engaging with their community:

Because of our background and we don't know the culture and background of the people living next-door. We are reluctant to approach them because of fear of being different and so we don't celebrate our festivals freely (Bhima, 50–54 years).

The impact on motherhood that came with the changed dependency following resettlement was one of the strongest findings of this study. For many women, their role as mother was challenged, with women explicitly expressing concerns about changed dependencies resulting from their lack of language proficiency and consequent communication difficulties. The lack of English language and poor literacy meant greater dependency on their children for many women in this study. Such dependency affected the women's identity as a mother. It was the biggest challenge for women and affected their day-to-day life including how they accessed health services. Several studies have pointed to problems with the use of children as interpreters in health care (Gerrish *et al.*, 2004; Hadziabdic *et al.*, 2009), but we could find no other studies that identified reliance on children as interpreters raising questions about the role of motherhood.

Motherhood is profoundly important in the lives of Bhutanese refugee women and common to many women in patriarchal family structures (Ferguson, 2011).The inversion of the roles of mother and child imposed a challenge to women's status. Dependency on children for routine daily living may create a loss of a family's internal and social authority structures, making women feel insecure and marginalised. For example, communication difficulties made Maya feel miserable as she was unable to express her feelings, her problems or her needs. Maya felt that her own voice had been suppressed as she was reluctant to rely on her children's support to communicate with others on an everyday basis. This was especially so when seeking health care. Maya believed that dependence on her children and unnecessarily exposing her private health issues to her children would create insecurity and threatened her capacity to sustain her role as 'mother'. Such feelings of inadequacy made women feel miserable.

Our voice is not heard, I feel very dependent here, for every small thing, I need to ask for chhora-chhori *[children] to communicate. They have their own life routine; they are not available all the time. At times I don't feel secure as well because my husband is sick. When it is just him and me at home, I always feel scared that if there is an emergency I can't speak. I feel stuck with no children around … I can't express what I feel, I can't tell my problems, I need to expose all my privacy to my children or an interpreter. This is a sad thing for me and may be so for others. Without children it's hard to live here. I feel I am a child, not a mother (Maya, 50–54 years).*

The women associated their lack of language proficiency and their communication difficulties with their strong feelings of dependency.

I realise how powerful language is to communicate and to feel independent (Maya, 50–54 years).

I feel good but with the language barrier I am dependent for everything on my children (Monmaya, 55–59 years).

In every interview communication difficulty due to the lack of English language proficiency was repeatedly seen as the main reason for the women's dependency on their children and for not fully integrating into the community. Madhavi illustrated her feelings this way:

> *… well it's good that we don't need to worry about food now but how can I say I am happy while I can't speak what they speak. I am dependent on my children for everything. I think I am never going to be happy for many things (Madhavi, 55–59 years).*

While illiteracy was unimportant to the women when they were in the refugee camps, in Australia their lack of English language has added to their increased dependency on their children and affected how the women saw themselves and unexpectedly increased their sense of vulnerability.

In the lives of the women, language difficulties touched every sphere of their efforts to integrate, especially where social inclusion and linguistic ability were strongly interconnected (Piller and Takahashi, 2011). This was not a problem in Bhutan and in Nepal but for the women in the study, their lack of language skills meant that life was never going to be 'back to normal' (Colic-Peisker and Tilbury, 2003; Strang and Ager, 2010). The keys to social inclusion and a sense of belonging for women identified in other studies include language (Piller and Takahashi, 2011), employment (Sapeha, 2014), and recognition of their qualifications (Colic-Peisker, 2009). The importance of attachments to friends, relatives and communities is also common to non-refugee immigrants (Dobrowolsky, 2011). Other studies have shown that opportunities for informal community classes, bilingual support and material targeted to their needs can be effective (Hou and Beiser, 2006; Watkins *et al.*, 2012).

A sense of not belonging was particularly evident when the women talked about their interactions with others. For example, the women felt that they could only use health services independently if they could communicate with health care providers without the involvement of others. While it was uncommon for these women to have access to health services in their own language, when they could it fostered a sense of belonging:

> *If there is no need to use an interpreter, I feel good, so to me if there is Nepali speaking health professional, that is where I go. Those times I feel that I am in Australia and that I belong in this country and I can use services without hesitation (Devi, 50–54 years).*

Further, language limitation affected how the women felt about their inclusion in Australian society, and not being able to talk to neighbours was very significant for them. It raised daily awareness that they were different from their neighbours unlike in Bhutan and Nepal. Several women referred to their neighbours and neighbourhood when asked about settling into their new country. Even Sita, who is educated and fluent in English, explicitly differentiated the cultural context in which she found herself and its impact on her sense of belonging. She described a simple scenario to show what was missing between neighbours and their relationships after resettlement.

> *We do not have that environment where we stay in the courtyard and yell out to our next-door neighbour demanding a cup of tea, which we could easily do back home. We need to be always mindful of what our next-door neighbours think of us and think about our behaviour. That hinders us to go and talk at the fence and ask for a cup of tea. This environment makes us feel that we are not in our country, but we will get used to these things as time passes. There is no intimacy here but a high level of formality, like saying hello or hi, but there isn't any feeling of connection. (Sita, 30–34 years).*

Other studies have identified connection to communities as important for refugees after resettlement, but few have specifically focused on relationships with neighbours (Gifford *et al.*, 2007; McMichael *et al.*, 2010). Studies of refugees have pointed to difficulties in generating feelings of belonging after

resettlement (Hathaway, 2007) and the need for a social identity and social connectedness (Colic-Peisker and Walker, 2003).

Devi compared the Bhutanese experience in Australia to other migrant populations in her local area. She felt that other ethnic groups showed no hesitation in displaying signboards in their language, or in talking and carrying out their religious or cultural performances in public, or even meeting in groups and talking in the shopping mall. Devi felt that embracing opportunities to be visible in the community was necessary to move forward, and that this was more important than regretting what was lost.

> *I feel this is not our country; this does not belong to us. I can see, Iraqi people have their signboard everywhere. If there is signboard written in Nepali, it makes me feel good. If we are living here with the feeling of not able to do anything due to language barriers, due to sickness or due to not having good skills and communication, I think we can't feel Australian even though we receive Australian citizenship (Devi, 50–54 years).*

A perception of changing identities also emerged in the interviews. When asked what would made you 'feel Australian', some replied that nothing could and that they would never feel Australian. Others were more positive. Being able to communicate with neighbours was the most common response; several women said that it would make them feel more connected and help them to feel that they belonged to the community.

> *When I will be able to talk to my next-door neighbour, when I am connected to the people around me or around my locality, then I feel I belong to this country (Kumari, 40–44 years).*

Devi would like to see Nepali speaking health professionals in all health care services. It would make her feel proud and help her to use services independently. It would change how she views herself.

> *If we have Nepali speaking people in major areas like in the hospital, GP's clinic, in school that would make us feel that we are here in Australia and doing really good in this country, then maybe we feel more Australian (Devi, 50–54 years).*

5 | DILEMMAS OF RESETTLEMENT

The concurrence of feelings of despondency and of contentment was apparent in the interviews, where the refugee women swapped continually between these feelings as they talked of their lived experiences. The terms *nirasha* [despondency] and *santusti* [contentment] were commonly used in the interviews.

Resettlement brought benefits but also brought losses, highlighting the complex nature of resettlement, particularly when it occurs without choice (Hauck *et al.*, 2014). Such observations were not found elsewhere in the research literature, although individual components such as feelings of despondency do appear (Danso, 2002; Milner and Khawaja, 2010). A study of Somali and Ethiopian refugees resettled in Canada raised the issue of despondency (Danso, 2002) and an Australian study, also of Somali refugees, reported similar feelings as a result of cultural discontinuity (Milner and Khawaja, 2010).

One woman strongly associated her feeling of emptiness and the things that had happened to her, including becoming a refugee, living in the camps, coming to Australia and being sick, as due to her

karma [result of actions in this or previous life]. Goma's passivity was expressed through submissiveness and acceptance of all life events, whether good or bad.

> *I am illiterate, I feel reluctant to go anywhere, I can't think anything, do not have any feelings. The hardship that we had was our own* karma*. But I am a bit worried about my health. What comes in your life you have to take whether it is happiness or sorrow. I think we are in a good country, but I still don't feel that I belong—maybe because of language and my own abilities to adapt (Goma, 45–49 years).*

Illiteracy was a common cause of despondency. This limitation was not anticipated nor a problem in their own language in the camps where illiteracy was readily accommodated. However, in Australia, not being able to read and write, even in their own language, made life difficult, particularly for older women, where there was no ability to acquire information or to learn how to navigate services without others.

> *It's good that we are in this country with all its facilities. We are receiving good health care and are getting lots of support. But we have our own issues with not being fully able to understand and take advantage of all the services. As I mentioned before it's the language. I can't read and write in my own language. What a dark life we have. I feel shocked without having children around. I realised how powerful it is, the language to communicate and to feel independent for our own benefits (Maya, 50–54 years).*

However, there was also contentment in women's accounts. Concerns about food, water, healthcare and their children's education were no longer worries for these women, which made them content. Now their concerns had shifted to being able to live with dignity, to be able to speak and to go out independently.

> *Everything is good here, treatment, food, environment, education for children, but for us to live, to speak, to go around is much better in Nepal and Bhutan. With so many facilities I still do not feel that we belong to this country, but I do feel lucky that we are not deprived of basic needs for health, and food and water (Anie, 35–39 years).*

Gratitude and regret were a commonly observed dilemma that was reinforced by relationships with close neighbours and language barriers. Sanu expressed her feelings in this way:

> *… yes, I am a citizen; I am very proud being a citizen of this beautiful country comparing our life in refugee camp, staying there with the refugee tag. But I do not feel I am Australian, as language becomes a barrier in every step. I can't go out and talk to my neighbour and tell her what I feel about her. This situation would not be there if I was in Nepal or Bhutan. From my heart, honestly speaking I do feel that I belong to Bhutan, where we had our good life. And we also spent our very important significant life in the camp, I feel Nepali too (Sanu, 50–54 years).*

For several of the women, resettlement had given them the opportunity to identify as citizens after being stateless for many years, however connections to Bhutan and Nepal, particularly in regard to cultural traditions, continued to be important in their lives. In contrast, the obstacles faced in Australian life, particularly in regard to celebrating religious festivals, seemed bittersweet. Ganga said that despite the many facilities available in Australia, her life was much better in Nepal and Bhutan because there she was able to speak to everyone and could get around independently.

Everything is good here, treatment, food, environment, education for children, but for us to live, to speak, to go around is much better in Nepal and Bhutan. With so many barriers I do not feel that we belong to this country but feel lucky that we are not deprived of basic needs for health, food, and water like in camps (Ganga, 45–49 years).

Bhagawati expressed self-pity but accepted the reality of her situation

I feel sorry for myself when I can't understand what other people say and when they can't understand what I say. But this is a reality. Everyone like me who is not educated has the same problem in this country (Bhagawati, 50–54 years).

The ability to speak English helped women to identify as Australians but illiteracy and communication difficulties were raised many times in various contexts. The quote below from Kumari elucidates her subjective feelings and the reasons for feeling 'like a Bhutanese refugee' despite receiving Australian citizenship.

… hard to get into everything here; we can't speak to our next-door neighbour. When we go shopping, we have to be careful. We have to buy things by just looking at them. I can't read the label, I can't ask or talk to people. When I take public transport, travelling from one to other place, I don't know where to go without having support from another person (Kumari, 40–44 years).

There was also confusion about whether to identify as an Australian or as a refugee or even as Bhutanese-Nepali. While many women in the study had gained Australian citizenship status, this seemed to be more symbolic and for security in a quest for social identity. Although formally Australian citizens, they did not feel that they were Australian. Feelings of citizenship are subjective and can take time to acquire (Krstic, 2017), so it is important to recognise that these responses came from a small group of women who had lived in Australia for only 5 years. Others clearly embraced their new lives in Australia with little regret. Julie appreciated being a citizen after being stateless for a long time but found it hard to identify as an Australian.

I know I am Australian citizen, but if somebody asked me, I respond, 'I am Bhutanese', it comes automatically. But I am confused, we lived in Nepal for 18 years and we follow the same culture and speak same language, means I should say that I am Bhutanese-Nepali. But we were stateless for many years and now being citizen of this country is a great thing. But my identity comes first as a Bhutanese (Julie, 30–34 years).

One young educated woman expressed confusion about what she had gained and what she had lost with resettlement:

I know I am now an Australian citizen, very proud to be a citizen of this wonderful country. But still I feel I am Bhutanese as I follow the culture and we speak language, I feel I have a different identity as my thinking is different, my language is different, but I am trying to think that I am lucky to be here (Sita, 30–34 years).

In contrast Lusi found the whole experience of resettlement to be positive and interesting. Lusi embraced every opportunity and benefit available in Australia.

I am educated, I am working and I feel I can work anywhere in Australia. I have a normal life. No restrictions, I enjoy freedom, I earn and I spend, I can buy what I like, there is no feeling of deprivation. My child is having a very good education, we are driving, we have our own house, and we are travelling from one state to another, even overseas to see our relatives, we are able to spend money. All these things would not be happening or even come in a dream if we were still in the refugee camp. I am enjoying every moment here as I am receiving so much from this country (Lusi, 30–34 years).

A few women, often younger, saw many opportunities that would make their life easier in Australia than it had been before. These women generally had higher levels of language proficiency and could be a useful resource for the Australian Bhutanese community. Prior to resettlement younger women would not normally have the opportunity to be seen as community leaders. This is another example of changed roles due to resettlement. Women who had spent their childhood in refugee camps seemed to embrace resettlement more readily. For example, Kanchhi, who was just 3 years old when her parents came to the refugee camps, acknowledged that growing up thinking about an unknown future was quite scary. Coming to Australia and gaining citizenship had opened many opportunities for her and she was very grateful.

Even though life is not easy here, I feel I am Australian as I can get more opportunities for myself and for my young family here. We are getting things here which would not be possible in the camp (Kanchhi, 25–29 years).

Sanu, who had become an Australian citizen could not explain what made her feel Australian even after 7 years.

Nothing makes me feel like I did in Bhutan. I am missing everyone so badly or possibly I am taking this refugee journey differently. I do not feel like a refugee in the camp because we are really well settled here. We have our own house, my husband and children are working, but I still feel that I am Bhutanese, and that is where I belong (Sanu, 50–54 Years).

6 | CONCLUSION

The complexities of resettlement are evident in the dilemmas faced by the participants in this study, which exposed the intersections of multiple changing identities in the lives of Bhutanese refugee women and influences on their day to day lives. These women are mothers but dependent on their children in ways unfamiliar to them, which leads to questioning of their motherhood. Resettlement brought both gratitude and regret to these Bhutanese refugee women—for what they had gained and what they had lost. Feelings of despondency and contentment resulted from their experiences of having to leave Bhutan with no option of returning. Hopes for a better future for their children was critical in their thinking about settlement. Challenges arose from cultural discontinuity, particularly the impact of communication difficulties and illiteracy and the absence of easy social connections with neighbours. Such challenges influenced individual behaviours, beliefs and decision making. Many women in the study still identified as refugees and sought services including health care from that perspective; that is they only sought medical help when symptoms could not be ignored.

Their reliance on children as interpreters exacerbated cultural discontinuity and disturbed mother–child relationships. Understanding the multifaceted nature of Bhutanese refugee women's identities

will facilitate improvements to their lives. These multiple identities are not only interlinked but also entangled, bringing both positive and negative resettlement experiences. A better understanding of how competing identities interact should lead to more effective strategies, including tailored programs and activities that can influence behaviour, provide support and address needs appropriately. For example, the importance of relationships with neighbours was a useful study finding, as it suggests an avenue that could be targeted to improve the transition and integration of refugees after resettlement. Active bi- or multi-cultural neighbourhoods are likely to enhance social inclusion and foster linguistic ability. The study also recognised that Bhutanese refugee women's own identity was influenced by their gender as well as their lived experiences, ethnicity, education, social status and age.

CONFLICTS OF INTEREST

Authors declare no competing interests.

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ENDNOTE

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