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# TRANSNATIONAL CONCEPTIONS

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DISPLACEMENT, MATERNITY, AND  
ONWARD MIGRATION AMONG SOMALIS IN  
NAIROBI, KENYA

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PhD in Social Anthropology

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## Declaration

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I declare that, except where otherwise indicated, this thesis is entirely my own work, and that no part of it has been submitted for any other degree or professional qualification.

Lucy Lowe

## Abstract

This thesis provides an anthropological account of the relationship between experiences of migration and reproduction among Somalis living in Nairobi, Kenya, specifically the complex relationship between motherhood and migration, and the intricacies of balancing the significance and consequences of both. Due to their legally ambiguous and often volatile status, many Somalis did not perceive Kenya as a ‘durable solution’ for settlement, instead locating themselves within an ongoing process of migration, and as part of a fluid yet highly connected transnational diaspora. This thesis draws on twenty months of ethnographic fieldwork in Eastleigh, the ‘Little Mogadishu’ area of Nairobi, with Somali women and their families, as well as medical practitioners, NGOs, UN agencies, and governmental bodies, during which I followed how reproductive decisions were made and medical facilities were navigated within a context of displacement.

In this thesis I unpack what it means to exist as a ‘refugee’, ‘a migrant’, and ‘a Somali’ within Kenya, as well as the significance of living within a global diaspora community. I analyse (re)creations of ‘home’ through the temporal appropriation of space, as well as the reproduction of the nation within a context of displacement. I argue that in order to understand how women experience migration, it is essential to understand how they identify themselves within their own transnational family and clan networks as women, wives, and mothers. By illuminating how women protect and act upon their own social positions, this thesis will analyse interwoven concepts of beauty, morality, and motherhood, with a particular focus on how these were entwined with perceptions of both Islam and the Somali nation. Finally, a detailed ethnographic exploration of how women and their families navigated fertility, pregnancy, and childbirth, while simultaneously accounting for possibilities of onward migration, will shed light on the body as a site at which matters of kinship, migration and the future were negotiated. Drawing these issues together, and situating them within medical and political anthropology, this thesis argues that maternity and motherhood are points at which concepts of kinship, religion, citizenship, and gender are intricately interwoven and crucially tethered to strategies for onward migration.

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So with the darkest days behind

Our ship of hope will steer

And when in doubt just keep in mind

Our motto *Persevere*

# Introduction

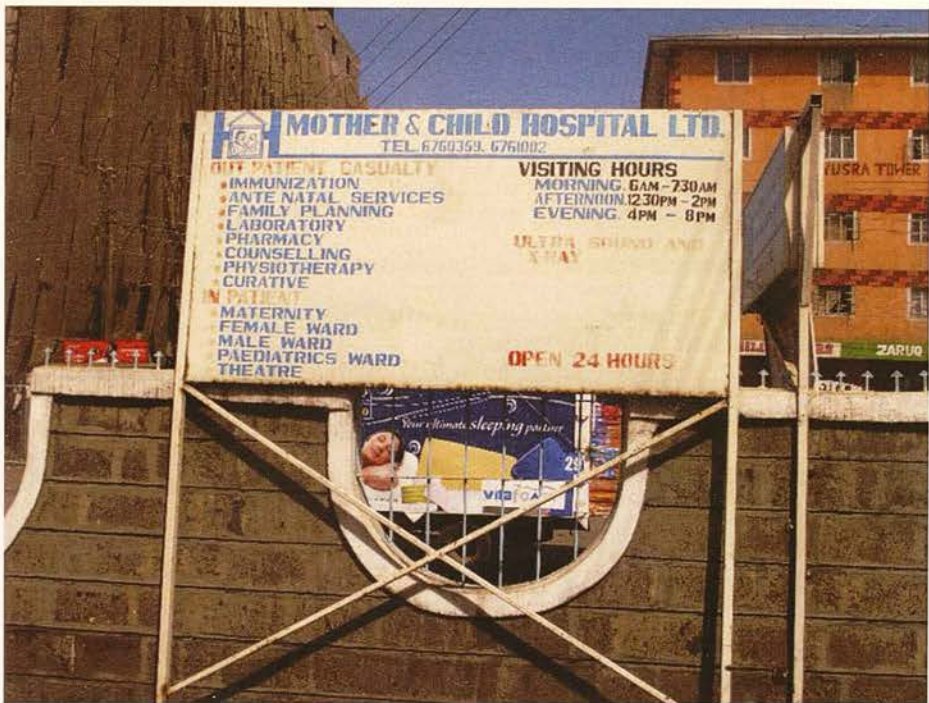


Figure 1: Private Hospital in Eastleigh

As I sat gossiping with Mary<sup>1</sup>, the hospital receptionist, two Somali men hurriedly entered the reception and leaned in over the desk towards us. They were clearly agitated and their faces were sweaty as they hunched together, towering over us. Their requests initially baffled both Mary and I, as they recounted their story in bits and pieces, frequently speaking over each other, all the while clutching a small black plastic bag, of the sort used in every small shop and kiosk throughout Nairobi.

‘We need to see a doctor.’

‘We need to see the lab.’

<sup>1</sup> All names have been changed for the purposes of anonymity

‘We need tests done’.

‘For his wife.’

‘Where is your wife?’

‘Somalia.’

‘Can’t you take her to a doctor in Somalia?’

‘She already saw a doctor in Somalia. We need a better doctor.’

‘Then you need to bring her here.’

‘No, we brought this.’

And with that, he handed over the mysterious plastic bag. Mary unravelled it to find a small plastic specimen pot containing a tiny piece of ... something. It was not clear what the fingernail-sized fleshy artefact was, but from what we had heard it was apparently a sample taken from the wife of one of the men standing in front of us. ‘What do you expect me to do with this?’ Mary asked them. ‘Test it’ was the response, as though it was the most obvious thing in the world. I asked if they had any medical records with them, and they produced a small crumpled up piece of paper. The note was stamped with the logo and contact details of a hospital in Mogadishu, and had a brief note written in English and Somali. The little pot and the note were passed on to the lab, to see if they could do anything with them, and I talked to the men while they waited. Mohamed,<sup>2</sup> the husband, had come to Nairobi from Mogadishu, illegally crossing the border, with his primary concern to have the sample tested in order to find out why his wife had suffered repeated miscarriages. ‘She conceives no problem,’ he explained, ‘but after one, two, three months, it dies.’ His brother, the man who accompanied him, added ‘there are no

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<sup>2</sup> Somali names have been anglicised for the convenience of non-Somali speaking readers (i.e. Halimo, Mohamed, Abdirahman, Nimo, and Asha, rather than Xalimo, Moxamed, Cabdiraxman, Nimco, and Casha). Most people were accustomed to using both spellings, as Kenyans generally used the anglicised version, and very few people complained.

good doctors in Somalia any more. If you have a small problem it's ok, but for something like this you need a really good doctor, that's why we came here.'

'Here' in this case referred both to Nairobi and to the particular hospital, and more specifically to one individual – Dr Murugu, the owner of the hospital who was renowned for helping women who had difficulty conceiving or with pregnancy loss. I begin with this particular ethnographic vignette in order to illuminate the central themes of this thesis – the migration of Somalis into and through Kenya, the significance of reproduction within marriages and the concomitant concern with obstacles to childbearing and birth, and finally the intertwined nature of migration and reproductive decisions. This thesis argues that issues of childbearing are crucial to experiences of displacement and onward migration, and that women in particular associated their reproductive capacities with their possibilities for onward migration and future security. Furthermore, it argues that women's roles as wives and mothers were instrumental in their encounters with the state and migration processes, as well as their concepts of the Somali nation and Islam.

## **Little Mogadishu**

The research for this thesis was conducted in Eastleigh, an area not far from the centre of Nairobi, often referred to as 'Little Mogadishu' due to its sizeable yet legally precarious Somali population. As an immediate neighbour to Somalia, many fleeing conflict, natural disasters, or even inadequate medical facilities, choose Kenya as a popular exit route. For some it is a destination, but for others it is perceived as a transit point on a discontinuous journey. The size of the Somali population within Kenya means that it is also frequently visited by Somalis living further away, either returning 'home' or as geographically close as they feel able to. Although known for its Somali population, Eastleigh hosts an array of residents, including Ethiopians and Eritreans, as well as many Kenyans.

Due to its geographical location and relative political stability, Kenya hosts a large and diverse refugee population from Ethiopia, South Sudan, and the Democratic Republic of Congo, among others. During my fieldwork (November 2009 – June 2011), Somalis who registered within one of the two refugee camps in Kenya were given *prima facie* refugee status, granted on the basis of their nationality, rather than through the status determination process that asylum applicants from other states were required to fulfil. Recent figures from the United Nations High Commissioner for Refugees (UNHCR) state that there are just over 600,000 ‘people of concern’ registered within Kenya, of whom almost 480,000 are from Somalia (UNHCR 2013). Of course these statistics do not take into account those people who have not registered with either the government or UNHCR, and other estimates suggest that the number of Somali nationals living in Kenya is in excess of half a million (Lindley 2011). Due to the encampment policy<sup>3</sup>, all refugees were required to stay in either Dadaab or Kakuma refugee camps, both located in remote, arid parts of the country. The camps have notoriously harsh and overcrowded living conditions, and with limited options for their livelihoods and futures, many people have left, or have circumvented them altogether, and live in other parts of the country, most notably Nairobi and Mombasa.

Despite the long-term presence of Somalis, as well as displaced populations from other states, refugees are only tolerated within Kenya in a specifically temporary category (Milner 2009; Hyndman 2000). At the time of my fieldwork, refugees were unable to access work permits, and citizenship was almost impossible to legally obtain for themselves or their children (or even grandchildren) born within Kenya. Despite this, many Somalis have been able to invest in and develop business and employment opportunities, both inside the camps and beyond.

Eastleigh bears the marks of its residents in a peculiarly juxtaposed landscape. A lack of infrastructure has resulted in enormous piles of festering waste in side streets, and what

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<sup>3</sup> This policy was slightly relaxed in 2011, allowing refugees to register with the Department for Refugee Affairs in Nairobi, before being tightened again in 2012.

exists of the potholed roads becomes impassable stagnant streams when it rains<sup>4</sup>. While these are not particularly unusual sights in Nairobi, where Eastleigh differs is in the rapid emergence of new, gleaming, Somali-owned residential apartment buildings, hotels, and shopping malls, some stretching several storeys high. Within these malls unfold immense rabbit warrens of small shops, selling everything from clothes and gold to electronics and plane tickets. The quality of goods and the low prices attract consumers from throughout Nairobi, and even wholesalers from neighbouring Uganda and Tanzania. As then Prime Minister Raila Odinga praised during a by-election campaign in 2011, a fistful of *miraa*<sup>5</sup> in his hand, Eastleigh has become a 'city within a city.'

The economic prosperity of Eastleigh's business community has contributed to the perception of Somalis as wealthy, and their legally dubious presence has made them an easy and alluring target for police, seeking to supplement their wages with bribes (Human Rights Watch 2010). This amalgamation of poverty, wealth, and legal ambiguity has engendered a milieu that is the subject of both Human Rights investigations (Human Rights Watch 2013; 2010; 2009) and Financial Times articles<sup>6</sup>. The pervasive sense of insecurity felt by people in Eastleigh, as a result of police harassment and more general but persistent violence and crime, many people are eager, perhaps even desperate to continue their journey to another country. The protracted conflict in Somalia has produced a widely dispersed diaspora. A history of migration had resulted in small transnational Somali communities long before the conflict began, notably those established by seamen in East London. Individual attempts to seek asylum as well as large scale refugee resettlement has resulted in several other Somali enclaves, particularly in the UK, Canada, US, Sweden, Norway, Denmark, the Netherlands, Australia, and the United Arab Emirates. Almost everyone interviewed in this research

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<sup>4</sup> The area has undergone some regeneration since this research took place, and Eastleigh has most notably benefited from improvements to key roads and street lighting.

<sup>5</sup> A plant that is chewed for its stimulant affects, particularly popular among Somali men. See Carrier 2007.

<sup>6</sup> Manson, K. 'Big money in little Mogadishu', available online at <http://www.ft.com/cms/s/0/d4979b30-bf98-11e1-bb88-00144feabdc0.html#axzz22L8imr3q> accessed 10/12/14

framed their plans or hopes for onward migration in terms of existing transnational network with people already located in a third country, and so the location of family members heavily determined where people imagined they would go. The exceptions to this were largely people who believed they would be resettled by UNHCR, in which case they would have no choice where they went. Only a very small proportion of people were actually resettled, and the majority who were went to either the US or Canada, therefore corresponding with broader imagined trajectories.

Hopes for return had become abstract notions of 'one day', 'eventually', 'god willing', being able to go back to Somalia, rather than a sense that this was something that might happen in the near future. Some people told me they had 'given up on that country' altogether. Aspirations for onward migration, on the other hand, were much more tangible, people planned for them, were aware of how best they might achieve their dreams, and made other significant life decisions, such as marriage, employment, education, and reproduction, based around their 'process'. What happens in Somalia and Kenya, as well as the immigration policy and legislation decisions of 'outside countries' had and continues to have an unrelenting impact on the lives of my informants, and these ongoing processes and events were in a state of rapid flux.

Although Kenya has its own Muslim population, Eastleigh is widely identified as a distinctively Somali Muslim neighbourhood, in contrast to the largely Christian population found in Nairobi. Almost all Somalis are Muslims, and everyone who participated in this research identified as such. Religion was pervasive in everyday life, from the rhythmic patterns of the call to prayer five times per day, to the frequency with which people cited Islam, the Qur'an (as the word of God, spoken to the Prophet Mohamed), and the *hadith* (sayings and teachings attributed to the Prophet), either directly or indirectly. Somalis are primarily Sunnis, however many Sufi practices and beliefs are commonplace in cultural and religious traditions (Lewjs 2008, 1994). Having said that, most people I spoke to in Eastleigh claimed to be entirely Sunni, and distanced themselves from Sufi practices such as saint veneration. It has been suggested that this can be attributed to the growth of Islamist movements in Somalia's urban centres, as

well as the renegotiation of Islamic identity during the mass migration out of the country since the late 1980s (Bern McGown 2004: 117). It is important to note that many people were unclear about the differences between Sunni and Sufi Islam, and the popularity of a fairly large Sufi mosque on 12<sup>th</sup> Street suggested that it retained some degree of influence.

It is erroneous, however, to imagine Eastleigh as the exclusive domain of immigrants. In amongst the myth and rumours of Little Mogadishu, the presence of a significant population who are ethnically Somali, but Kenyan by birth and citizenship can often become obscured. It is this population, and the ambiguity of boundaries between 'Somali' and 'Kenyan', that makes Eastleigh an interesting case with which to examine themes of migration, citizenship, and belonging. The ramifications of a long history of conflict and migration in the region are informative to the experiences of Somalis living in Nairobi in the present, and so I will now give a brief overview of this.

## Unsettled Borders

‘Borders are cartographies of struggle, and refugees are expressions of such struggle’

(Hyndman 2000:xvi)



Figure 2: CIA Map from the 1970s with 'Greater Somalia' highlighted in red

...our misfortune is that our neighbouring countries, with whom, like the rest of Africa, we seek to promote constructive and harmonious relations, are not our neighbours. Our neighbours are our Somali kinsmen whose citizenship has been falsified by indiscriminate boundary ‘arrangements.’ They have to move across artificial frontiers to their pasture lands. They occupy the same terrain and pursue the same pastoral economy as ourselves. We speak the same language. We share the same creed, the same culture and the same traditions. How can we regard our brothers as foreigners?

(Somali Prime Minister Dr Abdirashid Ali Sharmarke 1962, cited in Drysdale 1964: 8)

The knife-edge border between Kenya and Somalia disguises the reality of a divide that is porous, unsettled, and historically contested. The image above illustrates in red the territory that has historically been referred to as ‘Greater Somalia.’ This claim is grounded in the belief that the populations living within this red zone can be identified as ethnically Somali, with the rather problematic assumption that they share a single

ethnicity, religion, culture, and language, thus giving rise to the 'one nation' theory (Laitin and Samatar 1988). This stance has been proliferated by many academics (SSereo 2003; Lewis 1982; Sheik-Abdi 1977; Touval 1963), while others have vociferously argued that it reinforces the social, economic, and political power of particular groups both inside Somalia and among those in the diaspora (Kusow 2004; Besteman 1995; Menkhaus 2003). While other critiques point out that there is little to suggest a shared concept of Somali national unity before it emerged in opposition to colonial rule (Geshekte 1997: 72).

This claimed division of a 'nation' across four states, all of which can be seen as the product of colonial power struggles, was addressed during the demise of British rule in the Horn of Africa in the early 1960s. In 1962 the British colonial administration in Kenya held a referendum in the predominantly Somali region of what was then the North Frontier District (NFD) regarding the fate of the territory and its inhabitants after the British withdrew and Kenya gained independence. Although the vote was strongly in favour of unifying with Somalia, the result was unsurprisingly rejected by the incoming Kenyan authorities. As a result, the outcome of the referendum was ignored and the NFD remained within Kenya, paving the way for long-term mistrust and marginalization of the region and its nomadic communities by the post-colonial Kenyan government (Mahmoud 2008; KHRC 1998; Schlee 1994; Salih 1990; Hogg 1986; Kromm 1967).

In response to continued 'terrorism and banditry', a state of emergency was declared in NFD (which had by then become the Northeastern Region) in 1963, marking the beginning of the *shifto* [bandit] wars, lasting until the signing of the Arusha agreement by Kenya and Somalia in 1967 (Orwa 1989). The term *shifto* continues to be prevalent in Kenya, and I heard many people who had lived in Dadaab and Kakuma use it to refer to persistent unrest in the arid regions. Murunga notes that the term is used more widely in Kenyan society to refer to Somalis, regardless of their origin or citizenship, and this early post-colonial period cemented obstinate views of Somalis as dangerous, lawless, and foreign (2009: 205). State sanctioned attacks on the region were a mainstay of this period, most notably the *Bulla Kartasi* Massacre in 1980 and the *Wagalla* Massacre in

1984, both of which left thousands dead. While a citizenship screening process intended ‘to differentiate Kenyan Somalis from ‘Somali Somalis’’ effectively entrenched particular clans as either included in or excluded from the Kenyan state (Lochery 2012: 616).

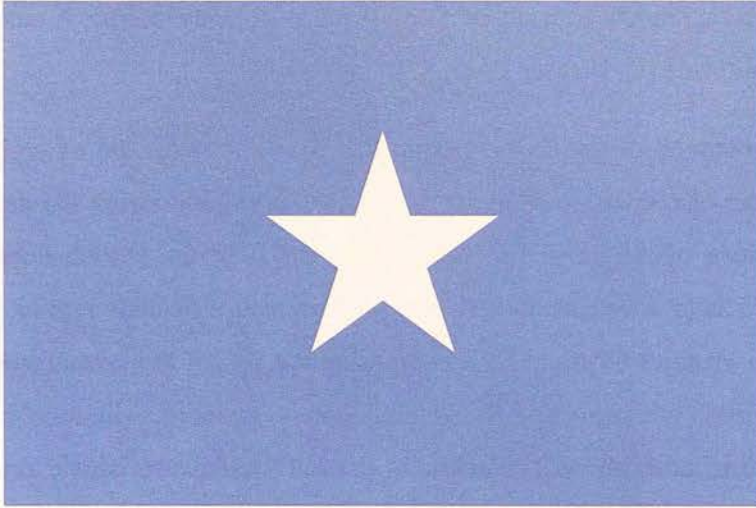


Figure 3: The Somali flag featuring the 'star of unity'

This period also marked the beginning of a lengthy campaign for the ‘reunification’ of Greater Somalia, as symbolised by the five-pointed white ‘Star of Unity’ on the Somali flag, each point representing the territories inhabited by Somali people – the former Italian Somaliland, the former British Somaliland (the now semi-autonomous Somaliland), Djibouti, the Northeastern Province of Kenya, and the Ogaden region of Ethiopia – and therefore the complete Somali ‘nation’. President Mohamed Siad Barre, who took control of Somalia through a coup d’état in 1969, fervently advocated the notion of a united nation, and used it as a basis for his attempts to abolish the clan system in favour of scientific socialism. During this period, kinship terminology that was used in everyday parlance, such as *abti* or *adeer* (maternal and paternal uncle, respectively) were prohibited in favour of *jaalle* (comrade). Publicly identifying with a

clan, or even making reference to one was taboo, and Abdalla Omar Mansur points out that the practice of answering the question 'who are you'? with 'I am Somali', rather than a clan affiliation became pervasive during this period and has continued since (1997: 121).

This 're-emergence of cultural nationalism' (Sheik-Abdi 1977: 662) was pursued further through the adoption of an official Somali script in 1972, followed by a mass literacy campaign that sought to teach the newly formalised (although highly disputed) written language to what was a largely illiterate population. Ambitions for national unity were equally evident in Somalia's external relations, as seen during the Ogaden war in 1977-78, which, much like the state-supported *shifto* wars noted above, failed to bring Greater Somalia any closer to realisation.

In response to emerging opposition during the late 1970s, the Siad Barre regime became increasingly restrictive and the first signs of forced migration began to show. This opposition continued to develop throughout the 1980s, and Siad Barre tightened his grip on critics and dissenters, culminating in the 1988 bombing of Hargeisa, a crucial site of political opposition and the capital of what is now the self-declared independent state of Somaliland. This watershed period marked a turning point in Somali politics, as refugees, particularly from the north-western region of the country began to flee in significant numbers. The ferocity of attacks on his opponents fuelled the resistance movements in numerous parts of the country, and the regime was finally ousted in 1991. This point is widely attributed to be the moment of state collapse, which was to last over twenty years. Following the expulsion of Siad Barre, violent conflict engulfed large swathes of Somalia as various groups and individuals competed for power. Many of those with the financial means sought peace and security wherever they could, either in safer parts of the country, in neighbouring states, or even further afield. As I will discuss in chapter two, this was the period during which Kenya began to rapidly receive Somali refugees in vast numbers. Wealthier urban Somalis and those with the contacts and capital were able to make use of their clan networks, and many were able to move directly to corresponding urban areas, including Eastleigh and more upmarket areas of

Nairobi, while those less well off, and notably the minority clans, were more likely to require the assistance and security of refugee camps that sprang up near the border and in the coastal region (Goldsmith 1997: 470).

Instability has continued to plague Somalia, and the conflict set the scene for a widespread famine to follow. Refugee flows from Somalia to Kenya have ebbed and flowed since then, as many people returned to Somalia during periods of relative stability, only to return once more in response to renewed conflict, drought, or natural disasters. A notable resurgence in refugee movements occurred in 2006 when the *Midowga Maxkamadaha Islaamiga* (commonly referred to as the Islamic Courts Union or ICU) was ejected from power in Mogadishu. The ICU emerged during the conflict to provide some semblance of judicial presence through the administration of *Sharia* law and later adopted a number of state-like functions. Many Somalis credited the ICU with restoring a degree of peace to large parts of the country, which facilitated the return of a significant number of refugees. Despite this, their foundation as an undemocratic authority grounded in *Sharia* law proved undesirable to a post-9/11 international community, and the mission to overthrow the ICU was led by Ethiopian troops, and financially and politically supported by the US.

The Transitional Federal Government was established between 2004 and 2012, yet this did very little to restore stability to the country, and following the decline of the ICU, various militia emerged in the power vacuum left behind. This period of renewed conflict was also marked by the rise of violent Islamic fundamentalists, most notably *Al Shabaab* (The Youth), one of many offshoots from the fractured ICU, which in turn sparked new waves of forced migration up until the period in which this research was conducted. Towards the end of this research in 2011, a prolonged drought in East Africa further intensified migratory flows and the demand for humanitarian assistance.

The two decades of instability that followed Siad Barre's fall from power marked a distinctive decline in the desires for Somali unity, as parts of the country (most notably Somaliland and Puntland) developed their own governing authorities, while many

ethnically Somali Kenyans began to identify more with their country of citizenship (Murunga 2009). Political developments in both states, the continual movement of ethnically Somali pastoralists across the border, coupled with periodic flows of people fleeing violence and natural disasters, and those who return to Somalia, often in the interests of their families, or livelihoods, has problematized state-centric concepts of citizenship and belonging.

This research can therefore be situated within a long tradition of anthropological research on the meanings of ethnicity and belonging within Kenya, from the earliest days of the discipline (Mayer 1951, 1950, 1949; Schapera 1949; Routledge and Routledge 1910), to the more contemporary (Lynch 2011; Muhoma and Nyairo 2011; Straight 2009; Osborn 2008). It can further contribute to the bodies of ethnographic literature that have examined the shifts in migration, pastoralism, and urbanization in Kenya (Fratkin and Roth 2005; Hogg 1986), including the implications of shifting gender dynamics (Francis 1998, 1995; Mackenzie 1993; Davison 1988), as well as those concerned with health and healing (Prince 2014, 2013, 2012; Geissler and Prince 2010; Talle 2010; Booth 2004; Nyambedha et al. 2003; Schoepf 2001). By examining the intersections of 'local' and 'global' through particular health interventions, namely those framed in a concept of 'Global Health', such literature can produce nuanced accounts of how international development is experienced in specific local contexts (Smith 2008), as well as examining how development actors and programmes have shaped concepts of personhood through ideas of 'empowerment' and agency (Prince 2013). For now, though, let us return to Eastleigh.

### **Can the Female Somali Refugee Speak?**

When I first met Nadra she was divorced from her second husband and sharing a room with her much younger sister, Fartun, in an apartment they shared with other 'aunts' and

female cousins<sup>7</sup>. Like many people in Eastleigh, their family had been geographically separated since they fled Somalia. They had three married brothers living in the same street in Eastleigh, one of whom lived in the same building. Another brother and one sister lived in America, having been resettled as children with their father's brother, his wife, and their children. Fartun's mother lived in Dadaab with her children from another marriage, and a final younger brother lived in Somalia with their father and his wife.

Fartun, their father's second youngest child, was in her late teens, and full of excitement and energy that could have fooled anyone into thinking she was much younger. Nadra was the firstborn and although she had a different mother, the two women had lived together for most of Fartun's life. Nadra's age was less clear. On different occasions – conversations with me, filling out medical forms, talking to doctors, talking to her husband – her age fluctuated between twenty-four and thirty. Based on the experiences she narrated to me, including the fall of the Somali government in 1991, their escape from Mogadishu, and the ages of her other siblings, I knew Nadra had to be at least in her mid-thirties, or possibly even forties. Nadra came from a 'respectable' family and she was always happy to recount tales from her childhood in Mogadishu. As the eldest girl, Nadra had never been to school, and had instead remained close to her mother, assisting her at home and helping her with the younger children. Nadra's mother was killed in Somalia, and so her role as mother to her siblings was cemented. She took pride in telling me how she had raised the children, and during squabbles with her siblings she was always quick to remind them of how much she had done for them throughout their lives.

Both women spoke kindly of Nadra's first husband, Abdirahman. Nadra had met him in Eastleigh, although her family already knew him in Somalia, and she had quickly fallen in love and they decided to marry. Both families approved of this marital union and their fathers made the arrangements. In Somalia, I was told, the bride is usually expected to live with her new husband's family, however the conflict and separation-inducing displacement frequently disrupted this norm. Although Abdirahman had family in

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<sup>7</sup> Women from the same clan

Eastleigh, Nadra still felt responsible for caring for her father and her younger siblings, and so he moved into her family home.

Not long after they married, Abdirahman was given the opportunity to go to Sweden. Opportunities to 'get out' are rare, and it's unusual to refuse them without a very good reason, and so Abdirahman left, along with his parents and a few other family members. Nadra's aunts told me that she was devastated that her new husband had left her, and most importantly, that she had not managed to conceive in the time they were together. Although Abdirahman promised to send for her when he was able to, Nadra didn't believe him. As she explained to me, several years after the event, 'We were not married for very long and we had no children. Even if he did make a process for me, who knows how long it might take. I could have been waiting for years and he might never have come back. I wanted to have children and have my own family, so I couldn't wait. I had to divorce him.' Fartun told me that Nadra was embarrassed by the prospect of being an abandoned, childless wife, and that she was so desperate for children of her own, she thought it would be better to divorce Abdirahman and look for a new husband.

Abdirahman agreed to the divorce, and Nadra found another potential husband the following year. By this point her father had returned to Somalia in an attempt to protect their property, and so elders from her clan (men who are referred to and addressed as *adeer* 'paternal uncle') dealt with arrangements for Nadra to marry Said. Unlike her first husband, Said was from a distantly related clan (although still from the same larger clan family) and his immediate family were strangers to Nadra's. Around three months after meeting him, they were married and living with his family in Eastleigh. Nadra and her family did not speak of Said as fondly as they did Abdirahman. He was apparently stupid and lazy, both of which they put down to his family's inferior social and economic status, and his assumed poor quality of formal education. Although Nadra spoke respectfully of Said's mother and sisters to me, Fartun told me she had experienced difficulties moving into a different home and feeling like an outsider. 'She likes to be the boss!' Fartun joked, referring to her sister's status as matriarch within their own family,

She came home to us all the time. To begin with she tried to stay there, but she hated it. She kept coming and staying for longer and longer and longer, until her husband would get angry with her and tell her to come home. She only lived one street away, but she always wanted to stay here, she even wanted to sleep here at night. His family said she was a bad wife, and he was always calling [Nadra's] elders and asking them to talk to her. He even called our father in Mogadishu, 'What is wrong with your daughter?!' [Laughing and imitating Said]. That made Nadra crazy and she was shouting 'Bring my paper! Bring my paper!' [So they could divorce]. This happened so many times, and every time the elders would talk to her and daddy would talk to her and then she would calm down and go back there. Still she would ignore Said for days though.

The marriage lasted for just over a year, I was told, before Nadra eventually refused to go back to her husband, and she was granted the divorce she had so frequently demanded. For the second time Nadra was divorced and childless. I asked Fartun if she thought the lack of a pregnancy, never mind a child, had contributed to her sister's second divorce. 'Only God can know. If she got a pregnancy, maybe she would have been happier and would have stayed with him. She might have been happier with his family if she had a baby. Or maybe not. It's God's will. If it's written she can still conceive with another husband.'

Nadra only commented that it was God's will, but the strain of being twice divorced was clear. To be married and not conceive reflects badly on both the husband and the wife, but suspicion is almost always directed towards the latter (Inhorn 1994). If they marry again and only one is able to conceive with their new spouse, the blame will lie with the one who remains childless. That Nadra had been married twice, even though the first time was very brief, and had never conceived, was public knowledge and could potentially undermine future attempts to marry again.

Despite this, during my fieldwork Nadra met Nuradin, who later became her third husband. Perhaps feeling cautious, Nadra waited ten months, a relatively lengthy period, before agreeing to marry him. When I met Nuradin he was always friendly, if rather shy, and he was kind and generous to Nadra's family. He regularly came to visit her at home,

bringing her food and other small gifts, and running errands for her and the other women in her home, and in the last month or so before they married, he visited her several times every day. Most of his family were in either Dadaab refugee camp or the UK, so he was happy to move into her home after the wedding, and Fartun moved into a shared room with cousins in the same apartment. Although apparently happy in this marriage, Nadra has still not conceived, and as Nuradin has two daughters with a previous wife, the blame for their childlessness over eighteen months into their marriage lies squarely with Nadra. She has seen numerous doctors and consulted *sheikhs* (men who are deemed to be highly educated in Islamic teachings, and therefore able to speak and act on it with authority) to address her failure to conceive, and she still prays that God will eventually gift her with a child.

Her pain was palpable when the ever-energetic Fartun, a young woman who was in many ways like a daughter to Nadra, breezed into Nadra's home to announce that she was pregnant, just weeks after her own wedding. While they both praised God's blessing, Fartun, apparently aware of how her sister was feeling, tried to comfort her, '*Insha'allah* [if God wills it], you'll be pregnant soon too!' The following week, Nadra and I were sitting together in a hospital reception, waiting for her appointment to undergo hydrotubation, in an attempt to unblock her fallopian tubes. I asked what she thought about Fartun's pregnancy, '*Alhamdullilah* [praise to God], I'm happy for her. She's young so it's good for her. She won't have to go through this.' She waved her hand around, indicating the months of appointments, tests, and procedures she had endured. 'Do you ever wonder what might have happened if you had stayed married to Abdirahman?' I asked, fully aware that they communicated from time to time, much to the annoyance of her subsequent husbands. 'It wasn't my fate. Anyway, I don't speak Swedish.'

This lengthy narrative of Nadra illuminates several key points of this thesis. None of her marriages were arranged, although her first was the most approved of due to the existing relationship between their families, and Nadra had chosen each of her three husbands. Coming from a highly respected and influential clan likely made this more feasible, and

possibly made Nadra more attractive as a wife, despite her apparent fertility problems. She also made the choice to end the first two marriages, and in both cases her husbands were initially reluctant to agree. In her fairly unhappy marriage to Said she had to be a perpetually 'bad wife' in order for him to grant her a divorce. While in the case of Abdirahman, she was reluctant to wait for a man who might never come back for her, and so she sacrificed the opportunity to leave Kenya, something she wanted desperately, in the hope that it might make her more likely to become a mother – a desire felt even more keenly than the one to migrate.

Within this setting some core questions arise. What does it mean to be a mother in a context of displacement? How do gendered roles shape – and how are they shaped by – experiences of displacement? What is the relationship between understandings of childbearing, kinship, and lineage, and those of citizenship, nationality, and belonging? How do concepts of the future affect questions of childbearing and migration? And finally, with those questions in mind, how are reproductive decisions made in a context of displacement and insecurity?

### **'Refugees'**

Among your characters you must always include The Starving African, who wanders the refugee camp nearly naked, and waits for the benevolence of the West. Her children have flies on their eyelids and pot bellies, and her breasts are flat and empty. She must look utterly helpless. She can have no past, no history; such diversions ruin the dramatic moment. Moans are good. She must never say anything about herself in the dialogue except to speak of her (unspeakable) suffering.

(Wainaina 2005)

This excerpt from Kenyan writer Binyavanga Wainaina's satirical advice on how 'How to Write about Africa' exemplifies the problematic nature of the term 'refugee'. The image of the helpless victim, an ahistorical, docile casualty of foreign misfortune, is omnipresent in the media and in humanitarian discourse (Butt 2002; Harrell-Bond 1999;

Malkki 1996), and is an unrelenting image conjured by the word 'Somalia', along with her more menacing siblings, the 'pirates' and the 'terrorists'. This victim can be held in stark contrast to both the suspicious asylum seekers and the morally righteous refugees who have been legally recognised in the west (Wettergren and Wikström 2014; Grove and Zwi 2006). Such labels create a gaping disassociation between 'us' and 'them', where the latter exists as little more than a statistic or an upsetting image on television. In this definition of victimhood, the refugee is above all apolitical, and therefore cannot be blamed for their predicament. Such simplifications obscure the reality that refugees are in the dual position of having successfully survived and escaped danger in their country of origin, yet at the same time are vulnerable to a range of threats to their health and wellbeing (Harris and Smyth 2001:235).

Images and narratives of the female refugee (often a mother), are archetypal of the concept of refugees as passive victims. This distinction can be seen in the separation of women as political *objects*, as victims of rape, FGM, and other forms of 'gender-based violence', and men as political *agents* who are persecuted due to their political or clan affiliations. Thus, 'a woman is a refugee if she is a woman-object and acted upon, a man if he is an active political subject' (Wettergren and Wikström 2014: 580). Literature on displaced women has addressed the fallacy of this perception, pointing out that women frequently arrive in camps with their children, having been separated from husbands and other members of their family, resulting in them being the head of their household for the first time (Forbes Martin 1991:9; Ibrahim 2004). Alternative perspectives of women in contexts of displacement and conflict have sought to examine women's roles in peace building and peacekeeping (Nakaya 2003). Such literature is valuable in highlighting how displacement transforms the lives of women in far more ways than their victimisation would suggest.

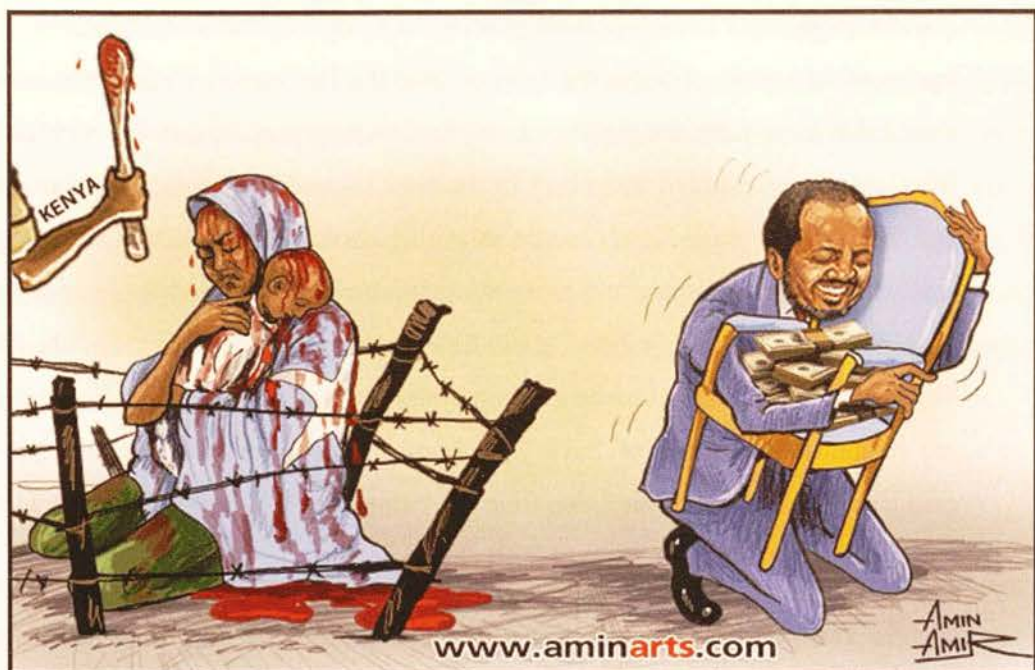


Figure 4: Image by Amin Amir. Available online at [www.aminarts.com](http://www.aminarts.com) accessed 8th April 2014.

The above image, created by the popular Somali political cartoonist Amin Amir, illustrates many of the issues that are at stake. The depiction of the mother, draped in the Somali flag, clutching her small, injured child is prevalent in Amin's work as well as many other depictions of Somalia and the conflict. She is protecting her child, alone, without the father as is so often the case in these images, but at the same time she is the victim of brutal and unjust violence. This particular image shows the mother, the innocent face of Somalia, trapped inside a barbed wire enclosure as the faceless arm of Kenya viciously beats her and her child. On the right, the President of Somalia, Hassan Sheikh Mahamoud gleefully embraces his throne, stacked with US dollars. The prevalence of representations of Muslim women as oppressed by their religion, or those of refugees forced to flee violence in search of safety, blot out the experiences of women like Nadra, as forced yet dynamic migrants, victims of political conflict, but also young women with hopes for their future.

At the time of researching and writing this thesis, Muslim women have become an object of mystery and concern in many parts of western media, and more broadly in discourse surrounding Muslim communities and the Middle East (Abu-Lughod 2013). To paraphrase Spivak, there's an apparent impulse that white men must save brown women from brown men (1988: 92). They must be saved in far off lands from the horrors of terrorism, violence, and human rights abuses, while on our own doorsteps, debate and legislation on the *hijab*<sup>8</sup> and the *niqab*<sup>9</sup> have resulted in lengthy handwringing over what it is Muslim women (as well as the societies they live in) need to be saved or protected from (Tarlo 2010). Abu-Lughod suggests that the 'obsession' with Muslim women frames the discourse surrounding events in the Middle East in terms of reified notions of religion and culture, thereby suffocating any acknowledgement of the significance of political and historical processes (2002). Following Edward Said's account of *Orientalism* (1979), she argues that such discourse recreates 'an imaginative geography of West versus East, us versus Muslims, cultures in which First Ladies give speeches versus others where women shuffle around silently in burqas' (2002: 784). It could be argued that certain anthropologists working in Somalia have been prominent in the creation of this orientalist myth with regard to Somali women, who are often depicted as 'chattel, commodity, and a creature with little power' (C.C. Ahmed 1995: 159).

In a similar vein to the terms 'Blackamerican' (Jackson 2005), denoting the intersections between race and citizenship, and 'blackwoman' (Martin 2000), that highlights the links between gender and race, cooke (2007) has coined the term 'Muslimwoman' to underscore how intertwined these two words have become in the English language. 'The Muslimwoman is both a noun and an adjective that refers to an imposed identification the individual may or may not choose for herself. The Muslimwoman is not a description of a reality; it is the ascription of a label that reduces all diversity to a single image' (cooke 2007: 140). This analysis of the homogenisation of Muslim women

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<sup>8</sup> Imprecisely defined but generally refers to some form of headscarf.

<sup>9</sup> Face covering veil.

supports Mohanty's insistence that we address the various intersectional categories that shape women's lives, rather than focusing exclusively on naïve and overly simplistic concepts of gender.

Above all, gender and race are *relational* terms: they foreground a relationship (and often a hierarchy) between races and genders [...] Ideologies of womanhood have as much to do with class and race as they have to do with sex [...] It is the intersections of the various systemic networks of class, race, (hetero)sexuality, and nation, then, that position us as "women".

(Mohanty 1991: 12-13, emphasis in original)

Following this thread, I might be tempted to invoke the term 'Muslimrefugeewoman', were it not for the clumsiness of the term. Perhaps 'Somaliwoman' would be more efficient in labelling the construction of powerless refugees, the dual victims of religion and conflict. More than a mere label, this portrayal of refugees as devoid of agency or any personal, political, or historical narratives is instrumental to how people who may or may not be legally recognised as refugees identify and engage with such classifications. As Spivak argues, in the construction of the subaltern other 'if you are poor, black and female, you get it in three ways' (1988: 90). If you are Muslim and a refugee, I would argue that you get it in two more.

### **Mothering the Future, Living God's Will**

From the 1970s, the anthropology of childbirth gained significantly more attention, largely due to the rise of feminist literature, which moved female centred practices from the background to the foreground of ethnography (Kaufman and Morgan 2005: 319). This literature explored childbirth as a site at which kinship, community and persons are (re)produced, with a particular focus on the question of power, control, and knowledge. Ethnographies of reproduction have focused on a range of issues including pregnancy and birth (social as well as biological) (Gammeltoft 2014; Craven 2005; Chalmers 1997; Conklin and Morgan 1996; Davis-Floyd 1992), infertility (Inhorn 2011, 2007, 2006a,

2006b, 2003; Feldman-Savelsberg 2002, 1999; Becker 2000), pregnancy loss (Haws et al. 2010; Layne 2003; Cecil 1996; Ginsburg 1991, 1989), genetics and inheritance (Raspberry and Skinner 2011a, 2011b; Franklin and Roberts 2006), and 'new reproductive technologies' (Franklin 2006, 1997; Paxson 2006, 2003; Clarke 2006), in addition to tackling the various social, economic, and political dimensions of reproduction (Donner 2008; Paxson 2004; Davis-Floyd and Sargent 1997; Heriot 1996; Ginsburg and Rapp 1991), highlighting the fundamental role it plays in ensuring continuity while also reflecting and facilitating social and economic shifts and transformations. As Tremayne argues, 'reproduction is a dynamic process, which is not limited to two people reproducing biologically. It concerns the wider social group and interacts with economic, political, religious, and legal institutions' (2001: 1). Additionally, ethnographies of reproduction have stressed the significance of childbirth as more than a singular event, as Kaufman and Morgan point out, 'personhood is ascribed during social birth rituals, of which biological birth may be only one feature' (2005: 321), thus highlighting the importance of reproduction beyond the biological.

Such literature has also underscored the significance of interventions in childbirth, including those with colonial, legal, and medical motivations (Hunt 1999; Thomas 2003), and how they are shaped by, and in turn shape, understandings of childbirth and its associated practices. In her call to examine the 'politics of the womb', Lynn M. Thomas argues that 'the political history in Africa and elsewhere must be explored through relations that stretch from the local to the global. Reproduction, perhaps more so than any other realm of social life, demonstrates how the most intimate actions and desires are connected to debates and interventions that flow from community, colonial, and international regimes' (2003: 4).

Literature on reproductive decisions, and particularly the role of new reproductive technologies, has illuminated ways in which knowledge and hope surrounding the past, present, and the future are constructed and acted upon (Gammeltoft 2014, 2013; Taylor 2010; Inhorn 2007, 2003; Franklin and Roberts 2006; Rapp 1999). If one makes a decision now, what will the immediate outcome be, and how will it affect the future? In

turn this begs the question – to what extent can the future be known or determined? In Eastleigh, reproductive decisions were couched in desires for onward migration and the absolute belief that life can only be known and controlled by God. With that in mind, how can we think about individual choices and decisions, particularly in contexts of displacement and uncertainty?

## **Displaced Birth**

Practices relating to reproduction, maternity, and mothering can provide a remarkable insight to issues surrounding gender, citizenship, and kinship (Ward 2013; Kanaaneh 2002; Peteet 1997; Ginsburg and Rapp 1991). For women who are displaced, these issues are rendered explicit. What does it mean to produce a baby – a person, a member of a clan, a citizen, a refugee – outside of one's own country? How does the context of displacement and migration problematize understandings of the relationship between a person and their nation or state? Essentially, what does it mean to belong, when you produce life in a context in which belonging has in many fundamental ways been ruptured? Beyond reproduction alone, issues of health and healing provide an insightful lens for thinking about experiences of migration and transnationalism. The knowledge of and access to a range of healing practices and practitioners across different national settings opens up new ways for people to think about and act upon their own health. 'Medical pluralism' takes on new meanings in light of migrants who can slip between different forms and sources of healing and across international borders (Tiilikainen 2012). Simultaneously, experiences of displacement can give rise to new, migration specific experiences of illness (Wedel 2013, 2011; Tiilikainen 2012; Horst 2006).

In contexts such as Eastleigh, where pronatality is widely shared, high fertility is perceived as desirable at a family, clan, and national level, and childbearing and rearing are defining aspects of women's lives, ethnographic studies of fertility, pregnancy, and childbirth can provide illuminating insights to the everyday lives of women and their families (Gardner and El Bushra 2004; Ibrahim 2004). Furthermore, childbearing can be

a crucial point for state intervention and interaction, where the production of citizens can be seen as the reproduction of the state. This can be done on many levels, through birth registration, delivery in governmental facilities, or vaccination programmes. In the context this thesis explores, many people were born and raised without such interactions. Some had no birth certificates, many others lost or discarded them. They were, however, enmeshed within and between states, often teetering on the blurry edge of legality.

## **Onward Migration and Transnationalism**

Predating the mass migration that began in the late 1980s, Somalia has been described as a ‘nation of nomads’ (Laitin and Samatar 1987: 21), which speaks to both the dominance of nomadic pastoralism within the country, and to the ongoing, global migration patterns and networks we continue to see today, epitomised by the title of Cindy Horst’s ethnography – *Transnational Nomads* (2006), and perhaps more tenuously by Mary Harper’s description of a Somali businessman in London as a ‘postmodern nomad’ (2012: 116). Removing the rather hackneyed ‘nomad’ label, we are left with a widely dispersed and often highly connected diaspora. I use the term ‘diaspora’ not to suggest that they are an entirely homogenous community (Kleist 2011; Horst 2006; Ong 2008), but to describe the ways in which many Somalis, forced to flee their country, have tried to maintain connections with their extended families and in many cases, a spatial unity in their settlement patterns, evident in the Somali enclaves that can be found in Nairobi, Cairo, London, Minnesota, Helsinki, Toronto, and Johannesburg among many others (Leitner 2008; Fangen 2007; Al-Sharmani 2007a, 2007b, 2006).

Transnationalism has been used to analyse and understand how migrants position themselves in relation to their countries of origin and residence (Glick Schiller 2004; Arétxaga 2003; Vertovec 2001), but it is also important that focusing on transnationalism doesn’t lead to a homogenisation of migrants ‘by disregarding the structural inequalities of class, ethnicity, gender, age, and caste’ (Horst 2006: 210). While earlier research focused on concepts of assimilation within the new state, this fails

to address if and how people continue to engage with their country of origin on social, economic, and political levels. By assuming that citizenship involves cutting all ties with the former state and pledging sole, undivided allegiance to a new one fails to acknowledge how such migrants think about their own concepts of citizenship and belonging (Ehrkamp and Leitner 2003; Benhabib 1999). Indeed, examining the multiple ways in which people respond and adapt to migration, and perceive (dis)continuity in transnational settings can illuminate how understand what it means to be and belong (Langwick et al 2012).

While it could be suggested that theories of transnationalism minimise the significance of the state, this thesis contends that it is the very magnitude of the state as a precisely defined territory that has determined and produced transnational networks. It is the existence of the state and international borders that conceives the category of 'refugee', and it is the density and intricacy of migration law and practice which confines so many Somalis within Kenya, struggling to escape to Europe and North America. It's the existence of desirable and undesirable destination countries – determined by perceived levels of security and economic opportunities – that establish and maintain flows of people and remittances.

Munck (2008) argues that discourse surrounding globalisation and migration, in which issues of transnationalism can be readily located, are disproportionately framed by the perspective of wealthy receiving countries, rather than that of the countries and context from which migrants from the global south originate. As such, the emphasis is on matters of security and limiting access to undesirable immigrants. This thesis aims to open up this perspective by examining how people engaging in South-South migration, with very little and often no access to the governmental and bureaucratic processes that increasingly determine and define international movement, situate themselves within processes of migration. What does it mean to cross borders without a passport, or even a government to issue one? And essentially, what does migration mean to people who feel compelled to continue their journey, but have limited understanding of the 'proper' ways in which to do so? By focusing on transnationalism, as 'the ongoing interconnection or

flow of people, ideas, objects, and capital across the borders of nation-states, in contexts which the state shapes but does not contain such linkages and movements' (Glick Schiller 2004: 449), we can draw attention to everyday lived experiences of Somali migrants, rather than get lost in an abstract concept of the global.

The Somali diaspora provides a fascinating way of looking at and thinking about displacement, migration, and transnationalism, or as we might think of it, 'globalization from below' (Glick Schiller 2004: 449). The protraction of the conflict in Somalia has resulted in a new generation of adults who have been brought up in foreign countries, many of whom retain the desire to return 'home', even for those who were born elsewhere. If we think about transnationalism in relation to globalisation and the decline in power of the nation-state, Somalis, having not so much a decline as a complete rupture of the state since 1991, provide a unique example. The power of the United Nations, as well as international nongovernmental organizations (NGOs) both within Somalia and over the lives of hundreds of thousands of Somalis living outside the state as refugees, is illustrative of how far removed they are from the influence of at least their own nation-state, something even more evident among those people who have fled illegally over international borders.

Research on migration, and particularly forced migration, often focuses on matters of security, violence, and economic issues. Indeed, much of the literature on Somali refugees in Kenya has focused on livelihoods, remittances, and trade (Carrier and Lochery 2013; Lindley 2009a, 2009b; Horst 2006). Although I do not question the value of such research, this thesis aims to contribute to the existing literature by examining how the intimate and perhaps more domestic aspects of people's lives, specifically those surrounding childbearing, shape decisions and experiences of migration. In doing so, this thesis will also largely, although by no means exclusively, focus on the experiences of women, thereby contributing to a body of literature in which Somali women's voices have often been absent (Affi 2004: 91).

## **Methods and Ethics in Research with Refugees**

### **Lost in the Refugee Regime**

When planning this research in Edinburgh in 2008 and the first half of 2009, I was interested in researching how beliefs and practices surrounding maternal health had been affected by displacement among encamped Somalis living in Kenya. I had contacted various NGOs and UN agencies and had arranged accommodation with one INGO that provided medical services. In retrospect it seems rather naïve to have expected such friendly and informal arrangements to be achievable. I had originally planned to spend two months in Nairobi attending intensive Kiswahili classes and conducting initial meetings and interviews with staff at relevant NGOs and UN agencies. I had not foreseen the wild goose chase that awaited me. I found that some key contacts regarding my research in Dadaab had moved on from their positions, while others were entirely unresponsive. Those I was able to speak to bounced me to other organisations or directed me to Kenyan government offices.

I made repeat visits to the Department for Refugee Affairs (DRA) and the Ministry of Foreign Affairs, each time presented with a new obstacle and a challenge I had to meet on my quest to being granted access to the camp. I was told I would need to be formally introduced by the British High Commission, and although they informed me that they do not provide such a service, they kindly wrote me a letter confirming that I was British. On return to the government offices I was told that my letter was not good enough, and that it would have to be sent directly to them through diplomatic channels from the British High Commission. Another visit to the High Commission, who by this point I sensed felt rather sorry for me, and they obliged my request, but pointed out that they sent such communications weekly even though they had never, to the best of their knowledge, been received at the other end. One woman suggested, 'I'm sorry we can't do anything to help. I think they're probably after...' as she 'rubbed her thumb against her fingers to suggest they were looking for a bribe.

With this pointless mission fulfilled, I was informed that I would need a medical research permit, in addition to the research permit I had already received. I was reassured by the staff at the Ministry of Higher Education, who had issued my permit, that it was absolutely not the case that I needed any other. Yet when I tried to politely reason over the telephone that I was carrying out social rather than medical research I was sternly informed 'No, no, no!' before the gentleman from the DRA hung up on me. At this point a further impossible task was added to my hopeless mission, as I was told I would need a special movement pass, a document specifically intended for refugees, and that *if* I ever did actually make it to the camp I would have to stay within the staff compound and would not be allowed to enter the areas where refugees live. As a result I would need informants to come to me, and all research, including interviews would be observed by officials. A final nail was hammered into the coffin of my proposed research when I was informed by UNHCR that the border area with Somalia had become too dangerous and Dadaab too insecure, and that my research was not of sufficient priority for them to risk granting me access.

During this time I continued with Kiswahili lessons and meeting with people relevant to my fieldwork, desperately seeking friends as much as informants. My access dilemma appeared to give the people I met a cause with which they could try to help me, and through this particular form of snowballing I was put in touch with a number of people who were at the time, or had in the past, worked in senior posts in the refugee field in Kenya. As I went through the ordeal for the umpteenth time, Paul, an American who was by that point the most senior person I had been introduced to, nodded and paused for a moment before informing me matter-of-factly that, 'Your first problem is that you are trying to work with one of the most useless, inefficient offices in the country' before launching into a rant about his own personal experiences with UNHCR in Kenya. He went on to add,

The problem is not security. It's not really any more insecure now than in the past, and the security in the staff compound is very high. In my opinion the problem is that they just don't want you there. They have a malfunctioning system that is massively corrupt. There are so many

problems with the government and UNHCR and they don't want another person hanging around, asking questions, and potentially exposing all of that. They've had plenty of academics and journalists in the past, I don't think they want any more unless they are going to tell the stories they [UNHCR] want to tell.

I draw attention to these early struggles in my research, not for the catharsis, but to highlight the management and control of refugee populations within Kenya. This spatial and legal isolation of refugees, separated from Kenyans as well as other categories of immigrants in the country was evident in the densely knitted, intentionally obstructive bureaucracy that I was unable to overcome.

In order to deal with the stress of daily fights with high-ranking officials and watching my research slip away from me I joined a gym near to my apartment, where they specialised in *muay thai* boxing. As I had also been the target of an attempted mugging, I thought it might be a useful skill to learn. My Kenyan trainer, Oti, was roughly the same age as me, and we chatted a great deal as he taught me the fine art of kicking, punching, and elbowing. As I whinged to him about my ongoing access ordeals he was perplexed as to why anyone would want to go to Dadaab, but said that if I really wanted to learn the Somali language and talk to some people who had lived in the camps, he would take me to Eastleigh, where he had lived his whole life, and introduce me to some of his Somali friends.

Not long after Oti offered to take me to Eastleigh, I moved into a small house which was a little further out of town, but was cheaper and I had two housemates to live with, which suited me nicely, as I still found Nairobi rather lonely at times. My landlord, James, was an elderly Kenyan man who lived in the house next door and liked to pop over to check on his tenants and have a leisurely chat. He discussed my research with me at length, and when I told him I was considering shifting my research site to Eastleigh, he told me that he had also previously lived there, and in fact still owned property that he rented out to Somalis. He told me that following Independence, the government made property in areas that had belonged exclusively to 'non-Africans' more affordable to

‘real Kenyans’ (see Chapter 2), and this is when he, at the time a newly married young man, had moved to the estate. His wife’s brother had an office, as well as owning residential properties in Eastleigh, and like Oti, James offered to take me for a visit.

These two generous offers gave me access to Eastleigh and its residence in a way that was fundamentally different to my original research proposal. Later in my research, I observed how ‘community interlocutors’ work between NGOs and the residents of Eastleigh. Whenever a survey needed to be completed or a journalist was in town, the interlocutors called upon their rota of contacts, and often prompted them to give particular answers. Summoned at one point by MSF, I heard the interlocutor prep her contact ‘tell them you’re sick all the time, tell them we have no services, tell them we are very unhappy. Then they’ll bring new services for us.’ On other occasions I heard informants being scolded for giving ‘the wrong answers’. Listening to such conversations made me relieved that my research had taken the twists and turns that it did. As a result, this is not an ethnography of ‘refugees’, and although I deal with the refugee regime at various points, it is not in any way led by it. This thesis is largely concerned with people who could conceivably be classified as refugees or asylum applicants, but instead went out of their way to minimise their interactions with the organisations and processes that would define them as such.

## **An Ethnography of Eastleigh**

Anyone familiar with the chaos of Nairobi traffic will know that daily *matatu* commutes are not ideal, and it was not unusual for me to find myself in traffic jams for hours on end, particularly during the rainy season. I also felt somewhat disconnected from my fieldsite, and although I invited friends from Eastleigh to visit my home, I still felt like an outsider, which I was acutely aware of in a neighbourhood where outsiders are frequently met with suspicion. My increasing overnight stays in Eastleigh eventually resulted in me being adopted as a permanent fixture, and I was able to live with friends, who eventually became my family. This family was largely made up of adult siblings,

although the composition occasionally changed as people moved in and out, and at times included first cousins, as well as one room that was frequently rented out to extended family members or people from what were considered to be close clans. Living with them not only allowed me to be more present within Eastleigh itself, it enormously aided my understanding of Somali language as well as every single aspect of my fieldwork. Furthermore, with up to fourteen of us sharing a four bedroom apartment, my days of feeling lonely in Nairobi were over.

In total I conducted twenty months of fieldwork in Kenya from November 2009 to June 2011. During this time I spent six months volunteering at the privately owned hospital I mentioned at the very beginning of this thesis, assisting in the office, at reception, on the wards, and in the delivery room, and three months at a Kenyan NGO that works closely with the United Nations High Commissioner for Refugees (UNHCR) as one of its implementing partners, and provides legal advice and representation to refugees and asylum seekers. These positions gave me the opportunity to meet people from a range of backgrounds, and importantly, clans, as traditional snowballing methods were bound within existing social divisions.

Throughout the research period I conducted participant observation within Eastleigh and with relevant NGOs, as well as semi-structured interviews with forty-five women and seventeen men, mostly lasting between one and two hours. Although these interviews were insightful and informative to this thesis, I believe I amassed a great quantity and quality of data through less formal, unstructured interviews, which I conducted with more than 120 women and more than forty men. These interviews lasted anywhere between half an hour and several hours, and often took place in women's homes, although I always let the interviewee select the venue. The lengthiest 'interviews' took place when women were in labour, during which I stayed as long as I was welcome, which frequently ran into multiple days until the baby was finally born. From a researcher's point of view, frequent pregnancies were extremely useful, as they allowed me to accompany women during multiple pregnancies and deliveries. I revisited Eastleigh while writing this thesis, on three short trips during 2012 and one longer stay

from April to July 2012. These trips allowed me to discuss my thesis, share some of my conclusions, and receive feedback from informants, as well as attend the deliveries of a few more babies.

This research was conducted in a mixture of English, Somali, and 'sheng' a fusion of Kiswahili, English, and other Kenyan languages<sup>10</sup>, which was commonly spoken by the Kenyans I interacted with. Most of my Somali informants had learnt to speak the local language from everyday interactions rather than in school, and therefore were far more likely to speak and understand sheng, rather than formal Kiswahili. Many Somalis, and particularly women, spoke very little sheng, and sometimes none at all. Within such a large Somali community, it was quite possible to live with very few interactions with non-Somalis, thus limiting the need or likelihood of learning a new language. The language learning process meant that interviews earlier in my fieldwork were more heavily reliant on interpreters. Although interpreters can be highly problematic, particularly in a context where power dynamics are catalysed by interwoven perceptions of ethnicity, clans and class (Mackenzie et al 2007), this was often simplified by the informants themselves, who would arrive for interviews with one or two companions. I initially thought they had translation concerns of their own, yet as my research progressed and language became less of an issue, it became apparent that people seemed to prefer to have company, particularly outside of the home. This was also an issue of security, as people commented that it was better to have someone with you in case 'something' happened. This 'something' included being assaulted or robbed, but normally it implied an encounter with the police. There was also a distinctly social element to it, as it was common if one was running an errand to pick up company along the way. A largely unemployed community meant a lot of people with a lot of free time.

The majority of my informants were between the ages of eighteen and forty, although an indifferent attitude toward birth dates and precise numerical ages meant that informants

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<sup>10</sup> For example, in Kiswahili one may announce their arrival with 'nimekuja' (ni – 'I' – me – 'have' – kuja – 'arrived/come'), yet in Nairobi it was more common to hear 'nimekam' ('nime' remaining from Kiswahili, 'kuja' replaced with 'kam' from the English word 'come').

often gave a vague idea of when they were born or what age they were, while others changed their age on the different occasions that I met them. Most of my female informants were married for the first time by their late teens or early twenties, while my male informants were normally a few years older when they married. High divorce rates among the Somali community in Eastleigh meant that it was fairly common for informants in their later twenties and older to be divorced and in many cases remarried. The scale of displacement and onward migration, not to mention the restrictions imposed by international immigration regulations, meant that married couples were frequently geographically separated from each other, with one spouse in Nairobi and the other in Somalia, a refugee camp, or a third country.

## **Ethics**

Ethical considerations were at the forefront of my fieldwork at all times. From the outset, I took the ASA's ethical guidelines, in addition to the University of Edinburgh's policies and procedures as my basic ethical framework. In the following I will discuss the key points that were crucial to this research:

### **Protecting Research Participants and Honouring Trust**

This research was only possible due to the generosity and honesty of a wide range of people, including Kenyans, Somalis and other immigrants, and a range of national and expat staff working for NGOs, government bodies, and UN agencies. Although I am extremely appreciative for all of their participation, it is those who could be considered 'refugees' who informed this thesis the most. In often vulnerable positions, they had the least to gain and, potentially, the most to lose. It was very common for people to suspect that I was working as a spy of some sort, either for the British government or the UN, and it was not unusual, particularly in the early months of my fieldwork, for people to be dishonest with me about their personal details.

As my research was predominantly focused on a 'female topic', a crucial element of the trust between myself and my informants was the fact that I am a woman (Finch 1984; Van Hollen 2003). At the time of fieldwork I was in my late twenties, and therefore of a similar age to the majority of my informants. My access to maternity wards, deliveries, and the intimate knowledge and practices surrounding reproduction was certainly determined by the fact that I was, in that sense, an insider. And yet at the same time, as an outsider (white, Scottish), I was able to avoid particular gendered expectations. Most notably, I was able to spend time with men, individually and in groups, without attracting negative judgments (or at least, I was not subject to any negative repercussions), and was able to discuss issues that may have been deemed inappropriate if I was a Somali woman.

### **Anticipating Harms**

It is essential to put the safety and wellbeing of informants first, and it is essential to bear in mind that no interview or potential contact is worth risking putting another person at harm for. With regard to this research that included making sure that interviews took place in a safe location, where people were able to travel to and from without undue risk, and always being aware of who was within hearing distance of any conversations. For example if someone's husband or mother-in-law was at home, there were particular topics and questions I refrained from bringing up.

One form of harm that I had anticipated was the stress caused to myself and others by working with a group of people who are forced to endure violence, displacement and insecurity. Listening to people tell me their personal narratives was unquestionably difficult, and re-reading and writing about them has continued to be a challenging process. During one particularly difficult period, when one informant's daughter was raped and another very close friend, Mohamed, was attacked and almost killed by a gang with machetes, I was grateful that my supervisors encouraged me to take a break from the field.

As a small reflection regarding showing emotions in the field, when I visited Mohamed following his attack, I did not feel the need to suppress my emotions the way I did during emotionally challenging interviews. He was not an informant, and by this point I had known him for almost a year, during which I had seen him almost every day. He was and still is a friend, so I didn't even attempt to hold back my tears when I saw the extent of his injuries. Mohamed laughed at me for crying, as did the other friends who sat with us. Later though, Mohamed commented that they were not totally sure about me and how genuine our friendship was, until the day they saw me cry.

### **Avoiding Undue Intrusion**

I was acutely aware of the distinction between my informants and I, in that I lived in Eastleigh through choice and they were there because they had very few, or no, other options. Horst's concern that her fieldwork with refugees in Dadaab could be considered 'highly inappropriate voyeurism when one can do nothing in practical terms to improve people's misery' (2006: 27), particularly when as a researcher you are asking questions that may be on sensitive topics or bring up distressing memories, rang painfully true. Research into certain topics can be seen as 'threatening' to the informants as they cause great emotional stress (Lee 1993: 6). Carrying out research with refugees, including interviews that focus on experiences of displacement can and did elicit highly traumatising narratives. Legard et al point out that people are often more willing than interviewers expect to discuss sensitive matters (2003:162), and this was certainly the case during my fieldwork.

A particularly traumatic aspect of my research was with women who were victims of direct violence and persecution. Gender-based violence is common, and has been prolific in Somalia, the refugee camps, and in other locations in Kenya. Women are left to deal with the consequences, often after being abandoned by their families. My research questions did not focus on this topic, and I never asked any questions relating to specific violent episodes or specific forms of violence (i.e. rape), therefore it only arose when the informant brought it up. When such topics did arise, I did my utmost to deal

with it in a sensitive manner, and when informants became upset I always offered to end the interview. Some accepted this, and asked me to switch off the audio recorder for a period, while others stated that they preferred to continue. No one asked to end the interview early.

## **Negotiating Informed Consent**

While conducting interviews with NGO, UN agency, or diplomatic staff, who were largely familiar and comfortable with issues surrounding consent, I discussed the topic with them and sought consent before proceeding with the interview. In the majority of cases, these were one-off interviews. When working with my Somali informants, the issue of consent had to be far more thorough, as their involvement with me had potential implications for their safety and security.

It quickly became apparent, through conversations and spending time with people, that many women were unable or had limited ability to read and write. This was less of an issue for men and younger women. Literacy problems were not the only difficulty that arose from asking for signatures. Signed documents could potentially be used as evidence, and in ways that people could not always foresee. Signatures were demanded by UNHCR, the police, and other authorities, and so there was a deeply embedded sense of fear and uncertainty associated with being asked to provide one.

Conversely, many of my informants were so generous when assisting me that I believe they would have signed a document whether they understood it or not. This was particularly evident when I was asked by informants to help them understand medical or legal documents, which they would sign or act upon as a result of what I had told them. For these reasons I did not use consent forms. I did not want any of my informants to feel suspicious, fearful or embarrassed as a result of something I had asked them, and neither did I want them to feel compelled to sign something out of a sense of trust or obligation.

Consent was therefore approached as an ongoing process between myself and my informants, and it hinged on their need to trust that I would not share their details or experiences, or use them for anything other than what I had specifically explained (Bernard 1998). Additionally, I had access to private medical and legal documents, and observed and was involved in consultations and medical procedures. Where I make reference to either of these in this thesis, I do so with the consent of all those involved.

## **Rights to Confidentiality and Anonymity**

As forced migrants, with an often uncomfortable relationship with their host state, many of my research participants were cautious about revealing personal information. As my research also deals with issues of health and the body that are enormously private, confidentiality and anonymity were of utmost importance. Mackenzie et al discuss the reluctance among refugees in Kakuma refugee camp to be interviewed because previous researchers had disclosed the identities of women who had been raped. Furthermore, there was a general fear within the camp that researchers may disclose the details of their identity and location, leading to them being found by those they were fleeing in their country of origin (2007: 305). With this in mind, I was vigilant about the security of my data, and I have anonymised all of my participants in this thesis through the use of pseudonyms and making small alterations to personal details where necessary.

Divisions existed not only between refugees and non-refugees, but between Somalis themselves. Although I was aware of the importance of not appearing to be favour one group of people over another (Trotter and Schensul 1998), it was impossible for me to avoid any sort of association with particular clans. As I will discuss in Chapter Three, residential areas of Eastleigh were loosely divided along clan lines, and to know where I lived, if one was familiar with the area, was to know which clans I lived with. I went to great efforts to diversify my informants in order to ensure that my research was not skewed towards one particular clan.

## **Fair Return for Assistance**

There was always a risk that my informants had expectations that I would be able to help them or improve their situation in ways that were simply not possible, particularly with regard to onward migration. In an attempt to address this from the very beginning, I was as honest and transparent as possible about why I was there and what I planned to do with my research (Fluehr-Lobban 1998: 187). Although I am sure that some people were disappointed by this, it is important to remember that return for assistance is not just about immediate one-off gifts, but must also encompass a reflection of the lasting gratitude for that person's impact on the research.

A challenging question I was asked time and again by my informants was 'how will you help Somalis?' This was a common response, following my introduction and explanation of the research. It was a difficult one, and it dredged up a profound apprehension that I was benefiting from the misfortune of others. Many of the people I met had been involved with some form of research in the past, particularly those who had lived in refugee camps, and they were understandably dismissive of what is in reality an imbalanced relationship between the researcher and the researched. Mackenzie et al emphasise the anger felt by refugees who had assisted with research, and never heard from the researcher again, leaving them feeling angry and exploited (2007:306).

In practice, however, I found small ways to demonstrate my appreciation and respect. These included contacting or providing contact information for relevant organisations, particularly those that assisted in matters relating to sexual or gender-based violence, human trafficking, and human rights. I always offered to accompany people to their appointments. This offer was frequently accepted, as there was a perceived sense of security with me, and many people hoped they might get better treatment if they were with a white person. I also helped to translate or explain documents or letters people received from UNHCR or foreign embassies, and I also made enquiries on behalf of my informants. This was particularly common in the case of people with no identity or

asylum documents, who wanted to find out if or how they could obtain them, without having to first present themselves to the authorities. I also accompanied women to medical appointments, and helped to explain diagnoses, medication, and procedures to the best of my ability. 'Fair return for assistance' is a very sterile description of these relationships, particularly with the women who asked or allowed me to stay with them during childbirth, but it was through these acts of mutual trust that I was able to conduct in-depth fieldwork, while ensuring that it was a two-way, non-exploitative relationship.

## Thesis Overview

This thesis will begin at what could be construed as the broadest point, before narrowing in on the most intimate, bodily experiences of displacement and birth. In Chapter One I begin with a discussion of the significance of Somali lineage, nationalism, and a sense of Somali identity (*Soomaalinimo*) to how people situated and perceived themselves within a context of displacement. In doing so I will begin to explore ways in which kinship, nationalism, and religion intersect, particularly focusing on the significance of myths of origin and specific chapters from the Qur'an in constructing concepts of reproduction, lineage, and nationalism.

In Chapter Two I examine the significance of the formal, or what might be described as 'legitimate' transnational context in which Somalis in Kenya were located. This will be achieved through an analysis of the 'refugee regime complex', both as it theoretically exists as a method of managing displaced populations, and as it is experienced by the Somalis I met in Nairobi. Although they have entered the sovereign state of Kenya, I will argue that this is not as straightforward as it seems if we examine the ways in which the refugee regime complex performs and asserts itself with regard to both refugees and the government of Kenya. The long-standing presence of Dadaab and Kakuma refugee camps, which are managed by UNHCR and its implementing partners, in what could be described as non-state spaces obscures who performs, and is seen to exist as the state.

The refugee camps, including the perception of what it means to be a refugee leads us to Chapter Three. At this point we shall abandon the refugee regime (as much as we can), and explore how concepts of what it means to be a refugee, or conversely a citizen, are central to why people live in Eastleigh. As such I will consider how Eastleigh can be conceived as a site in which migration is perpetual, and therefore divergent from the refugee camps in which people were perceived as 'caged' or 'imprisoned'. In order to fully understand this, I will examine the ways in which Eastleigh has been transformed as a space that has been broadly identified as distinctly Somali. In doing so, we must also acknowledge and examine the ways in which the residents of 'Little Mogadishu' have encountered perpetual violence and hostility, most frequently from the police and military, and why, as I shall argue, Eastleigh is often perceived to exist only as a temporary transnational space. To be in Eastleigh is always to be between here and there.

Chapter Four will look in even greater detail at the everyday lives of women in Eastleigh. In order to understand the experiences of my informants it is essential to understand migration as a gendered experience. This chapter will therefore examine how ideas of womanhood were fundamentally framed by the crucial roles of being a wife and mother. In order to explore this, I will look at it through the lens of beauty, and thereby question what it means to be a beautiful wife and mother, or even a beautiful grandmother. How are these roles informed by concepts of Somaliness, and how do they shape experiences of migration? How do women perceive these essential qualities of being a woman, and importantly, how do they act upon them? This chapter will consider the perception, practice and performance of beauty as a means to address these questions and understand the gender dynamics of life within and beyond Eastleigh.

At this point the thesis will delve into the realms of medical anthropology, and attempt to shed light on the point at which the political and the medical intersect. Chapter Five provides an ethnographic study of how illness and healing are navigated within Eastleigh. In doing so, it will explore health seeking as a specific site at which Somali women in particular had contact with largely Kenyan medical facilities and practitioners.

By exploring how women and men give meaning to their own reproductive health, this chapter analyses practices of medical pluralism as a means to address reproductive obstacles. Furthermore, I argue that the role of kinship networks emerges most vividly during attempts to access health care.

Narrowing further still, Chapter Six will examine fertility, particularly as it is situated within larger beliefs regarding religion, destiny, and of course, migration. It will discuss the ways in which women sought to protect their reproductive capacities in order to ensure their ability to be 'good' wives and mothers. In doing so, I analyse how the purpose of childbearing is rendered visible within the uptake or refusal of particular forms of fertility treatment.

Finally, Chapter Seven will lead us to the period and experience that was invested with so much hope and promise – pregnancy and birth. This chapter will reflect upon individual acts of childbearing and birth as points on a larger continuum of multiple reproduction. In doing so, I examine two further 'reproductive disruptions' – pregnancy loss and Caesarean sections – in order to analyse how perceptions of and decisions made during such disruptions reflect on women's desires for large families.

## Chapter One: Where are you from?

I begin this first chapter with the question that caused a great deal of confusion, but was in fact remarkably informative to understanding how people reflected upon and articulated issues of belonging. When I first asked this question – ‘where do you come from?’ – it was intended as an innocuous way to begin a conversation. My own answer to this question was fairly easy, ‘Edinburgh, in Scotland. Yes, the UK. No, not in England. No really, it’s north of it. Yes, Sir Alex Ferguson<sup>11</sup>. Mmmhmmm, Braveheart<sup>12</sup>... sort of.’ Some people I spoke to were understandably reticent during our first meetings, as they were unsure of who I might really be working for. Fearful that their illegal presence might be an issue, many people claimed to be ethnically Somali but Kenyan citizens, born in Eastleigh or the northeast of Kenya. What was most illuminating was the frequency with which people would ask for clarification – ‘where do I come from or *where* do I come from?’ This distinction was explained very early in my research by one friend, ‘I think you mean which country or region, but to Somalis that question means which clan do you come from.’ This Somali contortion of my question informed the answers I was most often given – Majeerteen, Dhulbahante, Marehan, rather than the initially expected answers of Mogadishu, Kismayo, or Hargeisa. The position of clans as a marker of identity was further explained by a middle-aged man called Samatar,

So at the top you have Hawiye, Darood, Isaaq, and some others. These are above all the tribes and clans. These are... These are Somalis, really. Next you have the tribes. Depending on the tribe you belong to, these are still very big. There can be so many clans within one tribe. So then below that you come to the clans. Now the clans tell you where someone comes from. This is why when you ask someone where they come from, and you expect them to tell you Mogadishu, Bosaso, Hargeisa, or wherever, but instead they tell you the name of their clan. Because to us, that is what that question means. You come from your clan. And I can know which part of Somalia you are from if I know which clan you come from, and it’s the same the other way around – I can probably know which clan you are from if I know where you

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<sup>11</sup> Scottish manager of Manchester United at the time of fieldwork

<sup>12</sup> Problematic film about William Wallace, a prominent figure in Scottish history

live in Somalia, or even just from the accent. And after that you come to the sub-clans, and that is *real* family. *That is who you are.*

The final point made here, 'that is who you are', exemplifies the significance of lineage to the Somalis I met in Eastleigh, and the reason it has been so heavily dwelled upon by politicians and academics alike (Cassanelli 2010; Laitin and Samatar 1987; Mohamed 1997; Lewis 1994, 1982, 1957). Lewis, whose work focused most heavily on northern Somalia, has written at length on this topic, detailing the intricacies of 'segmentary lineage organisation', whereby the position of each individual is dictated by clans, which are inherited through patrilineal descent. Some have suggested that this focus, which a number of anthropologists have been instrumental in defining and articulating through the colonial and postcolonial periods, has had significant negative consequences for the state, effectively materializing and entrenching social and political hierarchies (Kapteijns 2004). Others have argued that the near exclusive focus on patrilineal descent has served to provide an androcentric perception of Somalia and the clan system (CC Ahmed 1995).

In order to examine both the theory and practice of Somali kinship, this chapter will begin with an outline of the classical debates, which have focused on Somali ethnic identity as state-centric nationalism. Following from that, I will examine how myths of origin are informative, but by no means static in defining boundaries of inclusion and exclusion. In order to unravel this point further, I will then look at the perception of Somali Kenyans in Eastleigh, before finally arguing the need for an examination of kinship as practice, at the proximate family level. In doing so, I will analyse the significance of reproduction and parenthood as understood through the teachings of Islam, as instructive to perceptions and experiences of kinship, gender, and clans.

## A Nation Without a State?

‘What imbues the Somalis with a sense of common national identity, notwithstanding a history of nearly one hundred years of colonial partition, is their long-term occupation of nearly 400,000 square miles of arid semidesert in the eastern Horn of Africa; a common language universally spoken and understood, although with dialectical differences; a way of life that is predominantly pastoral; a shared poetic corpus; a common political culture; a profound Islamic heritage; and a deeply held belief that nearly all Somalis descend from the same source and are therefore drawn together by emotive bonds of kinship and genealogical ties.’

(Laitin and Samatar 1988: 21)

Colonial authorities, anthropologists, and political scientists have in the past (and some more recently) been deeply concerned with accurately documenting the complex mass of clans and clan structures. Anthropologists and other social scientists have been instrumental in the resurgence of clan identity, or as one former Somali minister phrased it ‘the creation of a clanomania mentality – which seeks to redefine and reinforce the ancient tribal ties and boundaries in order to defend some vested interest of a few power-hungry men or greedy groups’ (Aden Sheikh 1997: 17). To delve into the details would be a thesis in itself, but it is essential for the reader to have a basic grasp from the outset (for more exhaustive and often conflicting attempts to grapple with clans see Lewis 2008, 1994; Haji Mukhtar 1997; Mansur 1995; Laitin and Samatar 1988). Somali lineage takes the immediate family (*qoys*) as its starting point, which are part of extended families (*reer*, although this word can be used to refer to a ‘family’ of any size or mean ‘people of’, for example ‘*reer Abdullahi*’ would refer to all descendants of Abdullahi, while ‘*reer ayeeyo*’ ‘grandmother’s family’ or ‘the people of my grandmother’ is a reference to her clan, and ‘*Reer Xamar*’, would be best translated as ‘the people of Mogadishu’). These lineages are part of subclans (*laf*, which also translates as ‘bone’), which in turn are part of larger clans (*tol*) and clan families, which some people I spoke to referred to as ‘tribes’ (Mohamed 1997; Megag Samatar 1997). Although clans are primarily defined by patrilineal segmentation, there is a further

inclusion of uterine groups (as a result of polygyny) as points of division (Lewis 1994: 54), thereby reflecting the significance of wives and mothers.

Megag Samater describes the Somali clan system as 'a complicated pyramid' (1997: 39), in which the largest clan families, believed to descend from one shared ancestor are positioned at the top, followed by sub-clans in the middle, 'most often more important for questions of survival and interest', and finally at the base level we find the extended family. Most of life takes place in this lower level of the pyramid, and the upper levels are only accessed when required, 'the more difficult the problem to be solved in both extent and intensity, the higher the rung called upon' (Megag Samater 1997: 39). In urban areas, and I argue particularly in contexts of displacement and insecurity, these 'higher rungs' of the pyramid can be invaluable in ensuring safety and survival.

The extended family in the Somali case is the basic economic unit, adopted and adapted throughout the ages for the survival of its members. One family member may be a skilled worker in town, another a merchant, a third abroad in Europe or oil-rich Arabia, and another left to tend livestock in the hinterland. All their incomes buttress one another. As such the Somali extended family is a versatile system that is self-reliant, internally balanced and autocentric.

(Megag Samater 1997: 39)

The largest clan families or tribes are Hawiye, Darood, Dir, Isaaq (although they are often considered a Dir sub-clan), and the Digil and Mirifle (again, in some instances these two clans are grouped together as Rahanweyne, while in others only Mirifle is included and Digil is separate). Others group Hawiye, Dir, and Isaaq together in the single clan family Irir (Haji Mukhtar 1997: 50). While it is not my intention to be weighed down by such debates, it is important to note that the Darood, Hawiye, Dir and Isaaq clans are largely pastoral nomads, while the Digil and Mirifle clans are agriculturalists who speak *af maay* (sometimes referred to as *af mai*), a dialect, or really a collection of dialects significantly different from the *af maxaa'* spoken by the pastoral nomads, and which has been the basis for the official Somali language. The focus on the pastoral *af maxaa* speaking majority has in the past led to an academic obliviousness and

political marginalization of the agriculturalists who predominantly live in the south of the country (Mukhtar 2010; Cassanelli 1997). There are additionally a number of much smaller clans and minority groups, who are often politically and socially excluded. These include the Reer Xamar, mentioned above, the Bajuni, and the occupational groups, traditionally engaged in leather and blacksmith work, such as the Yibir, Tumul, and Midgan. The 'Bantu', otherwise referred to as *jareer* (coarse hair), or *adoon* (slave), are a diverse group who have been lumped together under a single pejorative banner, who have endured persistent marginalization and abuse (Menkhaus 2010; Eno 2004; 1997). Cassanelli (1982), Mukhtar (1995), and Besteman (1995), among others, argue that the glorification of noble clans has been instrumental to their domination in national politics.

The origin of Somalis and of individual clan families have been vociferously disputed by academics as well as people I met in Eastleigh (Kusow 1995; Mansur 1995; Lewis 1955, 1960, 1994; Cerulli 1923). Although some academics, such as Abdalla Omar Mansur (1997), have convincingly highlighted the discrepancies, contradictions, and fabrications at play within the lineage system, I argue that it does not matter if direct blood lines can be traced back hundreds of years, because, as Megag Samater (1997) suggests, the most important clan interactions happen at the levels of sub-clans and diya-paying groups, that is, between easily traceable agnatic kin. That lineages can be traced at these levels infused the rest of the system with reliability. Practiced and performed within networks of 'real' blood ties, through traceable lineages, the clan system is instilled with a sense of concrete reality that is at odds with what might otherwise seem a purely 'imagined community' (Anderson 1983). It is not the purpose of this thesis to untangle these, but rather, I describe them to elucidate how and why particular narratives were used to express and identify what it means to be Somali. 'Somali identity', and ethnicity more broadly, is a fluid concept that can shrink and expand, which can result in rapid transformations of who can be considered included or excluded in particular times and places (Ayoob 1995). In this sense, this thesis is more concerned with how particular experiences of migration and reproduction were located in concepts of *Soomaalinimo*

(‘Somaliness’) as an intersection of lineage, religion, and national identity. Al-Sharmani suggests that amongst Somalis in Cairo, *soomaalinimo* is envisaged as ‘a positive national identity rooted in moral values associated with being Somali’ (2007b: 71). Let us shift slightly away from the political and consider the perception of a shared, perhaps even national imaginary of Somali identity.

## Kinship as Citizenship

Myths concerning the origins of Somalis as people, rather than Somalia as a state, were crucial to perceptions of Somalis as one nation (for a sample see Kusow 2004; Helander 1999, 1988; Lewis 1991, 1957; Laitin and Samatar 1988). Such myths give rise to what Lewis described as ‘the total Somali genealogy’ (1957), with which Somalis can be traced back to a single shared ancestor, thus providing a ‘mental map which enables Somali – and the “experts” who study them – to explain both the solidarity and the segmentation which have characterised Somali society through much of its recent history’ (Cassanelli 2010: 54). By tracing ‘real Somalis’ back to an individual shared ancestor, the power of the descendants becomes naturalized, thereby appearing ‘natural, inevitable, even god-given’ (Yanagisako and Delaney 1995: 1). The story of two brothers, Samaal and Saab, was one of the more popular narratives of who Somalis *really* are that I encountered during my fieldwork, with all ‘noble’ Somalis and their affiliated minor clans descended from Samaal, while the ‘others’ are from Saab. Here is how one older woman told it to me:

During a long drought, a man sent his two eldest sons in search of fertile grazing land. He gave them very clear instructions about how to behave while they were travelling – they could only eat meat that was *halal*, unless they were truly starving. Then they could eat any meat they found, even if it was already dead when they found it. The father told them, if you eat such meat you must vomit it up as soon as you can and you must pray before you eat again. Samaal was the eldest and he was a very good son. He did everything his father told him, he only ate the haram food when he was starving, and he vomited as soon as he could. Saab was not good, he ate whenever he was hungry, he didn’t follow his father’s instructions to vomit

when he had eaten haram food. He wasn't disciplined like his older brother. When they finally returned to their father, Samaal told him what had happened, and Saab was chased from his home for disobeying his father. And from these two brothers come all the Somalis we see now. Most are from Samaal, but some still have the shame of Saab.

In other versions I heard, rather than searching for water during a drought, the brothers were followers of the Prophet Mohamed, and had arrived in Somalia after fleeing persecution for practising Islam, while in others it was the father who had travelled from the Arabian peninsula and married a native Somali woman. In most versions, the two brothers belonged to the same tribe as the Prophet, the Quraysh. Versions of this story are common in literature on Somalia, but I should point out that I met some younger people who told me they had never heard the story, or knew only sketchy details. It is rather obvious that the pronunciation of 'Samaal' only slightly differs from 'Somali', and this undoubtedly reinforces the perception held by many that the noble clans are the 'true' Somalis (although others suggested that the term comes from *soo-maal*, meaning 'go and milk'). The references to food that is *haram* or *halal* (identical to the categories in Islam) and versions that include references to the Prophet, also illustrate the embeddedness of Islam in the narratives surrounding what it means to be Somali. By establishing this founding ancestor as an Arab and a Muslim, Kusow (2004) argues, definitions of Somaliness are bounded, thereby exalting those who are perceived as sharing these characteristics as nobles. As such, origin stories such as the one above give context and meaning to the larger world around them (Geertz 1973; Douglas 1966). Simultaneously, those who might fall outside these categories, including religious or ethnic minorities, are inherently excluded from concepts of a bounded and historically fixed nation.

Although I agree with Kusow that these myths create 'symbolic and narrative-based processes that privilege certain categories and cultural meanings that delimit the social boundary of Somaliness by defining who belongs and who does not' (2004: xiii), I disagree that they have 'no practical application to the everyday realities of the people'.

Their practical application emerged in their repetitive telling as an act of perpetually restating a concept of Somali unity. That unity, I argue, was crucial to how people experienced and navigated displacement.

During my fieldwork, clan affiliation was salient in everyday life; from settlement patterns, living arrangements, marriage, and work, to discussions of politics and nationalism. In this section I will give an outline of how the organisation of clans was explained to me, referencing it back to how others have written about it, and I will draw out the key issues that will have continual importance throughout this thesis. During interviews, discussions, and observations, the relationship between lineage, nationality and the Somali state were palpable, and it was impossible to extract one from another. Godwin Murunga argues that the importance of the clan 'is not a modern day development arising from the coercive centralization of the nation within the state; rather, it feeds from a long historical reality of the formation of Somali identity from below' (Murunga 2009: 207). This perception of blood and kinship as central to belonging at the levels of both the family and the state is, I argue, crucial to understanding perceptions and practices of migration in Eastleigh.

It is of course essential to note that categories of ethnicity and religion are not static, and therefore those who are included or excluded are subject to social and political fluctuations. Although some authors have been deeply concerned with the veracity of Somali myths of origin or the 'truth' of clans and lineages (Lewis 1983; Kusow 2004; Mukhtar 1995; Munsar 1995), I argue that these debates can be misleading and even irrelevant to lived experiences of Somalis, or at very least, of those I met in Eastleigh. Rather than dwell on 'biological facts', in this case it is more useful to consider how relatedness (Carsten 2000) is perceived and acted upon, and I concur with Lewis that the 'total Somali genealogy' can only be read as a 'contemporary social fact', rather than a historical one (1957: 4).

Although Ioan Lewis suggests that 'Somali cultural nationalism is a centuries old phenomenon' (1983: 9), thereby echoing Saadia Touval's assertion that 'Somali

nationalism stems from a feeling of national consciousness' (1964: 156), again something which has apparently lasted 'for many centuries', this thesis does not seek to make such bold (and problematic; see Mahaddala 2004; Mukhtar 2004) historical claims. Instead I focus on how Somaliness, as an identity and moral category bound up in understandings of kinship and religion, and framed in a shared experience of displacement, was articulated and acted upon within a particular diaspora. In this sense, kinship is on the one hand constituted by biological relationships (Schneider 1964, 1984; Needham 1971), while on the other it is concerned with the continual reimagining of particular moral categories inherent to Somalis as Muslims, and in that sense, with the performance of Somaliness. Examining how people configure and give meaning to kinship in a context of displacement, by exploring 'the processes through which potential kinship ties are both assembled and disassembled' (Franklin and McKinnon 2001: 12) allows us to interrogate the interplay of blood, families, and nations. Thus the relationship between kinship and nationalism appears explicit (Anderson 1983: 15). It is here that the significance of knowledge – of one's lineage and its position in relation to others, of religion, and a concept of shared heritage – comes to the fore, as essential as blood itself (vom Bruck 2005).

The concept of *Soomaalinimo* was often central in establishing boundaries between Somalis and Kenyans. This division was articulated to me in many different ways, how they look and behave, the language they speak, what they eat, all of which were used to emphasise that they were not the same. The significance of clans to everyday life provided a fascinating insight to the permeability of invisible boundaries of Eastleigh. While clan alliances were hugely important on a day-to-day basis, there was an apparent second-tier of identity, where clan affiliations apparently dissolved, and this was in dealings with non-Somalis. It was in these instances that 'being Somali' was most emphatically emphasised. On several occasions I witnessed Somalis I had known to have conflicts with, or speak derogatorily of other clans, rush to the assistance of someone from those very clans. When I later asked why, they would explain that when

it came to dealing with outsiders, particularly Kenyans, they had to defend each other. As one informant put it,

I know it seems strange, inside the country [Somalia] we all fight, but outside we all look after each other. I don't know why we can't do the same in Somalia! But you see how it is here, it's hard, and we're all Somali, that's what matters most. If I see a Somali in trouble, I'm going to help, it doesn't matter which clan they are... There was a time we went to Gikomba [a large market not far from Eastleigh], we never go alone, always in a group to be safe. Anyway, we were at the market and we see this Somali woman on her own trying to shop, and we see some thugs try to take her bag, so we chase them and make sure she's ok. She didn't know she can't go alone. We always have to look out for each other.

### **Ethnically Somali, Non-Somali**

This straightforward sounding concept of Somaliness can be interrogated further if we consider the position and perception of Somali Kenyans, that is, Kenyan citizens who were ethnically identified as Somali. Somali nationals frequently referred to Somali Kenyans rather disparagingly as 'Somali Sijus'. When I asked what that name meant I was told 'it's because when you speak to them in Somali they give you a confused expression and say '*sijui*' [Kiswahili: 'I don't know']'. This name, used widely in Nairobi, not only separated Somali Kenyans from their migrant counterparts, but illustrated the perception of Somali Kenyans as being more like Kenyans than Somalis, most notably that they had 'forgotten' their own language.

The relationship between Somalis and Somali Kenyans was never straight forward in interviews or conversations, or in what I observed on a daily basis. It was common that the same people would on different occasions say very different things. At times, ethnic Somalis were described to me as all the same, regardless of their citizenship, an idea that clearly resonates with the single nation theory, and concepts of a 'greater Somalia.' I was told of and witnessed a number of occasions when Somali Kenyans would use their Kenyan citizenship and knowledge of the country and its practices to assist new arrivals in particular. Additionally, many Somali Kenyans were in business with Somali

nationals, with the former providing the legally recognized element of the partnership. Because it only takes being born in Kenya to be considered a Somali Kenyan (from the Somali point of view), it was common for aunts, uncles, cousins and so forth to straddle the line between being Somali and Somali Kenyan. I knew many Somali Kenyans living in Eastleigh, some had been attracted there by the opportunities available, particularly in contrast to the arid and semi-arid areas of Northeastern Province where they came from, while others had been born in the capital, in some cases to Somali-born parents.

There was, however, also an extremely negative perception of Somali Kenyans, they were seen as traitors and I was told numerous times about Somali Kenyans living near the border and in Nairobi who had contacted the police to inform them of recent arrivals. Within Nairobi, the Somali Kenyans working for the police, either as officers or as informants were viewed with the lowest possible regard. Language was one of the few protections people had from police, and so Somali Kenyans were perceived as spies, betraying their own people. During one visit to a Chief's camp<sup>13</sup> with a lawyer and a Somali translator, we were met by a sharp refusal to see the clients and were told they had already been transferred to the Pangani police station. After we left, our Somali translator asked the Kenyan lawyer and I if we had noticed the man sitting in the corner of the shed-like office, 'do you think he was Somali or *Siju*? He must have been *Siju*, a real Somali would never treat his own people like that.' The negative qualities which were most frequently attributed to Kenyans, such as greed, corruption, and other 'uncivilised' behaviour, were pointed out as evidence of how Somali Kenyans had become more Kenyan than Somali.

Kenyans also made the distinction between Somali Kenyans and Somali nationals, but rather than calling the former '*sijus*', I often heard them referred to as 'our own Somalis'. One woman told me, 'most of those people in Eastleigh are not ours, they are *real* Somalis. They are not Kenyans.' Another woman with a similar perspective stated that 'the real Somali Kenyans live in Garissa, Mandera, Isiolo' (towns in NEP), again reiterating that the Somalis found in Nairobi were not 'real' Kenyans. A more critical

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<sup>13</sup> A police base, smaller than an actual station.

response to the question of Kenyan-ness came from one young man, 'if they are Kenyan, let them call themselves Kenyan! Why must they be Somali Kenyans?' I responded that other Kenyans identify themselves by tribe, but it is rare to hear the argument that identifying oneself as Kikuyu made one less Kenyan.

### **What's in a Name?**

Let us turn now to examine the intricacies and implications of the clan system as they emerge and intersect in practice. At birth, a child is given a first name, let us call her Deeqa, her subsequent two names are determined by the given names of her father and paternal grandfather. Deeqa's father is called Abdirashid, and her paternal grandfather is called Ahmed, therefore Deeqa's name is Deeqa Abdirashid Ahmed. Deeqa's father's name will be Abdirashid Ahmed, followed by the name of his paternal grandfather, that is, Deeqa's paternal great-grandfather. This continuation of names through patrilineal descent means that ancestors can be traced in a very straightforward manner, all one needs to know is the long list of names of fathers. In turn, the clan that Deeqa belongs to is determined in this way by patrilineal descent, and those clans belong to larger groups of clans, or 'clan families' (Lewis 1994). If Deeqa gets married, she will not change her name, and she will not change her clan. Therefore, who one is – identified by their father, grandfather, or clan – defines who someone is as a *Somali*, thereby binding agnatic relationships to the nation through a process of reproduction that is traced through a precise process of naming.

Let us imagine that Deeqa has a brother called Liban. Liban Abdirashid Ahmed, like all children of the same father will share the same second and third names, regardless of whether or not they share the same mother. His given name will be added to future descendants, and his children will take on their given names, followed by Liban Abdirashid. This process of naming makes the preference for sons quite obvious, as they are essential to the continuation of their father's lineage. Although patriarchy is rendered visible through this process, in most cases women (as mothers, aunts, and grandmothers)

were expected to teach their children the history of their ancestors and clans. As women were often from different clans from their husbands, this meant that they were responsible for learning and transmitting such information, following marriage and childbearing.

The system of naming means that if Deeqa encounters someone for the first time, she could ascertain if they were from the same clan, and if so, at what point they shared a common ancestor, by each retracing through the list of fathers' names. In order to be able to do this, they would normally belong to agnatic kin from the same lineage and be members of the same *diya*-paying group. Ioan Lewis has described *diya*-paying groups as,

[...] essentially a corporate agnatic group whose members are united in joint responsibility towards outsiders. The most important aspect of their unity is the collective payment of blood-compensation. If one member of a *diya*-paying group is injured or killed by another group, or if his property is attacked, the wronged group is pledged to collective vengeance, or if reparation is made, to sharing the compensation paid amongst all its male members. Conversely, if a person of a *diya*-paying group commits homicide or injury outside his group, all the other members are collectively responsible for his actions and jointly concerned in effecting reparation.

(Lewis 1994: 20)

Although still essentially defined as Lewis has above, the significance of *diya*-paying groups in Eastleigh more frequently determined who could be called on for emergency support, whether that was for food and shelter, or for paying hospital bills, or a bribe to have someone released from police custody. As I shall also address in Chapter Three, the significance of the group as those united in opposition to outsiders, was blurred by the context of displacement, which resulted in a continual redefinition of who was united as a group, and who could be considered an outsider.

It might be more useful then, to consider the *diya*-paying group, or sub-clan in a light not so weighted with the defining principle of blood money. In the description of the Somali clan system, the Chatham House briefing paper, *Somali Investment in Kenya*,

explains that ‘every Somali is born into an insurance group based on lineage to a common great-grandfather (sub-clan)’ (Abdulsamed 2011: 3). Although the term ‘insurance group’ sounds rather insipid and at first glance seems to lack the complexity of the multi-layered nature of the clan system, it is a useful concept with which to think about lineage and class. The idea of insurance, of making provisions in order to protect oneself against future loss, is one that I did not come across in my research. There was little sense of financial savings to mitigate future risks, and I suggest there are two reasons for this. Firstly, and as shall be discussed in more detail in Chapter Six, there was an overwhelming attentiveness to ‘God’s will’, and that the future was predestined. Secondly, and most significantly with regard to Abdulsamed’s phrase, whatever potential harm or loss may be encountered – unexpected medical bills, the price of bail for an arrested person, money required to support a business – the financial requirement would be expected to be met by members of one’s clan. In Eastleigh, however, the availability of financial support did not come exclusively from the *diya*-paying group, as broader networks of clan families, neighbours, and friends frequently provided assistance in times of need.

At this point it is essential to note the significance of the maternal clan. Most of my informants had married within the same clan-families. The mother’s clan remained important, and the relationship with *abti* (mother’s brother) and *habaryar* (mother’s sister – literally ‘little mother’) remained particularly significant. In Eastleigh, some people were closer to and relied more on members of their mother’s clan, than on their own, particularly if the mother’s clan was larger or more financially secure. Warsame, a businessman in his late thirties explained to me that,

The children of my sister or my *eedo* [father’s sister – used to refer to women from the same clan] might not belong to my clan, depending on who their father is, but because their mother is my sister, from my clan, then I have to treat them well. I have a duty to help her, so I also have the same duty to them. So if they need help, of course I will help them.

Warsame owned a successful restaurant in Eastleigh, and this quote was reflected in his staff, who were all in one way or another 'related' to him, either belonging to his own clan, that of his mother, or as the children of women from his clan. The only exceptions to this were the Kenyan staff he employed in the menial positions, including cleaners and *fundis* (general repairmen). At this point I would like to add a note on kinship terminology, which illuminates the perception of mutual responsibility to agnatic and affinal relatives. Most kinship terms were used reciprocally, for example a child would address their mother as *hooyo*, and she too would call her or him *hooyo*, and this was the same for children and their father (*aabo*), grandmother (*ayeeyo* – maternal and paternal) and grandfather (*awoowe* – maternal and paternal). Very similarly for *abti* (mother's brother), *adeer* (father's brother), *habaryar* (mother's sister), and *eedo* (father's sister), reciprocal terms were used, although with some minor divergences. These terms could be used more broadly to refer to or address men and women from their own clan and that of their mother. The terms *ina adeer* (child of my father's brother) and *ina abti* (child of my mother's brother) were also used, although in my own research the latter was used much less frequently than the former. These final two terms were usually used to emphasise someone as the child of their mother or father's 'real' brother, or signify that they were close agnatic kin. *Habar wadaag* (shared mother), was a term used for cousins whose mothers were sisters, emphasising this as the closest relationship between cousins. The terms *abti* and *adeer* were used to address people of any age, regardless of generation. This differs notably from Lewis, who states that 'generational distinctions are registered terminologically' and therefore the terms *abti* and *adeer* are not 'employed regardless of generation' (1994: 87). However, this might be explained by the different locations and/or time of our respective fieldwork.

This process of naming was also used to explain the avoidance of formal adoption of children to me, as it was intended to situate biological children within specific lineages. Although informal adoption or fostering was quite common, particularly when it concerned the children of siblings, cousins, or other close relatives, adoption was

rejected, as it is by many Muslims (Inhorn 1994: 5). One man in his thirties, a father to five children told me,

If I take on a child that's not my own, like you do in the west, and I give him my name... how can I do that? Because it is the name of the father and his father, but if this child is not my child, he's not my blood. If he doesn't carry my blood then he cannot carry my name. If he is Somali, he must already belong to someone. He must have a name, and nothing can change that.

Somali names practically map out the relationship between an individual and every other Somali who can be located within the clan system. If children do not share that lineage – that blood – then it is commensurate that they should not share the names either. This focus on blood and patrilineal descent also became apparent in conversations regarding the specificities of procreation. While women were credited with bearing, delivering, and raising children, it was men who were given the most credit in the act of conception. Men, I was told, 'give' their wives children, which reflects the way in which a man gives his children his name. This identification of men as the dominant partner in conception was also implicit in the ways men talked about their children, for example I heard one man brag on several occasions that he 'only makes boys', while another was mocked due to the fact he had 'given his wife six girls, but still he struggles for a son,' with the storyteller making a comical sexual thrust on the word 'struggle'. Furthermore, I was informed on several occasions that a child would resemble its mother if her husband was able to make her orgasm at the point of conception, but it would look like him if he failed (the success or failure of a woman's climax was apparently completely in the hands of men). Again, this was the subject of great teasing, during which men with children who bore a strong resemblance to them were forced to defend their sexual abilities. The counter argument was almost always that the *real* cause of physical resemblance was that children took on their father's appearance if their mother was happy with him during her pregnancy, but would look like their mother if not, thereby shifting the causal factor in favour of their skills (rather than inadequacies) as husbands. The ability of men to 'give children' was even apparent in the way people spoke of male

masturbation, which was described as sinful because men were ‘spilling’, ‘wasting’, or even ‘killing’ their unborn children through ejaculating outside of sex with their wives (the same justification was articulated in the rejection of condom use).

Paternal dominance in conception has been noted in a range of ethnographic settings (Inhorn 1994; Boddy 1989; Crapanzo 1973), and in this research it was unquestionably instructive of broader gender roles and relations. It is within this intricate process of ethnicity, clans, and descent that the weight of a patriarchal, patrilineal system, through a ‘matrix of gender relations’ (Butler 1993), becomes apparent. While this thesis largely deals with mothers, this is a role that is entirely relational to that of fathers. As Marcia Inhorn argues in the context of her own research on infertility in Egypt, ‘for men, the institution of fatherhood is at the ideological core of classic patriarchy’ (1996: 13). As such, men’s wealth and power in such settings – in the form of progeny – is ultimately dependent on women (Boddy 1989: 121), as much as women’s status is dependent on men.

Carol Delaney suggests that patriarchy is fundamental to the Abrahamic religions, in which men are ‘symbolically allied with God the Creator’, while women are ‘symbolically associated with what was created’ (2001: 454; Yanagisako and Delaney 1995). Furthermore, it is through the story of Abraham that we can understand the ‘interrelation between monogenesis and monotheism’ (2001: 455), whereby procreative men ‘sow their seed’ in the ‘fertile land’ of women’s bodies (Delaney 1995). As such women’s role in reproduction is ‘supportive, not generative’ (Delaney 1991: 8). The role of Abraham as father is re-enacted when a woman gives birth to a child, and the father is expected to slaughter a goat, thus performing his act of faith in and obedience to God in sura (chapter) 37 of the Qur’an.

Although I find this analysis useful for thinking about the perceptions of parents, procreation, and descent I encountered during this research, I suggest we can take this argument further if we interrogate the story of Hagar, mother of Abraham’s firstborn son, as described in the Qur’an. The story of Hagar, the woman who married Abraham

when his first wife was apparently 'barren' and unable to produce a child, and subsequently gave birth to Ishmael before being abandoned, at the behest of God, in the desert with her infant son was an important one that my informants liked to discuss. When in the desert, Hagar ran between the Safa and Marwa hills seven times in search of water for her son before asking God for help. God sent the angel Gabriel to guide her back to her child, who she discovered had scratched at the earth, uncovering water in the Zamzam well.

Running seven times between the Safa and Marwa hills, located in Mecca, is an important aspect of the Hajj pilgrimage, thereby recreating Hagar's famous tale. People I met who had performed the Hajj often brought bottles of Zamzam water back as gifts for family and friends in Eastleigh. The water, as a divine gift from God, is said to have healing and regenerative properties, and it was described to me as a particularly good gift for the sick or elderly. This Islamic telling of Abraham and his progeny corresponds with Delaney's argument regarding the role of patriarchs in that it reinforces his role as the father and creator; Ishmael is the son he prayed to God for. Yet in the desert we see the act of God once more through the water of the Zamzam well, when Hagar's prayer is answered to save the life of her son. Abraham, through God, can be seen as creating life, but Hagar, in this story, can be seen as sustaining it. Furthermore, by discovering the well, Hagar brought life to what would become Mecca (Osman 2015: 47), which is described in the Qur'an as the 'mother of cities' (sura 6: 92, 42: 7). Hagar's story can be read as one of perseverance and devotion to her child (Osman 2015: 50), both of which were cited to me as fundamental characteristics of a 'good mother'.

This conception of the roles of fathers and mothers echoes the ways in which people talked about kinship and clans in Eastleigh, while men are given credit for making families, women are credited with raising them, in both the womb and the home. This sentiment is echoed in a Somali folktale in which a father informs his son, 'Remember, the Somalis say that your son needs your help but once; and this is when you are choosing his mother' (C.C. Ahmed 1995; also mentioned by several informants). It is for these reasons that it is important to not perceive the clan system as one designed by and

for men, in which women are simply fertile lands, but instead recognise the crucial and significant position of women and maternal family to everyday experiences and perceptions of belonging.

## **Conclusion**

The temptation to assign fixity and unity to concepts of blood and descent is notable in other work in which ‘the agnatic principle’ is situated at the fore (Evans-Pritchard 1951: 28). But as more recent research with the Nuer indicates ‘far from being determined by an inherited set of “value principles” [...], concepts, patterns, and practices of relatedness are continually reworked as people struggle – often under extremely difficult and bewildering circumstances – to live valid and meaningful lives’ (Hutchison 2000: 57). In this chapter I have argued that a sense of Somaliness can be expanded or contracted in particular contexts, and rather than being narrowly defined by direct and identifiable lineages, they are more broadly based in a system that suggests that if you are Somali you are, in some sense, related. This concept of relatedness can be restricted to include or exclude others depending on the social and economic requirements at the time.

It is possible to discuss Somali identity in terms of ethnicity, but in this thesis I think it is more fruitful to situate the discussion in terms of kinship as a basis of imagined national relatedness. The two concepts are not mutually exclusive, but I would argue that eliciting tropes of ethnicity might obfuscate the multiple ways in which kinship is perceived in proximate and distant relations. A focus on ethnicity would, I think, be too focused on the political aspects of the ways in which people organise, unite, and separate themselves. Although such analysis has its place, it is beyond the scope of this thesis. What I want to stress at this point is that although clans and kinship can on the one hand be central to discourse surrounding nationalism and politics, on the other hand, they are concerned with families, marriage, and creating children. Thus, kinship in this context is both extremely local and highly (trans)national, both of which are inextricably interwoven.



## Chapter Two: Within and Between States

‘What rights do you have? [pause] Come on, as refugees here in Kenya, what rights do you know about that you can claim to have? Can you give me any examples? [pause] Do you have any rights as refugees?’

As we sat in a small windowless office in Eastleigh, Arthur, the Kenyan legal advisor who had been invited to give a presentation on refugee rights, was met with nervous stares and reluctant answers from the assembled group of refugees from Somalia, Ethiopia, Democratic Republic of Congo, Rwanda, and what is now South Sudan. The participants, individuals selected to be community representatives who could disseminate information from NGOs, were rather shy and reluctant to speak up, but some offered suggestions of the right to free speech, access to healthcare, to vote, and to live. The legal advisor hummed awkwardly around some of the responses before providing his own answer:

There are some important rights that you do have, such as the right to protection, the right to a fair trial, the right to seek asylum, the right to be considered innocent until proven guilty. Then there are some rights that are human rights in the UN Declaration, that you don’t have in this country, like the right to vote or the right to free movement, and there are some rights even we [Kenyans] do not have as rights in this country. Sexual orientation, things like that.

This statement, and particularly the forthright acknowledgement that refugees and asylum seekers are subject to substantially different laws, policies, and treatment by the state than both citizens and other migrant groups is illustrative of how refugees were considered to exist completely separately from everyone else in Kenya. They lacked access to basic human rights, were subject to different laws and regulations, and were governed by separate and hybrid sources of power, thereby constructing an enclosed and isolated existence. With this in mind, refugees can be excluded and isolated from other migrants as ‘an object of intervention and discursivity by international aid institutions

that administer to them as an aggregate with basic human needs. They are simultaneously inside and outside the national' (Peteet 2005: 24)

The two rights that Arthur picked out that refugees lack – the right to vote and the right to free movement – are crucial to my informants' experiences of life in Kenya, and are therefore at the heart of what this chapter, and indeed much of this thesis, will address. In order to unpack and illuminate these issues, this chapter will look at how people perceived and engaged with the states that they found themselves between and within, primarily Somalia and Kenya, before analysing the state-like nature of UNHCR and the 'refugee regime complex' (Betts 2010), as well as the omnipresent significance of the desire for onward migration to 'outside' states. In doing so, this chapter will tackle these issues in two sections. Firstly, we will analyse how the exclusory nature of refugee policies that were practiced in Kenya at the time fostered a widely held belief that migrants had not reached a destination in which they could reasonably stop, or at very least, it would be extremely undesirable to do so. The chapter will then turn to consider how people attempted to 'get out', through methods of resettlement and family reunification, and in doing so will return to the point made in the previous chapter, that understandings of Somaliness and kinship are central to experiences of migration.

The absence of the right to vote can be equated with the absence of a right to political action or engagement. To be void of this right, refugees were theoretically contained within a separate space, devoid of political activity. In the context of Somali refugees, they were hypothetically severed from their own state, and dependent on the asylum provided by another (Kenya), and the price of safety was to be stripped of political agency. In practice, however, this was not the case. Very many people I spoke to, particularly men, told me about Somali elections that had taken place in Kenya, and how they had been able to vote in local Kenyan elections, due to dubiously obtained Kenyan identity papers and lax administration of elections. Even more commonly, both men and women were actively involved in political rallies, protests, and celebrations, aimed at the Somali and, to a lesser extent, Kenyan states.

The absence of the right to free movement was crucial in the lives of refugees in Kenya. This was most boldly evident in the physical existence of separate geographical spaces intended to contain and monitor refugees - Dadaab in the east and Kakuma in the North. Agier suggests that governing refugees or stateless people essentially comes down to policing, and can be seen to really centre on ideals of 'identifying' and 'containing' (2011:18), both of which were evident in the camps and beyond. This containment or 'warehousing', as the act of preventing free movement was intended to prevent local integration and, as I will argue in this chapter, onward migration for the vast majority of refugees. In the case of forced migration, or indeed any form of migration, the absence of the right to free movement does not only prevent movement from occurring, it effectively halts movement that is already in process. The encampment policy in Kenya can therefore be seen to establish a liminal space in which people are no longer subject to the power of their own state, and yet they have not become part of another.

This spatialized context of an emergency, defined by a perception of 'life under threat' (Fassin 297: 511-12; Redfield 2005), defines refugee camps as inherently temporary or liminal space (Harrell-Bond 1999: 137). Cindy Horst argues that UNHCR views the camps in Kenya as 'spaces in which it is entitled to exercise a form of sovereignty' (2006: 116), while Harrell-Bond suggests that the management of camps can take on a totalitarian aspect, limiting the control refugees have over their own lives (1999: 138). Their inability to act, officially at least, as political beings and their physical confinement that prevents them from living and moving freely like other citizens or even other migrants, essentially curtailing their social existence, establishes the 'state of exception' (Agamben 1998), in which refugees are held. This immobilisation, effectively clogging hundreds of thousands of people within the limited territory of one state, and laid the ground for the legitimisation of violence towards those who spilled out of their containment. It is here that we can identify with Arendt's (1951) claims regarding the importance of the state in realising basic human rights; pushed out of one state but not fully integrated within another, refugees find themselves without the most fundamental rights of citizenship. Finally, my use of the words 'theoretically' and

'officially' in the preceding paragraphs indicates where we must depart from Agamben's state of exception in order to examine how people's lives were actually lived somewhere between all of these, and quite often completely removed or hidden from state authorities.

## **Stagnant in Kenya**

As refugees, my informants' lives were heavily determined by the dual authorities of the Government of Kenya (GoK) and UNHCR. When I began this research, the office for the Kenyan Department for Refugee Affairs (DRA) had recently moved from the city centre to the suburb of Lavington. The building was designed in the style of a medieval castle, complete with old-brick style masonry and turrets. When they burned rubbish outside, as people often did in Nairobi, thick plumes of pungent smoke would rise around the 'castle', which, in addition to the constant group of refugees waiting outside the gates, produced a striking visual representation of the sovereign-subject relationship between refugees in Kenya and their host. UNHCR had similarly impenetrable offices in the Westlands area of the city, where refugees would form lengthy queues, waiting in the hope that they might be permitted through the enormous gates. I spoke to people who waited entire days in vain, and it was common to see people arrive prepared with sheets on which they could sit, rest, or take naps while they waited.

Whether they had registered with one, both, or neither of them, the GoK and UNHCR carried considerable power in determining how and where people were able to live, as well as their possibilities for onward migration. The perceptions of these two institutions were notably different. While the government was depicted as menacing and exploitative, particularly due to the commonplace harassment and abuse during encounters with the police and military; UNHCR was generally seen as more powerful, due to their international character. As one man phrased it, perhaps with excessive graciousness and generosity for the benefit of the assembled UNHCR staff, 'we love UNHCR, they are our mother and our father and they take care of us'. Unclear of the

regulations and procedures, people requiring UNHCR assistance or protection were often only clear that the UNHCR was the 'better' power. UNHCR ran the camps, and importantly, were seen as separate from the government. As an international organisation, documents from UNHCR were considered to carry more weight, and in the case of many embassies considering visa applications, this was true. Despite being perceived as better than the government, they were still considered to be corrupt and their processes and policies were impenetrable and obscure to my informants, leaving people with feelings of disappointment, resentment and abandonment regarding UNHCR.

Never fully governed by either institution, refugees found themselves situated somewhere between the Kenyan state and UNHCR, thereby producing a separate and isolated governmental space, which physically existed in the form of Dadaab and Kakuma refugee camps. What emerges from this interesting process is that humanitarian agencies and UNHCR in particular are taking on state-like functions, and refugees are assuming the role of subjects, rather than citizens. This hybrid space challenges traditional state-centred understandings of sovereignty and citizenship, which are already historically problematic in NEP (Bariagaber 2006: 29). Where refugees were previously entirely dependent on states to accept them, humanitarian agencies in Dadaab, as well as other locations, are assuming this position of authority. In doing so, the traditional apolitical role of humanitarianism blurs into that of development, and problematises the concept of humanitarian emergencies and refugees as the object of their focus.

In an attempt to get a better grasp of the refugee camps, and having been forbidden by the relevant powers, I travelled on my own to Garissa, the nearest town to Dadaab. I was slightly apprehensive as I made my way to Eastleigh, where the bus departs early in the morning. I had by that point spent two months hearing how dangerous the region was, and how hazardous journeys there could be. People working in Dadaab had explained their journeys, in large police protected convoys, which felt very far removed from the rusty old coach I found myself on. The treachery of this route was not apparent on that

particular journey though, with only a few periodic stops as police on the side of the road waved the coach to a halt, had a brief interaction with the conductor, before gesturing us on our way again. Over a period of several hours, the landscape transformed from urban Nairobi, to long rural stretches, punctuated with small towns, until finally giving way to aridity. Arriving in Garissa, however, there were some notable similarities with Eastleigh. The majority of people looked, dressed, and spoke the same, and there was an immediately visible *khat* industry. Unlike Eastleigh, however, Garissa is clearly a desert town, and one that has experienced significant growth and development due to the refugee camp and the economic opportunities that the presence of large refugee and NGO communities present.

I had been warned beforehand that the bus ride back to Nairobi takes considerably longer than the one that brought me to Garissa. This was due to the numerous police and military checks, which were entirely different from the police stops on my outbound journey. The first stop was shortly after we left Garissa and had crossed the Tana River – a location many people described as the real border between Kenya and Somalia. While checking documents, many of the passengers were instructed to hold their right hand out so that a policeman could peer at their fingertips through a small magnifying glass, and apparently compare them to the fingerprint on their ID card. This peculiar process could take several minutes as the policeman went back and forth between the finger and the print, before dismissing the passenger and moving on. Four men were taken off the bus for further questioning, to the sounds of hushed whispers and windows being opened so as to listen to the conversation outside. They were all eventually allowed back on, and more frenzied whispering ensued as the bus began to move again.

Only the first check was this elaborate. On the five subsequent police checks several armed men boarded the bus; twice they just glanced around while talking to the conductor and driver, before performing a swift inspection of the underside of the bus and luggage compartment, while on the other three they instructed passengers to present their identity cards. These inspections, which were far more extensive than in my experience of crossing the border from Kenya into Tanzania, reinforced the separation of

the region and its population from the rest of the country, as though it is both inside and outside of Kenya simultaneously. The refugee camps, as noted above, embodied the boldest symbolic and physical disjuncture between refugee and citizens.

These camps represented the official relationship between refugees and their hosts, it was where they were all theoretically intended to reside; accommodated by the GoK and constantly monitored and managed by UNHCR and their implementing partners. Despite a great deal of criticism, these camps host hundreds of thousands of people, providing some degree of refuge for a huge number of individuals and families who rely on such assistance. Although there are obstacles to meeting the demand, particularly during periods of high influx of new arrivals, they aim to provide shelter, rations, healthcare, and education. The camps in Kenya, and particularly the grossly swollen Dadaab complex, are treated as an ongoing emergency, but still one that must continue to be reacted to under the banner of humanitarianism.

Despite this context of 'emergency', both camps have existed for over twenty years; many refugees have been there since the beginning, and some have given birth to children there who are now adults themselves and producing their own offspring. One NGO staff member working on Kenya and Somalia answered my query on this topic by saying, 'It's very difficult to honestly consider the situation to be an emergency. There is nothing emergent about Somalia. This has been going on for a very long time. If anything it's stagnant. It's a stagnergency.' This is not an isolated opinion by any means. It was apparently well known and yet, for largely political reasons, it was framed as an inescapable eternal emergency, unless or until Somalia becomes peaceful enough for people to return to. Another staff member at a UN agency explained,

It has to remain a humanitarian problem because if it becomes a development problem or anything else, then everyone will have to admit that these refugees are never going back. That might be true, but no one can admit it and the Kenyan government will never admit it. They need to be able to say that these people are only here for a limited amount of time. And let's not forget how much money everyone is getting for this humanitarian problem.

There was a widespread belief amongst my refugee informants that the Kenyan government was indeed benefitting from their presence in the camps, and that only the smallest fraction of aid was filtering down to them. As one woman who had lived in Dadaab for twelve years told me,

The rations are not enough, you can't live on them, so what happens is that when someone leaves the camp they give their [ration] card to their family or someone else, or sometimes they sell them if they have no one to give them to. So people who really need those rations can collect a few cards and when you have enough then you can live on them. But it's impossible to live on the amount of rations they give you.

It is perhaps unsurprising that one middle-aged Somali man concluded his description of the camps during an interview by stating, 'Kakauma and Dadaab are like jail, you need permission letters if you want to do anything or go anywhere. You are not free.' The restricted mobility is starkly reflected in the fact that I had difficulty and eventually found it impossible to enter Dadaab (in order to carry out fieldwork), while conversely my informants explained to me the lengths they went to in order to get out. As one lawyer pointed out, Dadaab is not a specifically bounded space, and there was no legal reason why I could not visit the camps any time I wanted to, yet the government and UNHCR had constructed a sense of enclosure and confinement that ensured particular bodies could be kept inside and out. From within, a web of enormously bureaucratic, documented processes, involving head counts, surveillance, and in particular the stringent restrictions on movement ensured that refugees were kept where they were perceived to belong (Hyndman 2000).

More than a simple term, the category of 'refugee' is instrumental in shaping the perceptions and treatment of often highly diverse populations (Horst 2006: 12). Rutta et al describe humanitarian assistance as 'essentially a 'top-down' process' that doesn't take into account the ability of recipients to identify their own needs and ways of meeting them (2005:292). While Peteet suggests that,

As an object of intervention, the refugee subject is constituted by an interlocking international and local network of power. Aid regimes simultaneously constituted, regulated, and legitimized the refugee subject.

Aid discourses implicitly classified refugees as spatially and culturally liminal, as deterritorialized people in need of humanitarian intervention.

(2005: 51)

Accounts of the refugee camps, as a place one can physically live, or rather exist, echo Agamben's arguments that, within refugee camps, people are stripped of what makes them social and political beings, and are therefore reduced to their physical existence, or 'bare life' (1998). It is in this category, stripped of political agency, that refugees enter a 'state of exception'. Agamben's notion of refugees conceptualises them exclusively in terms of their relationship to the state, referring to bare life as 'the life that constitutes the first content of sovereign power' (1998: 83), however this does not recognize the agency of the individuals and entire communities to act contrary to state control and law, including their ability to escape the state they were in and the agency involved in their continued existence within their state of refuge. Refugees, including those in Kenya, often engage in activities, sometimes illegally, to improve their standard of living (Horst 2006), which could to a certain degree be described similarly to Agamben's description of 'a way of living proper for an individual or a group'.

Rabinow and Rose suggest that 'a more nuanced account of power, and of sovereign power' is required, in order 'to analyse contemporary rationalities and technologies of biopolitics' (2006: 202). Unlike Agamben who is concerned with the ability to 'let live' and 'make die', they suggest that power lies in the ability to 'make live' and 'let die'. This power is reflected in the ability to intervene in reproduction and extend or preserve life; refugee camps are exemplar of this ability to make live, with their primary purpose being the preservation of life. Redfield also highlights that the distinction between concentration camps, which are the primary focus of Agamben's argument, and refugee camps is that the latter is concerned with 'mass survival', rather than extermination (2005: 341). Foucault argues that 'we must cease at once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact, power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be

gained of him belong to this production' (1979:194). What is produced in the context of Kenya, are refugees as a category of people who are theoretically isolated and dependent. In practice, however, an array of local and transnational businesses have emerged, as people who often remain highly mobile move in and out of the camps, all the while engaging with the categorisation and process of 'The Refugee', as and when they need to.

The physical boundaries of the refugee camps, as well as the categorical boundaries of 'refugees,' are not as precise as Kenyan laws and policies might hope. In order to be considered for resettlement, people were supposed to remain registered and resident within the camp. In reality, this process takes so long that it only requires people to be available on a small number of occasions for interviews or medical checks, and therefore people with the financial means were able to live elsewhere. Those registered in camps were subject to head counts, ensuring that those who claimed to be there were indeed there. This surveillance occurred at regular intervals and with some notice. News quickly spread within Eastleigh of an impending head count, and whole families would return to the camps in order to be counted, leaving their homes and businesses in the hands of others for a short period.

Nimo, a mother of four children, whose husband lived in America and sent her regular remittances to support their family told me that although she lived in Eastleigh, she was still registered in Kakuma because she believed she had a good chance of being resettled by UNHCR. 'We gave our card to cousins so that they can still get the rations, and they tell us whenever there will be a headcount so we can return for it.' This was not unusual, and I witnessed it in the building I lived in when neighbours would lock up their homes and ask remaining neighbours to keep an eye on them until they were able to return a few weeks later when the headcount was finished. In Kakuma, Nimo had claimed that her husband had been killed and she was a single mother, which accounted for her husband's absence. Simultaneously, her husband was attempting to gain the necessary documentation needed for him to apply for Nimo and the children to join him in America. Engaging in both 'processes', Nimco believed, might improve her chances

of leaving Kenya. I asked her why she didn't remain in Kakuma, instead of travelling back and forth with her children.

Eastleigh is a much better place to live because you don't have to worry about all the problems in the camps. It's not safe there but the UN do nothing to help, they don't even listen to you when you go to them with a problem. They don't even let you in the door. You can wait all day and no one will listen to you. In Eastleigh there are other problems with the police and the gangs, but you don't need the UN to help you. I have money from Jama [her husband], and I have my own house, so we stay inside. Until we make it outside [abroad], this is better.

In addition to regular headcount returns, people move back and forth between the camps and Eastleigh for various reasons, to visit family, to seek healthcare, and for education, and numerous merchants operate between the Nairobi, the camps and beyond. These trips are not insignificant though, as most people did not have the Movement Passes that refugees are required to hold if they travel outside the camps, and were therefore required to pay bribes, the price of which was largely dependent on whether or not they had identification of any form. I met Adan, a young man I knew through the Somali school we both attended in Eastleigh, shortly after he had returned from a trip to Dadaab to visit his mother. 'I'm in so much pain', he complained as he stretched out his long limbs and rolled his neck around, 'the journey was very bad and my body hasn't straightened out properly.' Adan's tall, '*gelato*<sup>14</sup>' body had been 'folded up' in the luggage section of the bus, in order to avoid police checks and having to pay bribes. 'I'm sure it's ok if you are small, but I will be suffering for weeks', he moaned as he rubbed his shoulders. Like Nimo, I asked why he didn't stay in Dadaab with his mother. 'It is boring. I have no future there, there is nothing to do but be idle and chew *miraa* (khat). The schools are better here, so I will finish my education and *insha'allah* I will go abroad to study at university, because the universities in Africa are not good.' In the time I had known him, Adan had been mugged several times and lost money and mobile phones, and I asked if he found it safer in the camps, 'No, we face the same problems

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<sup>14</sup> From the Italian word for ice cream, '*gelato*' is commonly used to describe tall, skinny young men, who resemble a popsicle stick.

everywhere. The thieves are everywhere, all of Kenya is thieves. It's better that I'm here getting an education so that one day I can leave.'

## **Emergency Sovereignty**

As both development and emergency aid take on increasingly encompassing roles in local and transnational settings, new relationships are being shaped between individuals, their communities and the state. One specific aspect that the anthropology of humanitarian relief must take into account, however, is the problematic context in which it exists, that is the perception of 'emergencies' as fundamental to its divergence from development. This is most clearly visible in refugee camps as the physical symbol of a temporary rupture in normal relations between a state and its citizens. This perception is challenged by 'emergencies' such as that found in the Dadaab camps, which have existed for almost two decades, with residents who are dislocated from their own state as well as their host state, where almost all services are provided by a network of humanitarian organisations. In order to explore the importance of displacement and dependency on relief to the practices of refugees, it is vital to understand how this concept of emergency affects the policies and operations of humanitarian organisations, and how it shapes the conceptualisation of refugees.

Ferguson and Gupta argue that the increasing role of non-state actors performing state-like functions can be seen as an 'emerging system of transnational governmentality' (2002:990); it is evident that the refugee regime can be seen through this perspective of shaping the conduct of the people under its mandate. Not limited to the role of the state, governmentality refers to the 'more or less calculated and systematic ways of thinking and acting that propose to shape, regulate or manage the conduct of individuals and populations towards specific goals or ends' (Inda 2006:3; Foucault 1991). The rise of humanitarian programmes in the 1990s can be seen as symptomatic of shifting perceptions of sovereignty, illustrated by both relief and military interventions in the name of humanitarianism (Macrae 2001:20). The association between large

humanitarian agencies and governmentality becomes particularly apparent in emergency situations, and excruciatingly so in refugee camps. Pfeiffer and Nichter highlight the difficulty in trying to establish a balance between the public and private sectors as part of development programmes (2008: 411); however, the problem is strikingly different in humanitarian contexts when the balance is tipped overwhelmingly in the direction of humanitarian organisations that assume total control of the recognition and welfare of refugees. This 'global assemblage', that is the domain 'in which the forms and values of individual and collective existence are problematized or at stake, in the sense that they are subject to technological, political, and ethical reflection and intervention' (Collier and Ong 2005:4), holds the practices, particularly those relating to corporeal life at its core. Foucault's theory that 'power is situated and exercised at the level of life, the species, the race, and the large-scale phenomena of population' (1979:137), illustrates the distinctive form of power that the refugee regime, and in particular UNHCR, has in providing protection and material provision for the large populations that fall under their mandate. The description of sovereign power as 'the administration of bodies and the calculated management of life' (Foucault 1979:140) could be a description of the role of humanitarian agencies in camps. From their initial registration to the provision of shelter, healthcare, and rations, the daily (physical) existence of encamped refugees is monitored and controlled, with the fundamental priority being the maintenance of biological life, both of the individual and of the refugee population as a whole.

Throughout most of this research, the task of refugee registration was managed by UNHCR, with attempts to transfer responsibility to the DRA repeatedly postponed. This responsibility has periodically shifted back and forth between the two, as the state attempted to claim or deny control of the populations within its borders. The registration process officially recognizes individuals and families as refugees or asylum applicants, or to use UNHCR terminology – 'people of concern'. Within the camps, upon registration, people are supposed to be provided with documentation, a ration card, a residential space, and basic equipment such as cooking utensils. Such provisions do not

apply to refugees living outside of the camps, whether they are registered or not because they 'theoretically do not exist' (Campbell 2006: 400).

The state's authority is somewhat marginalised within the camps (with the exception of the role of the Kenyan police), but as a result, so is their responsibility towards the refugee population. 'When the globe was totally divided into states, those fleeing persecution in one state had nowhere to go but to another state, and required the permission of the other state to enter it' (Adelman 1999: 90). The concept of a new form of humanitarian sovereignty is further emphasised by organisations such as MSF which work within a 'borderless sense of space' (Redfield 2005: 331), and approach intervention as an obligation. Hardt and Negri suggest that the development of the United Nations is itself evidence of a move away from state-based concepts of sovereignty, in favour of a global system or a 'supranational world power' (2000: 10). Redfield also emphasises this, stating, 'humanitarian organisations performing statelike functions contribute to a transnational variant of governmentality, one that complicates our conceptions of national and international space' (2005: 343-4).

To what extent then is the refugee as a site of intervention reshaped through this emerging form of governmentality? Refugees are, to varying degrees, dependent on agencies for food, shelter, health services, and education. They are required to behave in an appropriate manner to access these materials and services, which can be viewed as a 'technical transformation of individuals' (Foucault 1979: 233). Rose and Novas use the concept of 'biological citizenship' to 'encompass all those citizenship projects that have linked their conceptions of citizens to beliefs about the biological existence of human beings, as individuals, as families and lineages, as communities, as population and races, and as a species' (2005: 440). If UNHCR and partner organisations are adopting state-like roles, it is possible to suggest that encamped refugees are being moulded into particular kinds of subjects. This top-down formation of refugees as subjects does not, however, take into account the ways in which refugees themselves react and respond to such subject-shaping processes. I suggest that it was precisely these processes that

motivated people to find ways in which to work around and between the refugee regime, and thereby identify ways in which they could open up possibilities for their futures.

## **Durable Solutions, Imagined Futures**

The pressure and anxiety to leave Kenya, in conjunction with the restrictive asylum policies and practices within Kenya, were seminal in everyday experiences of displacement, and importantly, in attempts to migrate even further. Although some people used explicitly illegal means to smuggle themselves across borders, this was perceived as both incredibly expensive and risky. News reports of migrant boats sinking in the Mediterranean and elsewhere were given particular attention, and stories of inescapable detention centres and unscrupulous traffickers were abundant. The threats to women in particular – including heightened risks of sexual assault and slavery – were perceived as too great, and the only women I knew who had taken such routes had done so in the company of male relatives. As a result, most people were primarily concerned with more official methods of relocating, and so we shall now explore these in more detail.

UNHCR identifies three possible outcomes for refugees that it terms ‘durable solutions’ – repatriation to their country of origin, integration in the country they are in, or resettlement in another country (Long 2009; Crisp 2004). Repatriation is often lauded as the most desirable of the three ‘solutions’ because it is embedded in the premise that everyone ultimately wants to go home (Long 2009; Hammond 2004; Malkki 1995; Warner 1994). This is not only problematic because of the assumed desires of large and varied populations, but also because it assumes that ‘home’ exists as something precise and unchanging. Furthermore, as Malkki argues, it is perceived as the ideal resolution because it is the one in which the original fractured state-citizen relationship is restored (1995).

Local integration again asserts the need to resituate individuals and populations within state-citizen relationships, but unlike repatriation, integration aims to formally establish new ties, rather than mending broken ones. Jeff Crisp (2004) identifies 'local integration', as a legal, economic, and social process. In order to be considered integrated, he argues, a refugee must be granted legal rights by the host state, which in turn allows access to livelihoods that enable one to live without dependence on aid. Finally, he suggests, there must be social integration, in which refugees are able to live 'without fear of systematic discrimination, intimidation or exploitation by the authorities or people of the asylum country' (Crisp 2004: 1-2). The process of resettlement is similar in many ways to local integration, in that it aims to produce new state-citizen connections. In doing so, it acknowledges some of the challenges of the previous two options, while recognising the possibility that refugees are a 'burden' that should be shared by an international community of states, rather than those located closest to refugee producing countries. Durable solutions essentially aim to find an answer to the problem of citizenship and exclusion that defines displacement. In a review article for the UNHCR Policy Development and Evaluation Service, Katy Long suggests that:

Durable solutions for refugees — local integration, resettlement and repatriation — all provide for a return to citizenship. It is this return to citizenship that provides a political remedy to the political deprivation of refugees' rights as a result of either the incapacity or the active hostility of their state of origin. This means that it is a political reconnection with the state, rather than the physical movement involved in "return", which is central to providing access to durable solutions for refugees in exile.

(Long 2010: 39)

'Solutions' is a rather problematic term, as it suggests that they exist, as something permanent and lasting. It's an attractive idea that such solutions can be found. Echoing the literature on reproductive health, research on durable solutions examines how periods of uncertainty and apparent risk are managed through attempts to secure the future. Although UNHCR has, on a policy level at least, recognised the limitations of these three solutions, as well as the possibility and perhaps even desirability of ongoing

mobility of repatriated refugees (Long 2010), they remain dominant in everyday contexts of displacement, such as Kenya.

## **Resettlement**

Resettlement is coordinated through the UNHCR and partner organisations, and allocated on a 'case' basis, with a case constituting either an individual or a family unit. Resettlement takes a remarkably long time, with most cases taking several years to process, and even 'emergency' cases taking around 6 months. Only a tiny proportion of refugees are resettled, and these are frequently identified through 'priority groups' such as ethnic minorities or families headed by a single female (Verdirame and Harrell-Bond 2005: 283). Although only a small number are resettled every year, depending on the receiving countries, and yet a huge number of my informants told me that they still hoped and prayed that one day they would be resettled (Horst 2006; Lindley 2009a, 2009b).

Resettlement of quota refugees, as opposed to special or emergency cases, are organised in coordination with UNHCR, who identify those who need to leave. In theory they are resettled as families, as that is how cases are dealt with (each family is connected as one case and in the camps they are on one ration card, etc.). In practice though, families will often be split and have separate cases, as they try to maximise the potential of their situation. Often this results in a 'complete' family being sent for resettlement, then later, they send for spouses, children, siblings, etc. who were not acknowledged in the UNHCR file.

The resettlement process, like so many other aspects of the operations of UNHCR and its partner agencies, were opaque and confusing for most Somalis I spoke to. When news spread, as it did very quickly, that a country was accepting a quota from UNHCR, rumours spread around Eastleigh of particular countries opening their doors to refugees. As a result, the embassies of such countries often received a sudden influx of unsolicited

applications. *Mukhalis* (middlemen), who take money in exchange for filling out forms or providing some other form of assistance, were regularly involved in fuelling rumours of new avenues to get out. Taking advantage of a complicated and often corrupt system, they were able to charge huge sums of money. In one embassy I was informed that they had their own *mukhalis* who they saw regularly in the area. The embassy worker told me sympathetically, 'in many forms we see the same handwriting over and over again, obviously belonging to some sort of middleman' and she continued to explain that they rarely indicated any special knowledge of the system, and were taking money but giving very little in return. This was echoed by Halimo, a woman in her thirties who had used *mukhalis* in the past,

There was one who said he could get me an ID card from the government. He came here and took my fingerprints using my toes so they couldn't really be traced. I paid him three hundred [US] dollars and he disappeared. Every time I called him his phone was switched off. Eventually I had to pay another man and he brought me a card. It's a risk, but we don't have any other choice.

I asked her why she hadn't simply gone to the office and applied for herself, 'They ask too many questions, and I needed the card to have a different name [she had applied for a visa under that name]. It's easier to use *mukhalis*, and you have to pay someone if you want a card, so it's better to pay your own [Somalis].'

## **Embassies, Visas, and Family Reunification**

The option of migration through family reunification or sponsorship was favoured by many people, as it was seen as easier to achieve than resettlement which, as they saw it, was entirely in the hands of UNHCR. It was widely perceived that in order to engage with these migratory processes, it was far better to be situated outside the camps, in urban centres such as Nairobi, than to be in a camp. As it was explained to me on many occasions in Eastleigh, a refugee is someone who lives in a camp and relies on rations from UNHCR, therefore to be a refugee implied dependency on networks that were

external to the kinship relations discussed in the previous chapter. Choosing to live outside the camps therefore implied independence from the refugee regime and an ability to make choices and live in a way that they perceived to be impossible in the camps. Anna Lindley suggests that ‘in the absence of official “durable solutions”, refugees seek alternative ways to make their way in the world, below the radar of the official refugee regime’ (2009: 13). Opting to determine their own onward migration rather than depend on UNHCR for resettlement reinforced this sense that they were able to have some control over their own lives, albeit with the assistance of their extended family.

During an interview with a young mother of two, she informed me ‘I want to go to your country, but I don’t want to go as a refugee’, as we discussed this further it emerged, as it did in so many other interviews, that not only did she lack any faith in UNHCR to resettle her, she did not want to be ‘a refugee’ in a new country. She believed that there was a strong possibility that she might be able to go to the UK or Sweden, but she did not want to go there as someone dependent on outsiders. It is important to note that this type of migration revolved around dependence on another person – a spouse, parent or sibling for example, who often had to prove that they were indeed related and also financially capable of supporting that person. However, this form of dependence was not actually seen as dependence at all. To support a relative, financially or otherwise, was perceived as an inherent and therefore expected aspect of kinship, and to fail to do so was seen as incredibly shameful. Stories of people who had left the country and failed to send remittances to family members, most notably to parents, were commonly told, often with the protagonist meeting some sort of eventual downfall. If God did not punish them in this life, I was informed, He would punish them in the next. Relying on relatives was therefore not perceived as being dependent in the way that relying on UNHCR, NGOs or other outsiders was.

Halimo, who had an ID card supplied by a middleman, had a brother living in America who had been resettled with an aunt and her children when he was much younger under a different name, and had since gained US citizenship. In order for Halimo to apply to

join him, the name on her ID card had to correspond with his (they had to have the same second and third names). The requirements for reunification and sponsorship vary depending on the destination country, however a crucial element is the relationship between the sponsor and the sponsored. In many cases, for example if applying to the UK, priority is given to those perceived to have the closest familial proximity and the greatest level of dependence – spouses and children under the age of eighteen. Lower level priority, and in some cases none at all, is given to those seen as less dependent, such as adult children and elderly parents, while more ‘distant’ relatives, such as aunts, uncles, and cousins are rarely considered at all. The concept of the household, containing a maximum of two adults and their offspring is notably different to how my informants perceived ‘near’ and ‘distant’ relatives (Hautaniemi 2007). Not only is it common to have multigenerational or polygamous<sup>15</sup> households, often with adult children living together with their spouses and children, the understanding of who is closely related must be understood in the larger context of clans and sub-clans. These divergences in definitions of kinship and dependency became readily apparent when applicants were asked to prove their relationships.

I met twenty-five year old Abdifitah in Eastleigh, while his wife, Rahma, and their infant daughter lived in Canada. They had applied for him to join her, but he had ‘failed’ the interview. The application had been made before their daughter was born, and Abdifitah believed that was why he had been refused. Subsequently, Rahma came to Nairobi with the intention to conceive. Yet when I asked if they wanted to have children in order to improve their immigration application, I was told that although it would be a good thing if it helped, they believed that childbearing was more importantly an essential aspect of their marriage. As Rahma explained, ‘having children is the reason why people get married. Having children is the point of everything. They are a gift from God, so each one is a blessing.’

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<sup>15</sup> Polygamous marriages were fairly common among older generations, but extremely rare among the majority of my informants who were in their twenties and thirties. There is not the space to adequately deal with that issue in this paper, however I would argue it has also been affected by displacement and onward migration processes.

Rahma and Abdifitah did not apply again. Shortly after her visit, he paid brokers to smuggle him out of Kenya, and at the time of writing this chapter he had reached Europe. When he finally ran out of money and avenues to continue while in Austria, he decided to claim asylum. During a conversation on Skype, Abdifitah told me that he is optimistic that if he is granted asylum it will increase his chances of eventually being able to join Rahma in Canada.

Carefully planned and rehearsed answers were widely perceived as an essential aspect of navigating the hurdles of the migration process, even in cases where the application was being made on 'legitimate' grounds. This was the topic of conversation outside Hibaaq's teashop, as Guleed, a married man in his late thirties told me 'it's not about lying or cheating, we're just trying to survive'. They had been explaining to me how people carefully study the details of the official narrative, which were planned and written in advance of visa interviews.

If I had a wife in America, she would go to the interview first, then she will tell me exactly, everything she said. Then when it's my interview, I make sure I tell them everything she said. It must be the same. If they catch you then you will be refused. You have to tell them what they want to hear.

Gulleed prodded a few sticks of khat into his knee to emphasise his point that it must be 'ex-actly' the same story. The reason that stories are so carefully rehearsed is that they often unavoidably contain elements that are not entirely true. Some of the cases I encountered included fabricated relationships, particularly marriages, or significant readjustments to personal historical narratives. Farah, another member of this discussion, had American citizenship and explained his story to me,

My uncle and his wife were being resettled with their kids, and this was back in the days before DNA testing, so they said that me and my sister were their kids too, so the UN took us all. But now all my documents are with a different name and age. That's why Somalis joke when you ask them that stuff, "do you want my real name or my UN name?"

Hibaaq, the shop owner chipped in,

That's how things are for my son. My husband is in America, he went with his cousin's wife. The whole family was being taken, but his cousin died, so my husband took his place, but he told them he had other children he was leaving behind. He has an American passport now, but with his cousin's name. He's trying to take my son, so he has to change his name to be the same as his father's documents.

The other side to this system illuminates the chasm between how my informants perceived official migration processes to function, and how those who worked within them did. During one interview with Lisa, who worked for a European embassy she told me 'They [visa applicants] think the most important thing is to tell the "right story", and it's obvious how rehearsed these stories are.' How could she tell, I asked her.

We hear the same specific stories over and over again, like exactly the same tiny, tiny details. But the most obvious thing with Somalis is when they are very specific about dates. They can tell you exactly what day they were born or got married or when a particular event happened, and we know that they don't really keep track of dates like we do, but they think that it is important to include this information, even though it's probably not true. And they say as little as possible, I suppose to avoid being caught out. Really, it would probably help their case if they told us the truth.

Lisa's belief that applicants would be better off if they 'told the truth', evidently conflicts with the beliefs and experiences of people I spoke to in Eastleigh, as summed up by the earlier quote from the start of this section, 'You have to tell them what they want to hear.' It was unanimously believed that what officials wanted to hear most were specific dates, events, and locations. For many people, providing a particular date was not an issue of intentionally lying, it was about finding an appropriate answer for a question that doesn't have a clear answer. In such cases, it was perceived to be better to give an answer rather than nothing at all.

Perceptions of truth, trustworthiness, and suspicion have been well documented in the literature on migration and asylum (Kelly 2012), and this was reflected in the attitudes of

people working in destination country embassies and the refugee regime more broadly. Somalis were described to me on various occasions as 'liars', 'difficult', and 'sneaky', and I was warned to keep my guard up when interviewing them, because 'they know how to work around the system, and they'll try to find ways to use you.' This last statement bore some truths – people asked me to help them with translations, to help them write forms and letters, and occasionally make phone calls on their behalf. Was this 'sneaky'? Or was it merely them asking for help from the only native English speaker they knew? Many people were fully aware that I would likely get a better reception than them. When one woman asked me to make an enquiry to UNHCR for her, I told her that I didn't have any special access to information, to which she responded, 'Yes, but they'll treat you better than they treat me because they can see you're the same as them', while her companion stated flatly 'they hate Somalis'. Although this was a very sweeping statement, I heard more negative comments made about Somalis than any other asylum-seeking group, although this could have been partially attributed to their far greater numbers.

What can or cannot be trusted or seen as inherently truthful was apparent in other aspects of onward migration, particularly in the use of physical documentation and DNA testing. At the time of this research, Somali passports were notorious as one of the most useless travel documents to possess. The prolonged conflict, widespread corruption, and lack of government meant that they were generally not accepted as proof of anything. Most adults I spoke to had lost their birth certificates, while others were unsure if they had ever been issued with one in the first place. As discussed earlier in this chapter, when people did hold documents they were usually issued by either UNHCR or DRA, with the former held in much higher esteem among the embassy staff I spoke to, and therefore, among most Somalis as well. When I asked a Kenyan lawyer why that was he told me,

There is corruption everywhere, but in DRA there is too much corruption, anyone can get a document from them if they have the money. There's still corruption in the UN, but not as much, and it's not as bad as it was before.

And these big [foreign] governments trust the UN more than they trust the Kenyan government, so they will always believe their documents are better.

In addition to identity documents, many people actively pursuing a case for asylum or resettlement had become accustomed to heaving around a pile of papers that they thought might support their case. These often contained medical records, letters from doctors, and photographs of injuries, such as bullet or torture wounds. These often enormous bundles of paper existed because their owners believed (or hoped) they contained verifiable proof of their right to asylum or resettlement, proof that could not be verified by their own voice. During an interview with a doctor working for UNHCR he explained to me,

We had a problem a few years ago because we kept seeing letters from the same doctors, and they all said the same thing: “this person is suffering from such and such and it can only be treated in America or Germany or wherever. Please kindly assist in their relocation...” and so on. So I started to call these doctors up and ask what was happening. They really had no idea. Patients would turn up and ask them to write letters, and they were willing to pay for them. So the doctors didn’t see a problem with writing a letter. Now, of course some of these people have the problems they say – headaches, high blood pressure, diabetes, and what have you – but most of them can be treated right here in Kenya. It’s just a way for them to try to get to another country. If a refugee does have a special problem like that then they would be seen by one of our own doctors, we wouldn’t accept the letters as real proof.

That real evidence can only be elicited from the body by specific, approved medical practitioners again speaks to the concept of ‘truth’ in migration, and the role of experts in documenting it (Kelly 2012; Fassin and d’Halluin 2005). This brings us to the practice of DNA testing for family reunification. DNA tests indicate the likelihood of a relationship between two people based on their genetic information, an obviously useful test for ‘proving’ biological kinship. In a bureaucratic process so heavily dependent on the production of evidence, DNA testing was seen to provide ‘facts’ where they were

otherwise limited. A senior member of staff in the immigration department at one embassy told me,

Very few people have documents, like birth certificates or anything like that, and if they do, you have to wonder where they got them from. Most of them are fake. So all you have to rely on is what they say in the interviews. You might have four people apply, saying they are family, and then you tell them to come back for DNA tests and only two or three come. If they know they won't pass they don't come. Any claims which people know won't pass just disappear, for example, if there is a claim for five children to join their father, after all the interviews, when it comes time for the test, only three will show up and will give a reason, like the other two went back to Somalia or they died. It is most likely that the three that turned up were in fact children of that man, but the other two were nephews or nieces or some other relative.

Sponsorship and the reunification of refugee families has created a tension 'between hospitality and hostility, between generosity and suspicion' (Fassin and Rechtman 2009: 273), where people are seen to have the basic right to have their families with them, yet those facilitating this right are distrustful of those seeking it. With this mistrust in mind, DNA test results were perceived as more reliable than interviews, the other central components of this process, because they were seen as less easy to influence or manipulate. This system of testing, suspicion, and evidence echoes the literature on asylum applications, where it has been noted that bodies, and particularly the evidence of violence ascribed on them, are given greater credibility and authenticity than the narratives of individuals (Fassin and d'Halluin 2005; Kroner 2007; Malkki 1996, 1997; Ticktin 2010). In this context of migration, the body continues to be a primary site for 'truthful' information about an individual, but rather than evidence of persecution, the body, or the bodies of children, are evidence of biological relatedness, and therefore deserving of reunification through migration.

Interestingly, the certainty that blood doesn't lie was shared with the people I discussed DNA testing with, however the 'truth' of blood was couched in terms of lineage, rather than the generation of veritable evidence (Carsten 2001). There was a widespread

concern that DNA testing could only prove patrilineal relationships, because blood was believed to be inherited from the father at conception. This belief caused understandable concern that siblings who shared a mother but not a father, or matrilineal cousins could be prevented from reuniting.

Although such concerns were generally contextualised by a cousin or neighbour who had been successful in such circumstances, it was widely perceived as advantageous to make applications involving one's paternal, rather than maternal kin. Conversely, there was absolute faith in the purity of patrilineal blood, as some people told me that they had applied to join their father's sibling or even father's cousin's family. 'This is possible' one interviewee told me, 'because we share the same blood.' In this way we can see how understandings of kinship, as outlined in the previous chapter, and of the concept of the right to family life, as the basis for international and national laws that facilitate the migration of family members, both take as their starting principle the supremacy of 'family' as the fundamental unit of society (Bledsoe and Sow 2011: 179). Although the concepts of what exactly constitutes a 'family' may differ enormously, as detailed in the different perceptions of what DNA can or cannot prove, they both share a point of reference that family is something both fundamental to society and globally universal.

The fetishization of evidence of identity was perfectly illustrated during this research by family reunification applications made to Sweden. As a member of staff working at the Swedish embassy explained it to me, in order to make claims to any right, it is essential to prove one's identity (through official documents, social security number, etc.). People who had been able to successfully claim asylum in Sweden, were given permission to remain, however the documents provided to them clearly state that 'identity is not established'. They have rights as refugees, but nothing to prove who they are as individuals entitled to rights, and as refugees they can apply to be reunited with their family, but without any identity documents, they hit an immigration wall (for issues surrounding identity documentation among Somali women seeking asylum in France see Bassel 2008). As noted above, Somali passports at the time of fieldwork were almost always considered worthless, and as also noted, most Somalis in Eastleigh lacked any

form of official identity documents. Therefore, even when interviews were conducted and DNA tests proved accuracy, applications to Sweden were denied on the basis that they were unable to prove who they really were, or as my Swedish interviewee put it, 'DNA can only prove who you are related to, not who you actually are.'

## **Conclusion**

I began this chapter with a discussion of Kenya and UNHCR in the governance of camps and the production – both physical and theoretical – of refugees. Through the discussion of experiences of displacement and desires for onward migration, I have addressed the disparities between policy, realities and perceptions of refugee experiences. The separation is most evident between urban refugees – who are often invisible to the refugee system – and the organisations and agencies, whose processes and reasoning is incomprehensible to those it intends to assist.

Through an examination of onward migration experiences, I have argued that personal narratives are often perceived as insufficient, or as is more often the case, lack credibility. The suspicion of Somali refugees results in people being unreliable sources of testimony or evidence for their own lives. The body and documentation of the body is almost always seen as more 'truthful', and the evidence it can provide – under the careful, analytical and most importantly trustworthy eye of the expert – is more reliable. The legal conundrum posed by cases such as Sweden sheds light on the limitations of what the body can say or do; it can be tortured, shot, or raped, it can reproduce and therefore be biologically related to other bodies, it can age, but these only speak to what it is or what has happened to it, not who it is. Conversely, my Somali informants told me time and again that it is precisely through blood that one can know who they really are, and it was through affinal and agnatic ties that pathways for migration were forged.



### Chapter Three: Little Mogadishu

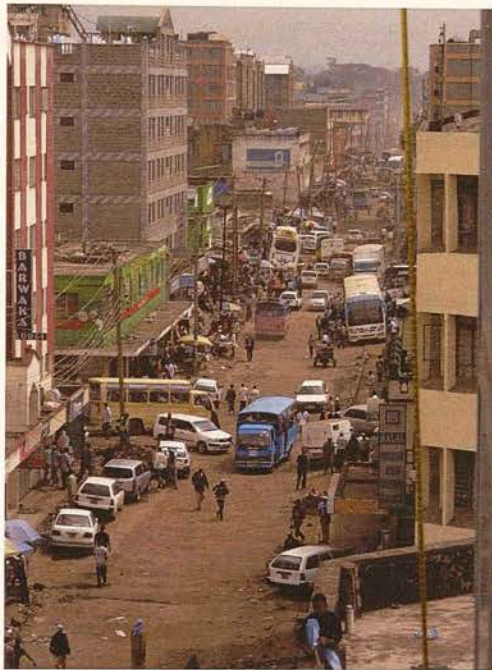


Figure 5: Eastleigh Second Avenue

‘I can’t die here’, my friend Elmi said matter-of-factly as we weaved our way through the dense human traffic in the centre of Eastleigh. Eager to make it to our destination before the rain began and the streets became even less manoeuvrable, we hurried through the crowds, jolting to a halt as we almost ran over an elderly Somali man. Dressed in a *macawis*, a colourful loop of fabric worn around the waist similar to a sarong, which in Eastleigh was normally only worn in public by older men and those who had recently arrived from Somalia<sup>16</sup>, his slowly moving slender frame was supported by a cane, and his grey beard was burnt orange with henna. From his appearance it was difficult to guess his age, which could have been anywhere between

<sup>16</sup> Wearing *macawis* or any other clothing that was distinctly Somali was said to attract police attention, and was therefore widely avoided by anyone who had spent time in Nairobi.

seventy-five and one hundred and five. This near collision shifted our conversation towards the topic of age, growing old, and ultimately dying. It was to this that Elmi made the comment about his own mortality, and, as he saw it, the impossibility that he might spend the rest of his life in Kenya. He continued, 'I can't be like that grandfather, I can't get old here. I can't have my body put in the cemetery here.' For him, as a young man in his mid-twenties, the prospect of living out the rest of his days in Nairobi was simply not a possibility he would or even could consider. For this young man, as well as many other Somalis, the difficulties that were an everyday aspect of life in Kenya – the lack of opportunities, the regular police harassment, and the general sense of insecurity and uncertainty – were so great that there was no way in which he could think about his current living situation as anything more than temporary.

This absolute belief that he would eventually leave Kenya should be put into context by the fact that he had been in Kenya for seventeen years. During this time he had lived in both Dadaab and Kakuma refugee camps, as well as nine years spent in Nairobi. He had seen many friends leave Kenya, some had returned through choice for visits or through deportation, others had never returned. Some had gone back to Somalia during periods of relative peace, in many cases in order to reclaim land and property, only to return to Kenya once more due to renewed conflict or drought. Others had died, in Kenya, Somalia, further afield, or – as many feared – en route, trying to get out. The fact that so many friends and a number of close relatives now lived 'outside', in countries in Europe and North America that were generally considered to have more opportunities and were therefore generally 'better', further fuelled his desire to move abroad.

For many people like Elmi, living in Eastleigh presented an alternative to the refugee camps. If life in the camps was defined by dependence and enclosure, Eastleigh could be seen as a way out; a transit point on the journey of forced migration. Anxiety surrounding life within Kenya and desperation to move 'outside' was pervasive in Eastleigh. It came up in conversations every day, often framing how people understood their lives, as migrants, as refugees, and as Somalis. It was central to how people spoke about their relatives, and often, their sources of financial support.

This largely empirical chapter will examine how the relationship between Somalis and Kenyans, and Eastleigh and Nairobi was formative in everyday life for the residents of Eastleigh. It will look at why my informants chose to live in Eastleigh, particularly as a response to how they perceived the camps and the concept of being ‘refugees’. In doing so, it will look at how Eastleigh, or ‘*Islit*’ as it was known locally, was geographically mapped by residents, in the ownership of its structures, the development of businesses, mosques, education facilities, and the appropriation of its names. It will look at the visible and invisible boundaries, and how ‘Little Mogadishu’ was envisaged as a place in which people could be ‘Somalis’ rather than ‘Refugees’.



Figure 6: Eastleigh Section Two

**Mapping Eastleigh**

‘It was like a wave, they just started coming and coming and coming’ Charles, a Kenyan in his forties, told me as he described the sudden influx of Somalis to Eastleigh in the early 1990s. As we sat in his car, slowly edging through the impenetrable traffic, Charles

recounted his memories of life in Eastleigh 'before the Somalis took over'. 'There was so many of them. Every day more buses. More and more and more. Filled with Somalis. We couldn't believe how many were arriving. And immediately they wanted to buy up property, buy up the land.' Charles' family had owned a modest home and a small shop in Eastleigh, both of which he had sold to Somalis 'for a good price'. As he pointed to the area where his house once stood, before it was demolished to make way for a four storey apartment building, he paused for a moment before reflecting that he wished they had waited a bit longer, as the cost of property in Eastleigh had rocketed in value. Charles lamented where single storey buildings, trees, and greenery once stood, now consumed by a grimy brownish grey, indistinguishable between the polluted dusty roads and the hastily erected buildings, packed with new, foreign residents.

Charles told me, as many Kenyan former residents did, that although there had been Somali migrants in Nairobi for as long as anyone could remember, certain periods had brought so many new arrivals that the change to the area and its demography was rapid and visible. Carol, a Kenyan woman in her early thirties, had lived in Eastleigh with her family as a child. Her mother continued to live there, but after she married she and her husband could not afford the rent and had to move to a cheaper neighbourhood. Like Charles, she took every opportunity to describe to me the quiet, leafy estate that Eastleigh had once been. She told me where she used to play, and pointed to the fields where her brothers had played football. 'Would you let your children play here now?' she asked me, shaking her head as she looked across the flooded roads, flanked on either side with steep slopes of rotting waste. 'The problem is, these people don't care. This isn't their country. They don't really want to be here, so they don't take the time to look after it and keep it nice.' Carol was not alone as a Kenyan priced out of Eastleigh. Many Kenyans who worked within Eastleigh complained to me that they could not afford to live in the area, due to the increase in rents. I visited the home of one nurse in Section Three who told me 'Since the Somalis arrived the rents have gone up and up and up. Kenyans can't afford to live here anymore.' As we entered her building we saw a group of Somali women entering another apartment and she added, 'You see? It used to only

be Kenyans here, but now there are more Somalis moving in so it's becoming expensive. I think I will have to move.'

Many of my Kenyan friends joked – although never in the presence of Somalis – that Eastleigh had become an official annexe of the Somali state, that Kenyans had to have a passport to go 'beyond Pumwani', and into Eastleigh, while one taxi driving friend of mine regularly reminded me 'those Somalis have the best business minds in Africa, it must be something in their DNA. But you wouldn't want to get on the wrong side of them!' These perceptions of Somalis were prevalent throughout Nairobi. While there is undoubtedly a degree of the demonised other invading and overwhelming the local population and the apparently idyllic lost Eastleigh, these memories address both the sudden nature of Somali migration as well as the apparent rapid transformation of the Eastleigh landscape. It was not only the environmental degradation of their nostalgically remembered Eastleigh that people emphasised, it was also the erosion of a landscape that was 'Kenyan' and the simultaneous emergence of one that was widely identified as Somali. What had once been quiet, peaceful, spacious and Kenyan, was now noisy, dirty, overpopulated, and distinctly Somali. The people, shops, schools, justice mechanisms, religion, places of worship, language, food, clothing, and smells had transformed into something different and distinctly foreign.

Nairobi is a large, cosmopolitan, and relatively young city, with many localised and somewhat insular neighbourhoods, often jolting quite suddenly from the obscenely rich to the exceptionally poor. The emphasis on Kenya's tribal divisions is perhaps most physically realised through the division of the country, and indeed Nairobi. One's tribe can be inferred by their 'home' and vice versa, and Nairobi was described to me by one Kenyan informant as a microcosm of the country, where social, economic, and even tribal status can often be assumed from a person's residential location within the city. Rapid urbanisation, largely due to perceived economic opportunities in the capital, has driven individuals to this swollen metropolis, and yet very few people referred to Nairobi as 'home'. This point was made to me by Esther, a middle class Kenyan woman I met through her work for an NGO, as we discussed how quiet the city becomes during

the Christmas holidays, 'No one is from Nairobi. Even people born in Nairobi are not *from* Nairobi, no one belongs here, it isn't the home of anyone's family'<sup>17</sup>. That's why when the holidays come everyone leaves.'

This unsettled context is visible in how compartmentalised Nairobi appears, and can be noted throughout the city's history, dating back to its origins as a colonial base, segregating, marginalizing and excluding the colonised (Médard 2010). The 1913 Public Health Ordinance set out the racial segregation of Nairobi on the grounds of hygiene and sanitation, and in 1921 Eastleigh was officially named as a township, primarily intended as a relocation site for Indian artisans who until then had populated the city centre (Murunga 2009: 213). Although often referred to as an Asian or Indian area, colonial records from 1917 (Murunga 2009: 213) and the early 1920s (Carrier and Lochery 2013: 336) note the significance of the Somali population in Eastleigh. During interviews with Kenyans, colonial-era Eastleigh was universally described as an 'Indian' estate, even when the presence of Somalis was acknowledged. After independence many Indians began to move into what had been European areas, as traditionally Indian neighbourhoods were 'Africanised'. As one elderly Kenyan explained to me,

After we became independent, they [the Kenyan Government] wanted to give us Kenyans a chance, so they helped us to buy our own plots in areas which were not available to us while the British were here. That is how these areas quickly filled up with Africans, and the Indians moved to Parklands and so on.

By 'Africans' he meant to infer 'black Kenyans', and while here he meant it to indicate those who were not ethnically European or Indian (the Kenyans I spoke to scoffed at the idea that someone ethnically Indian could be considered African, and this applied even more so to the 'white Kenyans', often referred to as 'Kenyan Cowboys'), it was also often used to differentiate between Somalis and other Africans. This depended heavily on the context of the conversation, but both Somalis and Kenyans frequently referred to the latter, but not the former, as 'African', a distinction that had been continually reinforced since the colonial period (Murunga 2009). In this sense, Somalis were

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<sup>17</sup> By this, she was referring to both one's extended family and one's tribe.

categorized as something different, something 'less African', which is striking when we bear in mind that many of the ethnic Somalis in question were actually Kenyan by birth and citizenship.

The question of belonging has obvious implications for matters of land ownership. This was a pressing concern in Kenya throughout the colonial period and into independence. During my fieldwork there were numerous cases of varying degrees of severity, including the controversy surrounding the Mau Forest evictees and the internally displaced persons (IDPs) that remained landless in the aftermath of the 2008 post-election violence. In Eastleigh, this tension and demand for land and property was visible on the exterior walls of numerous older, smaller buildings with 'THIS PLOT IS NOT FOR SALE. BEWARE OF CONMEN.' scrawled across their façades. The areas that had been redeveloped (it was widely assumed they were all owned by Somalis, but many were in fact owned by Kenyans)<sup>18</sup>, were even more conspicuous. It was here that I observed what Charles and Carol, as well as many others, described in their narratives of the transformation of Eastleigh. Buildings were torn down and replaced with much larger residential or commercial structures that often towered several stories above their older counterparts. More recent commercial developments were often designed as multifunctioning units that could contain a variety of businesses, and sometimes religious spaces. These new designs meant that it was not unusual to find shops, restaurants, hospitals, and mosques all in the same large complex. Madina Mall, completed during my fieldwork, was one such building, with shops on the ground floor, and a hospital, hotel, restaurant, gym, and mosque on the upper levels. Even in the more residential areas, it was common to find the ground floor of apartment buildings occupied by small kiosks, tea shops, beauty salons, or supermarkets.

Unusually for Nairobi, Eastleigh was largely designed and built on a grid system, in three sections, with the main street of First Avenue cutting straight down the middle,

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<sup>18</sup> I was not always able to find out who owned particular buildings, but in many cases Somalis had bought property with partners who were Kenyan citizens, through investment from abroad, or by other means that were opaque to me, but I would hazard a guess that they involved paying bribes at some point.

through Section One, Two and Three. Second Avenue, and a suggestion of Third Avenue, which at the time of my fieldwork was an extremely poor quality dirt track, with large parts of it impassable by vehicle, both run parallel, to the east of First Avenue. The boundary beyond these streets is marked abruptly by the Eastleigh Military Airbase, still functioning during my fieldwork, its presence regularly marked by the frequent menacing hum of low-flying military aircraft. To the west are similarly parallel roads of Captain Mungai Street and Major Jackson Muriithi Street, which stretch throughout Section One and Two, and Eastleigh merges into neighbouring estates of Pumwani, Chai Road, and Pangani. To the north, Juja Road lies perpendicular to the Avenues, marking the boundary between Eastleigh Section One and Mathare, a large slum that is home to many of the low-income workers, such as maids, manual labourers, and watchmen who are employed in Eastleigh. Parallel to Juja Road, a series of mostly narrower streets intersect numerically (occasionally interspersed by anomalous streets such as Galole Road) beginning with 2<sup>nd</sup> Street in the mixed Somali and Ethiopian Section One and ending at 18<sup>th</sup> Street in Section Three, where Eastleigh finds a natural southern border at Nairobi River. Section Two, in the centre of Eastleigh where I lived and conducted most of my research, is the densest Somali area in terms of both businesses and population, although some blocks within it, such as east side of 10<sup>th</sup> Street, are known for their pockets of Ethiopian residents, shops, and restaurants.

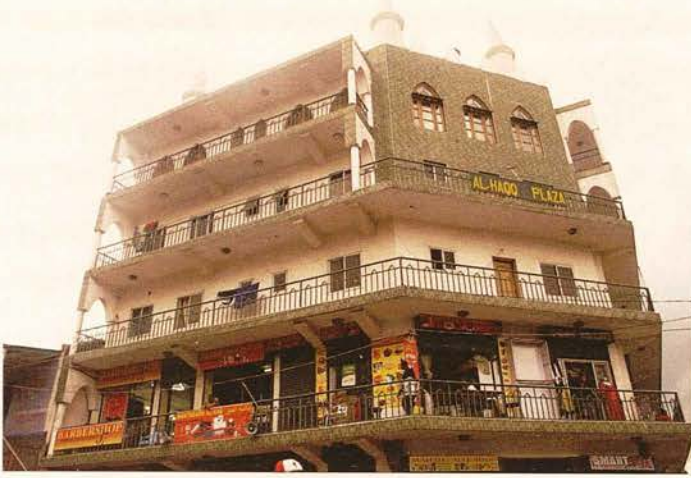


Figure 7: A multipurpose building on 'Jam Street'

Although most streets in Eastleigh were identified by their official names (e.g. 9<sup>th</sup> Street), there were a number of streets that were renamed altogether. These were not the names you would find on a street sign or a map, but they were known and used throughout Eastleigh and beyond. If one were to ask for directions to Kipande Athumani Street, I have no doubt they would be met with confused expressions, despite the fact that it is one of the busiest streets in the heart of the neighbourhood. To locals it's known as Jam Street, possibly due the near-constant dense knot of vehicles, slowly weaving their way around one another and the menacing potholes. Another main road, officially known as General Waruingi Street, was not known by another name, but a selection of locations; 'Garage' was the area that provided one of the main entry points to Eastleigh from the city centre, and was where many local and national bus routes terminate. If one continued straight across the roundabout at First Avenue, past the buses bound for Garissa and the shiny vastness of the Grand Royal Hotel, you reach *Shaah Macaan* (Sweet Tea). During the earlier part of the day it was a fairly non-descript line of teashops at a dead-end, by evening and throughout the night it became a bustling hive of activity, as men talked, drank sweet, spicy tea, chewed *khat*, smoked *shisha*, and

watched films or football on the selection of televisions propped up at the entrance to each teashop. Although mainly known as *Shaah Macaan*, it was also occasionally referred to as *Sheeqo Macaan* (Sweet Stories), due to its reputation as a popular site for socialising. Strips of plastic sheeting, often bearing the UNHCR logo, were stretched out across the exteriors of the teashops to form a makeshift gazebo to shelter customers from any adverse weather. A nest of plastic chairs huddled together in the area outside the buildings as far as the slightly blurred edge of the road where, during the busiest parts of the evening, cars congregated with men reluctant to give up the comfort and warmth of their vehicle, sometimes accompanied by young women who did not want to be seen in public.

It could reasonably be argued that certain streets were renamed for the sake of simple translation and ease of pronunciation, as it was generally the streets with lengthy Kenyan names that were replaced. The originals may have been difficult for non-Kiswahili speakers to grapple with, and so replacements were sought. Whether this was the reason or not, by renaming substantial areas, Somalis mapped out their own spaces and use of the estate. Upon these streets, Somalis owned and worked in a vast range of small businesses, including shops, travel agents, restaurants and hotels that met the needs of the residents in Eastleigh. As such, living in Eastleigh could realistically mean only having to have contact with other Somalis for the vast majority of the time.

One of the most famous landmarks in Eastleigh is Garissa Lodge. Although the term is now used to describe the densely packed shopping area that surrounds that part of Jam Street in Section Two, the original building began as a lodge, named after the last large town in Northeastern Province, on the road towards Somalia, or conversely, the first large town when entering Kenya. I was told that the lodge was owned by Somalis, and people normally rented the rooms on a long-term basis. One version of the Garissa Lodge history portrayed it as a popular residence for divorced or widowed women, as the lodge offered some degree of security, in comparison to living alone. As a means of making money, the residents of Garissa Lodge began selling goods from their rooms, and it swiftly gained a reputation as a commercial centre, rather than a residential one.

Another version of events describes Garissa Lodge as a clear result of displacement, as Yusr, a middle-aged woman who worked in the nearby gold market told me,

I sold gold [jewellery] just like this in Kismaayo, but when [President] Mohamed Siad Barre was chased [and the government fell] and the militias came searching for anyone who was Darood, we had to run. People took whatever they could. If you sell gold it's nice, you can travel with it, it's not too heavy, and you can sell it if you need money. And then when we reached Nairobi I started working again for some small money. That is how all these businesses began, people started selling whatever they had. They had businesses in Somalia but they had to close them and run, so they began again somewhere new. They came to Garissa Lodge, they slept in there at night and made their business during the day. Somalis are very good at business! You put them anywhere, they will make a business!

In this and similar versions, Garissa Lodge and the surrounding area became prosperous as businesses relocated out of Somalia and into Eastleigh. The infamy of Garissa Lodge was bolstered when it was burnt down in 2000. Although no one was ever prosecuted for it, I was told on numerous occasions by Somalis that it was an arson attack by Indian-Kenyans, jealous that Somalis and Eastleigh were overtaking their reputation as leading merchants. Whether this story is true or not, it emphasised the status of Garissa Lodge, which was subsequently rebuilt and during my fieldwork sat at the centre of a nest of shopping malls, all built on Garissa Lodge's model of corridor upon corridor of small shops encased within a large building. These malls are now a distinctive feature of Eastleigh, as they spread out from Garissa Lodge, throughout Section Two, and towards Sections One and Three. These large, bustling buildings are one of a number of features that set Eastleigh apart from the rest of Nairobi, where small on-street shops and vendors continue to be more common, and large shopping malls are largely the domain of wealthy Kenyans and expats.

It is in this crowded centre of Eastleigh that it becomes abundantly clear why the area is called Little Mogadishu. At their quietest the streets still had a constant number of people loitering around, and at their busiest they required either physical strength or agility to move through the packed crowds of people. The sides of the roads were

flooded with shops selling books, clothes, fabrics, spices, foods, electronics, and pharmaceuticals, small stalls piled high with dates and Somali sweets and biscuits, and Kenyans running small businesses, washing shoes and cars, ironing clothes, and selling cigarettes, candy, teeth cleaning sticks, newspapers, and second hand clothes. Huddled out of sight were the gold and silver market, where women like Yusur sat on stools, tightly squeezed into rooms, with their various items of jewellery in small glass cases in front of them, and a small electric scale by their side to determine the price of their goods. Many informal currency exchangers also worked in this hidden market, with bundles of US dollars, British pounds, Euros, and Kenyan shillings carefully folded into piles that they managed to safely conceal until they needed them. The frequency with which many Somalis carried, exchanged, and traded in US dollars – to pay rent to Somali landlords, settle large debts, or buy expensive goods – was telling of how far removed Eastleigh was from the rest of Kenya, and how the Somali diaspora existed in a space somewhat removed from the states in which they resided, a point further emphasised by the remarkable number of travel agents operating in Eastleigh, something fairly uncommon in the rest of Nairobi.

This bustling hub is notable for the speed and size with which it has emerged - the Eastleigh Business Association has claimed that the area does \$100 million in business each month<sup>19</sup> - and also with the dynamic way in which it works together. The existence of a large, coordinated, and influential business association is one thing, but to witness swathes of businesses shut down and hundreds of owners and employees stand on the street in protest at the inefficiency of the police in response to crimes in the area, or the ripple of warning phone calls that rapidly spread between local businesses when armed robberies take place is another. Although the high levels of Somali immigrants and violent crime could be cited as the reason behind the moniker 'Little Mogadishu', much to the dismay of the MP, Honourable Yusuf Hassan (personal communication), one could equally and more optimistically argue that it is the importance of the area as a

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<sup>19</sup> 'Little Mogadishu' available online at <http://www.turkishpress.com/news/398227/> accessed 6<sup>th</sup> April 2014

regional hub for migration and commerce that puts it on a par with a pre-conflict Mogadishu. It is this peculiarity of Eastleigh as a profitable and in many ways transnational site that has made it anthropologically alluring, particularly for those interested in economies and trade (Horst 2006; Lindley 2011; Carrier and Lochery 2013).

In Eastleigh, the rise of foreign goods as well as people was further intensified as many businesses imported from China, again emphasised by the increasing presence of Chinese traders in Eastleigh during my fieldwork, as well as Egypt and the United Arab Emirates. In these cases, it was quite common to find that traders in Eastleigh had a sibling or cousin in Cairo or Dubai who they imported from directly. Such transnational family and business networks had benefited enormously, I was informed, by the increasing availability of mobile telephones and the internet, including the introduction of undersea fibre-optic cables in 2009 that brought high-speed internet to Kenya. During my fieldwork most adults had mobile phones with internet capabilities, and access to emails, social networking, and instant messaging, hugely simplifying communication with family, wherever they might be. As one informant pointed out,

It wasn't that long ago, only a few years, when we were using the two-way radios, have you ever seen them? We used those radios to communicate with people in Somalia to find out what was happening. Someone in this house had one [pointing to a nearby building], so sometimes in the evening people would gather to listen and try to talk to family, things like that. Or we would all listen to the Somali news on the BBC radio, that's how we knew what was happening at home. But now everyone has [mobile] phones, even in Somalia many people have them, so we can chat online or we can call, but calling outside can be expensive. Everyone having their own phones means that it's so easy to speak to the person you want to speak to. It used to be that if you wanted to call someone outside, you know if you need some help or something, you had to find a number for them, which could take time and some people you just can't find numbers for, and then you go to somewhere you can make a call, and then try to get them. Now it's better.

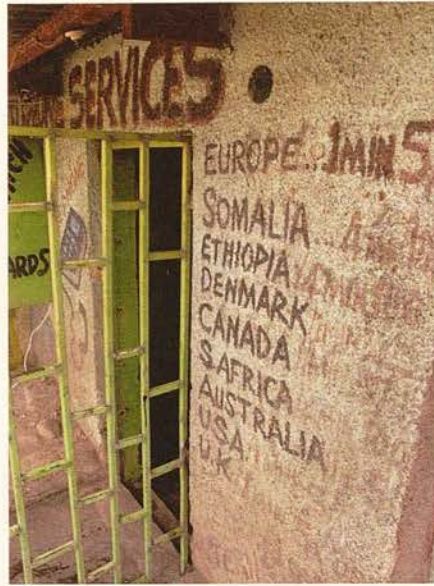


Figure 8: Phone call and internet shop

Although people spoke of Kenya as a transit point and expressed desires to go abroad or to return to Somalia, I never got the sense that people imagined Eastleigh to not exist as a Somali neighbourhood. There was never the suggestion that eventually they would all leave or the businesses would close, rather, Eastleigh, and the diaspora more widely, was something that was perceived as permanent. I asked the owner of an electronics store how he felt about Somalis investing so much in Eastleigh and developing the area, if they only imagined themselves there temporarily. He chuckled as he explained to me, ‘Ah you see Lucy, we’ve built everything on sticks, so the last person to leave just has to pull a thread and this will all come crashing down! No, there will always be someone here. It’s good to have more businesses. If I leave my shop, someone else will run it for me, or maybe I’ll sell it. There are always more Somalis looking to start a business.’

The only daytime respite from this hustle and bustle occurred during the Friday prayers, as public spaces in Eastleigh were transformed from a hectic commercial neighbourhood to one consumed by worship. As Nairobi’s largest Muslim estate, the streets surrounding Eastleigh’s mosque would be carpeted by the overflow of men coming to pray. Shoulder to shoulder, row after row, they often reached three blocks away from the mosques,

engulfing all available space that was otherwise packed with traders, stalls and hawkers. Although this sudden spatial transformation – when noisy streets were deafened by amplified Arabic voices floating out over loudspeakers – was perhaps the most striking, the physical appropriation of space, with bodies, businesses, and homes, occurred throughout Eastleigh on a continual basis. There was an abundance of signs for shops and schools in Somali and Arabic, including some named after Somali cities and regions.

The style of buildings was also specific to Eastleigh, including the dominating shopping malls such as those found around Garissa Lodge, the constantly emerging new apartment buildings, and two high-end hotels. Throughout my fieldwork small buildings were torn down and replaced by larger buildings, gradually creeping higher and higher to six and seven stories. The highest of all was the Grand Royal Hotel, opened in April 2011. Standing at a central point in Eastleigh, at the heart of Garage, *Shaah Macaan*, and many of the bus stages, it stretched up nine stories high, by far the tallest building in a neighbourhood where building regulations were said to be restricted by the military airbase. Its luxurious accommodation, gyms, spa, and inclusion of ‘International’ and ‘Somali’ cuisine marked it out as more prestigious than other hotels in Eastleigh, and indeed in most of Nairobi. Fascinatingly, it was not the only one of its kind in Eastleigh. Just a short distance along the same street was the Nomad Palace Hotel, aesthetically very similar to its other branch in Garissa, it also opened in 2011. Much like the Grand Royal Hotel, the Nomad Palace was designed to cater to more exclusive guests, in the way expensive hotels do all over the world, yet it also hinted at its Somali background through the imagery of camels and again with the cuisine.

I visited both hotels during my fieldwork, for meetings with NGOs and also out of general curiosity. Unsurprisingly, I met a substantial number of Somalis who lived in other parts of the world, particularly North America staying in Eastleigh temporarily to visit family or for business. I also met a smaller number of other foreign visitors in Eastleigh mainly for business purposes, including some Chinese and American men. One middle-aged white American man opened polite conversation with me, apparently

as interested by my presence as I was by his (although I encountered a number of foreign visitors, I met very few women, and all were in the company of men). He told me that he had Somali business partners in America and they were looking at doing some business in Eastleigh, with the hope to expand into Somalia if and when it becomes possible.

One elderly Somali man staying at the Grand Royal told me, 'I have family in Eastleigh – children, grandchildren – but there's no space. You've seen how Somalis live, all squeezed in on top of each other. I've lived in the US a long time, and I'm used to it, so when I come to Nairobi or I'm visiting Somalia I would rather stay places like this. It's more comfortable for me. My daughter still cooks my meals and brings them here to me, but this is where I stay.' Like other Somalis I spoke to, this old man was using Nairobi, and Eastleigh in particular, as a stepping stone into or towards Somalia, at the same time as thousands continued to use it as a route out. As well as older men attending to business and property they had been forced to leave during the war, I met many younger people who had grown up elsewhere and were eager to return in order to develop their own business or political interests. Abdiaziz, a Somali man in his mid-twenties who had grown up in London and had recently moved to Nairobi in order to start a business, was one such example. Aside from his desire to begin what he hoped to be a vast business empire, he placed a great deal of importance on his geographical proximity to Somalia. As he told me,

Peace is coming to Somalia. The worst is over, peace is coming *wallahi* ['swear to God'] and when it does we'll be ready to get in there, not sitting in London or wherever wondering what's going on and if it's a good time to go. The UK is dead, man. TIA [This is Africa<sup>20</sup>], that's what it's all about!

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<sup>20</sup> This saying has been used by expats bemoaning the problems they face in Africa, including water shortages, power cuts, and unfamiliar bureaucracies. More recently it has become popular, particularly among young, urban, and often affluent or socially mobile Africans in places such as Nairobi to emphasise and celebrate the dynamism and opportunities of the 'new', globally connected Africa. TIA was also the name of a song by the Somali-Canadian musician K'naan, who was particularly popular among Somalis during the time of this research, because his song 'Wavin' Flag', ostensibly an ode to Somalia, was the theme for the 2010 Fifa World Cup in South Africa.

Older affluent men and young politicians and entrepreneurs were not the only Somalis using Eastleigh as an indirect point of contact with Somalia. For many families, Eastleigh was a place to send their children who had lost their sense of Somali identity. On one typically sweaty afternoon, I was walking from a hospital on my way home, weaving through side streets I cut up 9th Street where there are several reasonably nice Somali-owned hotels that are popular with Somalis who visit Eastleigh from abroad. Being the modest, demure woman that I felt the need to be on fieldwork, I kept my head down as I had to walk through a group of five young men who were blocking the pavement ahead of me. I paid little attention to them as I approached, as they leaned against walls and the bonnets of parked cars in jeans and hooded sweatshirts and sharply ironed polo shirts, they looked much like most other young Somali men who lived in Eastleigh. I burst out laughing when, as I passed them one called to me 'Alright darlin'? You must be from London, innit?' in a thick London accent. I told him that I was not from London, but that he was pretty close, 'yeah, I know that outfit is from Topshop, so I knew you was a UK girl.' Unlike Abdiiaziz, the young entrepreneur I quoted above, the young man who hollered about my British sartorial style in street, and others like him were referred to as '*Dhaqan Celin*', literally meaning 'Return to Tradition'. These young men had often been in some sort of trouble in their country of residence, or their families were displeased with them for one reason or another – they were lazy, they lacked respect for their elders, they consumed alcohol or drugs, or neglected their religion. Ultimately, they had lost their sense of Somaliness. Of course Somalis are not alone in sending their wayward youth back to 'their people' in order to straighten out their behaviour, however the *dhaqan celin* were not sent back to their country, but to another diaspora community. Most of the *dhaqan celin* I met had come from the USA, Canada and the UK, where there are other large Somali communities, and all most had lived there since they were children. The amount of time spent in Nairobi varies from a few months to a couple of years, with a small number considering remaining permanently, due to the lower cost of living and the perceived better economic opportunities.

*Dhaqan celin* were quite appealing to young people living in Eastleigh, as they had exciting and interesting stories to tell from abroad, and they were often relatively affluent. When groups went out to eat together or to buy *khat*, the guests from abroad were expected to pay the bill. However, people also quite frequently mocked them or pitied them. 'They can't even speak their own language' was a point often made, much as it was for Somali Sijus. They also played in to stereotypes of what was wrong with 'the West'; they were 'bad Muslims', they drank alcohol, they disobey their parents, and most importantly, they had lost any sense of what it means to be Somali. For many, they were the physical embodiment of everything that was wrong with 'the outside' and many people's worst fears about the reality of trying to live and raise children so far from their home country. Conversely, *dhaqan celin* complained to me about the difficult living conditions in Eastleigh, the power cuts, the sanitation, and feeling closely monitored and controlled by their extended family, and yet many of them commented that they wanted to find a wife while they were there, 'a real Somali woman', and indeed, several of them did.

It is therefore crucial to consider the significance of a large population living within the borders of another state, yet creating a space which is tangibly their own. As I have emphasised so far in this chapter, Somalis in Eastleigh have appropriated the area through the ownership of buildings, mapping it geographically with their language, and using it residentially, religiously, and commercially, selling Somali goods to Somali people, as well as importing and exporting nationally and internationally. This demands the question – what is the Kenyan state's relationship with Eastleigh and its residents?

The separation between Eastleigh and the state became even more tangible in 2011 when a judge issued a temporary injunction that stopped Nairobi city council from collecting rates from the Eastleigh Business Community, which consisted of over 3,000 businesses, because they had failed to provide essential services, particularly with regard to sanitation and roads. While this was a clear official disjuncture, the separation was also evident in more private spheres. As well as refusing to live as 'refugees' within camps, and therefore largely rejecting any official assistance from UNHCR and their partner

agencies, most of my informants chose to use private hospitals and clinics, and send their children to private, Somali-run *madrasa* (Islamic schools that also teach more general curriculum), rather than use government schools and medical facilities. When I asked people why they did not want to use government facilities there was a general consensus that they were of a lower standard than the private options, but many people elaborated more on the sense that it was better to use services provided by 'their own people' because they had a shared understanding of what was important.

This sense that it was better to deal with matters amongst themselves also included judicial matters, as internal disputes were most frequently settled by clan elders. When the family of a woman I knew contacted the police after she was assaulted by other Somali women, both clans were displeased and told the family they must drop the case with the police. After they had done this, the matter was settled between the elders and the assaulted woman received compensation from the other women's clan, in US dollars to the value of one camel. The authoritative position of the elders was even more evident in the larger clans that held regular meetings, where matters of social concern could be discussed and money could be collected and distributed to those identified as needing extra assistance. These clan elders often overlapped with religious leaders, mutually reinforcing their positions of influence throughout Eastleigh.

The preference for internal dispute resolution should be balanced with the difficulty many people faced trying to access police assistance. One woman told me 'if you want the police involved, first you have to pay something to open the case, then you pay more if you want them to arrest someone. And they will still demand more money for sodas'. Sumaya, a woman in her thirties was unusual among my informants, as she pursued contact with me. She lived in the US with one daughter who was born there, while her husband lived in Eastleigh with their three older children who had been born in Nairobi. She had made an emergency visit to Nairobi, after she was informed that her five year old daughter had been raped by the building watchman. Upon arrival in Nairobi, she insisted on going to the police, even though her husband and his mother told her it was a waste of time. She told me that three days in a row she went to the police station and

they barely acknowledged her presence. It was only when another Somali woman visiting the station told her she had to pay – and she did – that anything happened. Despite paying the police to arrest the man, when she later visited the station to enquire about the judicial process, she discovered he had already been released, and after that the police refused to speak to her. ‘My husband told me it was a waste of time. He told me no one cares about Somalis in this country. When you leave you forget how bad it really is.’ Although she continued to seek physical and emotional treatment, as well as some degree of justice for her daughter, Sumaya told me on a later meeting, ‘Kenyans hate us. We can only rely on each other.’

During interviews with Somalis, it was the tangibility of the Somali presence that was crucial to understanding why so many chose to live in Eastleigh in particular, rather than other parts of the city or the country. The conflict in Somalia had compelled people to leave in search of somewhere safe, and ideally earn an income and support themselves and their families. The reality of life in the camps, as discussed in the previous chapter, made this impossible for many people. Attempts to move on, particularly to the ultimately desired cities of Europe and North America were incredibly difficult and usually involved long periods of waiting. Eastleigh, therefore, provided something in the middle. It wasn’t ‘outside’ by any means, but it wasn’t the camps. Eastleigh is within the capital city, and therefore offered opportunities and freedoms that were not available in the camps. It wasn’t Somalia, but the density and embeddedness of the Somali community meant that jokes that Eastleigh was an annex of the Somali national territory had more than a little veracity. To live in Eastleigh meant being able to live with minimal interaction with anyone who was not Somali.

## ‘Just Don’t Call Us Refugees’



Figure 9: 'Mogadishu Shop'

My friend Omar made this comment as I took a photograph of him and several other companions. I had been taking photographs at a medical facility and had gone to meet my friends on 8th Street. When I found them they asked me to take some photographs of them, and as the group of ten young men perfected their poses we joked about what I would do with the photographs, to which Omar shouted, ‘whatever you do, just don’t call us refugees!’ and the rest of the group laughed in agreement. Although this was playful joking between friends, there was a serious sentiment beneath it. The absence of photographs of individuals in this thesis is partly in order to protect anonymity, but also because people very often refused to let me take photos of them unless I gave them time to shower and dress appropriately, after which they would pose solemnly before going through the images and deleting the ones they didn’t like. On occasions when I did take spontaneous photos, it was common for people to be reluctant to be depicted ‘like refugees’. One morning I took several shots of Nadra, who I discussed in the introduction, cooking lunch, to which she rolled her eyes in annoyance and attempted to shield her face with the potatoes she was peeling, as she grumbled ‘ugh, I must look like a refugee.’ On another occasion, after the birth of his first child, a friend took a small

group of us for lunch to celebrate. As we hungrily worked our way through the heaped plates of rice, chicken, and fish, someone at a nearby table remarked, 'oh look, that white lady is feeding those refugees.' I felt a little embarrassed by this, not least because it was my friend who was feeding me, and it brought up this division between us that while we were all outsiders in Kenya, I was there through choice and enjoyed, for the most part, somewhat special treatment, while they were treated like unwanted vermin. My friends laughed, but one commented with disgust 'I'm not a fucking refugee.' In this particular case, I knew that he had in the past lived in Kakuma refugee camp with a UNHCR mandate and he was currently in possession of a refugee certificate, issued in Nairobi by the DRA. His legal documentation would suggest that he was, unquestionably, a refugee. And yet his rejection of the label was common in Eastleigh, and I interviewed many people who described their experiences of life in the refugee camp with 'when I was a refugee...', or would state 'I used to be a refugee, but I'm not now.' One woman, aware of how blurred the definition was told me 'From '94 to 2006 I was a refugee, then I came to Nairobi.' 'Are you still a refugee?' I asked her. 'Not now. Well maybe I'm a refugee because I left my country, because of the war, I can't go back now because of insecurity. But I'm not a real refugee, not the kind who lives in the camps, with rations and everything from the UN.'

These distinctions of being a refugee or not, coupled with the imagining of Eastleigh as a distinctly Somali space was tightly interrelated with the reasons people gave me for living in Eastleigh, as they were almost always positioned in contrast to living in a refugee camp. The majority of my informants had lived in cities in Somalia before leaving, and many associated this with a desire to not live in the arid areas of Northern and Eastern Kenya where the camps were located. When I asked one young man why he had left the camp he told me sternly, 'There were scorpions. And snakes.' He felt that it was impossible to go from living in a city to living in a camp in the middle of the desert, where all sorts of horrible animals might be lurking. For others though, there was the sense that there was very little hope for the future within the camps. Abduwahab, a young man in his late teens, expressed enormous frustration and dejection

at the obstacles of life in both Nairobi and Dadaab. He had grown up and completed his education in the camp, then found himself unable to find any work in order to support his family. He travelled to Nairobi in search of work, and was sleeping in a *madrasa* when I met him. He told me that he was from a small clan and had no contacts in Nairobi who might help him find work. He had sought help at a number of mosques, but had been told that as a man he must find a way to support himself, and not look to the community for help. Without an income he had little choice but to return to Dadaab, where he would still be unable to work, but would be able to rely on the organisations for basic support. For Abduwahab, neither option seemed viable in the long-term. For most people, Nairobi represented opportunities that were lacking in the camps, thereby providing some sense of hope and possibility for the future. It was evident in this case, however, that to live in Eastleigh required access to a certain level of support or access to livelihoods that most often materialised through clan networks. Anna Lindley suggests that, 'For many, Eastleigh is a staging post to an uncertain future' (2010: 111). For Abduwahab, the weakness of his kinship networks meant that attempt to secure his future in Eastleigh had been unsuccessful. Others spent years, even decades, trying to find ways in which to move forwards from this point of uncertainty. Strong networks were a means through which people sought to navigate and cope with the uncertainty that was inherent in displacement. At the same time, the effectiveness of such networks destabilise understandings of communities as spatially bounded (Lindley 2010; Basch et al 1994).

As discussed in the previous chapter, kinship networks were often crucial to strategies for onward migration, but they also play an important role in everyday survival in Eastleigh. Although Carrier and Lochery argue that 'commerce is the lifeblood' of Eastleigh (2013), it was often remarked to me that Somalis would not survive and Eastleigh would not exist without the continual supply of cash from abroad. Individual transfers enabled people to set up businesses and pay for occasional expenses, particularly medical bills, while many people received regular sums which constituted their entire income. These monthly incomes through remittances varied from small

amounts of around fifty USD, which would exchange for slightly less than 4,500 KES, up to several hundred or very occasionally thousands of dollars for larger, better off families. At the lower end of the scale were young men who shared a single room with between one and four other men, and would try to supplement their incomes through employment, while a few I spoke to engaged in pick-pocketing and stealing, often as part of a gang. At the other end of the spectrum, those who received the most tended to be large families where one or more close members of the family – very often the husband/father – had good employment abroad and was part of a larger network that meant he could afford to send such larger sums of money. Most people I spoke to fell somewhere in the middle, receiving enough to pay for rent, food, utilities, clothes, and medical and school fees where needed.

The impact of these regular remittances was evident in the informal exchangers mentioned above, and also the demand for Sharia-compliant financial services offered by many banks, particularly the high number of Middle Eastern banks, as well as other international banks such as the second branch of Barclays which opened in Eastleigh in 2011, offering services which were all Sharia-compliant. In addition to the proliferation of banks, there was a vast number of *xawilaad* (Somali-owned international money transfer businesses, from the Arabic word 'hawala', meaning 'transfer'), which were often impossible to identify from the outside without knowing about them, much like the gold and silver market. Occasionally they would have a sign indicating that they provided currency exchange or cargo shipping services, but often they would have no sign at all, and customers would have to know exactly where to go beforehand. On one occasion I went with a friend to collect money that had been sent by a relative in Europe. We found the shopping mall where it was located, but once we were inside we had to ask for directions twice before eventually locating the anonymous black steel door we were looking for. Once inside, the office was reasonably spacious and welcoming, with four tellers seated behind glass screens, a modest waiting area with flat screen TV, and doors leading to the parts of the office where the cash is finally collected. I asked staff and customers from a number of *xawilaad* why they kept themselves so hidden. While

some specifically said it was to avoid the attention of thieves, others said it was to avoid the attention of any 'strangers'.

Anna Lindley describes *xawilaad* as a 'system of value transfer that facilitated long-distance trade in the eastern Mediterranean, the Red Sea, Mesopotamia and Iran from the early medieval period of Islam and is still popular in the Middle East and Asia and their trading and migrant diasporas' (2010: 36). Conflict induced instability and geographically dispersed populations gave rise to the popularity of this system among Somalis, which has been further bolstered by the rise of communications technology. In practice, if someone in Eastleigh requires money, they can contact a relative in Minnesota through their mobile phone, that person can then take money to their preferred *xawala* (singular) agent, who will contact a second agent in Eastleigh with the instruction to pay the receiver. The debt between the two agents will be resolved through reciprocal transfers or trade. The second agent will then call the receiver (and more recently some have begun to send a text message) to inform them that their money is ready to be collected. This process is extremely rapid and can be completed in a matter of hours. Functionally, it may sound very similar to companies such as Western Union or MoneyGram, or even M-Pesa, all of which have agents in Eastleigh. In practice, however, the *xawilaad* agents are preferred for the simple reason that they generally charged smaller fees, but also because they were far more trusted as they were largely situated within the clan system. On the one hand, this meant that particular agents were known to belong to particular clans, and people often used those they were most closely affiliated with (although this required the presence of agents in both the sender's and receiver's locations). On the other, it speaks to alternative ways of proving one's identity. Companies such as Western Union accept and distribute money when the identities of all parties, but particularly the receiver, can be proved through formal legal documentation. For the *xawilaad* in Eastleigh, in a context where many people didn't possess any ID, funds were transferred on a basis of trust. In practice, if someone is

known to the agent they can receive money without showing any documents at all<sup>21</sup>. As Ali, who worked for a large *xawala* in Eastleigh explained,

People come to me [as opposed to someone else working at the same branch] because they know me, so that I can vouch for them. Either I know their family or I know them from around Eastleigh. Even the [Ethiopian] Oromos and the Amharas and the [Sudanese] Dinkas know me, and know I'm reliable. Normally it's fine but sometimes there's a problem, for example one time a friend of mine brought in the cousin of this girl he was chasing, and because he was with my friend I trusted him and I released the money. But then the real person came to collect the money, so that became my debt, my responsibility. I had to find my friend to try to get the money back, but it turned out he didn't really know that guy so well, he was just trying to get close to the girl. So the 200 dollars had to come from my paycheck.

This concept of trust, and how it relates to issues of dependency, is crucial to understanding life in Eastleigh. Receiving income via Somali transfer systems that operate on a basis of trust, while also living, working, and trading with people who are Somali does not only tell us *how* people live in Eastleigh, but *why* they live there. Kunz argues that the focus on remittances is often framed at an international level, in terms of alleviating poverty and supporting development, but she emphasises the importance of situating remittance activity within the larger social and political realities in which it takes place. As she states, 'reframing remittances as a transnational activity renders visible how the muted realities, silenced by the mainstream framing, are influenced by a variety of social dynamics – such as gender, ethnicity and class' (2008: 1400). If Abduwahab had networks that expanded to either Eastleigh or abroad he might have had a stronger chance of establishing himself in the capital. The former could have helped him to access employment or even just minimum shelter and sustenance, while the latter could have financially supported his presence long enough for him to search for opportunities in Eastleigh or beyond. Those who were in receipt of remittances received

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<sup>21</sup> This has been subject to substantial transformation since the time of research, as many of the larger *xawilaad* have been forced to introduce more restrictive practices, due to accusations of supporting terrorists and other illegal activities. During a visit to a branch of *Dahabshiil* in May 2014, I was told that all recipients now had to provide proof of ID. This transformation was also notable in the ways the branch looked like a more typical bank, and that there were very few customers present.

from a range of relations, but most often they were close relatives, either spouses, parents, children, siblings, or close cousins. At the same time, many people were able to ask friends for occasional small amounts of money, and frequently reached out beyond the traditional limits of clans. Rather than relying on particular families or family members, such as a husband or a husband's clan, help was sought from those in a position to provide financial help, regardless of gender or generational status. By understanding the significance of remittances to people in Eastleigh, we get a clearer sense of how people situate themselves with clan and diaspora networks, and who they can depend on for assistance, and as is the case with UNHCR, who they shouldn't.

### **Illegality and Documentation**

The evident prosperity of Eastleigh, the ability to live in a community largely dominated by Somalis, forces us to ask why so many people expressed an emphatic desire to leave. Why did Elmi, who I quoted at the beginning of this chapter, consider spending the rest of his life in Eastleigh to be unthinkable? Beyond its residents, and its commerce, Eastleigh is known for being a hub of widespread police extortion and abuse that extends to ethnic Somalis throughout the country (Refugees International 2014, 2013; Human Rights Watch 2013, 2012, 2010, 2009, 2002, 1993, 1990). Although it is possible to trace the history of marginalization of ethnic Somalis within Kenya, the legitimization of abuse has taken different forms during different periods, from the colonial disputes over the Northern Frontier District, to the so-called *shifita* wars, the emerging conflicts with the influx of refugees in the early 1990s, until the time of this research, when the perception of Somalis was grounded in perceptions of piracy, terrorism and Islamic fundamentalism. I argue that this historical shaping of Somalis in Kenya has entrenched the political and public perception that Somalis can be classified as 'legal' or 'illegal' in particular contexts. Furthermore, it is the classification of illegal – based on preconceived 'ethnic identity' markers including, physical features, language,

dress, and religion – that has ingrained a perception that it is permissible to assault, abuse, and detain Somalis in Kenya.

What is defined as ‘legal’ or ‘illegal’ in particular contexts, including the processes and institutions that engender them, can illuminate aspects of the society in which they exist and function, which are often otherwise opaque (High 2012; Green 2011). In the case of Somalis in Kenya, the question of what is ‘legal’ or not is particularly interesting as it pertains to human beings. Kenya is a party to the 1951 Convention Relating to the Status of Refugees, which includes ‘the right to choose their place of residence and to move freely’, which is reinforced by the Constitution of Kenya, which came into force during this research in 2010, which states that ‘every person has the right to freedom of movement.’ These rights appear rather muddled by the Refugee Act 2006, where, in Section 16: The Rights and Duties of Refugee in Kenya it states that,

(1) Subject to this Act, every recognized refugee and every member of his family in Kenya –

(a) shall be entitled to the rights and be subject to the obligations contained in the international conventions to which Kenya is party;

(b) shall be subject to all laws in force in Kenya.

(2) The Minister may, by notice in the Gazette, in consultation with the host community, designate places and areas in Kenya to be centres for the purposes of temporarily accommodating persons who have applied for recognition as refugees or members of the refugee’s family while their applications for refugee status are being processed; or refugee camps

One lawyer working for an NGO told me, ‘they are allowed to have designated places for refugees, but they don’t actually have any. Ok, we know they are referring to Dadaab and Kakuma, but that designation has not actually taken place.’ This complex system was confused even further in practice. Despite the existence of the encampment policy, which predates the 2006 Act, its enforcement has always been flexible and ad hoc. In 2009, UNHCR launched a new campaign, focused on the needs of urban refugees. As part of this initiative, Nairobi was selected as one of six pilot cities to launch their new

policies, and one of the key aspects of this enabled asylum seekers to register in the particular urban centres, rather than the camps. Refugee registration in Nairobi has sporadically been permitted, and this irregular pattern continued after 2009. Whenever 'refugees', which in practice referred to Muslims, Somalis, or residents of Eastleigh appeared to be causing a problem, urban registration was shut down and all refugees were instructed to return to the camps. As a result, even for those with documents, it was never entirely clear if they were legally allowed to be in Eastleigh.

Beyond this, many people had registered in the camps and had left them without permission, while others had not registered at all. In such cases, people were frequently arrested for 'illegal presence'. During this research, however, a concerted effort was made by UNHCR and its implementing partners to raise awareness among the police of the needs of refugees. This training informed police that particular people arrested for illegal presence should be referred to UNHCR or taken to DRA to apply for asylum. In theory, this sounds like a positive development. Yet, as mentioned earlier, Eastleigh is notorious for police corruption, and I heard from multiple sources that there is high demand among police officers to be stationed in or near Eastleigh, because of its lucrative potential. As Mercy, a young Kenyan lawyer explained to me,

It's not only refugees who are the victims of the police here in Kenya. Everyone is, Kenyans just as much as everyone else. Growing up in here, we [Kenyans] all know and experience what they are like. They will accuse you and arrest you for something you have not done, they are known for planting evidence. But I think the thing is with refugees, they don't know our system, they don't know how the police work, and they are scared. And the police know that, so they are an easy target.

John, a more senior colleague of Mercy's joined our conversation,

You see in Kenya if you are arrested and charged you can be detained until it goes to court, and that can take one year, maybe even two. The police don't have to present any evidence that you had anything to do with that crime, or even that a crime took place until that point. So you see, they can keep you in there until you pay them something. If not, it gets to court and they tell the judge that they lost the evidence or something like that. No one wants to

wait for a year or two in prison, so of course if people have the money they pay. We have a saying in Kenya, 'why pay for a lawyer when you can pay for a judge?'

To which Mercy replied, 'I hate that saying, it's horrible, but it's true. But it's not surprising; the police earn very little money, even with the increase they got recently, it's still very small. Do you know that when the police were trying to get a pay rise President Kibaki said "if you need more money you can get in from the refugees"?' John continued,

It used to be that refugees would be arrested with illegal presence, but now we [NGOs and UNHCR] have become much more organised at dealing with that, and the community are more aware of what they have to do. Once we know that they are detained we can make sure they are being registered [as asylum applicants], and then they can be released. We work with the police, doing trainings, things like that, to try to make sure that is what happens. But those police who want to collect bribes have learnt their way around this. They arrest people for things like robbery with violence or even murder, these are crimes that people can't get bail for. So when we hear that a refugee has been arrested and we go to Pangani [police station] or wherever they are holding them, the police tell us they are being held for robbery with violence, there is very little we can do until it goes to court.

With this in mind, from the point of view of many police officers<sup>22</sup> the potential illegality of Somalis was desirable. It was this ambiguity that made them easy targets for extortion, and like Somalis navigating dubious means of obtaining documents, the police navigated the legal means with which to extort them. The apparent illegality of the residents in Eastleigh legitimised the violent harassment of particular groups of people based on the physical appearance of an ethnic identity. The *people* of Eastleigh, not just their acts, were therefore illegal, and so those people instilled with the power to act on and enforce the law – the police – were permitted to use any and every force they

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<sup>22</sup> This research was conducted primarily among Eastleigh residents, as well as with UNHCR and its implementing partners. It is therefore unsurprising that the police were almost exclusively depicted as 'the bad guys'. My own experiences and observations in Eastleigh reflected this, however I had very limited contact with the police. An ethnographic study of the police in Nairobi would likely be enormously insightful to the nuances that were impossible to include in this research.

deemed appropriate. This situation is all the more apparent when we factor in the concurrent involvement of the military, who are less concerned with the power of the law, and more as the embodiment of the force of the state.

This abuse of people based on a particular idea of ethnic identity reinforces an essentialized perception of 'real' Somalis, which is evidently problematic in two ways. Firstly, it excludes the many Somalis who do not fit into common beliefs about what Somalis look like, including many minorities who have faced marginalization and persecution (Menkhaus 2003; Besteman 1995). Secondly, by defining Somalis in a particular way – light-skinned, soft-haired, with distinctive physical and linguistic characteristics – it subsumes many ethnically Somali Kenyans<sup>23</sup> who have historically populated NEP as well as urban centres, including Nairobi. The police rarely made distinctions, between Somali nationals and Somali Kenyans, many of whom told me they had been harassed and detained despite carrying their national ID card.

Rinelli and Opondo argue that this classification of Somalis within Kenya serves to perpetuate 'a national imaginary that reproduces itself by placing the Somali at a distance, either in a faraway camp like Dadaab (as a refugee and therefore an object of sympathy), in the rural and Northern Eastern province of the country (as subjects of rural development initiatives and militaristic sovereign performance) or across the state borders in neighbouring Somalia' (2013: 4). They argue that within Kenya, Somalis must be isolated within their 'proper place', and that the 'increasingly visible presence of the Somali community in Nairobi' has entrenched a sense of threat and menace. Somali Kenyans are subsumed in this as 'our Somalis' in the wrong place. This threat can be seen as both physical, through the rapid growth of the Somali population, appropriation of space, and supposed physical insecurity, and also moral threat, with the emergence of immoral, foreign, and Islamic bodies, infiltrating the contrastingly moral

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<sup>23</sup> During fieldwork, most people I interviewed who defined themselves in this way used this term, while others used 'Kenyan Somali'. Some in the latter group said they put 'Kenyan' first to emphasise it as their primary identity. Others said the order didn't matter. Interestingly, after the particularly brutal 'Usalama Watch' operation in Eastleigh during 2014, which saw thousands of Somalis, including Somali Kenyans, detained, beaten, extorted and in some cases deported, a number of the people I spoke to who had previously described themselves as 'Kenyan Somali' had consciously inverted it to Somali Kenyan.

Kenyan public. As such, Somalis are a threat to both the city and the nation (Rinelli and Opondo 2013).

This sense of threat was articulated by then Internal Security Assistant Minister Orwa Ojodeh, who stated in parliament that Al Shabaab is ‘a big animal, with its head in Eastleigh, Nairobi and its tail in Somalia<sup>24</sup>.’ The association between Somalis and violent, Islamic fundamentalism came to the fore during the 2010 World Cup, when Al Shabaab claimed responsibility for a bomb in a bar in Kampala, Uganda, that killed 74 people. A subsequent rise in violence in NEP that was also attributed to Al Shabaab specifically and Somalis more generally entrenched the perception of Somalis as dangerous. The instructions that ‘refugees’, a thinly veiled guise for ‘Somalis’, return to the camps that inevitably followed violent events, perpetuated the concept of Somalis in Nairobi as illegal and threatening. By categorising an illegal population, ‘what is produced is fear of the “other” with little or no empathy for the suffering of the migrant population’ (Green 2011: 378), which in turn provides a legitimate basis for the persecution of anyone who looks Somali.

## **I Can’t Die Here**

Let us now return to Elmi, who I began this chapter with. In his seventeen years in Kenya he had lived in two arid refugee camps, far removed from his vague but largely beautiful memories of growing up on the coast of Somalia. His later memories of the weeks before he and his family fled Somalia are vivid and graphically violent. In Kenya he continued to witness and experience violence and insecurity through conflicts in the camps, fighting with other boys and young men, and most enduringly, in interactions with the Kenyan police and military. During the time of this research Elmi was detained by the police on several occasions, and either paid a bribe to be released or managed to talk his way out of it by pretending to be Kenyan. On one occasion, when a friend of his

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<sup>24</sup> <http://www.standardmedia.co.ke/business/article/2000045206/minister-says-eastleigh-the-next-target-in-hunt-for-al-shabaab-militants>

was detained, Elmi attempted to intervene on his behalf, but was beaten by the policemen, using the butts of their guns. Nothing was particularly unusual about these experiences, and they were echoed by the majority of young men I interviewed, all of whom had been stopped by the police. Another young man told me,

When they catch you, they begin by talking to you in Kiswahili to try to immediately catch you out. If you don't understand then they know they've got you. But if you can answer then you have to try to talk to them nicely. I speak good Kiswahili so I act like I'm siju. There was one time we were all sitting chewing [khat] and the police came in and I tried to act like I'm helping them, I told other people to bring their IDs. Kenyans are somehow slow, so you can distract them. But otherwise, if they just catch you, they pick you up by this [belt loop] in the back of your trousers. They pull so hard, as though they're lifting you by your ass. It's so embarrassing. They want everyone to look, so everyone knows what's happening. Or if there are more of you together, they handcuff you all together, like animals. Then they tell you, 'phone someone.' That's when you have to start making calls to collect money.

Numerous people complained that Somalis were treated like 'slaves' or 'animals' who could be captured, bought, and sold; as one man phrased it, 'they catch us just so they can sell us like goats to our own people.' Locally made language translation books were a sad reminder of the ubiquity of police persecution. Rather than beginning with basic forms of greetings, introductions, and asking where the train station is, the books I regularly saw for sale in Section Two started out with more locally pertinent phrases such as 'police', 'show your ID', 'you are under arrest', and the ever useful *kitu kidogo* ('Something small' – a bribe). Continual police harassment, a widespread mistrust of and hostility towards Somalis unsurprisingly reinforced the sense of temporality of life in Eastleigh for many Somalis. This anxiety with onward migration was present in everyday conversations and manifested most clearly in the concept of '*buufis*' (Wedel 2013, 2011; Tiilikainen 2010; Horst 2006). My own informants described *buufis* to me as a form of stress, as one young woman, at the time in the process of trying to get a visa to Canada to join two of her siblings, 'it's a stress, but not like a normal stress. It's deep inside your body and it takes over your mind, you can't think of anything else apart from

getting out.' She paused for a moment before adding, 'I have buufis.' Stress of all kinds, including that caused by infertility problems, was frequently spoken of as a physical pain, something suffered by the body, as was evident in the common reaction to 'feeling stressed' was to take Panadol. If we can speak of migration in terms of flows, the 'social suffering' (Kleinman, Das, and Lock 1997) of *buufis* has emerged in contexts where Somali migrants feel as though they have been halted mid-flow, trapping them in undesirable and often insecure places. During research with Somali refugees who felt like they were in a similar 'diasporic dead end' in Cairo, *buufis* was also identified as 'a form of stimulation of the collective imagination providing hope in quite a hopeless situation' (Kroner 2007: 59).

In reference to young Palestinian students, in his broader discussion on suicide bombers and the use of 'terror', Hage suggests that 'nothing symbolizes social death like this inability to dream a meaningful life' (2003: 79). This was echoed among my informants who dreamed of a future in a 'better' place, but had only the vaguest sense of what that life would entail. When asked, the most common responses I received were 'I will study' or 'I will get a job', but when pushed for details the overwhelming response was 'I can't know until I get there.' As another young woman told me 'I am desperate to go. I want to go to America and leave Kenya forever, but until that happens I can't think of anything else but getting there.' This sense that their lives were on hold, trapped somewhere between one life and the next was evidently hugely frustrating, yet, as I will argue, there were parts of their lives where young people expressed a sense of control and a clear sense of social life rather than death. The clearest example of this was in the reproduction of lives and families, which we shall begin to examine in the next chapter.

## Conclusion

In this chapter I have attempted to describe the context in which I carried out my fieldwork, and more importantly, the context in which my informants lived, how and why they came to be in Eastleigh, and how this reflected their perceptions and

experiences as forced migrants. Living in Nairobi, and specifically within a predominantly Somali neighbourhood allowed them to purchase their existence as non-refugees. While rejecting the insufficient 'humanitarian' services provided in camps, as discussed in the previous chapter, my informants chose to live in Eastleigh where, through private businesses and corruption, they were able to purchase goods, health care, education and even a particular sense of freedom. It is in this sense that they identified themselves as independent and therefore not refugees. The appropriated space of Little Mogadishu, and the perception by Kenyans and non-Kenyans that the estate – the landscape itself – was ethnically Somali, established an environment in which people could be Somalis, rather than refugees. The temporality of this space, which could be understood as rented rather than owned, the ambiguous legality of residency, and the ubiquitous insecurity meant that the boundaries and definitions of who was or was not Somali had to be continually reinforced.

Basch *et al.* define transnationalism as 'the processes by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement', while adding that 'transmigrants use the term "home" for their society of origin, even when they clearly have also made a home in their country of settlement' (2005: 7). In this chapter I have drawn attention to the significance of transnational networks to the experiences of Somalis in Nairobi, and attempted to illuminate the multidirectional nature of transnational kinship practices. If we couch this discussion in terms of 'origin' and 'settlement', we might struggle to situate Somalis in Eastleigh. Neither at home, and very often not 'settled' (despite being present for two decades), in between communities allows us to tease out some of the nuances of the lives of migrants that do not fit easily into categories of 'here' and 'there'. Furthermore, examining flows of people, products, and money in to, out of, addresses the practice of kinship outlined in Chapter One. It is through the transmission of people, seeking peace, security, income, stability, business opportunities, or moral rehabilitation, and the flows of money into Eastleigh from abroad, and the individuals and families travelling between Nairobi and

the refugee camps, all of which are motivated and made possible by a sense of belonging, obligation, and dependability.

## Chapter Four: Reproducing Beauty

The first day I met Asha, a young Somali woman who would later become one of my closest friends in Eastleigh, she slopped a facemask on my skin, pondering what would happen if she used the skin lightening one on my pasty Scottish face, ran oil through my hair, and gave me a brightly coloured *dirac*, a very popular style of Somali dress. At the time I found it a little odd that this woman, just a few years younger than me, had decided that it was necessary to put me through a rapid beauty regimen on our first meeting, but I enjoyed the pleasant smelling lotions in contrast to the grimy, dusty streets outside, and as I was to discover, this sort of thing was to become a regular aspect of my fieldwork.

Although the main focus of my research was reproduction and maternity, as my fieldwork went on I found myself spending increasing time in salons or in women's homes, discussing and practicing 'beauty.' This may sound like a leap in topics, however this was not the case. Homes, beauty salons, and hospital waiting rooms were the three main spaces in which 'good' women socialised during my fieldwork. Within them, women were able to discuss their lives while comparing current trends in fashion and beauty (Ossman 2002). In doing so, these women were renegotiating ideals of 'being Somali' while displaced as refugees within Kenya. By sharing and maintaining practices that they associated with memories and ideas of their home country they were engaging in what Edmonds termed 'aesthetic nationalism' (2010: 41). Tiilikainen suggests that perpetuating what are perceived as traditional or cultural duties help Somali women in Finland to maintain 'a sense of continuity, order and control in the middle of otherwise chaotic experiences and uncertainty' (2007: 212). Furthermore, Akou argues that 'for Somali refugees, a strong sense of collective identity—projected through clothing—is almost all they have left of their nation. Unable to return to, or in many cases even visit their homeland (which is still involved in a violent civil war),

Somalis use clothing to keep their memories and dreams alive and to shape the future of a new Somali nation' (2004: 51).

As this chapter will examine, in Eastleigh it was not only the use of Somali clothing, but also active attempts to produce and maintain what were perceived as beautiful Somali *bodies* that were an evident aspect of reimagining a sense of Somali identity in the diaspora. Women like Asha were engaging in rigorous routines in order to make themselves not just attractive, but beautiful in ways that were deemed identifiably Somali. Although this may sound rather superficial, popular concepts of beauty and the importance attached to them were deeply entwined with perceptions of marriage and motherhood, the two aspects my informants considered most central and fundamental to their lives. Deeply embedded within these roles, beauty was highly influential to how women saw themselves and others as Somalis and Muslims. For these women, appearing physically attractive to their husbands or prospective husbands was perceived as an essential part of securing their marriage (vom Bruck 2002), and thus becoming a woman.

At the same time, being situated within a widely dispersed diaspora community meant that these Somali women were attempting to maintain such ideals while in a context of transnational encounters. As such, ideas of 'Somaliness' or what a 'Somali woman' is or should be, or how best to be one, were being reshaped within the context of displacement and perceptions of their host country and community (cf Tiilikainen 2007; Isotalo 2007; Cvajner 2011). For women in Eastleigh, maintaining ideals of Somali femininity and beauty were evident attempts to retain a sense of cultural identity.

While the last chapter dealt with public life in Eastleigh – the streets, shops, businesses, and interactions – this chapter will enter the private realm of homes, marriages, and families. By examining how these ideals of being and becoming beautiful shaped the daily lives of Somali women in Eastleigh, this chapter illuminates how women engaged in processes that made them beautiful wives and mothers. Although this might seem peculiarly juxtaposed with the previous two chapters, or with issues of refuge,

humanitarianism, and insecurity, this chapter is ultimately concerned with how women's experiences of displacement can be understood through the idealized roles of wives and mothers. In the context of insecurity and the reliance on kinship networks discussed in the previous chapters, many women sought security through creating their own families through marriage and reproduction. This desire was of course not simply a question of security, as marriage and childbearing were depicted as central tenets of being a 'good Somali'. I argue that is the concern with achieving these roles that underlies the concern and pursuit of particular ideals of femininity.

### **Good Women, Sweet Mothers**

Mothers are the most important people in our lives, that is what our religion teaches us. Do you know someone asked the Prophet Mohamed, "Who does your first loyalty lie with?" And the Prophet answered "Your mother." "And your second?" "Your mother." "And your third?" "Your mother." "And the fourth?" And finally the Prophet says "Your father." Mothers are one, two, and three, always before fathers. That is why mothers have three times the right [to their children].

This quote was told to me by Yurub, an unmarried twenty year old woman as we discussed her desires to migrate. She was from a relatively affluent family and had recently completed her secondary school education. I had asked her what she wanted to do if or when she was able to move out of Kenya. 'I want to get married and have a family, but I also want to work. Somali women are expected to stay at home and have more children, and that is a good thing, but I also want to be able to support my family in Africa. If I go abroad, I need to know I can do something to support my mother.'

Love and devotion to mothers was reiterated on a daily basis, and like Yurub many people identified this love as something reinforced by the Qur'an. The challenges and pain that women face during childbearing and birth, followed by breastfeeding and infant rearing are seen as only the beginning of a relationship defined by love, sacrifice, and devotion. The reference to loyalty lying with one's mother three times before the

father is even acknowledged locates mothers on a hierarchy below God but above all others. This was further reflected in the frequently quoted *hadith* that 'paradise is found at the feet of mothers'. During another conversation a woman told me 'being loyal and honourable to your parents is one of the most important things you can do as a Muslim. It's a must.' There are apparent points of comparison here with Maya Mayblin's work on maternal love in Brazil (2012), in which mothers can be seen as a point of continuity between God and humans. I suggest that a point of deviation lies at her analysis of maternal love amongst her Catholic informants; whereas in my own research the emphasis was on the honour and respect shown by children. In the oft-quoted verses of the Qur'an and *hadith*, the act of maternal love was exemplified during pregnancy, childbirth and infant rearing. One man told me 'no matter how much you do for your mother, no matter how much you work for her or help her, you can never pay her back for everything she endured carrying you.' The focus was therefore on the duty of children to recognise that, and it is notable that respect and honour of one's mother is noted in the Qur'an as secondary only to the importance of recognising the singular authority and power of God. As discussed in Chapter One, the Islamic stories of Hagar highlight the enormously important role of women as child bearers, and that was reflected in the ways in which people talked about and treated their 'sweet mothers'.

It has to be noted, however, that the ideals of a 'good mother', as often depicted in Islam, are defined as 'steadfast in belief, robust in womb, ready to sacrifice all for their children, husbands, or God, and prolific producers of offspring who will grow to defend and protect the faith' (Kueny 2013: 11). I would suggest that in Eastleigh, they also had to be 'beautiful'.

It should be noted that although my informants were Muslims, such emphasis on high fertility is not a constant feature in Islamic societies, and suggestions that high fertility is a product of Islam are widely exaggerated. Somalia has one of the highest fertility rates in the world (Save the Children 2011), but as Johnson-Hanks points out, although religion plays an intrinsic role in shaping reproductive beliefs and practices, it is by no means the only factor, and religion is enmeshed in those surrounding childbearing as

only one of numerous other influences (2006). Within Kenya, the perception of Somalis as constantly reproducing was coupled with popular narratives of them as foreign, Islamic intruders, rapidly populating the country.

Frequent childbearing was described to me by some informants as being a 'religious duty' while others described it as cultural or traditional, with a number of informants suggesting it is a result of Somalis being largely nomadic (within Somalia) and large families being both physically helpful as well as a symbol of wealth and status. One young man told me 'even though I'm not a nomad and my father was not a nomad, we still have that way of thinking and we still carry those beliefs.' Many women, particularly older women said that it was impossible to know how many children would survive, and so having many would ensure that you would be cared for in old age.

Among Somali women in Nairobi, it was impossible to disentangle the meanings attached to the aesthetics of the physical body from the roles which were considered essential aspects of becoming a woman—marriage and motherhood. The importance of childbearing and high fertility was stressed to me throughout my fieldwork, not least by my friend Muna, who took great delight in reminding me that although we were the same age (27 years old), she had ten children and was pregnant with her eleventh, while I was yet to have one.

I don't know why you white women wait until you are so old to have children. It's not good for you, and if you wait too long, you might not be able to have them at all. After thirty it becomes very hard, especially if you haven't even had one by then.

Muna's reproductive achievements were not only a reflection of her success and status as a mother; they were tangible evidence that she was a 'good wife' (as her husband proudly told me every time the topic of childbearing came up) and a therefore a respectable woman, capable of producing and caring for a family. Through marriage she had established her own family, and by producing children, particularly such a large number, she had secured her position within her marriage with her husband as well as

his extended family, all of whom she could reasonably rely on for support in the future, should she need it. In the hostile, transitory context of Eastleigh, the women I spoke to were highly aware of how important marriage could be to their own physical and economic security, as well as their possibilities for onward migration. The risk that one's husband might leave and find another wife was felt even more acutely within the number of transnational families, where spouses were often living thousands of miles apart. As one woman told me during a conversation about her husband's imminent departure for America, 'I only have two children. I think he'll find another wife there. He'll forget us.'

Rather than just a matter of individual or family concern, pregnancy was of interest to the wider community, as creating children, ideally a high number of them, was perceived as not only a part, but also a purpose of life for men and women. High fertility was prevalent both within Eastleigh and Somalia at the time of my fieldwork, and it was common to meet families with between six and ten children. The largest I encountered was a woman who had fourteen living children, however due to the high rates of divorce and remarriage, coupled with the practice of polygyny, it was more common to find that the children of such large families did not all share the same two parents. Pregnancy was therefore a common topic of conversation, and it was part of greetings towards young women, particularly those recently married, who were asked 'are you pregnant?' immediately after being asked of their and their family's wellbeing. Asha, at the time pregnant with her first child, told me, 'if someone asks if you are pregnant, it's best to say "Insha'allah", so they know you are really trying. You can't say "no", that seems like you don't want it'.

Having children, and many of them, was an expected desire in both men and women and they expressed the significance of reproduction to marriage and to life in general. Although people distinguished between 'love' marriages and those arranged by their families, both shared many similarities. In both cases, the weddings normally took place a short time after meeting, usually a month or two, and the courtship involved anything from talking on the phone or online, or discreet meetings at home or sitting at the

entrance to an apartment building. The vast majority of the married couples I met belonged to the same clans or clan families, or belonged to clans that were generally perceived as compatible. Those who had married people from clans they were supposedly in conflict with told me of the problems they had faced from their families who disapproved of their union. Many of my younger informants had people they described as 'boyfriends' or 'girlfriends', but these relationships were publically frowned upon as forbidden (*haram*). In exceptional cases these on-off relationships had gone on for several months, and the couple would sneak visits either during the afternoon when disapproving adults would be asleep or out of the house, or they would arrange to meet at a location where they could be alone, away from prying eyes.

Although many people I spoke to believed arranged marriages were desirable, others saw them as outdated. One woman told me, 'my father chose my husband for me, so he's responsible. If I have any problems with my husband I can speak to my father, my uncles, and they can resolve it. If I married a man I met here on the street, who would help me?' Another woman of a similar age told me 'It's a tradition that our families arrange our marriages, but now we are in the world, we are learning more, it's better that we marry when we are in love. We can make our own choices.' It would be misleading to suggest that this is a split between younger and older generations, however, as I interviewed women in their sixties and seventies who had equally divergent views. Khadija, who said she was roughly in her late sixties, told me about her wedding that had taken place over forty years ago,

My father had arranged with the man I was supposed to marry. He was ok but I didn't love him, and then I met Ali. He was visiting my *abti* in Mogadishu, where we lived. He was working with my *abti* and immediately I knew I he was the one I wanted to marry. But because my father had made arrangements he said no. So I ran away with Ali and we were married. We only went back to Mogadishu after the birth of our second son. So then they had to accept.

Many arranged marriages took place transnationally, as this forged networks between those inside and outside. For those in Kenya, this provided a possible route for onward

migration, while for those living abroad, it was seen as a way to marry someone with 'real' Somali values; a particularly desirable trait for those who felt the need to reconnect with their roots. Both men and women insisted that there was the option to refuse partners suggested by parents or other relatives, and during my fieldwork a number of friends both accepted and declined such offers. As one young man stated, 'it's more of an arranged introduction than an arranged marriage.' In practice however, refusals could be difficult. Fardosa, a woman in her early twenties, who I met on several occasions, tried to refuse a marriage to a man her father wanted her to marry. The prospective husband lived in Canada, but Fardosa already had a secret boyfriend in Nairobi and so she told her father she didn't want to marry because she wasn't ready. During the weeks after the first suggestion of marriage, Fardosa's father persistently tried to persuade her to reconsider. Enlisting the help of her mother and some of her siblings, they told her that her intended husband was a kind man with a good job, who would provide for both Fardosa and her family in Nairobi. During this time, I asked her how she felt about the arrangement, 'my father insists. He tells me every day that I will make him so happy if I agree to marriage. It's hard to refuse your parents.' This struggle continued for almost two months, and at one point Fardosa accepted a gift of money from her intended husband – ostensibly agreeing to marry him – only to attempt to run away with her boyfriend in Nairobi. Eventually, however, she acceded to the marriage and subsequently moved to Canada.

As is the case in many contexts of arranged marriages, love was not perceived as a requirement before marriage or even in the early stages, but it was something that would develop over time. This love was described as a 'bond' – something that develops and connects two people, and holds them together over time. During an interview with three young women, two married, one not, this complex interplay between love, marriage and romance was discussed, 'In the beginning they love you so much, they are so romantic, they can't do enough for you. They sing you songs, recite poetry, bring you gifts... but when you're married it changes so quickly. They don't love you so much, maybe they meet someone else, and if you complain, they threaten you with divorce.' Another

added, 'but that isn't real love, that is something else. The real bond comes later, with the children.' Children, who were also described to me as the 'bond' of the marriage, were therefore intrinsic in solidifying the union, thus making it a 'real' marriage.

During interviews, men directly associated their wives ability to produce children with their degree of love for them. Muna's husband, while reflecting on what a wonderful wife she was, told me 'a good wife always wants to provide her husband with children. She takes care of the home, she cares for everyone. That is love. I see my wife is not taking family planning [using contraceptives], she wants all the children God will bless us with. She wants to make me happy. She is disciplined, she will raise the children nicely. That is a good wife!' Others commented that by producing children, a woman directly contributes to her husband's lineage, thereby securing her own position in relation to his kin. By giving birth, women not only recreate themselves as mothers, they also recreate their husbands as fathers, therefore enhancing their status as men (see also Gardner and El Bushra 2004; Pashigian 2002).

Similarly, women stated that providing children was their duty as a wife, and essential in proving that they did indeed love their husbands. The significance of children to the patriarchal line was particularly evident in homes where the wife lived with her husband's family, a tradition which has been seriously affected by displacement and the dislocation of families. Women in this context expressed feeling pressure to have children, and particularly sons, as they did not feel part of the family until they had done so. They were often expected to participate heavily in household duties and had little position to defend themselves in quarrels between them and their husband's female relatives. In one case, I personally observed the shift in attitude towards a young woman with no children when she became the pregnant wife. She went from being described as difficult and hysterical to being pregnant and therefore deserving of special treatment, and the sisters she previously had problems with were instructed by male relatives to submit in every argument with her. In addition, women have commented that having a family of one's own provides the greatest *feeling* of security. The security within one's father's family is somewhat time-limited, as a woman is expected to leave when she is

married (although such practices have also been disrupted by displacement), and there is always a risk that a marriage will fail. Women repeated that if they had children then it did not matter as much if their husband left them. Roles as daughters and wives could be conceived as impermanent, as fathers and husbands could die, or in the latter case, leave them, but their roles as mothers were perpetual. Once a woman has children she will always be a mother, and the more children she has, the more people she will be able to depend on as they grow into adults.

Love was an issue more broadly within families, as men would express love for the women in the family, normally mothers and sisters, who did the most in terms of taking care of the family by cooking meals, caring for children, and making the home look and smell nice. From both love within marriages and familial love within the home, it became evident that particular ideals should be met in order for a woman to be deserving of love. Divorce and remarriage were fairly common in Eastleigh, and when I asked if it was easy for a woman to remarry, particularly if she had children from her previous marriage, I was informed that some men prefer divorcees with children as they have already proven their ability to produce children and, in theory at least, they know how to take care of a family. This illustrates the significance of fertility and the ability to produce children in shaping perceptions of a virtuous woman and wife.

Producing children was at the centre of these feminine ideals, which pivoted on understandings of women's position within families and within the communities in which they lived, as Somalis within Kenya. An additional element to this necessity for women to produce children was that they were seen as essential in the continuation of the Somali nation, as it was perceived by my informants, as something struggling, yet striving to survive outside of its proper geographical location. Therefore it is important to grasp that women were involved not only in a cycle of continuing their own families, while ensuring and maintaining their own security, they were also part of a complex process of migrating notions of Somali identity through producing and raising children in the diaspora.

This necessity to procreate was perhaps even more evident in the context of ongoing displacement. Many of my informants were married with their spouse living in another country, and they would frequently travel in order to conceive. My informants had husbands and wives in geographically diverse locations, and as those individuals had greater freedom of movement, they would be the ones to travel to Eastleigh. One woman who lived in Norway, but had travelled to Nairobi in order to visit her husband and, God willing, conceive, told me, 'It's hard having babies while my husband is still here. But I have family who help me, especially when I'm at work. I'm glad I have them, they distract me from what I'm missing.'

In a similar transnational marriage, my neighbour, Sabine, had five children who she lived with, while her husband lived and worked in South Africa, making occasional visits to Nairobi to see his family and, when possible, conceive a child with his wife. When I first met her she was almost completely bedbound due to a longstanding problem with her hips, and she relied heavily on the assistance of her older children and other relatives and friends. Some months later she was operated on, as the pain became too much for her to bear, although delighted with the operation she was furious with the doctor's instructions that she should not have any more children because her body would not be strong enough to carry the weight or endure the delivery. Another friend suggested that five children were enough and that she should listen to the doctor. She was enraged, 'Enough?! How can you tell me I have enough? I have a husband, we can have more!' Despite continued difficulty in moving around, she was determined that not only was five insufficient, she knew she was capable of producing more. From Sabine's perspective, to suggest she was incapable of having more children was to question her capabilities as a mother, wife and woman, and with her husband living so far away, this suggestion could lead to possible strain and difficulties within her marriage.

Young women with no children, or only a small number were the ones who most frequently expressed concern that their husbands would not come back for them or would forget about them and start new families. In the case of Sabine, her husband lived in South Africa, and although this allowed him to return more often than those who

lived in other continents, one of the purposes of his visits was to conceive, and so it is evident why Sabine was concerned that a change in her ability to produce children would affect his visits and their marriage. Pashigan highlights how fears of infertility, or the inability to produce children, can be intrinsically bound to fears for the future of marriage (2002:134) and among the women I interviewed, this incorporated short and long-term security and possibilities for migration. Women with a relatively respectable number of children, at least four or five, were usually more secure in their position than women with few or no children. In this sense, being a mother carried more significance than being a wife, as even after divorce, the father had a responsibility to support his children, and the greater the number of children, the greater the support. Additionally, the more children a woman had, the more she was seen to contribute to her husband's clan, thus ensuring her security not only with her husband, but with his extended family and clan as well, all of whom she could reasonably expect to depend on for social and financial support.

If we take a moment to reflect on the insecurity my informants experienced in Eastleigh and Kenya more broadly, and the magnitude of family networks for security and support, it is evident why women were concerned with how best to secure their present circumstances and their possibilities for the future. It is clear that the decisions made regarding when and who to marry, and subsequently when to have children impacts on women's security in Eastleigh and their possible options for the future. Furthermore, in some cases women were compelled to consider whether or not to marry and have children within Eastleigh at all. If there was the possibility to resettle abroad that required the individual to *not* be married or have children, for example if sponsored by a sibling already resettled or if included in a particular UNHCR resettlement case, she might find herself confronting the gendered expectations discussed thus far. Marriage and children are what both women and men are expected to want, yet onward migration presents perhaps the only valid justification for postponing or rejecting both. This was the context in which one woman I interviewed found herself when she became pregnant outside of marriage. Her boyfriend wanted them to marry quickly, however her own

family were concerned that it would jeopardise her impending resettlement, in which she was categorised as the daughter. Like Fardosa, agreeing to her arranged marriage, this woman accepted the advice of her family, most notably her paternal aunts, and had an abortion (the only case of this I was aware of during my research).

With an appreciation of the significance of marriage and childbearing, we can now examine how women acted on their own capacity to become wives and mothers.

### Being Beautiful



Figure 10: Women dancing at a wedding

The routine of applying creams, oils and lotions to the face, hair, arms and hands, feet and legs, was something I witnessed almost every day. After breakfast had been prepared and consumed, the women I lived with began the process of cleansing, moisturising and beautifying, a process that took most of the day. Hair removal was seen

as a further aesthetic requirement, but one grounded in religion<sup>25</sup>, and most young women regularly removed body hair with epilating creams such as *Veet* when necessary. The women I lived with were certainly not unique in their observance of body care, and the five storey apartment building I lived in was abuzz during the day with women moving between each other's homes, making tea and cooking in the open hallways, all the while with masks of green, white and orange coating their faces, and thick socks holding on the plastic bags which protected the moisturising creams covering their legs and arms. Even in public in residential areas I often saw a woman popping out to a nearby kiosk with a mask on her face. I quickly noticed that if I looked closely at women wearing the *niqab*<sup>26</sup> on the street, it was not unusual to see a slick of green or grey mask around the edges of the eyes. I mentioned this to the women I lived with who said they sometimes did the same thing, and the youngest of the sisters, who suffered from acne, also said she wore the *niqab* when her skin was particularly spotty.

Women explained to me that maintaining soft, beautiful skin and hair were essential to attract a husband, and subsequently demonstrate love and affection for him. As noted above, although both men and women were usually involved in decisions regarding marriage, men were often in a far stronger position, and the beauty of potential wives was often an important factor. Face creams, moisturizers, perfume, skin lightening creams, jewellery, incense, hair treatments, hair removal products, and make-up in bright, colourful packaging were just some of the ubiquitous products aimed at maintaining both aesthetic and olfactory beauty that were stacked up in shops and stalls lining Eastleigh's murky streets. Beauty products were easy to come by, and although the wide assortment of products varied in price, most were fairly inexpensive, making them accessible to most women, and the women I met who had little or no income would often use their sisters' or friends' products.

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<sup>25</sup> The reasons put forward by my informants for hair removal were rooted in *hadiths* that stipulate what hair should or could be trimmed or removed, and what must be left uncut. There was some variation between informants about what could be removed, for example I heard differing opinions among women on eyebrows and other facial hair, but there was general agreement that most if not all body hair should ideally be removed.

<sup>26</sup> A veil worn over the face, leaving only the eyes visible. Only a minority of women wore the *niqab* in Eastleigh, and among my informants it was almost exclusively worn by women under the age of forty.

Although they were certainly not what most people associated with Eastleigh, beauty salons could be found on almost every street. Some streets, in fact, had several of them, nestled together in a line, their entrances and windows covered by curtains to hide the goings-on of the patrons inside. The interiors were decorated with large mirrors and images of women, including photographs of traditional and modern Somali bridal attire, Bollywood actresses, and African American singers. Skin and hair creams, oils and dyes were stacked up on shelves, as well as smaller trinkets such as glitter and hair clasps. Although *uunsi*, a Somali incense, was often burned in salons, its heady smoke was powerless against the overbearing smells of hair peroxide and the large tubs of henna.

Salons, owned and operated by Somalis, Kenyans, and Ethiopians (although my Somali informants visited Somali-run salons almost exclusively), provided both a source of income for women and a space in which they could socialise and exchange thoughts and advice on aspects of their lives ranging from hairstyles to infant care. As salons were exclusively female spaces, with the occasional exception of an awkward-looking young boy, forced to accompany his mother or sister, they were in many senses more private than homes, where men could enter and exit whenever they pleased. Men would sometimes escort their wives or sisters to the salon, but were only expected to make the briefest of greetings before disappearing. As they were such small rooms, it was usually only possible to fit a maximum of four or five women, plus one or two staff members, in them at a time. This created an enclosed and intimate space, away from prying eyes and ears. Most of the beauty treatments performed in salons, whether applying henna, face creams or hair relaxers, took considerable lengths of time, and it was therefore very common for women to spend several hours on each visit.

Concepts of beauty among my informants were specific, and largely prioritised aspects that maintained ideals regarding Somali ethnic purity, particularly light skin, a 'straight' nose, and soft hair. Beauty was something that my informants widely believed themselves to have a greater understanding and appreciation of than their Kenyan neighbours. It was widely claimed that with their distinct physical features, Somalis were intrinsically more beautiful. As a Somali doctor told me,

Somalis are a very special people. There are not many people who look like us. Those from Eritrea, Djibouti, some [Ethiopian] Oromos. We are a special combination of African and Arab. A few from the north of Sudan and some of the Rwandan Tutsis look like us, but not many. So you see, it is only a small number.

Although the appreciation of such physical qualities can be noted in other parts of Africa, including Kenya, among Somalis they were directly linked with what was described to me as a 'noble ancestry' as well as what was perceived to be their fundamental opposite—Somali Bantus. The word *jareer* meaning 'coarse hair' is an insult, along with telling someone they have dark skin or a wide nose; to suggest that someone is Bantu is to say they are both ugly and inferior. This vaguely defined and erroneously labelled group has faced widespread discrimination both within Somalia and as refugees, stemming from the belief that they are the descendants of slaves and therefore inferior to other Somalis (Besteman 1995). Through the idealization of what could be described as 'non-Bantu' features, popular concepts of beauty reflect much larger social practices, particularly the xenophobia directed at Somali Bantus, and concomitantly Kenyans and other Africans who bear similar physical characteristics. Beyond that, perceptions of ideal features also reflect and reinforce widely held perceptions of how desirable women should be.

On one occasion, I attended a salon near where I lived in order to have henna applied to my hands and feet. Chairs were arranged around the room in a circle, facing inwards so that customers were able to chat to one another. Only a few moments after arriving, Zamzam, a 20 year old Somali Kenyan woman, enthusiastically asked me if I would also like a face mask or my hair done. I obliged the face mask, but declined the hair offer, unsure what it would involve. We started to chat, and she told me that she did not normally work in the salon, and was only there to help her aunt who owned it. Her aunt, a rather glamorous-looking woman who I guessed to be in her fifties, meandered in and out of the salon throughout the four hours I was there, a creamy orange mask to match my own on her face. As her niece smeared on the cream she commented, much like

Asha at the beginning of this chapter, that she perhaps should have used a skin-lightening mask, to which Zamzam snorted, 'she's white!' 'Yes, but she's in Africa, and everyone gets darker in Africa' and then turning to me, 'you should be careful of that.'

Dark skin was perceived as 'bad' or 'ugly' and therefore women frequently sought to lighten their skin any way they could. This included temporary measures, such as make-up, or more severe lotions and creams that promised to permanently lighten one's skin tone. The use of skin bleaching products is common in many parts of the world, and mirrors the use of sunbeds and fake tan products among light-skinned people, particularly women, who desire the 'beauty' of darker skin over the 'ugliness' of pale skin. Although lighter skin tones were seen as more beautiful, they specifically referred to light *brown*, and therefore the hierarchy of 'cultural aesthetic ideals' (Edmonds 2010: 26) was one located within the range of skin tones that existed among Somalis, on a scale of light brown to black. In line with the idea that 'Somalis are Arabs with a tan' (A.J. Ahmed 1995: 140), to describe someone as brown was to infer that they were beautiful and more Somali, while black signified ugliness and suggested one was an inauthentic Somali.

Like so many beauty products available in Eastleigh, those imported from abroad, very often from India, were seen as more effective than anything produced in Kenya, and significantly more effective than 'traditional' powders, which were mixed with water or other creams to form a paste that could be applied to the skin. When I was about to depart for a visit home, one friend asked me to bring back some skin lightening products for her to try, 'the ones over there must be the best, I'm sure they'll work very well.' I explained to her that such products available in the UK, both legally and illegally, were also often imported, and that due to the largely white population and the popularity of tanned skin, there was a greater demand and larger market for skin-darkening rather than lightening products. She looked at me utterly puzzled and suspicious of whether or not I could actually be telling the truth.

This ethnicized perception of beauty was not limited to physical appearance, but also incorporated a concept of olfactory desirability. Scent arose in a multitude of ways during my fieldwork, from the unpleasant smells associated with urban spaces in Eastleigh and other parts of Nairobi, the perceived stench of Kenyans, to the familiar, pleasant and attractive smells associated with the private Eastleigh behind closed doors, of incense, perfume and henna. These odours were used to articulate perceived boundaries between Somalis and their neighbours, while also creating and invoking a sense of the familiar. Classen et al. (1994) emphasize the crucial yet often forgotten significance of scent to experience and identity, and how odours can at once be identified with a particular moment, person or emotion (see also Moeran 2007; Low 2006; Manalansan 2006; Rasmussen 1999). Scent plays a particularly interesting role in perceptions of beauty. Just as particular physical traits can be deemed attractive or repulsive within a particular cultural context, so too are specific scents.

Scent was repeatedly explained to me as one of the many points at which Kenyans and Somalis differed, and interestingly, both would insist that the other smelt intolerable. Somalis informed me that Kenyans were dirty and were either unaware of or actually enjoyed smells that other people found unpleasant, such as strong body odour or the general stench of poor sanitation that lingered in certain parts of Eastleigh and Nairobi more widely. Conversely, Kenyans commented that Somalis wear so much perfume that it is unbearable, as one young woman expressed with a disgusted laugh, 'What is that smell, that one they all have?! How come they all smell the same?! My sister says that if a Somali gets on a *matatu*<sup>27</sup> she has to get off immediately because the smell is so strong it gives her a headache.' This was one of many areas where distinctions were drawn on either side to emphasise the separation between the two, emphasising the other as something strange and foreign.

Numerous informants told me with an air of pride that Somalia was the Land of Punt, referred to in ancient Egypt as a wonderful source of fragrances and spices, among other

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<sup>27</sup> A type of minibus that is the most common form of public transport.

things. One of Somalia's regions, Puntland, in the northeast of the country continues to have a reputation as a source of high quality fragrances and there was an evident delight in being a country and a people known for their pleasant olfactory beauty. Bodies, homes, food and drinks were richly fragranced with spices including cardamom, cinnamon and cloves, contributing to what my Kenyan friend above referred to as '*that* smell', the most notable fragrance of all perhaps being the ubiquitous scent produced by the incense *uunsi*. Burned on charcoals in a small clay pot, or an electric burner, *uunsi* is a sugary resin, which gives off a thick, sweet, musky smoke. The mixture of ingredients varies depending on the individual making it, but it generally contains a combination of frankincense, fragrant spices and oils. *Uunsi* was integral to homes in Eastleigh, and the smell lingered throughout the homes I visited, its heavy scent clinging to fabrics.

*Uunsi* was used as a way to fragrance the whole home and rid it of bad smells. The small pot would be moved from room to room, and was often left near clothes so that the smoke would infuse them at the same time. A further common, although far more private use was that women would stand over the pot, their legs on either side, letting their *dirac* fall all the way to the ground, thus drawing the smoke upwards, wrapping itself around her whole body and permeating her skin. This technique was used as a way to make the body sexually appealing, or as Asha put it, 'a way to get your husband's attention when he comes home.'

Smelling pleasant was a recurrent aspect of the day, in addition to being generally well fragranced, people would ensure that they smelled particularly nice when going to mosque, and they would often apply scents to their hands after washing them following food. People most often ate with their hands and the food odours would occasionally linger even after washing. Men commonly carried small bottles of *atar* and would share it with their company after meals, and many restaurants and cafes had a bottle of perfume at the cashier's desk to use when customers went to pay. Pleasant fragrances were seen as a necessity when travelling around Nairobi, and people would apply perfume to an easily accessible area, for women it was normally on their scarf or *niqab*,

so that when passing foul smelling areas they could cover their noses with the fragranced fabric.

Two distinct points can be drawn from the beautification perceptions and practices I observed. Firstly, many aspects of 'beauty', including light skin, a straight nose, soft hair, and a tall, graceful, body, are things that one can have *naturally*, and are rooted in perceptions of ethnic superiority. Secondly, some of these are features that women can attempt to improve or attain if they are lacking them, and being seen as aspiring to and trying to achieve higher ideals of feminine beauty was seen as good female behaviour, and therefore, beautiful in itself. Skin can be bleached, moisturised, and perfumed, and hair can be straightened. This tension that women should ideally be naturally beautiful and yet should also strive for beauty in order to attract and satisfy a husband suggests that, beyond 'natural' beauty, the pursuit of feminine ideals through attempts to beautify oneself is itself a demonstration of being a good and desirable woman. The act of beautification can be beauty itself (Cvajner 2011, 364).

Alexander Edmonds points out that the pursuit of beauty, or 'beauty work' often points to 'moral failings: for example the rich or stupid trying to avoid ageing or genetics or other dimensions of human fate' (2010: 16). Beauty is thus framed as superficial, trivial, and meaningless. Although the everyday pursuit of beauty I discuss is not nearly as invasive or expensive as the plastic surgery Edmonds deals with, it is nevertheless an integral part of the daily lives of young women in Eastleigh, and described as part of being a good and desirable wife.

'A good Somali woman' can therefore be seen as someone who is inherently beautiful through a 'natural' embodiment of ethnic and moral qualities, but also someone who continually performs these acts of pursuing and realising beauty and femininity. Although there was a focus on being a 'good woman', through producing and caring for a family, the basic classification of a 'woman' was a category entwined with notions of gender, sexuality, and ethnicity. To be a good woman is therefore to want and strive to be attractive as an indication of willingness to engage in heterosexual sex and,

implicitly, reproduction. Pursuing ideals of feminine beauty acts as a precursor to reproduction as the defining act of womanhood, and while many feminist scholars have sought to destabilise categories of gender and sex, in many contexts such as this, we find the category of females clearly defined by her marital and reproductive capabilities (Becker 2000: 40; Butler 1993). In this sense, the ideals of beauty reflect on social and ethnic hierarchies, affecting both women and men, while also reinforcing beauty as a crucial factor in ensuring their attractiveness to men.

In line with Edmonds, however, I find the focus on beauty as a means of female oppression limited in addressing how men and women think about and act upon ideals of beauty. As he argues, 'beauty is partly a myth, yet myths are not just falsehoods; they are also stories that are collectively told, a pattern of remembering – and forgetting' (Edmonds 2010: 30). As noted in the first chapter, the notion of 'real' Somalis are grounded in myths that emphasise migration and the mixing of Arab men with African women. Being a real, and therefore beautiful Somali, can be read as being mixed, as indicated by the preference for light skin over dark.

In her discussion on Palestinian women, Kanaaneh (2002) describes how concern for taking care of the body has shifted towards a deep concern with physical aesthetic appearance. Similar to what I encountered in Eastleigh, she found women to be deeply troubled by how pregnancy and breastfeeding affected their bodies, placing emphasis on their sexual appeal (2002: 175). Kanaaneh suggests that rather than this being a move away from family ideals, it is in fact incorporated within the pro-family context. In Palestine and Eastleigh, women were eager to be attractive to their husbands, and thus ensure the future stability of their marriage. In both cases, imported products that were thought to help maintain an attractive physique were often perceived as more effective than 'local' or 'traditional' alternatives.

Saido, a woman eight months into her pregnancy with her third child in as many years, invited me to her home to see her latest purchase—a large elasticated band that fits snugly around the waist. As she inspected the box, featuring a smiling blonde woman

wearing the band, she explained to me that she intended to wear it after giving birth to her child so she would look 'slim and beautiful, like I did before I had any children. Like Angelina Jolie!' I asked her what she had used after her first two pregnancies, and with a dismissive shrug she answered, 'I tied some fabric around my belly. This will work much better.' 'Why?' I asked, 'Everyone does the same thing here, Somalis, Kenyans, and sometimes it works and sometimes it doesn't. It might work to begin with, but the more babies you have the more difficult it gets. This is from America, so it must be better.' When relatives came to visit they were expected to bring gifts, and during my trips back to Scotland I was given shopping lists including perfume, make-up, dresses, jewellery, and skin creams. The foreign products imported by myself or others, whether they were electronics, clothes, medicines, or beauty products, were perceived as more effective than anything that could be bought locally, even if it was the same brand. 'Can you bring me some Nivea cream when you come back?' another friend asked me while she watched me pack my suitcase. 'But you can buy Nivea here,' I responded. 'But yours is better,' she informed me matter-of-factly. Products brought from abroad had the added prestige of being something that other friends were unlikely to have, and yet the beauty items they desired and requested were generally used to conform to 'Somali' concepts of beauty, clearly blurring the lines between 'local' and 'global', and 'traditional' and 'modern.'

Although Saido, like many young women I spoke to, was maintaining what I was told was an old practice of binding the waist in an attempt to regain the figure she had before she became pregnant, she was utilizing imported goods that she perceived to be more effective. A more significant deviation from 'traditional' practices was the growing popularity of diet pills. Frequently advertised on the Egyptian television channels that were available in the area, the pills were also evident in the posters that plastered the walls of the many pharmacies and clinics in Eastleigh. Although only a very small number of my informants told me that they used them, those who did said they had never tried anything like them before they had come to Kenya, and two women told me that they had been recommended to them by their sister living in America. Both the

elasticated band and the pills were incorporated into pre-existing ideals of how young Somali women with few or no children should look, with a primary emphasis on appearing beautiful for their husbands.

Interestingly, although a slim physique was considered attractive among young women, exceptions to this rule were made for women who had given birth to a significant number of children. It was generally deemed unreasonable to expect women who have provided their husbands with children to maintain a slim figure. This situating of beauty as something relative to the particular stage in the life course is not by any means unique to Somalis, but what was important was how beauty, and who one should be beautiful for, is dependent on social position within the family. Wives should be beautiful for their husbands, but mothers often expressed a greater bond of love between themselves and their children, rather than their husband. As such, women were often complemented on their beauty – or more often their ‘sweetness’ – by their children and even grandchildren, altering one’s role from being a beautiful wife to being a beautiful mother. With the exception of ideal body shapes for women depending on whether or not they had produced children, the standards of beauty did not change hugely—soft, perfumed skin and hair—but the intended recipients did.

### **From Daughters to Wives**

Female circumcision may appear to be a peculiar topic to discuss with regard to beauty, as it is so often seen from an outside perspective as something ugly, horrific, and barbaric, all summed up by the term it is often known by—female genital mutilation. Yet for my informants it was quite the opposite. It was an act of beautification. Perhaps this premise seems less foreign when we consider the growing popularity in Western countries for vaginal cosmetic surgery to ‘improve’ the physical appearance of female genitalia, although there are of course significant differences (Essen and Johnsdotter 2004). Furthermore, it was generally the first form of beautification, or active attempt to

create desirable, marriageable women, that a girl experiences, as it was performed on girls as young as four years old.

Although different forms of circumcision are carried out among women in different parts of the world, the vast majority of women in Somalia, and indeed most of my informants, had undergone pharaonic circumcision. Also known as infibulation or World Health Organization (WHO) Type III (WHO 2008: 4), it is the most invasive and involves the removal of the clitoris and the labia majora and minora. The remaining skin is then sewn together, leaving a small hole for urine and menstrual blood, and it is intended to eventually be cut or torn during sexual intercourse when a woman is married. The other form carried out among my informants was termed *sunna*, which varied much more, from a slight cutting of the clitoris, to its partial or full removal, and occasionally the removal of the labia minora. Although pharaonic continues to be the form most commonly practiced in Somalia (Talle 1993; 2007), *sunna* was often presented to me, particularly by younger people, as a more modern form, more in harmony with Islamic teachings,<sup>28</sup> and therefore growing in popularity.

From the outset of my research I was conscious that circumcision was both central and peripheral to my topic. In researching maternity and a broader spectrum of issues related to women's health, it was inevitable that the issue would arise. Despite this, it was not intended to be a main focal point of my research, and having met with several NGOs working with Somali women, I had the sense that perhaps those women were being badgered enough about their horrifyingly mutilated genitals. From the beginning, my intention was that circumcision would only come up in conversations and interviews where informants brought it up themselves. It was to my great shock then, that the first time I encountered a woman who had undergone infibulation, within a hospital setting during the early stages of her labour, how un-shocking it appeared. Despite my

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<sup>28</sup> Among Muslims the term '*sunnah*' or '*sunna*' denotes the practices and teachings of the Prophet Mohamed, and many of my informants argued that the form of circumcision that was termed '*sunna*' was therefore beneficial. It should be noted that female circumcision is by no means inherently linked to Islam. Most Muslims do not practice it and it is also practiced, including the form termed '*sunna*' here, by non-Muslims, including Christians.

determination to be neutral, there was evidently part of me that was preparing myself to see first-hand what I had read about so many times as an anthropology student. What I saw was in comparison not all that shocking. It was certainly different, all that remained was, in most cases, a thin scar leading to a small hole near her rectum. I absolutely do not want to sound flippant; the narratives I heard of agony during menstruation and intercourse, not least the act of circumcision itself were more than adequate in reaffirming my own position on the practice. Yet the absence of the physical horror I had subconsciously come to expect was illuminating with regard to how my informants felt about interactions with anti-circumcision discourse that is so pervasive within NGOs. Women who had spent time in refugee camps were particularly aware of the perception of circumcision as barbaric, inhuman, and primitive, and were often understandably hostile towards such terminology being used to describe something so intimate (cf Talle 2007).

The irritation expressed by women at being lectured on their most intimate body parts was evident at a workshop I attended in Eastleigh on refugee rights and sexual and gender-based violence. Organised by a group of NGOs, the workshop was attended by 50 women, almost all Somali, but with a few Ethiopian, Congolese and Burundian women. When the discussion on 'FGM' came up, the Kenyan Muslim woman presenting asked the group if it was a violation of their daughter's rights to have them circumcised. 'No!' was the overwhelming response yelled back at her, as the group became restless, commenting to each other that it was 'none of their business' or that the NGOs had no idea what they were talking about. This was particularly interesting, as I had previously discussed circumcision with a number of the women present, and what they had told me before was in contrast to what they were shouting that day. More than just the circumcision itself, they had expressed the difficulties and pain it had contributed to sex and childbirth, which in light of other influences made them question circumcision.

There is a wealth of literature discussing the reasons for circumcision (Gruenbaum 2001; Hernlund and Shell-Duncan 2007; James and Robertson 2002; Nnaemeka 2005;

Rahman and Toubia 2000; Shell-Duncan and Hernlund 2000; Talle 1993, 2007). The sanctity and value of female virginity is central to most reasoning, particularly in pastoral societies (Hicks 1993), where it was impractical to keep girls in seclusion, and infibulation has been described as acting as a 'physical chastity belt' (Berns McGown 2004: 121). Infibulation, whereby the outer labia are stitched together, acts as a 'veil', covering the opening of the vagina, thereby physically constructing female virginity in a way that is visible, rather than assumed to be natural (Boddy 1998: 33; Hayes 1975). Ensuring a girl's virginity until marriage acts as a means of protecting her reproductive capacities, thereby ensuring that when she does eventually marry her children will unquestionably belong to her husband's lineage (Boddy 1989, 1982). Furthermore, by removing the most sensitive parts of a woman's genitalia before she reaches puberty, it is argued that her sexual desires and urges will be curbed, and that she will be able to resist the temptation to engage in sexual activity before or outside of marriage, thus avoiding bringing shame to herself and her family. It was also widely noted that sexual intercourse was normally more painful for pharaonically circumcised women, another factor in limiting the desire for sexual activity, as one woman explained to me, 'it hurts so much, and I used to bleed every time. I try to hide it from my husband, because I can tell he doesn't enjoy it when he can see that I'm in pain.'

Some women claimed that an uncircumcised vagina is unattractive, and that the closed, smooth surface of a pharaonically circumcised woman is both cleaner and more beautiful. As one older woman, a firm believer in the benefits of circumcision, explained, 'If you don't circumcise a girl it remains open which causes many problems. It's harder to keep clean, anything can get in, it smells worse ... It's wrong. And it's ugly when it's left open.' Those with only a very neat, straight scar left behind were deemed the prettiest of all, and a thick, prominent scar was perceived as the work of a circumciser lacking in skills. In addition to making her aesthetically pleasing, her sewn-up skin is intended to be evidence of virginity and therefore moral respectability.

During a visit to a medical facility in the centre of Eastleigh, the matron told me of an on-going situation with a seventeen year old Somali woman and her mother. The

woman had visited the facility and asked to be circumcised, stating that she was being mocked by her friends and she feared she would never get a husband unless she was circumcised. The matron told her that if she had not been circumcised then her mother must have had her reasons, and she should return with her mother so they could discuss it further. Infuriated, the young woman declared that her mother was selfish, 'She is circumcised and she has a husband! But what about me? She didn't think about what I would do when it came time for a husband! I won't get a good husband if I'm not circumcised!'

Far from being a passive recipient of circumcision, this young woman was actively seeking to be operated on in order to be as attractive as a potential wife as she perceived her friends to be. To her and her friends, uncircumcised women were dirty and unclean, the opposite of what women should be, and in order for her to find a 'good' man, she would have to become a good woman. It has been noted that once circumcised, women are encouraged to walk and move more gracefully in order to avoid ripping or tearing, thus compromising her honour. During a discussion with a group of women in their early twenties who had all been pharaonically circumcised, one told me,

If you're circumcised you have to be careful how you behave and move around. You can't run around like you did when you were a child. If you jump around like this [she begins to demonstrate, jumping up and down with her legs slightly apart], you might tear or damage something down there. Then it looks like you've done something that you've not! So you make sure you walk nicely, like this [she performs an exaggerated graceful sway across the room, to the amusement of her friends].

Discussions on the topic of circumcision were rarely straightforward or simplistic, and it was not unusual for an informant to tell me something during one conversation, and something completely opposite the next time I spoke with her. This was particularly the case when I asked women who were yet to have any daughters whether or not they intended to circumcise them. It was often argued that circumcision was an intrinsic aspect of 'Somali culture' and should therefore be preserved and maintained, yet some of the same people who made that argument also told me that 'Islam does not demand it'

or that it was an outdated and 'primitive' practice, only carried out by uneducated women, on other occasions. This illustrates that not only were women renegotiating what the practice of circumcision means to them, but they were also re-examining how it fits in with ideas of religious and cultural requirements and norms. Sahra, a young, unmarried woman who had been circumcised but was opposed to the practice, discussed how Somali 'traditions' were changing,

If you ask some old women they will tell you that pharaonic circumcision is our tradition, but it's called pharaonic because it came from Egypt. It wasn't even ours to begin with! Or they tell you it's religious, but our religion didn't come from the pharaohs, and as we are experiencing more of the world, we are learning that this isn't something we have to do. Other Muslims don't do it. And Somalis living outside don't do it. Some of them do, but not all of them. We are learning that this tradition is bad and we should stop doing [it].

It is evident from these examples that the transnational spread and exchange of knowledge, as well as goods, has had a profound impact on how women identify what they should and should not do, and in this case, how to properly maintain cultural and religious traditions. While some perceived this exchange as a threat to traditional values, other embraced it as a way to explore new understandings of what it means to be a Somali woman. Ellen Gruenbaum, who has worked extensively on the topic of female genital cutting in Sudan suggests that,

The rhetoric of "eradication" – a term that robs social actors of their agency – reflects globalizing influences of Western feminism, public health, and human rights movements, all of which seek to free women and girls from traditional practices that harm their health and rights. And yet the local energy for change provided by African and Middle Eastern women in their own postcolonial struggle to define and assert their rights and improve lives refutes any stale notion of women's passivity.

(Gruenbaum 2011: 97)

Attempts to 'save' women from their own predatory and oppressive cultures is the backbone of such crusades, which seek to civilize apparently primitive or oppressed women (Boddy 2007). As discussed, the women that I met in Eastleigh were often

acutely aware of the desires of other people, who were often non-Somali and non-Muslim, to dictate their behaviour and practices in regard to their own bodies and those of their daughters. It seems rather obvious that these attempts, which could be perceived as the immoral stranger trying to destroy an act defined by its purpose to protect the pure, chaste, and morally upright virtues of women, could be viewed as oppressive and predatory in themselves. For those women, this wasn't a matter of civilizing a primitive culture, it was the eradication of a practice intended to protect their daughters. Conversely, the persuasiveness of opposition to pharonic circumcision, in reference to Islam, or indeed any form of female genital cutting, due to fears of infertility, can be located within existing reasoning for why women opt to circumcise their daughters. In line with Gruenbaun (2011, 2005), I found that it was through increased engagement with a range of discussions and perspectives of female circumcision through transnational migration, trade, and communication, and notably those which were framed in terms of Islam, that women articulated their own shifting attitudes towards the desirability and utility of the practice.

### Visibly 'Good' Somali Women in Nairobi

Visibly 'foreign' female bodies were one of the most conspicuous images marking Eastleigh as distinct from the rest of Nairobi. They filled the malls and markets, working and shopping at stalls selling clothes, beauty products, jewellery, food, and *khat*. Their bodies covered from the head down, either in a *hijab*<sup>29</sup> or *buibui*,<sup>30</sup> worn by both Somali and Kenyan Muslim women, or a bold, colourful *dirac*, and matching scarf,

<sup>29</sup> Although this term is used to describe different things in different global contexts, among my informants it referred to a large garment worn outside the home, designed to cover the head, shoulders, and upper body, leaving only the face visible ('*hijab*' was used interchangeably with '*jilbaab*,' however the former was used much more commonly). Like most clothing worn by Somali women in Eastleigh that was intended specifically for wear in public, *hijab* were normally plain in colour, and as well as being popular with women, it was also the most common style of school uniform for girls at the privately owned Somali schools in Eastleigh.

<sup>30</sup> A full-length, long-sleeved dress worn outside the home to ensure the body is entirely covered, except for the head, hands, and feet. Most often black in colour, they are distinctly less colourful than *dirac*, and are normally made of a heavier fabric. They were not, however, immune to fashion, as various styles, including diamante decorations, tailoring, or hooded attachments to cover the head came and went in style.

draped down over their head, shoulders and upper body, which was more readily identifiable as being distinctly Somali. Within Eastleigh, clothes that were deemed to conform to Islamic modesty codes and Somali fashion were ubiquitous. More than just a continuation of practice and fashion from Somalia, young women in particular emphasised the importance of being seen as 'good' Somali women, both publicly and privately, and physical appearance contributed significantly to such perceptions. To be seen as becoming 'too Kenyan' was to suggest that a woman had lost her beauty and her moral standing.

Women have been pivotal to the continual renegotiation of national and religious identity within Somalia and the diaspora (Berns McGown 2004: 117). There is no straightforward definition of what constitutes Muslim dress, and the boundaries of what is normal, acceptable, or forbidden vary in different Muslim communities within Kenya and beyond whether in Saudi Arabia, South Africa, or Scotland. Emma Tarlo suggests that 'some stricter forms of covered dress most easily defined as Muslim by outsiders may hold little religious significance for their actual wearers' and yet 'ironically, it is often in contexts where forms of covered dress are not the norm or where their wearing has at some time been discouraged, restricted or prohibited that particular garments tend to become attributed with heightened religious significance' (2010: 6). I would like to emphasise this latter point, as in Eastleigh I found that women who embraced stricter forms of dress, and the men who admired them, did so precisely because it visibly identified them as Muslim, in contrast to a largely non-Muslim Nairobi population. With such a pronounced Muslim population in Eastleigh, wearing identifiably Somali or Islamic clothing served as a 'collective affirmative device' (Tarlo 2010: 55) in which people publicly aligned themselves in relation or contrast to others. For men this was particularly true on Fridays or during religious events such as Eid, but for women this was an everyday occurrence.

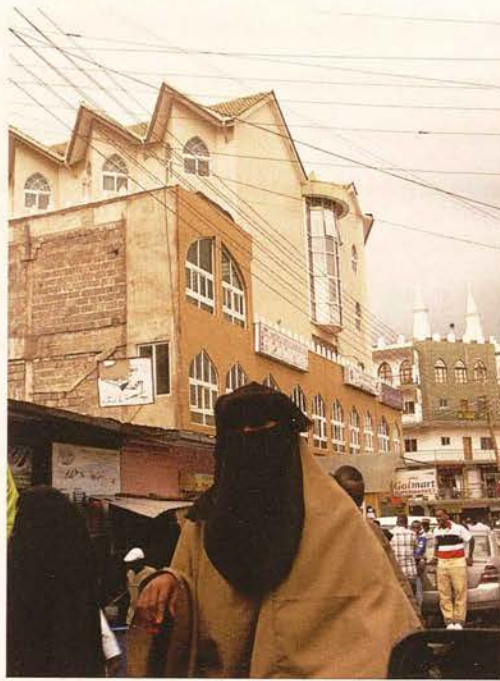


Figure 11: Shopping at Garissa Lodge

Physical expressions of feminine ideals were intended primarily for observation and appreciation by other Somalis, specifically women's husbands and families. Although women were actively trying to make themselves more beautiful, and were more than happy to talk about it and indeed involve me in it, it was not meant for the public, or at least, young women acted and were expected to act as though their beauty remained private. It was common to see young men casually relaxing on street corners, admiring a pretty woman as she walked by with the exclamation of 'Masha'allah!' [Praise to God], and if they were feeling particularly bold, a comment on a specific aspect of her form. I was told that respectable women will only respond to this with a glare or scolding the men in return with a retort such as 'What do you know about my smile/face/hips?!' Although I saw this many times, I also often witnessed women who were otherwise seen as very respectable responding with a smile or some discreet flirting, with the reaction highly dependent on the man making the remark. Similar to Cvajner's (2011) description of immigrant women from the former USSR in Italy,

achieving ideals of femininity, or in her case 'hyper-femininity' were meant only for family, friends and the familiar public, rather than the host community (2011: 361). Although they differ enormously on what those ideals are, both the women I met and the women Cvajner describes attached such concepts of femininity to their own notions of morality and worth, while in a context of marginalization as a result of migration. Interestingly, both perceived the women in their host communities as overly masculine in contrast (Cvajner 2011: 363).

Despite a desire to be a 'real Somali', transnational migration and the movement of people, products, and beliefs was evident in Eastleigh in the ways in which women covered their bodies, with styles, fabric and clothing originating from a range of countries and cultures. The growth in popularity of what might be identified rather broadly as 'Islamic clothing' has not been uniform or universal across different Somali communities, not to mention the much larger global Muslim population (Tarlo 2010; Akou 2004; Bern McGown 2004). Women over the age of about thirty, and even more so, significantly older women, noted a considerable shift in how Somali women dress in public. As Rahma, a woman in her fifties who had lived in Kenya for almost twenty years, explained to me,

In Somalia women didn't cover themselves the way they do now. They wore *dirac* or the other traditional dresses. In Mogadishu some women wore Western clothes, but that was before the war. Now we see these new people arriving from Somalia and they are completely covered, even with gloves and the veil! And they say "this is how we dress because we are Muslims", but I'm a Muslim and I don't dress like that.

Some people attributed this rise in popularity of more 'modest' clothing to the increasing influence of political Islam, both within Somalia and elsewhere. The influence of groups such as *Al Shabaab* and a more general rise in Salafism, and the enforcement of strict rules of conduct, including dress codes for men and women, was also frequently cited as the cause. However, this fashion was also notably popular among young Somali women still in their teens and early twenties, many of whom had been born in Kenya or

had spent most of their lives there. Wearing *buibui*, particularly those imported from Dubai, was a way of accessing goods from 'outside' that were modern and fashionable, but also made a very clear visual statement of how one wanted to be identified as a Muslim woman. These young women appeared to straddle diverse global influences when deciding how to present their bodies, as they covered themselves completely in public, yet hidden under their robes it was quite common to come across a tightly fitting pair of jeans. Asha, the young woman I introduced at the beginning of this chapter, showed me photographs of herself that were taken before she was married, and told me how differently she dressed then,

You can see here, I have jeans on and this cute little top – you've never seen me like this before have you [laughing]?! I liked wearing these clothes. I didn't have many of them, but it was fun to try them on and show them to friends and sometimes let the boys see you. It made me feel like I was modern. But you can't go out on the street like that or people will think that you're a prostitute or some kind of street girl. My husband would kill me if he saw me dressed like this now, but this is how I looked when we met.

Hodan, a younger, unmarried woman who dressed in a similar style to Asha's photographs when in private, but appeared even more conservative in public by always wearing the *niqab* and gloves, expressed a similar opinion:

It's very important to find a good husband, and to do that you have to show that you are a good girl. You have to show everyone that you respect your culture and your religion. Boys know they can't mess around with a girl who is dressed properly, so they treat me with respect [...] But you still want to look nice, so if you have the money you make sure that you have the newest styles, have your hair looking good, have henna done ... All those things. [And when asked what was so special about clothing from Dubai,] The nice things always come from Arab countries, because that is where our religion came from, but also because they have money there, so they know how to make things look so beautiful.

As discussed in Chapter Three, the rise of communications has had a massive impact on the lives of people in Eastleigh, and coupled with the continual migration of people into

and out of Kenya, concepts including beauty were constantly being reassessed and reimagined, as the relocation of bodies carried with them ideas, images, and products (Hernlund and Shell-Duncan 2007: 3). Due to the insecurity, as well as the perception that 'good' women should stay at home and not be seen hanging out in the streets, my informants spent a significant amount of time watching television, which in addition to access to the internet, thrust them into a readily available global world of new goods and images. The cable in most homes was illegally hooked up to one of a number of local providers, who were able to determine which channels were available to their customers, resulting in viewing options being strictly controlled and limited to 'appropriate' channels, particularly during Ramadan. At one point during my research, a Spanish-language soap opera was available, however the very mild sexual content caused outrage among local religious leaders, and the channel swiftly became inaccessible. The American channel *E!* met a similar fate. Fatuma, in her early twenties, complained to me,

These *sheikhs* have nothing better to do but complain about some kissing on TV. There are plenty of things they could be doing—what about the thugs running around here, these young boys who are fighting and stealing and causing trouble for the rest of us? No, all they want to do is complain about what we watch on TV.

For their part, the sheikhs I spoke to often claimed to be 'protecting' the community from detrimental external images, as one told me:

It's not good for our young people to watch these things. If we were still in Somalia they would never see such things, and they would have their extended families to keep an eye on them and make sure they are behaving. But here, because of the problems in Somalia, they don't all have that, and they are exposed to all sorts. It is our duty to make sure that our people don't end up becoming immoral and running around the streets.

The television options that were available included several Somali language channels, some broadcast from Somalia, others from the UK and within Eastleigh, a number of Arabic channels, often showing American or British movies, made suitable for viewing by having their scenes of sex and nudity edited out, and the immensely popular Indian channel, Zee TV. The Somali channels were particularly popular, showing Somali music videos, some of which were filmed in Somalia, but most were made within the diaspora, in Kenya, Europe, and North America. They featured singers sporting the latest fashions, often influenced by where they were shot, but still with a distinctly Somali style. These channels also featured programs specifically aimed at women, such as those providing religious advice on family matters and those promoting beauty, such as *Qaab iyo Qurux* [Shape/Figure and Beauty], a show, unsurprisingly, about fashion and physical attractiveness, where viewers from throughout the diaspora were able to phone in and ask questions. Although filmed in London, the program is available to Somalis internationally through cable television and the internet, and during the show it was not unusual to have one caller from Manchester in England, and the next from Hargeisa in Somaliland. This transnationalism brought women living in diverse parts of the world together, to exchange and engage in ideas of what and how a Somali woman should be, and significantly, how she should attain these ideals.

The Zee TV channel and Bollywood DVDs were also very popular, to the extent that many of my informants (mainly women) were able to understand Hindi. The influence of Zee TV stretched well beyond simple entertainment, as women would admire and often seek to reproduce the styles of clothing, hair, makeup and jewellery that they observed on television. For most of my informants, daily clothes were simple; their hair was tied up and covered with a scarf for most of the day, and make-up was minimal, if used at all. Weddings, which were often extravagant events, gave women the opportunity to experiment with their appearances, and display them in a context and manner that was safe and respectable. As weddings were always evening events, women had the entire day to spend on perfecting aesthetics. At almost every wedding I

attended, there was at least one woman wearing a *sari*,<sup>31</sup> and it often caused ripples of conversation as to how beautiful they were, but at the same time, whether it was appropriate for a Somali woman to wear one, 'She should be wearing traditional Somali dress, not Indian, who does she think she is?'; 'I heard it's *haram* [forbidden] to wear them'; 'She looks nice, but our [Somali] dresses are so much more beautiful.' Such comments and discussions were evidence of the tension women felt between experimenting with the foreign goods that they saw and often admired on television, and the feeling that as Somali women, they should be maintaining links to their 'own' country and culture. Interestingly, I never heard similar comments made about young men, who largely rejected 'traditional' attire, preferring to wear the fake designer Ralph Lauren and Gucci clothing that was imported from China and widely available in Eastleigh.

It was not only the guests' attire that was the subject of such discussions, as the brides at the majority of the weddings I attended wore what were described as 'Western' white wedding gowns. A fellow guest at one wedding said to me,

It's the fashion now. Some women wear the traditional styles, but people like this. It's what they see in the movies, and they want to have weddings like those ones. I don't think people even think of this as being foreign anymore, especially when the brides are like this one, covering their hair and making sure they still look modest. *Masha'allah* [praise to God], she looks beautiful. So maybe the dress is Western, but she wears it like a Muslim, and she has henna [on her hands], so she looks Somali.

In contrast to most women's everyday appearance, bridal make-up was normally applied rather heavily, beginning with a thick coat of pale foundation, making the bride appear to have a much lighter skin tone than she actually did. Added on top of this were lipstick, blusher, eye shadow, mascara, and eyeliner. Henna, carefully painted to the hands, feet and sometimes the chest in intricate patterns, was also essential to a bride's beautification. Women would use henna for any occasion, when they could afford it, but

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<sup>31</sup> A style of dress that is largely associated with the Indian subcontinent.

the most elaborate designs were always reserved for weddings. It could be purchased quite cheaply in the markets and applied at home, and it was the earliest form of beautification I observed girls practice, as they would paint it on their hands and feet, or have their mother or sisters do it for them. Women sought more ornate designs in salons, where intricate patterns were often drawn all the way up arms and legs. Such bodily décor was greatly admired by men and women alike, with the latter particularly aware of the latest styles, often inspired and imported from abroad.

Young women were readily able to distinguish between what was a new, fashionable design and what was deemed to be dated, with the difference often barely detectable to the uninformed observer. When I asked where they got the latest fashions from, many said they had seen them on TV, but often it was from a relative or friend who lived or travelled abroad and had imported them. One young woman in a salon told me,

I see photos and sometimes wedding videos of my family in Dubai and in America, and you know how Somalis like to look nice for the camera [laughing]! You can see their style and how they do things, and if I like the way they're dressed or how they have their hair or henna then maybe I'll try to do the same thing. And when they come to visit they bring things for me, like new clothes or makeup, and then I can enjoy the nice things they have out there. That's how we learn about the modern fashions.

Wedding videos were immensely popular, as they were perceived as necessary in order to prove a marriage was real for immigration purposes, and many people believed that they were more effective than marriage certificates. These videos were frequently shared among women, and featured Somali weddings taking place in a diverse range of settings. While watching, women would admire (or criticise) what they saw and heard, and like the other images they saw on the internet and television, they often tried to replicate the ones they deemed to be desirable.

## Conclusion

The depiction of Somali women in mainstream media is most often that of the starving refugee, the mother desperately trying to save her children, the innocent victim of war. Alternatively, they are lumped together with other Muslim women in the vague, orientalist perception of the exotic eyes lurking demurely behind a *niqab*. Although there is some truth to such depictions, as the women I met had been forced to flee their country as refugees, and many had been the victims of violence, these images dehumanize and victimize such women. Rather than looking holistically at personal experience, they are reduced to little more than negative narratives, or rather, the generalized experiences of suffering in Somalia.

It could also be argued that focusing on how women beautify their bodies also overly simplifies or objectifies women. However, as I have addressed, beliefs and practices surrounding beautification reflect existing and historical social practices within Somali society, including specific perceptions of gender roles, the emphasis on the importance of marriage and childbearing, and the discrimination and marginalization of particular ethnic groups. In practicing beauty, women were actively trying to preserve a sense of 'Somaliness' through their bodies, in the face of new global influences. At the same time, many women saw their bodies as a rare site of agency, through which they could achieve full personhood by creating a desirable but also morally respectable self. In the context of displacement and as part of a vast, sprawling diaspora community, many women were engaging in activities unthinkable to their mothers' generation. They were attending school, and sometimes college and university, some were in paid employment, and many spoke more than one language. In one way or another, either through their consumption of imported goods, their observation of foreign television, movies, music, and fashion, their communication with friends and family in other continents, or even the simple fact they lived in a foreign country, all of my informants were participating in globalized interactions that were in turn influencing and reshaping how they perceived and acted upon their own bodies.

To a certain degree, it is the pervasiveness of transnational interactions and transactions that has been the catalyst for how many Somali women present their bodies to the rest of the world. The emergence of political Islam both in Somalia and in some of its diaspora communities, including Eastleigh, has seen the full covering of female bodies and sometimes faces replacing more 'traditional' and less conservative forms of dress. At the same time, exposure to global products means that women use make-up, perfume, and beauty products and practices imported from a wide range of countries, which are often perceived to have special value and capabilities, to help them achieve their ideals of femininity. However, it has also exposed people to foreign aesthetics that they do not desire and actively avoid. Somali women, many of whom see the conflict in their home nation as infinite and inexhaustible, for whom hopes of return are therefore an impossibility, are actively renegotiating how to physically be a 'good' Somali, Muslim woman.

Pursuing beauty can be seen as an intentional act of gendered performance, amongst a lifetime of such performances (unintentional and intentional) that take place within a 'matrix of gender relations' (Butler 1993), including circumcision, the raising of girls to care for families (while boys fight for them), manage domestic affairs, and maximise their reproductive potential. The pursuit of beauty ideals that are couched in terms of a physical ethnic identity in turn reinforces the role of women as (re)producers of an imagined nation, as discussed in chapter one.



## Chapter Five: Navigating Health, Negotiating Networks

Drawing together the previous chapters, which addressed the complexities of displacement, the insecurity of Eastleigh, and the intricacies of gender dynamics, this chapter will explore the significance of local and transnational networks in the ways in which women and their families navigate health services. By examining how women access healthcare, and the multitude of people involved, we can begin to analyse settings of reproductive health as spaces in which the expectations of anxiety and hope were confronted and negotiated. It is within these medical contexts, particularly when it concerns the realm of procreation, that the significance of kinship networks becomes ethnographically observable. Furthermore, it is within my informants' 'local moral worlds' (Kleinman 1992) and their interactions with both global networks and medical technologies, that we can situate and understand their attempts to address their own experiences of illness. I will use the experiences of a woman called Maryam in order to look at the roles of various local and transnational family networks in assisting her to seek help for her obstetric problems, as companions, advisors, translators, and benefactors. In doing so this chapter will consider the practice of kinship, in line with Yan (2001), rather than Bourdieu (1977), that is 'the fluid and flexible nature of kinship in practice, not in opposition to official kinship' (Yan 2001: 227). I further agree with Yan that rather than focus exclusively on utility, exploring kinship in practice allows us to examine the ways in which people develop kinship networks for moral and emotional support, as was clearly evident in a context of displacement, and even more explicit in situations of health and illness (see also Kane 2012).

Maryam was twenty six years old when I first met her. She lived in Eastleigh with her mother, four brothers, and two sisters. Around a year earlier, Maryam had married Abdiqadir who lived in Minnesota. Maryam had a fairly large extended family living in the USA, and it was her father's brother who knew Abdiqadir's family and had made the initial arrangements for their marriage. Before they married, Maryam and Abdiqadir

had talked on the phone as well as using Skype and Facebook, but on the day of their wedding they had still never met in person. Two wedding ceremonies took place, one in Kenya and one in America, with Maryam's uncle acting as her representative in the latter. Maryam played their wedding DVD for me, a creatively edited collection of photographs of the pair superimposed onto backdrops of glamorous cityscapes and exquisite beaches, followed by film footage from their respective ceremonies. In Nairobi, women were gathered for the *buraanbur*, a lively event of singing, dancing, and reciting poetry. The shots regularly return to a smiling Maryam dressed in a brightly coloured *bacweyne*. Slightly sheer and in this case a vibrant green, decorated with equally colourful rhinestones, such dresses were worn exclusively at weddings or to dress up for one's husband. The footage from Minnesota showed a more sombre event, as men from the clans of both families were assembled to witness the *nikah*, the Islamic contract of marriage conducted by a sheikh, followed by copious amounts of eating in order to elicit the blessings of the guests. A later party, after the departure of the elders, shows young men and women dancing to Somali pop music, and yet more eating.

Abdiqadir arrived in Nairobi several weeks after the wedding, and he and Maryam stayed in a hotel, a very short walk away from Maryam's family home. In the week following Abdiqadir's arrival, Maryam did not leave their hotel room for one week, thereby adhering to the Somali tradition *toddoba bax*, albeit a little later than she would have if their wedding had taken place in only one location. The purpose of this seven day seclusion, I was told, was to facilitate conception. Abdiqadir had of course travelled to Kenya in order to meet his new wife, but their staying in a hotel and the period of confinement for Maryam was very explicitly intended to facilitate the conception of their first child. On that first visit, Abdiqadir stayed for six weeks during which Maryam became pregnant, but after he returned to America she suffered a miscarriage.

By the time I met Maryam, she was waiting for her husband to return for another visit. She expressed her excitement and anxiety about his impending return, and as she saw it, the absolute essential nature of her ability to produce a child. I asked if she felt under pressure to have children, 'Of course I do! It's a pressure for myself, I want to have

children, I will be so happy to be a mother. And there's another pressure... it's expected that when you marry then you get pregnant. It makes everyone happy. It was a problem because after the last time [she miscarried] my husband was in America so we couldn't try again quickly. This time, God willing, I will become pregnant quickly and there will be no problems.'

I met Abdiqadir not long after he arrived in Nairobi. He spoke English with a heavy American inflection, although his rolling articulated 'r's gave away his Somali roots. 'It's nice to come back to my wife and I have very many relatives and friends here. In some ways it's like coming home.' Abdiqadir had left his job in America, and so did not have the same time constraints as he had on his first visit, and he intended to stay for three months. During a conversation about my research he asked if I had spoken to Maryam about her pregnancy. Maryam and I told him that we had discussed it at length. 'God willing she will conceive again and we will have a child. You can help her with the all the medical things, I'm sure you know a lot about it. You can advise her on the things she should be doing.' 'I don't think I have anything to tell her, I'm not a doctor, I think Maryam knows more about it than I do.' I replied. Abdiqadir persisted, 'but you have spent time in this area and visiting the hospitals. You know where the best places are, which ones are the good doctors, where the bad ones are. This isn't like America or Scotland, some of these doctors are not really doctors. They don't know anything about medicine. They see Somalis with money, so they pretend to know what they're doing, but really they don't know. It's all about taking money from people.' 'Yes, I suppose I can say which hospitals I think are better, but everyone around here knows which ones are good and which ones are bad.' I responded, but Abdiqadir was reluctant to agree. 'Mmmm. But Somalis have some ideas about medicine... traditional ideas. Even the [Somali] doctors will tell you [about traditional remedies], but it's not real medicine, it's just the tradition. You can tell her the truth. But this time I really pray that God will make it easy for us.'

Unfortunately, God did not fulfil that request and although Maryam became pregnant quite quickly, she suffered a second miscarriage, and only a few months later, she lost a

third pregnancy. In this chapter I will examine how Maryam and her family perceived and dealt with her attempts to carry a pregnancy to term, and in doing so I will use this particular, but by no means unusual case to illuminate how people navigated reproductive health and healing within Eastleigh. Most women I met were able to carry out their daily lives with only brief or occasional encounters with non-Somalis, but medical facilities were a significant exception to this. Although many were owned by Somalis, most notably the vast array of pharmacies and smaller clinics, it was common for them to employ Kenyan staff. These encounters therefore raised interesting questions: how does one choose a medical facility? When the facility is selected, who goes? Who pays? And beyond specific treatments or procedures, what actually happens when people seek out services to heal their bodies? The story of Maryam and her attempts to carry a pregnancy to term will enable us to unpack the specificity of fertility and childbearing when understanding social and familial aspects of illness and healing.

### **Pluralistic Efficacy**

In order to understand how people in Eastleigh pursued specific treatments to overcome their threatened or delayed conception, it is essential to understand how they perceived particular disruptions and their causes. A classic focus of medical anthropology has been to understand how people experience and give meaning to their own ill health (van der Geest 2005; Good 1994; Kleinman 1980). Reproduction, inherently universal but vastly divergent in social, economic, and political meaning, provides a useful way in which to explore how health and illness is experienced locally. As transnational migrants, my informants' had to find ways in which to navigate health care in a foreign country, with equally foreign medical spaces, professionals, and treatments. Medical anthropology has explored the ways in which 'global health' and technologies become localized, while also examining the inherent 'localness' of the global (Prince and Marsland 2013; Hamdy 2012; Sargent and Browner 2005; Van Hollen 2003a; Morsy 1988). In this research patients and healers were also part of this global movement, interacting in different ways

with local and transnational spaces, policies, therapies, and illnesses (Langwick *et al.* 2012).

Transnational migration, and the spread of people, knowledge, and commodities is certainly not new, and in Africa the migration of missionaries, colonial authorities, and international development projects have all shaped how people think about and act upon their own health (Prince and Marsland 2013; Langwick *et al.* 2012; Boddy 2007; Hunt 1999). What sets recent decades apart from earlier periods is the speed with which vast quantities of people, commodities, and ideas can be exchanged and communicated (Janzen 2012; Ong and Collier 2005; Appadurai 2002, 1996), although the mobility of people has been particularly constrained by global inequalities. The presence of Somali doctors and nurses, often Somali Kenyan, as well as a range of Somali owned medical facilities, meant that the line between familiar and unfamiliar was a very blurred one. As such, a vast array of healing spaces and technologies that crossed the boundary were available for women such as Maryam, encompassing three broad and by no means mutually exclusive categories of healing– the ‘medical’ (or ‘western medicine’), the ‘traditional,’ including the use of herbal remedies, bone setters, and the practice of *saar* spirit possession rituals, and finally the ‘religious’, that is, healing grounded in the teachings of Islam. By analysing the multiple ways in which migrant women and their families navigate illness – in this case reproductive disruptions – we are able to observe the multidirectional flows of medical knowledge and technologies (Thomas 2010: 607).

Some of my informants were keen to impress upon me the difference between what was ‘cultural’ or ‘traditional’ and what was ‘religious’. I was told that some beliefs or practices predated the arrival of Islam in Somalia. One young woman explained to me that ‘these cultural things can change over time, but Islam does not change, the Qur’an does not change’ while another told me ‘religion is not culture and it would be wrong to get them confused.’ The terms ‘culture’ and ‘tradition’ have been noted to have particular resonance in medical and development discourse, and that is absolutely true in reproductive and maternal health (Pigg 1995; Pearce 1995). During my fieldwork, a campaign that took place as part of International Women’s Day stated on posters and

pamphlets that 'cultural and traditional practices increase the reproductive risk among women and girls'. Although it did not specify what those practices were, particular attention was drawn to home deliveries, FGM, and unskilled birth attendants. These discourses emphasised 'culture' and 'tradition', which were often used synonymously, as something dangerous and primitive. In interviews with doctors and nurses in Eastleigh, 'cultural barriers' were occasionally suggested to me as a reason why Somali women in Nairobi refused certain procedures, such as blood transfusions. The dichotomy of old as inferior and modernity as superior has also been noted in critiques of Islam, where it is situated as 'antimodern and anti-West', particularly concerning the position of Muslim women (Saliba 2002: 5). In such cases, Islam is presented as a monolithic and homogenous entity, consuming and encompassing the lives of those who practice it, and in the case of women, subjugating them (Khan 2002; Mahmood 2005).

Although identified as separate categories, there was extensive overlap between the three systems of healing. In medical facilities run by Muslim staff (often, but not always Somali), the influence of Islam was pervasive, from the verses of the Qur'an on the walls, framed in pictures or on posters sold by hawkers and in shops throughout Eastleigh, to the prescription of prayer and specific verses in response to infertility (which in turn could be the result of an infection or evil eye), to the simple statement of '*bismillah*' (in the name of God) before every injection, procedure, or delivery. The interplay with 'traditional' medicine was more problematic, and traditional healers were regularly dismissed by Somali and Kenyan doctors as 'quacks.' That said, there were some cases in which the distinctions between traditional and biomedical became unsettled, such as the frequency with which I heard traditional healers recommend the use of Panadol, and even more notably, in the ubiquity of the healing powers of camel milk. The significance of camels and their milk to Somalis has been noted in poetry (Abokor Axmed 1987), livelihoods (Nori 2010), and social status (Anderson et al 2012; forthcoming). Somalia has more camels than any other country (Anderson et al. Forthcoming), and given their pervasive use in daily life, including livelihoods, sustenance, bride and blood money, transport and trade, it is perhaps unsurprising that

their smoky milk would be exalted for its healing powers. Recommended for everything from stomach problems to insomnia, the curing capacity of camel milk appeared to know no limits. I was told repeatedly that living on a diet of only camel milk could even cure cancer, tuberculosis, and HIV. If more potent remedies were required, that camel milk had to come from Somalia. I heard numerous stories of women (not men, notably) who had been infected with HIV in Kenya or even further afield, and had been returned to Somalia for treatment, which might be better understood as rehabilitation, much like the *dhaqan celin* discussed in chapter three. It was usually the case in such narratives that after six months, a year, or several years, the woman in question tested negative, all due to the strength of some home grown (or rather lactated) camel milk. When I interviewed one doctor he was reluctant to dismiss the power of the national drink. 'It might not cure them exactly, but if I had a sick patient, if it was one who is [HIV] positive, I would recommend that they drink camel milk regularly. It is very high in vitamins. It is very, very good for the immune system, so yes, we can say it has some medical properties that will be good for such patients.'

Although medical pluralism is also practiced within Kenya (for examples see Beck 1981; Mburu 1992; Ndege 2001), my informants were highly reluctant to utilise anything that might be perceived as traditional Kenyan medicine. Kenyan doctors and nurses were acceptable, as were Kenyan sheikhs and Imams, although both could potentially be problematic due to language barriers. Somalis were preferred on the basis of language and apparent cultural understanding, but also due to a widely held belief that Somalis were generally better qualified as both medics and Muslims. When it came to 'traditions', people were emphatic that it was only their own traditions they were engaging with.

Biomedical services were extremely popular within Eastleigh, however they did not completely engulf traditional health practices. For most of the women I interviewed, pregnancy was not perceived as inherently medical, and they would only access medical services where they were perceived appropriate, which for many women was either quite rare or not until very late in their pregnancy. Women experiencing difficulty conceiving

or problems during their pregnancy did perceive this as something that required some form of assistance, however this was not necessarily assumed to be biomedical. Medical interventions were perceived in the same vein as traditional remedies, that is, they were seen as route for achieving their reproductive aspirations.

The perception of malfunctioning or damaged bodies requiring external intervention is central to many critiques of medicalized pregnancy and childbirth (Davis-Floyd 1992; Browner and Sargent 2007; Singer and Baer 2007; Martin 1987), yet the same reasoning was used by my informants when seeking traditional or religious treatment. In both cases, women and their families identified threatened fertility as something that required assistance from specialists or experts, whether they were obstetricians, sheikhs, or traditional healers. My informants perceived different techniques for healing or improving the chances of fertility as different options, which were often utilised simultaneously. As such, they were not passively accepting medical treatment, but were actively seeking it out in various forms, determining which might provide the best results (cf Greil 2002). With regard to her research in post-conflict Mozambique, Chapman argues that 'women in the most impoverished communities must carefully strategize their reproductive choices as they confront disintegrating social cohesion and increasing economic competition' (2006: 488). Rather than focusing on poverty, although that was absolutely an issue in my fieldwork, it was the volatility and insecurity of the context in which they lived which underscored my informants need to make strategic decisions regarding their reproductive futures. Matters of health and healing in such contexts of volatility provide an insightful lens for understanding what transnationalism is. The knowledge of and access to a range of healing practices and practitioners across different national settings opens up new ways for people to think about and act upon their own health. 'Medical pluralism', by no means new or exclusive to Africans, takes on new meanings in light of migrants who can slip between different forms and sources of healing and across international borders (Tiilikainen 2012; Messias 2002; Ma 1999).

## Chasing Demons

While seeking treatment for her obstetric difficulties, Maryam and her family were acutely aware that her problems might be the result of something distinctly non-medical, specifically *jinn* (demons) possession. Possessions, as described to me, mostly happened to women because they are weaker and more vulnerable than men, furthermore, demons, which are all male, are sexually attracted to women. Reasons for women being possessed included 'unrighteous' behaviour, disobeying men, while more general sources of demons were dirty areas or jungles and forests. Eastleigh was occasionally held responsible for the apparently high number of possessions because it had so many dirty areas as a result of waste heaps and poor sanitation. Furthermore, it was believed that because women were living outside of their normal community, in Kenya rather than Somalia, and because families were often severely dislocated from each other, young women were more vulnerable to risks and temptations that might attract *jinn*. On a few occasions, my friends pointed out men on the street that they thought were possessed by demons. In each case they appeared visibly troubled, for example they were talking or shouting at themselves, their clothes were dirty or ragged, or sometimes they stood in the middle of the street appearing utterly disconnected from the world around them. I was informed that it was only extremely strong *jinn* that were able to possess men. I asked why I never saw women in a similar state in public, and I was informed that it would be more shameful for the family if a daughter, sister, or wife was seen in such a way.

Signs that a woman has been possessed included violent, aggressive behaviour, stripping of clothes in front of others, and self-harm, such as scratching her skin and banging her head against hard surfaces. Many people also told me that possessed women were able to extensively recite the Qur'an, something it was believed they would otherwise be unable to do. While the woman might be responsible for being possessed, for example by behaving immodestly, she is not ultimately responsible for the outcomes of that possession. She is described as the victim of possession, it holds her and it must be chased from her body. The visible signs of possession could differ significantly from

one person to another, the family of one friend of mine, a woman in her late twenties, suspected she might be possessed because she was repeatedly complaining of illness, yet when they took her to hospital the doctors were unable to find anything wrong with her. Her family never spoke of their suspicions in front of her because they feared they might upset the *jinni* (singular). On another occasion, an older woman with adult children cried loudly for hours throughout the night that her skin was burning her, and she pleaded with God to help her. This continued until the morning when three sheikhs arrived at her home.

*Jinn* possessions were also blamed for causing miscarriages and infertility, in cases where the demon(s) are so in love with the woman they have possessed that they do not want to share her with her husband, and want to prevent her from giving birth to his children. This was the case for Khadra, an eighteen year old woman who, like Maryam, suffered a number of miscarriages in the first year of her marriage. Although normally very funny and sociable, when possessed she screamed whenever music was played in her home and she threw herself against walls and the floor with such force that her husband feared for her safety. When sheikhs were brought to her home, they called women from her family to hold her down while they read the Qur'an and expelled the demons from her body, her behaviour, or the behaviour that was caused by the demons, was so 'shameful' that it was deemed inappropriate for men other than the sheikhs to see her. However, she struggled so hard that her female kin were unable to hold her, and her husband and two men from his clan were asked to assist. One of them later told me that he tried not to look at her as he held her down, not because of shame but because he was fearful of the demons. Sheikhs were called to expel the demons from Khadra on several occasions, because she was possessed by so many of them, and they would pretend to leave her body by 'hiding', only to re-emerge after the sheikhs had left. Her outbursts were so explosive that she and her husband were asked to leave the home they were sharing with another family from the same clan, and find somewhere else to live. It was only when Khadra finally carried a pregnancy to term and successfully delivered a baby girl that she was really believed to be rid of the demons.

Although Khadra's possession was physically evident, Maryam displayed no signs or symptoms beyond her miscarriages. Unlike the rather traumatic encounters with Khadra, when sheikhs were brought to Maryam's house by one of her brothers, she had spent the morning carefully preparing an impressive lunch of camel meat and rice for them. As she waited, Maryam perched quietly on the end of her bed, completely covered in a *jilbab* and *niqab*. With very little fuss, two men entered the room and began to recite verses from the Qur'an, during which Maryam did not move from her original seated position. When they were finished, the men withdrew to another room, where Maryam served them lunch.

There are two ways, I was informed, to deal with demons, and they were described to me as the 'traditional way' and – as depicted above in the cases of Khadra and Maryam – the 'religious way'. The traditional method is the central element of *saar*, which Lewis describes as belonging to the *zar-bori* cult (Lewis 1998, 1971, 1966, 1956; see also Tiilikainen 2010; Adam 2010; Fadlalla 2007; Gruenbaum 1998; Boddy 1989), and is almost exclusively practiced by women. During *saar* rituals, demons are appeased in a ceremony involving eating, dancing and incense burning. These rituals were usually not intended to rid the sufferer of demons, but to placate them so they caused no further ill health. Although this topic has been discussed in depth, most notably by Janice Boddy in her research in Sudan (1989), there are notable differences to what I observed in my own research. In Eastleigh, *jinn* possession was part of everyday life, in this sense mirroring Boddy's description of humans and spirits occupying 'parallel worlds' in which 'the latter, within the realm of nature but normally invisible to humans, overlies the former like a transparency covering a map' (1989: 3). Rather than identifying them as specifically *saar* spirits, as Boddy found in Sudan, my informants described them without any qualification, although some pointed out the *jinn* are described within the Qur'an. This was notable in ways in which people sought to protect themselves from *jinn*, rather than rid them with ones that had already entered their bodies, through recitations of the Qur'an, and particularly *sura An-nas*, the final chapter of the Qur'an.

This short chapter was recited by and to sick people and women in labour, and many people told me that they recited it before going to sleep:

Say "I seek refuge in the Lord of mankind  
The sovereign of mankind  
The God of mankind  
From the evil of the retreating whisperer -  
Who whispers [evil] into the breasts of mankind -  
From among the jinn and mankind."

References to the Qur'an explicitly revealed what appeared to be an emerging hegemony of the 'religious way' of chasing spirits, particularly requesting sheikhs to recite the Qur'an and 'speak' to the demons, forcing them to leave. I knew numerous women who were seen by sheikhs to cast out demons during my fieldwork, I knew very few women who participated in *saar* rituals, although some told me that people might be reluctant to admit to it, given the tendency to frame it as sinful and therefore *haram*. Although Lewis suggests that Somali men are 'sceptical' of such demonic afflictions (2008: 21), I found that men and women spoke similarly in their perceptions of *jinn* possession, with the main difference being in the perceived efficacy of treatment. Some men I spoke to ridiculed *saar*, with one answering my question on the topic rather disdainfully with 'oh that thing where women eat and then dance around the room? We don't do that anymore.'

It has been argued that the practice of *saar* is an act of female resistance to gender subordination (Adam 2010; Gruenbaum 1998), as it provides a setting in which women can give meaning to and act out in opposition to restrictive gender norms and expectations. In Eastleigh I did not find this to be the case, most likely because so few people would admit to engaging or even believing in it. This dismissal of *saar* resonates with the argument that the marginalization of the practice in favour of Qur'anic healing is illustrative of the growth of politicised Islam within Somalia and its diaspora

(Tiilikainen 2010; and for a similar account in Sudan, Gruenbaum 1998). In Egypt, shifts towards a more politically Islamic state have been mirrored by an increase in the availability of Islamic clinics (Morsy 1988), and even the increasingly religious framing of mental illness (Atallah et al, 2001). Abdiqadir, Maryam's husband, was equally dismissive of *saar*, but when I asked him what he thought about the sheikhs essentially aiming to do the same thing (appease the mental and physical suffering caused by *jinn*), he told me rather sternly that they were 'not the same thing. Not at all.' During this conversation, and very many more with others in Eastleigh, Islam was described as 'perfect', and therefore anything associated with truthful Islamic healing (ie not tainted by something as murky and imperfect as culture) could also only be considered perfect. Although 'traditional', and particularly *saar*, was discredited and ridiculed as un-Islamic, biomedicine was not. Inhorn suggests that this is because 'tradition' is perceived as pre-Islamic, and therefore primitive and forbidden (1994: 94; Morsy 1988). By framing 'authentic' illness and healing experiences in terms of particular conceptions of Islam, certain practices, such as *saar*, and even more so witchcraft become ostracized, while those which can be situated in terms of religion, including alternative dealings with *jinn* or *isha* (evil eye) can be reframed.

While in a hospital I witnessed a rather different way of dealing with possession. A petite thirteen year old girl was carried in by two men, with several other people following behind them. Her body was rigid and she was inhaling loudly through her mouth, making a low, chesty shrieking noise as she did. She was carried to the consultation room where she was quickly examined by the staff, after which one nurse emerged and said with a giggle and a roll of her eyes that the young girl was faking. As I began asking questions another nurse told me it was not unusual among Somalis, and young women in particular. I entered the consultation room and the girl was lying on the bed making the same noises, but now occasionally lifting her upper body into an upright sitting position as she inhaled, and returning to a lying position as she exhaled. Her eyes were closed and she did not respond as the nurse gently slapped her in an attempt to get her attention. The consultant paediatrician happened to be in the hospital at the time and

he came in to examine her, after which he repeated the nurse's point, that such a condition is not unusual among young Somali women. Her family waited around the hospital, some in the waiting room and others outside, near the entrance. One of the young men who had brought her was a friend of a friend of mine, and I greeted him as I was leaving the hospital and asked how the girl was. He shook his head with a sigh and told me without much concern, 'she does this sometimes'.

The dismissal of this young girls' behaviour as an attention seeking performance appears to chime with Lewis' (1971) depiction of *saar* possession as a subordinate female reaction to male hegemony. I, however, am inclined to agree with Boddy, who argues that this perspective 'locates women in the context of men, but sees men solely in the context of themselves' (1989: 6). In Eastleigh, the existence of *jinn* was acknowledged by both women and men, and though the practice of *saar* might have been publicly ridiculed, that did not undermine the recognition that these female rituals were still engaging with something very real and potentially dangerous. This was exemplified by one male friend who escorted me to visit a woman who practiced *saar*, who had previously joked about the stupidity of 'women dancing around', but when we reached the building in Section One, he decided to stay outside, admitting that he feared seeing *jinn*. Recitations of the Qur'an either listened to on CDs or performed by sheikhs, family members, or the victims of possession were, in my experience far more common than the use of *saar* or medical doctors. Women, including this teenage girl, Maryam, Khadra, and their respective families, found themselves in contexts in which ailments that could be considered traditional, Islamic, or medical were being continually reframed. As all three examples highlight, these women experienced and navigated their illnesses within and through their own local networks, thereby giving meaning and subsequently guiding their efforts to seek treatment.

## Navigating Health in Eastleigh

From pharmaceuticals to laboratory testing facilities to surgical procedures, Eastleigh is a neighbourhood which embraces the availability of biomedicine. From the first weeks of my fieldwork I was staggered by how many clinics and pharmacies were in Eastleigh, and a substantial number opened in the relatively short time I was there. At one stage I attempted to count how many medical facilities, including hospitals, clinics, and pharmacies were in Eastleigh and I reached 136. This number is somewhat meaningless though, as some businesses closed and many more new ones opened, while some were impossible to identify from the outside, as they had no external signs and one therefore had to know they were there. I accompanied one woman to a clinic only one street away from where I lived. Although I had walked along that street many times, I was oblivious to the clinic that was situated inside a plain, largely residential building. As we entered through an unmarked steel gate, I followed this woman along a path, before entering and walking up two flights of stairs. It was only then that I saw a sign, directing us along a corridor to the facility that contained three consultation rooms, a waiting room, and a pharmacy, and was owned and operated by a Somali doctor who had studied in America. Businesses such as this one exemplify the power of kinship networks, as my companion pointed out everyone, the staff as well as the patients in the waiting room, belonged to the same clan.

Before I go any further in this analysis of the availability and uptake of medical services in Eastleigh, I would be remiss to not draw attention to Pumwani Maternity Hospital. Situated immediately west of Eastleigh, on one of the main roads that leads to central Nairobi, Pumwani is the largest maternity hospital in East and Central Africa (Nyongesa *et al* 2014: 12). At the time of fieldwork one physician employed there informed me that the state-owned hospital accommodated about eighty deliveries per day, making it significantly larger than any other facility in Eastleigh in terms of both number of patients and physical size (as a point of comparison, most of the hospitals and nursing homes that conducted deliveries in Eastleigh hosted between two and six deliveries per day). Throughout Nairobi, the hospital was notorious not so much for its size, but for the

very poor standard of care (for details see Nyongesa et al 2014; Kimani 2008). I received unsolicited rumours and reports of the hospital, primarily from Kenyans, including doctors and midwives I interviewed as well as travelling companions in cars and buses, as we passed the building. Doctors and nurses who had worked there emphasised how high-pressured it was, as it was under-resourced and overcrowded, with women often forced to share beds, and some having to deliver their babies on the floor. A further problem, which received regular media attention, was that women who were unable to pay their bills were detained. A Kenyan doctor explained, 'People normally only got to Pumwani if they have no other choice. Mostly they are people who are very poor, especially young unmarried girls who get pregnant by mistake.'

Jackson, a Kenyan man who had lived in Eastleigh until he married and had to move to a cheaper area stated, 'People fear having babies in Pumwani. The conditions are very poor. If you go there, you see your baby alive after you give birth, they take it away, and then maybe they bring back another baby or even they tell you that your baby died. You know it didn't die, you saw it alive! But that is what they tell you.' I asked him why they would tell you that the baby had died, 'I'm not sure. Maybe they don't look after those babies after they're born and they die. Or maybe they sell them.' Losing newborns, or switching them with other babies was a common rumour, one which Kenyans I spoke to seemed convinced was true.

With regard to my research, however, the most remarkable thing about Pumwani was how few women I spoke to had ever been there. Many people had, to my surprise, never even heard of it. Although another public clinic on 4<sup>th</sup> Street was somewhat more popular among my informants, with many using it for basic services for themselves and their children, very few delivered either there or at Pumwani. Instead of using either, where antenatal services were as low as a one-time registration fee of twenty KES (roughly the cost of a cheap *matatu* journey or three or four single cigarettes), the vast majority of my informants opted to use private facilities, where registration alone could cost up to 500 KES, and a single appointment could vary from 200 to 3,000 KES. The cost of routine procedures, such as vaccinations, not to mention the childbirth itself were

all substantially higher. In a notable reflection of the ways in which people compared life in Eastleigh to life in refugee camps, many informants told me that it was better to pay to use private facilities, rather than depend on the unfamiliar and poor quality options offered by the government. One woman who had lived in Eastleigh for over twenty years told me ‘if you go to 4<sup>th</sup> Street [clinic], they can refuse you because you’re Somali. Sometimes they give you problems, and we have so many hospitals in Eastleigh, so it’s better to go to one of these other ones. They only want to take your money so they will have no problems with you.’ Like everything else in Eastleigh, those with the money to pay were able to purchase a better quality of life and to a certain degree, freedom. Gay Becker analyses this medical consumerism in regard to infertility treatment in America and suggests that,

Reproductive technologies have entered the mainstream of medical treatment. Both the public and medical practitioners identify them as socially and culturally desirable, reflecting the way that society’s priorities are reproduced in the institution of biomedicine and business practices. This is consumer culture at work [...] Consumer culture reveals individuals’ power of disposal over their lives and over the resources they identify as necessary.

(Becker 2000: 10)

In Eastleigh, the consumption of biomedicine, through its therapies and technologies reached far beyond the spheres of new reproductive technologies that Becker discusses. Yet the argument can still be made that the recourse to biomedicine, through the consumption of therapies and technologies, illuminates the ways in which people act upon and conceive of their own ill health. The demands for private care also highlight the fact that Eastleigh was a potentially expensive place for anyone to live, and as discussed in chapter three, many people relied on remittances sent from abroad. Private medical care was therefore only available for those with access to such resources, as was the case with Maryam. Women without the access to the finances to pay for medical bills face a greater risk of divorce, and may struggle to survive in Eastleigh.

To borrow the title from Anna Lindley's ethnography on Somali remittances, 'the early morning phone call' was an essential aspect of the connections made between Eastleigh and their networks elsewhere in the world. These phone calls were not between those individuals however, they were from a *xawala* agent informing them that their money was ready to be collected. Receiving money through these networks was crucial, because without it medical bills could not be paid, and in many cases bills had to be settled or at least a deposit had to be paid in advance.

Medical bills that concerned reproduction were exceptional in this regard. As noted in previous chapters, childbearing was not only a matter of concern for the immediate family, as it was seen as a contribution to the clan through the continuation of individual lineages. As a result, the responsibility to pay medical bills, either for infertility treatment, antenatal care, or the delivery itself, was shared widely amongst the family. These bills were often very high, especially if they involved a skilled procedure such as a caesarean section, and therefore the cost could be shared with numerous members of the family, often spread out over different countries and continents.

On a number of occasions I observed this responsibility to contribute to medical bill extend even more broadly, and include people who could be considered strangers. In one case, a young Somali woman, Fatuma, had been violently assaulted by her husband, who had covered her in oil and set fire to her. She had extensive burns and was hospitalised for several weeks. She had no close family in Nairobi, apart from her husband who had abandoned her after the incident, and no one to rely on for help. During her stay she was in a shared female ward, where the beds are tightly crammed in and the near constant flow of groups of visitors means that privacy is an alien concept. For a few days another young Somali woman occupied the bed next to her, following the birth of her child. Some of that woman's visitors had noticed Fatuma, her injuries hard to miss, and had spoken to her for a while, before speaking to the matron of the hospital to ask for more details. A couple of days later the visitors returned again, and had collected the money to pay for Fatuma's medical bills.

Networks were unquestionably essential in order to pay for medical care, but they simultaneously proved necessary in what might seem to be simple acts of identifying and accessing care. Early one morning, as I made my way to the hospital, I received a phone call from Maryam. 'Are you at Mother and Child?' When I told her that I was on my way she responded 'I need to see the doctor. My husband will bring me.' I asked if she was ok, 'I have pain and there's blood. I think it's gone. Abdiqadir says we must see a doctor. Is the big doctor there today?' The 'big doctor' was Dr Murugu, the owner of the hospital who specialised in obstetrics and gynaecology and had a significant reputation among Somali women for his ability to help women who struggled with infertility and pregnancy loss. Dr Murugu owned another more upmarket and expensive facility, centrally located near Nairobi Hospital (popular with wealthier Somalis as well as Kenyans). As a result, the doctor only spent one full day in the hospital seeing patients, in addition to a further half day or two performing operations. His reputation and limited availability resulted in incredibly busy days when he was in the hospital, and the day that Maryam called me was no different. By the time I arrived the list to see the doctor was already half full. 'Appointments', which were really only a place on the list, as no specific times were ever given, were allocated on the day, and people began to arrive as early as 5.30am to add their names. In most cases a young male relative of either the woman or her husband would be sent to add the name. People who had developed good relationships with particular members of staff were able to obtain places on the list by telephone, and in some cases their names might be bumped up the queue, although this had to be done with discretion as it often led to loud, heated arguments if it was discovered. On several occasions I observed women forcefully pull each other out of the way, as they barged their way into the consultation room, adamantly refusing to move until they had spoken to the doctor, even if that meant their appointment ended up having an audience. Working reception on the days when Dr Murugu was in was often more about crowd control than organising files. The middle aged Kenyan receptionist told me on several occasions 'Somalis are so loud and they try to force their way in. I'm scared of them. This job is too stressful.' While a nurse told me, 'You can't tell Somalis to wait. They don't listen.'

Maryam arrived at the hospital an hour after I did, accompanied by her husband, mother and one of her sisters. Abdiqadir paid the initial registration fee while Maryam and I filled out her medical history forms. I asked if she had seen a doctor after her last miscarriage, and she said she hadn't. I asked what was different this time, to which she gestured with her chin towards her husband 'he said I need a doctor.' 'But you didn't last time?' I asked her, to which she replied, 'What can a doctor do? They can't change what has happened. They can't change what was already written.'

Abdiqadir's insistence that Maryam saw a doctor echoed his comments on the importance of what he perceived to be good quality, 'proper' medical services. Abdiqadir's high regard for biomedical interventions, and importantly, formally trained physicians, also speaks to the perception of pregnancy as a medical issue. In contrast, other people I spoke to, particularly women, did not recognise the need for hospitals, nurses, or medicines up until the point of delivery, because they did not see pregnancy as inherently medical. The exceptions to this arose when there was an identifiable 'problem' such as Maryam's repeat pregnancy loss, or in issues concerning infertility (which will be discussed in greater depth in Chapter Five). Identifying the cause of these problems was essential in order to seek the appropriate treatment.

As she was in pain and bleeding, Maryam was quickly taken upstairs to see the doctor. At this point Maryam's brother Liban arrived. Like most men in Eastleigh, Liban spent far more time out of the house than his sisters, and as a result he was more capable of conversing in both Kiswahili and English. Although Maryam spoke Kiswahili well enough to get by with Kenyan shopkeepers and her maid, she said she found it difficult to understand what the doctor was saying. Throughout my fieldwork, the most common place to hear a Somali woman speaking Kiswahili was interestingly in her own home, to the Kenyan women employed to clean the home and wash clothes. The women I met who had not received any formal education in Kenya almost all told me that the Kiswahili they knew, they had learnt from their maids. With the exception of some newer, larger apartment blocks, most of the domestic work, including cooking and washing clothes, was done immediately outside the front of the house or flat. In my own

building, in between the flats there was an open, roofless space with the staircase running up the centre of it, flanked on either side by row upon row of washing lines where washing was hung every day. The doors to the flats were open most of the time, as people moved in and out of them, and every day Kenyan women could be found on each floor washing clothes and cooking utensils, some even attempting to speak a few words of Somali. In addition to the maids, it was common to see building caretakers and door-to-door salesman, who were often Kenyans, and as Somali women were generally in charge of the domestic realm, they were the ones to engage with them. It was in these open and yet still semi-private spaces that Somali women were able to develop their language skills and engage in non-Somali relationships and exchanges that were otherwise frowned upon.

Liban had been informed earlier in the morning that he would be required at the hospital, but he had delayed his arrival in order to avoid a potentially lengthy wait in the hospital reception. Although Abdiqadir spoke fluent English, Liban's ability to speak both English and Kiswahili, in addition to his perceived knowledge of Nairobi and the practices of Kenyan doctors, made him a more desirable representative and translator. As the eldest child as well as the eldest son, Liban held a special role in his family, who, I suspect, also believed he was somewhat more intelligent and reliable than Maryam's husband.

Not all women relied on men to act as translators. Ifrah was one such woman who spoke Kiswahili with confidence. When I met her at the hospital she was accompanied by a female friend, but she also knew several people in the waiting room and greeted them as soon as she arrived. This was on one of Dr Murugu's days, and so everyone seated in reception knew they had a lengthy wait ahead of them. I was already seated with Ifrah's friends, and I asked them if they ever brought their husbands with them for their appointments. Some said they brought them to translate, while another woman commented that her husband would come if he was suspicious that she was being financially ripped off. Ifrah answered, 'My husband works so he doesn't come.' 'Would you want him to come with you if he could?'

No. He doesn't need to know about these [gynaecological/obstetric] things. I would rather bring my cousin, because women understand and they know what advice is good or bad. [Gesturing to the much older women seated nearby] Do you think these mothers took their husbands to see the doctors in Somalia? Of course not, in our culture men and women are kept separate, and these matters are for women. If I wanted a man to come with me, [for example] if I had to travel to a doctor in one of the big hospitals in town, I would rather bring my brother with me.

This final comment received several murmurs of agreement. 'Is a brother better?' I asked. Ifrah continued, 'Yes because your brother is your true family. If you fight with your husband, who is the first person you call for help?' 'Your brother' the assembled women answered in agreement.

Two points arose from this discussion. Firstly, the sense that, ideally, 'women's issues' such as these would remain confined to the women's realm, and men would remain excluded. That men had become embroiled in distinctly female issues was often explained as a direct result of displacement. Women stated that they needed to have men with them either to translate or for protection, two things that many suggested would not be necessary in a theoretically conflict-free Somalia. It was, however, a reality, and men – husbands, brothers, and even sons and cousins – frequently did escort women on hospital visits, or would be sent in their place to purchase medication. One pharmacist told me 'men will come for their wife or sister or their mother, and they will tell you they need something for periods or for infections [UTI], it's normal.' In this context of gynaecology and obstetrics, men had to discuss intimate details of a bodily and sexual nature. During one consultation, I listened to Liban discuss and translate in detail the pain Maryam felt during sexual intercourse with her husband. I later asked Liban how he felt in such circumstances, he screwed up his face and gave an awkward half shrug, but answered, 'She's my sister. If she needs help then it's my responsibility to take care of her, especially if she's in pain.' When asked the same question Maryam responded, 'It's ok, he's my brother.' These comments, as well as Ifrah's on the preference for brothers over husbands, illustrate the second point. Health issues, and I

would argue particularly issues relating to reproduction, continue to be primarily the concern (although not necessarily financially) of a woman's own family and clan, even after marriage, until she has successfully produced children. This sense of responsibility to care for daughters until they transform into mothers resonates with the point made in the previous chapter that women are not perceived to be fully part of her husband's family until their marriage has been solidified by children. It could be argued that the preference for and reliance on agnatic kin speaks to a classic anthropological conception of kinship, with the basic assumption that 'blood is thicker than water' (Schneider 1984: 174), but I would argue that here we find that blood is thicker than water until new blood, as new life and new generations, is produced. Although the financial responsibility often came down to a more simplistic question of who had the means to pay, the responsibility to seek care continued to reside with the woman's family.

The reliability of brothers and male kin (both maternal and paternal), was often in stark contrast to the frequency with which women complained about other men. These complaints ranged from their laziness, particularly their fondness of chewing khat, to their meanness or cruelty. One woman told me, 'Somali men are not good. They are bad husbands, they don't work, they spend every shilling they have chewing. They don't look after their families. My husband will wake up late, stay out of the house all day, and return very late in the evening. He sits around chewing and talking, chewing and talking, but still he will complain about me when he comes home.' Like many women who made similar statements, she saw the deficiencies in her own husband as traits that could be attributed to all Somali men. Although it is essential to understand the significance of kinship networks in Eastleigh, it is also crucial that we recognise that such networks can and do fail for a multitude of reasons. These failures, which resulted in women being unable to access services or support, were often within families, and particularly between spouses. The tendency to focus on the success and resilience of immigrant networks 'often slides over intragroup jealousies and tensions and posits an idealized view of community, palatable to both informants and readers' (McMichael and Manderson 2004: 88). The necessity of relying on networks that are fragmented is itself

an outcome of conflict and displacement, and focusing on those who are able to tap into existing networks risks obscuring those who cannot.

Men were not the only means through which women could access existing networks, and it was often in hospital waiting rooms that women were able to make contact and share information with other women. I therefore want to draw attention to the distinctly social nature of the waiting room, and more specifically, hospitals as gendered social spaces. Due to lengthy waits, often for several hours, women had ample time and space to talk to other women at length. Although women were often able to recognise other women as belonging to the same clan or clan family as them, they frequently ended up in conversations with whoever was sitting closest to them. The near absolute lack of privacy when it came to conversations surrounding medical issues meant that women were able to openly discuss and compare medical experiences and services in great detail (cf Gammeltoft 2014). Rather than arranging group interviews or focus groups, I was able to use the highly social nature of waiting rooms to gather data, as illustrated by the discussion with Ifrah and her friends.

A common point of discussion during these medically situated informal social gatherings was the quality of particular doctors and facilities, and the reputation of both were subject to intense scrutiny. With regard to the facility I volunteered in, for example, women and men often commented that women in labour should not arrive too early, because 'they give women too many operations [caesarean sections].' During another conversation, a young woman narrated a report she had heard regarding a popular facility. Despite its good reputation, she informed the waiting women that the staff were responsible for the death of a baby during delivery because they had made the mother 'sit and wait in the waiting room for too long' while she was in labour. Within a few days I had heard about this event from numerous women, many of whom were pregnant at the time and stated that they would not use that facility as a result. Another woman told me, and anyone else who would listen, of how she had been sewn up after delivery with some gauze left inside, which had turned septic after she had returned home and left her in unbearable pain for several days. Rather than remaining private, such stories

were shared at remarkable speed and had a rapid and significant impact on medical facilities, which doctors, nurses, and hospital administrators were all well aware of.

Thus far in this thesis, I have argued that Somali women and men are largely expected to occupy separate spaces, with men often found in public places such as tea shops, or working outside of the home. Women, as discussed in the previous chapter, spend most of their time in private spaces, and with exceptions made for shopping and other errands or for work, are expected to spend most of their time within the home. Socialising is therefore largely confined to homes or places that can be seen as semi-private and therefore respectable, such as weddings, beauty salons and I would suggest – hospitals. Within these spaces, women were able to translate, offer guidance, and even advocate on behalf of other women; services that seemed particularly welcome among women who had recently arrived in the country and knew little, if anything, about the city they were in.

I met several women who benefitted from these interactions, and seemed to spend much of their lives in hospitals. Sahra was one such woman, who I came to know very well during my research in Eastleigh. She was Somali Kenyan, at the later end of middle aged, and lived just around the corner from the hospital I volunteered in. Although many women visited the hospital with some regularity, Sahra was unusual in that she was very rarely there to see the doctor herself. Instead, she visited at least once a week with young women and acted as their companion, representative, and translator. Sahra explained to me, 'Some of these girls are new arrivals, they don't speak the language, they don't know where to go, they're scared. Mostly they don't have people here, so they make contact with me and I help them.' Sahra's reputation as a local expert on how and where to get gynaecological and obstetric advice and services was well known in the area she lived and throughout her own clan networks, and people were often referred to her through others. Sahra had acted in this capacity for several years and during that time she had developed her relationship with the doctors, nurses and administrative staff. As a result, Sahra enjoyed certain privileges; she rarely had to wait in any queues, and she had the direct contact numbers for various members of staff. Although she didn't receive

any direct payment, Sahra and her immediate family received medical treatment in the hospital when required at a vastly reduced price, which inevitably saved her a substantial amount of money. Sahra was not unique in this respect, and most hospitals had one or two women who acted in similar roles, as points of contact between hospitals and the continually fluctuating population. In doing so, women like Sahra helped to create networks of trust where they were otherwise absent, in response to the needs of displaced women. As Yan suggests, 'in practice, kinship relations are actually a set of rather flexible interpersonal relations negotiated by individual agents in response to social changes that occur in the larger setting' (2001: 226), and that is evident in the ways in which women sought help, through brothers, cousins, or more distant kin. In cases where women sought help from people like Sahra, clan proximity may have been tenuous, or even completely absent, but women still framed these interactions and relationships in terms of kinship obligations and reliability. To draw on Yan once more, I concur that in such settings of social, economic, and political transformation, people 'frequently evaluate and reevaluate kinship distance in accordance with their ongoing interactions with relatives, and when they do this, agnatic ties may not necessarily be top of their list' (Yan 2001: 230)

During one conversation with Maryam, I asked her why she had gone to Mother and Child on the day of her second miscarriage, 'I knew you were there and you would make sure I was treated well.' In many respects, I was performing the role for Maryam that Sahra had performed for countless other women. I asked her which other places she had been to either to see a doctor or a nurse or to buy medicine. She reeled off a list of small clinics and pharmacies, all within three blocks of her flat. Why did she go to those ones? 'They're close', she shrugged. As addressed in Chapter three, geographical locations within Eastleigh can be highly significant in terms of identifying who is family and who is not, and inevitably, who can be trusted and who cannot. The same applied to many businesses, and many people, including Maryam, stated that they preferred to seek medical advice from people they 'knew'. The issue of trust also applied to fears of being financially exploited, and many people I spoke to were highly suspicious of being

charged inflated prices for medical products and services, or being told to purchase what they did not actually need. Accessing pre-existing networks, defined either by kinship or through the shared social spaces women encountered in hospital waiting rooms, was central to how women navigated health care in Eastleigh.

As Celia Van Hollen addresses in her account of HIV positive pregnant women in India, when accessing medical care in contexts in which one might face stigma, discrimination, or hostility, women can engage in a 'careful and strategic but varied selection of alliances along kinship and marital lines that informs how knowledge flows and how care is or is not provided' (2011: 94-95). In contexts of displacement, identifying community support can be an essential means for everyday security and survival. Al-Sharmani suggests that *soomaalinimo* can be seen as 'a discourse of survival and support', but also one of 'resistance and empowerment' (2007b: 73). Somali women in Italy have used informal networks to protect themselves against periods of unemployment that would leave them unable to pay for rent and other basic essentials, and Decimo argues that 'the immigration of Somali women into Italy can thus be viewed as part of a collective and structured response with which domestic units and broad kinship groups diversify their sources of income and survival strategies' (2007: 107).

## Conclusion

Ethnographic studies such as this one 'offer a powerful means to analyse the intersection between the local and global, and to see how the personal, state and transnational interact to shape reproductive behaviours' (Sargent and Browner 2005: 5). This chapter has analysed the different ways in which people conceptualise their ill health and in turn act upon them through new and existing kinship networks. In doing so, it has illuminated the everyday ways in which displacement and the subsequent transnational quality of their lives determines processes of health and healing. Increased transnational

encounters connect people with new ways of thinking about their world and their bodies, but simultaneously many people expressed a desire to retain 'traditional' practices and values. Furthermore, the challenges posed by displacement through the unfamiliarity with people, places, processes, and languages, means that people are forced to find methods with which to navigate their new environments. The reliance on kin, as loosely and fluidly defined, allowed people to strategically identify people who were able to help them in individual circumstances of need, by recommending good doctors, acting as translators or advisors, or through paying medical bills, even when thousands of miles away.

As is the case in many contexts, in Eastleigh a reliance on networks is evidently essential to women seeking reproductive health care, however, I argue that in accessing such care, women are also able to develop their own networks, grounded in a shared national and linguistic identity, rather than one necessarily defined by clans. Although in some cases it might be preferable to think of such networks as 'periodic engagements that migrants make with people and materials in a transnational context' rather than, 'static or even necessarily enduring connections' (Thomas 2010: 607), I would argue that the framing of these networks as kinship networks, more specifically an identification of shared blood and ancestors, enabled people to think about and act upon them as though they were inherently enduring.

Remittances are often at the forefront of academic literature on transnationalism and Somalis (Hammond 2011; Lindley 2009; Horst 2007), but this chapter has sought to show the ways in which transnationalism is lived by Somalis who are in some way anchored to Nairobi. Whether they are in contact in person or over the phone, sending remittances for medical or religious healers, visiting a spouse with the intention to conceive a child, or to assist in providing care for a sick or elderly relative, often invisible transnational networks are rendered visible in contexts of health and illnesses such as those discussed in this chapter.

## Chapter Six: Reproductive Futures

For most women infertility is a devastating problem, because having a child defines the essence of womanhood I think, especially in Africa.

(Kenyan Doctor)

Throughout my fieldwork my informants stressed to me that children are a gift from God and that whatever happens in one's life is predetermined by God's will. These two statements were crucial to discussions I had with all of my informants on the topics of health, marriage, reproduction, and aspirations for the future, among many others. 'Insha'allah', 'God willing' punctuated conversations at regular intervals, more than just a verbal tick, it reemphasised the pervasiveness of Islam in the daily lives of my informants, all of whom identified themselves as Muslims. 'Insh'allah I'll go to America', 'Insha'allah peace will come to Somalia so we can return', 'I'll meet you for lunch in one hour, Insha'allah', no plans for the future could even be considered without acknowledging that it was in the hands of God. It is perhaps evident then, that birth and death would be particularly subject to the will of God, as it was explained to me on numerous occasions that one would only be born, give birth or die at precisely the time God intended. As one (Christian) Kenyan physician told me,

If something goes wrong, if they don't recover as quickly as they want to, if they are not happy with the treatment, Somalis will complain. You've seen how they come in here in big groups. They blame the doctors, the nurses, anyone. Oh my goodness, they complain so loudly! But if someone dies – nothing. '*Insha'allah*'. 'It's God's will' they don't blame anyone, they don't make a fuss.

This was reflected in conversations I had with patients and other informants in non-healing contexts, that poor medical assistance could have a detrimental effect on a person, but whether or not someone lives or dies is ultimately determined by God. Yet despite this apparently fatalistic perspective, I frequently encountered women and their

families actively trying to protect and enhance their reproductive capacities, while negotiating their aspirations for the future. By ensuring long term fertility through accessing assistance for difficulty conceiving, and rejecting medication or procedures that were perceived to threaten fertility, my informants were actively trying to determine their reproductive futures. This chapter will look more closely at how the desire, or rather the necessity to have children was experienced, particularly the impact it had on perspectives and understandings of reproductive health and the concomitant decisions made by my informants and their families. Rayna Rapp suggests that new reproductive technologies (NRTs) 'offer a Perfect Storm of demographic dilemma and scientific praxis filtered through the sieve of gendered sorrow, social stigma, existential grief, and the profit-driven innovation that reproductive disruption calls forth' (2006: 419), and that is reflected in this chapter. Attempts to know and enhance fertility provide a lens for understanding how people think about the interplay of kinship, religion, and concepts of the future. This chapter focuses on infertility in order to also shed light on the nuances of fertility, as it enables us to extricate some of the finer details of how people think about reproduction, gender, and motherhood.

In her research among Malian migrants in Paris, Sargent (2006) found that her informants utilised varying interpretations of Islam in order to navigate their suddenly transformed social context, and notably as a framework for understanding and negotiating significantly altered reproductive processes. In my own fieldwork, although in a very different setting, my findings echoed hers that 'regardless of everyday religious observance, Islam may be deployed in discourse surrounding gender and reproductive health issues, to legitimize or critique particular stances' (Sargent 2006: 38). Rather than considering religion and the belief in the omnipotence of God as constraints on aspirations for the future, this chapter will look at how my informants articulated their decisions and actions regarding reproductive health decisions. As Hamdy argues,

The common formulation of passive Muslim fatalism grossly misunderstands the ways in which religious dispositions are embodied. Dispositions of acceptance of divine will are far from passive and must be actively cultivated. Further, such a disposition is not necessarily contrary to

acting in the world. Whether and when to ultimately cultivate such a disposition is necessarily contingent upon how much control patients feel they have in the face of illness and other trials, and on whether they have any options that would really provide an appropriate “solution” that could be lived with medically, socially, and spiritually.

(Hamdy 2009:174)

Therefore, rather than focusing on narrow concepts of ‘fatalism’, I will explore how women and their families perceived threats to their reproductive capacities and sought to overcome them in a context where they considered themselves to be religiously and culturally detached from their host community. I will firstly examine the use or avoidance of contraceptives, particularly focusing on how the women I spoke to negotiated their concern with protecting their onward migration opportunities with the concern of what impact it might have on their ability to reproduce later. I will also look at how ‘disrupted reproduction’ (Inhorn 2007), or threatened fertility was a decisive site at which women and their families actively sought to determine their possibilities for childbearing. In doing so, I shall look at the awareness among men and women, as well as the medical professionals that treated them, of fertility as a social as well as physical concern, and how they attempted to overcome perceived threats.

## **Conceivable Futures**

I sat one afternoon with my friend Hakima, on plastic chairs outside the small shop where she made and sold sweetly spiced Somali tea, brewed with camel milk. Hakima was twenty five years old and during the time I knew her she had been married once in an arrangement that she told me was solely intended to help her get a visa. When the visa application was rejected, she was divorced. Hakima’s father had died and her mother and younger siblings lived in Dadaab, while she lived in Nairobi with a younger brother and sister, as well as an older sister and her husband and children. Hakima and her unmarried siblings in Nairobi all worked and collectively they seemed to earn a

small but decent income, supplemented by two more siblings who lived in the US. When I first met Hakima she had a boyfriend in Nairobi, and there had long been talk amongst our mutual friends about when they would marry. The possibility of this was put on hold for Hakima's arranged marriage, but became an option again when she divorced. Not long after, however, one of Hakima's siblings in the US said they might be able to sponsor her to go there, and once again, her boyfriend was held in reserve. At the time she told me, 'let me see what happens with this [visa] process. If I don't go to the US I will marry him. Insha'allah.' Hakima's boyfriend, tired of waiting for her failed visa applications, married someone else. I asked if she regretted not marrying him sooner. Answering indirectly she told me,

These girls around here, all they want to do is get married and get pregnant again and again. They all want husbands and more babies, and their own house. It's the culture. All Somalis are like this. That's why they get married as soon as possible, most of them don't care who they marry, they just marry the first man to come along and talk sweetly to them. And that's why there are so many divorces.

I prodded again, asking whether or not she regretted her decisions? 'It wasn't written. Only the creator knows my future.' The themes and direction of this conversation were repeated time and again to me throughout this research. Decisions can be made and possibilities can be explored, but all of this takes places within God's omnipotent control over each person's destiny. At twenty five, Hakima was already under pressure to marry and reproduce, even though her family recognized the difficulty of her position as someone trying to migrate out of Kenya. 'You already look like a mum', I heard her sister Nawaal tell her, 'you're getting old and fat. You really look like a divorcee, but people will wonder where your kids are.' Unlike her younger sister, Nawaal was already married with three children, one of whom was born during this research. Both Nawaal and her husband had applied for resettlement through UNHCR before they were married, with the hope that if one was eventually able to migrate, they would be able to 'make a process' for their spouse and children. In reference to the choices Hakima had made, Nawaal said to me,

Only God can know what is meant for her, but she is getting older and most girls are married and have children by the time they are this age. If she keeps waiting she might have problems bringing a child or no one will marry her because she is too old. Better she marries, has children, and then looks for ways to get out. If it's written, she will find a way out.

This reflection on how Hakima should best navigate her possible futures is useful in understanding how people situated both fertility and onward migration within a concept of Islamic fatalism. Although both were ultimately in the hands of God, there were ways in which women and men were able to act upon their possible futures in order to enhance the likelihood that they might achieve them. While migration was something that could always be a potential option, the ability to produce children was subject to temporal and bodily restrictions, which women in particular were aware of. Choosing to delay marriage and childbearing, as Hakima had, might improve chances of attaining a visa in the short term, but as her sister pointed out, if she remained childless Hakima risked failing to achieve a central tenet of their faith, which in the long term could have significant repercussions for her future security.

For other women I spoke to, delays in producing children were not due to a decision they had made, but were the result of unexpected encounters with infertility, which led many to very rapidly seek treatment. The significance of being unable to conceive was evident in the frequency with which women and men would bring up the issue, and it included a wide range of reproductive experiences, from those who had only been trying to conceive for a month or two, to those who had been trying for several years, sometimes with different spouses. Some of my informants who were accessing fertility treatment had managed to conceive but had suffered repeat miscarriages, while others had never conceived. Others still had children, sometimes four or five, yet they also expressed distress over their inability to produce more. The fear of being unable to produce children was even discussed by people who were not trying to conceive at that point in time, but were concerned with their future possibilities.

The individual and social ramifications of infertility have been well documented (Greil 2002; Leonard 2002; Feldman-Savelsberg 2002, 1999; Becker 2000; Inhorn 1996, 1994; Ginsburg and Rapp 1995; Ebin 1982), illuminating and interrogating the multitude of ways in which 'the discovery of infertility disrupts cultural expectations about the structure of life' (Becker 2000: 8). In pronatal contexts, such as the one this research is concerned with, the implications for a woman who is unable to produce children can be socially and economically severe. Research in Africa has illustrated the ways in which women experience blame for the absence of conception, that can often result in divorce, abandonment, and shame (Silva 2009; Cornwall 2001; Feldman-Savelsberg 1999; Kielmann 1998; Inhorn 1994, 1996; Ebin 1982). Infertility may remain somewhat invisible in certain contexts, however it was extremely visible during my research. In the midst of high fertility and frequent open conversations about pregnancy and childbearing, to not have any children was striking (Leonard 2002; Feldman-Savelsberg 2002). Procreation was not a private matter, and I frequently answered questions from men, women, and even children about my own reproductive status. When I met women in their thirties or older, it was immediately apparent that I had to be careful which questions I asked and how I phrased them, and I realised, with the help of some friends, that it was common for older women without children to say that they were younger than they were.

The importance of fertility and reproduction have already been addressed throughout this thesis, but by focusing on 'disrupted reproduction', or when things go wrong, we can further unpack the implications of reproduction, and examine how and why people seek to improve their own reproductive capacities. Infertility can be classified in particular ways, but it ultimately signifies the absence of pregnancy. In this particular context, this meant the absence of what is most valued and inherent to leading a full, religiously complete life. It is perhaps obvious that infertility only emerges as a pathology in contexts where conception is desired but fails to occur, and therefore, if a woman has no desire to have children, infertility fails to register as a crisis. In other circumstances, infertility can emerge as a potential side effect of a specific drug,

procedure, or therapy, which forces people to confront their own reproductive futures, which brings us to the crux of this issue. Fertility is ultimately concerned with the future, or rather, with potential futures. The ability to conceive is a means towards the ability to produce children and become a parent, and infertility transforms those possible futures into impossible futures. As such, infertility can be seen to produce certain, knowable – and in this research undesirable – futures.

It is therefore important to situate reproductive decisions in the knowledge of the past, present, and the future. If one makes a decision now, what will the immediate outcome be, and how will it affect the future? In turn this begs the question – to what extent can the future be known or determined? Literature on fertility and antenatal diagnostic testing has highlighted how biomedicine has attempted to intervene, thereby rendering the invisible visible (Gammeltoft 2014, 2013; Taylor 2010; Inhorn 2007, 2003; Franklin and Roberts 2006; Rapp 1999). These examples of interventions highlight tangible attempts to mitigate risk and manage the future. Jennifer Johnson-Hanks (2005) suggests that reproduction can illuminate how women make choices and act upon them in contexts of uncertainty. As she states, ‘reproduction offers a particularly appropriate locus for the study of intentionality and its limits; “planning,” “intending,” and “trying” are at once indispensable and insufficient modes of understanding social action around childbearing’ (2005: 363). Like Johnson-Hanks’ depiction of southern Cameroon, my own informants were in a context of multi-layered uncertainty that ranged from the everyday unpredictability of everything from the availability of electricity and water to the difficulties posed by the police, inflating to far wider perceptions of uncertain futures posed by forced migration. In contrast though, my informants framed this uncertainty as ‘insecurity’, which merges the particular sense of threat in the lives of Somalis in Eastleigh with the changeable, indefinite nature of life experienced in other countries and contexts.

Johnson-Hanks suggests that rather than thinking about action as the implementation of prior intentions and rational choice in order to achieve future plans, people in contexts of uncertainty engage in ‘judicious opportunism’. She argues, ‘the challenge is not to

formulate a plan and implement it regardless of what comes but to adapt to the moment, to be calm and supple, recognising the difference between a promising and an unpromising offer' (Johnson-Hanks 2005: 370). Such action can therefore be seen to maintain possibilities for the future, rather than acting to achieve a specific one. Although 'judicious opportunism' is useful for thinking about everyday life in Eastleigh, I argue that when it comes to fertility, the future remains unknown, but it is one steeped in concepts of personhood, religion, and security. In the case of the two sisters discussed above, Nawaal's concerns that her younger sister was not actively pursuing marriage and procreation was because she knew that childlessness could have a potentially devastating effect on her future. The future may not be known, but women were acutely aware of what happens to infertile women. Because childbearing was articulated as central to Islam, and therefore to my informants' lives as devout Muslims, it was legitimate to desire, think about, discuss, and actively pursue conception. Although one could not say with any certainty if they would ever have children, or how many they might have, the desire to have them was so unanimously expected that it permitted people to express their hope that God would indeed bless them with a child.

The fear of infertility was often articulated by the women I interviewed as a fear of being divorced or abandoned, and this was evident in the interactions between women seeking help for difficulty conceiving. I met one woman aged thirty-four who was pregnant at the time and visiting the obstetrician for a check-up. She had a history of numerous miscarriages and complications while trying to conceive and during the pregnancies themselves. Her medical file was thick with notes detailing a variety of tests and procedures, but what caught my eye was a note that was written by the obstetrician that summarised her medical problems and also stated that she had previously been married for three years, but her husband divorced her because she was unable to have children. The doctors I spoke to were acutely aware of the social ramifications of infertility, and many brought it up before I asked about it. The doctor quoted at the very beginning of this chapter told me of a man who on hearing his wife was infertile, immediately announced he would divorce her, while another told me that divorce is

often brought up by women concerned that their marriage is under pressure because she has not conceived. He went on to say,

It's so important to help these women and to give them hope that something can be done to help them, but at the end of the day if you have done all the tests and procedures, and you know there is very little chance of them conceiving, then you have to be honest with them. That can be difficult.

This fear was an evident reason why assistance with fertility problems was so popular in the medical facilities I visited. A Somali Kenyan doctor that had previously worked in a government facility told me that the policy was that couples had to try to conceive for two years before they would be considered for fertility treatment (in line with the WHO definition of infertility) and that when he informed Somali patients of this they normally responded with a combination of horror, outrage and disbelief. When I told him that I had met women who had been trying to conceive for only a month or two before seeking medical help, he laughed and said he was not surprised. In general, there was a great sense of compassion among medical practitioners for women who were struggling to conceive, however there was a noticeable divergence between my Somali informants and the largely Kenyan doctors and nurses when it came to the issue of 'secondary infertility'. One doctor working for an NGO which provides medical assistance for refugees told me,

Infertility for Somalis, the definition of what it is, is different from what we know, because for them they want to deliver ten, fifteen children. So if a woman gets four children and then for some reason either doesn't have her menses or there is a problem then they *think* it is infertility. But when they come to you and you get her history and you ask her 'how many living children do you have?' 'four' then you tell her 'no, that is not infertility'. That should be enough, it should be more than enough! So for them secondary infertility *is* infertility.

Secondary infertility, when a woman has conceived at least once before but is experiencing difficulty in conceiving again, was a commonly reported problem during

my fieldwork, as women were anxious to maintain frequent deliveries. I heard many variations on the quote above from different doctors and nurses, often expressing surprise that women would visit a facility, claim to be infertile, only for them to later discover that she already had children.

For the women I spoke to, there was very little distinction made between primary and secondary infertility. Both concerned them as the inability to have children when they wanted to. When I queried further, that surely it was worse for a woman who had no children, my informants would concede that if a woman had never been able to conceive it was worse for her, even if she was able to get pregnant but had miscarried, it was better than never conceiving at all. Yet they maintained that although absolute childlessness was worse, it did not detract from the fact that only having a small number of children still didn't *count*. As many of the narratives throughout this thesis illustrate, women lacking what they perceived to be a sufficient number of children feared that it would impact negatively on their marriages, that their husbands might look for other wives, and they might be divorced. As discussed in chapter four, children were described as the physical embodiment of the love and unity between a married couple, and therefore the absence of children equated to an absence of the essence of marriage itself. This absence was sometimes perceived as deliberate on the part of women, with the suggestion that a failure to produce a suitable number of children could be taken as a sign that a man's wife does not really love him and is therefore failing in her duties as a loyal wife.

In a comparison of infertility and subfertility in two Nigerian communities – one patrilineal, the other double unilineal, but both pronatal – Whitehouse and Hollos (2014) address the significant differences in perceptions and experiences of childlessness. They argue that in the patrilineal community, women who fail to produce children are deemed 'useless', because they are failing in their fundamental duty to contribute to their husband's lineage (2014: 135). By examining specific local perceptions of reproduction, fertility, and kinship Whitehouse and Hollos highlight the crucial divergences from biomedical definitions of primary and secondary infertility. In their research, both

communities distinguished between women who had never been pregnant, those who had given birth to children who had subsequently died, and 'subfertile' women who have produced an insufficient number of children. Although infertility and subfertility were deemed problematic in both communities, the ramifications were more severe for women in the patrilineal community, where (much like in Eastleigh) the failure to produce an adequate number of children was perceived as an essential failure of personal womanhood. This reflects the perceptions widely held by the people I spoke to, that a woman's role as a wife is to provide children not only as a source of wealth to her husband, but also to strengthen his lineage through contributing to his clan. In such cases, a woman's 'worth' ultimately comes down to her reproductive capacities, and particularly her ability to produce sons, who will in turn continue the lineage. This 'uselessness', however, was framed in idioms of feminine love and loyalty.

## **Contraceptives**

In addressing conception, fertility, and pregnancy, it is pertinent to also consider when and why some informants chose to actively prevent conceiving through the use of contraceptives. The use of 'family planning' (the English term was used as a blanket term for all contraceptives) was an extremely difficult subject to address, as most women vehemently denied the use of them. In the hospital I located most of my facility-based fieldwork in, the number of Somali women seeking contraceptives paled in comparison to the number attending for fertility assistance, antenatal care, and to deliver. The women who did discuss the matter with me often spoke in hushed tones and sought reassurance from me that what they were telling me was confidential, in notable contrast to the ways in which women spoke about other aspects of their reproductive lives. These women were all relatively young, in their late teens or early twenties and some were married while others were not but had boyfriends.

It was common that married women in particular did not tell their partner that they were using contraceptives, for example one twenty two year old told me, 'my husband caught

me taking family planning and he was so angry he slapped my face. That's the only time he's ever done that.' She explained to me that when they first married she was unsure if she was ready to have children, but she knew, or at least assumed that he was eager to become a father, and so she hid her use of the contraceptive pill. This secrecy surrounding contraceptives illustrates a number of concerns for the young women I spoke to. Although some women, like the married woman quoted above, explained that they used contraceptives because they did not feel ready to have a child, or because they were not yet married, others were more explicit that they feared it might hinder their opportunities to move abroad. For such women, they were either waiting to be resettled or were hoping to be sponsored by a relative already living abroad. As mentioned in chapter four, if they became pregnant (and therefore it was often assumed they would get married, if they were not already), they might no longer fulfil the criteria for the immigration category they were in. For all of the women I spoke to, the only concern was with pregnancy, and not with the transmission of sexually transmitted infections. Perhaps as a result of this they generally used either oral contraceptive pills or the Depo-Provera injection, both of which allowed women to make their own contraceptive decisions without discussing it with anyone else, with the injection particularly desirable due to the discretion of only requiring an occasional visit to the nurse.

When I asked whether they were concerned with contracting or transmitting an STI or whether they had or would consider using condoms, I was met with negative reactions – that there was something unappealing about the texture, that it felt wrong having to use one every time, and most alarming, a common perception that condoms could actually cause STIs, particularly HIV. When I queried this perception, some people had misinterpreted the frequent connection made between them in sexual health awareness campaigns, while others associated condoms with promiscuity. It was a widely held belief that STIs, and again HIV in particular, were not really an issue among Somalis, as they were believed to be afflictions of Kenyans, 'Africans', or Christians, and as it was generally believed among my informants that Somalis very rarely had sexual relationships with Kenyans (a belief I found to be erroneous), it was unlikely that they

would contract HIV. From the limited data I was able to obtain from interviews with doctors and nurses working in Eastleigh, as well as my own experience doing fieldwork within a hospital where all women attending their first antenatal check-up were given an HIV test and counselling, it did appear that HIV rates were indeed lower among Somalis compared to Kenyans living in the area. However, the boundaries were not as immutable as some informants would suggest, and despite the disparity between Kenyans and Somalis in STI prevalence, it was absolutely not the case that the former had them but the latter did not. Although one doctor told me that he had found significantly lower rates of all STIs among his Somali patients compared to his Kenyan patients, another doctor told me,

It's a big problem, you know, the Somalis believe that it is a disease for Christians, and they believe that it is a disease for those ones who sin, you know, the evil ones. Even when I was working in the [refugee] camp it was very difficult, there is one of the ladies who we tested and she was HIV positive and we told her to bring her husband, she was actually divorced on the spot. So that is one of the biggest problems.

A notable exception was that on a few occasions people told me that it was possible for a man to contract an STI (although they were generally a little vague about which one, one person said it was gonorrhoea) from having sex with a woman during her period. This was attributed to contact with menstrual blood, not to the woman already having an infection. It was pointed out to me that this was consistent with the instruction in the Qur'an that men should not have sex with their wives while they are menstruating.

For those who had spent time living in a refugee camp and had some exposure to their reproductive health campaigns and education, there was some acknowledgement of the issues of birth spacing, but there was also a widespread suspicion that contraceptives were being used by UNHCR and the NGOs to limit or control the size of the refugee population (Sargent 2008; Jeffery and Jeffery 2006). One Kenyan nurse told me that providing advice on family planning posed one of the greatest challenges in her work, as people could become extremely suspicious or angry when it was mentioned. She told

me, 'you have to bring it up on a case by case basis, if you approach it wrongly the woman will never come back and she will tell her friends and relatives and neighbours not to use your facility. News spreads fast.' A Somali Kenyan nurse reiterated the point that news and speculation spread quickly among Somalis in Eastleigh, and that if a married woman does not conceive regularly, then gossip often spreads that she is using contraceptives, 'if she gets natural family planning, like if she is breastfeeding, the other women will start to say, "this one is not delivering, maybe she is using family planning".' She went on to tell me that when they have family planning advice sessions very few Somali women turn up and those that do tell her that they do not want to take it because they want to have a baby to please their husband.

Maybe if they don't deliver very quickly they worry their husband will go and look for another woman who will give him children. They don't know the importance of child spacing, they don't think of their own health or the health of the baby, they just want to please their husbands.

It was only a minority of men and women that discussed their use of contraceptives with me, and it was far more common for people to explain why they did not use them. In those conversations they articulated not only a desire to reproduce, but also a significant concern that using contraceptives might inhibit attempts to conceive in the future. Many women stated that the possibility that using pills or injections was not worth the possible risk that they might not be able to conceive when they eventually wanted to. Therefore we will now return to consider this concern with present and future fertility, and the efforts my informants made to protect it.

## **Fertile Futures**

In attempting to overcome what was perceived as delayed conception, couples and their families would seek biomedical and traditional treatments simultaneously, while also often consulting sheikhs on the possibility of a religious problem, such as *jinn*, impeding

their attempts to conceive. Rather than choosing one over the other, it was fairly common that different approaches would be used at the same time in an attempt to cover all possible causes. If one was unsure what was causing infertility, then it made sense to use different types of treatment in order to cover all possibilities (Chapman 2006; Obermeyer 2008; van Hollen 2003).

Seeking medical assistance for reproductive matters was not unusual within Eastleigh, indeed the doctors I interviewed noted it as one of the main reasons patients visited them. In one hospital (admittedly one with a good reputation for obstetrics), a doctor told me ‘women come in for reproductive matters, men come in with injuries caused from violence.’ The doctors and nurses I interviewed frequently attributed miscarriages and difficulty conceiving to pelvic infections. The English term ‘infection’, or rather ‘*infekshin*’, was heavily associated with female reproductive organs, as it was widely used by Somalis to refer to both reproductive and urinary tract infections. When I discussed them with women and men, the most I was ever able to ascertain was that they were ‘around there’ or just that they were ‘women’s infections’. As discussed in the previous chapter, trying to communicate in a mixture of Somali, Kiswahili and English often resulted in rather simplified explanations, or in certain key words, such as ‘infection’ being picked up. The term was so intimately associated with fertility that several women asked me if it was still possible for a woman to have children if she had previously had an ‘infection’.

Notably, the connection was frequently made between circumcision and infections, and between infections and infertility and pregnancy complications. With infertility being the primary concern among most women I interviewed, even those who already had children, many were rethinking the purpose of circumcision. As one woman stated, ‘some people say you need to be circumcised to get a husband, but if you cannot produce children, you will not keep your husband for very long.’ Both women and men were aware of this apparent link between fertility and circumcision. As discussed in chapter four, these concerns were constantly balanced with ‘maintaining culture’ and ensuring the continued production of ‘good’ daughters who could go on to become good

wives and mothers. However, the relationship between infections and infertility articulated by doctors and nurses was more frequently associated with previous miscarriages than with circumcision. I was initially surprised by the frequency with which I met women who discussed losing their pregnancy, and I was further confused by the ambivalent reaction of doctors and nurses when I asked them whether Somali patients had more miscarriages than other patients. It was only when one midwife, appearing a little weary of my persistent questions, said with a sigh, 'they have more pregnancies so of course they lose more.' She continued to explain to me that many women do not see a doctor when they miscarry, and this can cause complications for future pregnancies. The common procedure, known as a dilation and evacuation, was used to 'clear out' the uterus to ensure that infections did not develop. A young Kenyan doctor also suggested this as a contributing factor to infertility,

If it's early in the pregnancy, they sometimes don't come at all. They don't think they have to. Others that do come, they know they have lost their baby, so when they are told that they need a procedure they sometimes refuse. They think they don't need it or that it might actually be bad for them, that it might stop them from getting pregnant again.

The doctor's observations were supported by patients I spoke to, who were suspicious of doctors suggesting what they perceived to be unnecessary treatments as a means for making more money as well as being highly suspicious and often fearful of any surgical procedure. As shall be discussed further in the next chapter, early pregnancy loss was narrated to me as an unfortunate but common aspect of childbearing, and in many women's eyes, this was not a pathology that required treatment unless it occurred repetitively to the extent that a woman consistently failed to produce live children.

Unlike the common refusal of treatment following a miscarriage, specific procedures and medications that were recommended for treating infertility were eagerly accepted, despite their often extremely high costs. Depending on the cause, these therapies could involve repeat visits, treatments, and prescriptions, which were both emotionally and financially exhausting for the patients and their families. It is therefore important to

highlight that one particularly well known fertility treatment – in vitro fertilisation (IVF) – was widely rejected by Somalis in Nairobi, and most frequently on religious grounds. Doctor Maliti, who worked in Eastleigh as well as at a more expensive hospital near the centre of Nairobi, told me that what surprised him most in his many years of experience was that although Somalis were willing to invest enormous amounts of money in fertility treatment and in caring for women while they were pregnant, they almost always refused IVF on religious grounds. In private medical settings, IVF is incredibly expensive, which, coupled with a tendency to focus on the problem of high fertility rather than infertility, may account for why it has had received limited academic attention in Africa (Hörbst 2012; Pilcher 2006; Feldman-Savage 2002).

When I asked women and men if they had tried it or would be willing to try it, I was frequently told that it was unnatural and therefore against their Islamic beliefs. Reiterating the point I made in the introduction to this chapter, people would state that only God can provide children, and therefore IVF should not be used. I was quite surprised by this statement, and asked why, if it is permitted to undergo some forms of medical interventions, including operations, why not IVF? And conversely, if children are provided by God, why go through any medical interventions at all? The answers to this ranged around, ‘God helps those who help themselves’ however, IVF was perceived to be ‘too unnatural’, as though one was actively going against God. While in many settings IVF has become so routinized that it can be situated within ‘reproductive normalcy’ (Paxson 2006), for the couples I spoke to, IVF was considered too abnormal, too unnatural to be any part of the creation of children.

IVF involves fertilising ova with sperm before returning them (in cases where an egg donor is not used) to the woman’s uterus where they will hopefully develop. In contrast to Inhorn’s research on IVF in Egypt, where it was widely believed that using a married couple’s semen and ova was *halal*, but use of any donors was *haram* (sinful and forbidden) (2003; 2007; 2011), I was told by my informants that any use of IVF was *haram*. When I probed further, asking what made some fertility treatment permissible, but IVF forbidden, I was simply told that it was unnatural. Some went further, arguing

that conception is the beginning of childbearing, and therefore it was essential that it be achieved 'properly' between a husband and wife. According to my informants, relocating the process and site of conception from 'natural' sexual relations between a married couple, to the 'unnatural' setting of a medical facility, resulted in a fundamental shift in the meaning of conception. The involvement of additional people, such as doctors, furthered this perception of conception too far removed from the way it was supposed to be. If we recall the significance some of my informants attributed to satisfying sexual relationships as part of marriage and reproduction, it is evident that artificial conception, distanced from marital sexual relations, conflicts with understandings of either 'natural' or *halal* (permissible) reproduction. From this perspective, fertility treatments that were intended to help a couple conceive, whether biomedical, traditional, or religious, were permissible because they facilitated natural and desirable reproductive practices between a husband and wife.

Religion can direct the use of reproductive technologies through more explicit methods, and Marcia Inhorn has drawn attention to the importance of *fatwas*, authoritative proclamations grounded in Islamic law. She states that, 'in the Muslim world, infertile couples are usually extremely concerned about making their test-tube babies in the religiously correct fashion', thereby placing enormous weight in 'the "official" Islamic opinion on the practice of IVF in the form of a fatwa' (Inhorn 2006b: 43). Fatwas that are concerned with issues of health have implications for the doctor as well as the patient, and are intended to ensure all parties act in ways that are permitted within Islam. Amongst her rich work on this topic, Inhorn has elicited the complex variations that exist within Islam, most notably in what is deemed permissible by Sunni and Shi'a authorities (2006b). One crucial difference lies in the use of donor gametes, with Sunni authorities strictly forbidding the use of third-party donors on the grounds that it is a form of adultery and disrupts religiously legitimate processes of lineage<sup>32</sup>. As Inhorn illustrates,

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<sup>32</sup> The permissibility of third-party donors is far more complex for Shi'ite Muslims, and subject to greater diversity in opinion. For further reference see Inhorn 2006; Clarke 2006; Tremayne 2006, 2005.

No third party should intrude into the marital functions of sex and procreation, because marriage is a contract between the wife and husband during the span of their marriage. This means that a third party donor is not allowed, whether he or she is providing sperm, eggs, embryos, or a uterus. The use of a third party is tantamount to *zina*, or adultery.

(Inhorn 2006b: 433)

Far from being a mere legal obstacle, the prohibition on third-party donors in Sunni Muslim countries has been found to have wide public support among both Sunni and Shi'ite Muslims (Inhorn 2006b, 2003b), and this was a perception universally shared by my informants. The people I interviewed, who all self-identified as Sunni Muslims, expressed less interest in specific fatwas, but they were extremely concerned with conducting reproduction in the 'religiously correct fashion'. The opinions they expressed to me were largely concerned with three crucial points 1) acting in accordance with God's will, 2) the roles and duties of husbands and wives within marriage, and finally 3) the conception, gestation, and birth of children that could be perceived as legitimate. All three of these points can be easily mapped on to the sentiments of the fatwas that concern reproduction.

As noted in previous chapters, the interdependent and highly prized practices of marriage and childbearing are fundamental to Islam, and the moral ramifications are significant to both parents and children. The use of donor gametes, and I would argue particularly the use of donor sperm, fundamentally disrupts concepts of lineage, inheritance and descent. To draw this back to Eastleigh, if we consider the implications of this – from the significance of naming children, to the centrality of clans to everyday life and survival – the problems posed by such disruptions are immense.

It is in such ethnographic contexts that the tensions of reproduction, kinship, and morality become observable. In her work on IVF among Jewish women in Israel, Susan Martha Kahn (2000) accounts how perceptions and practices relating to IVF are situated within Jewish Halakhic law, particularly in reference to issues of religious inheritance, adultery, and incest. Like my own research, widespread pronatality situated within a specific context of religious nationalism, meant that the active pursuit of childbearing

was normalised and desirable. The notable divergence with Eastleigh, was the presence of a state eager to support them through the subsidization of IVF. With primacy given to the transmission of Jewishness that takes place between the mother and child during gestation, specific regulations of whose gametes could be used are applied. As such, non-Jewish sperm donors were not only permitted, they were preferred because they negate the risk of adultery or future incest between offspring. Ovum donation, conversely, absolutely had to be from a Jewish woman in order for the child to be considered Jewish.

With these decisions made by (male) rabbis, medical interventions are determined by and infused with religion. Similarly in Paxson's research on infertility in Greece, IVF is incorporated in existing beliefs surrounding childbearing, as 'proper motherhood' is achieved through gestation and birth, rather than conception, reflecting the iconic role of the Virgin Mary – 'the Bearer of Christ' (2006: 487). The ultimate purpose of the regulations and limitations concerning reproductive assistance in Kahn's account of IVF in Israel, Paxson's in Greece, and this research in Eastleigh is the productions of religiously legitimate and recognisable offspring. Through the delivery of these children, their parents, and in both cases particularly the mothers are acting upon and demonstrating their own religious virtue. Sarah Franklin suggests that IVF can be considered a 'hope technology' (1997), one that is 'always imbued, at every stage, and even in the process of its innovation, with profound moral values and beliefs, including those that are essentially, if not explicitly, spiritual' (Franklin 2006: 549). This is equally true in this context, however IVF was situated beyond the boundaries of hope. Although other therapies for infertility were actively pursued, the perceived inability of IVF to result in legitimate Muslim babies made the procedure redundant.

## **Conclusion**

For my informants, as has been noted in other research on infertility, seeking reproductive assistance involved more than achieving a simple desire for children. As

illustrated in previous chapters, women and men often expressed the belief that having children was the point of marriage and even of life itself. Producing a family was crucial to concepts of gender, and achieving motherhood and fatherhood were equated with becoming a 'real' woman or man, and concomitantly, a real husband or wife. As Gay Becker argues, infertility is often perceived as the loss of something inherently natural (2000: 6), and therefore to be without children could be seen as unnatural. Furthermore, for those people actively trying to relocate, children provided a tangible connection for couples living in different continents, as well as 'evidence' for immigration and resettlement authorities. It was amongst these concerns that my informants found themselves navigating often new reproductive technologies and facilities, that required careful consideration of what was permissible or forbidden, while trying to ensure their long-term reproductive capacities.

As Sherine Hamdy argues in relation to organ transplants in Egypt, 'whether and when to submit to divine will is contingent upon how much control patients feel they have in the face of illness and other trials and on whether they have any options that will actually provide an accessible and appropriate "solution" that they can live with medically, financially, socially, and spiritually' (2012: 167). In this research, people sought to balance the need to be an adequate moral person by pursuing positive reproductive futures, but they did so within particular parameters of what was religiously permitted or forbidden. In making decisions concerning infertility, women were not only faced with obstacles to making babies, they were forced to navigate options that would allow them to make *Muslim* babies.



## Chapter Seven: Making Mothers

Pregnancy is, by definition, a liminal state. In it, each individual woman slowly intertwines her own life with that of a simultaneous material, imagined, and growing other. Then, through a life-changing, physically and emotionally transformative labor process, the conjoined become two.

(Rapp 1999: 105)

Although the importance of this role has been at the centre of this thesis, I now want to examine it in further detail through experiences of pregnancy and childbearing, in order to explore processes of becoming a mother as a period of transformation. In doing so, I argue that it was not a singular event or period in which this took place, but rather it was a prolonged one, encompassing multiple experiences of pregnancy, birth, and childrearing, that made women into good, sweet mothers. While the last chapter examined the importance of religiously prescribed conception, this chapter will explore the significance of being pregnant and the processes of becoming a mother as a matter of having an adequate number of babies.

If 'parenthood equals normalcy' (Becker 2000: 1), the transformation of women into mothers can be seen as a process of becoming normal. But at the same time, as discussed in chapters one and four, women as mothers hold a very special position within Islam, in which they are second only to God. As Donner suggests, 'Mothering in the anthropological sense consists of culturally specific practices to nurture and socialise children into full members of a given society' [...] thus, while mothering is universal to women who bring up children, the specific understandings of conception, birth and female personhood which emerges from it vary greatly and, equally significantly, so does the agency of women as mothers' (2008: 35). Mothering and the apparent presence or absence of maternal sentiment has been of interest to academics as much as it was to my informants (Mayblin 2012; Wolf 2003; Scheper-Hughes 1992; Hrdy 1991). As such, it is essential that we understand what becoming and being a mother means to women in Eastleigh.

In this chapter I will look more closely at childbearing and birth, specifically on three central aspects that were of most significance for my informants. Firstly, I will examine experiences of pregnancy as the initial transformation, during which women's roles and status begin to shift. I will then move on to explore the forging of biomedical encounters during pregnancy and childbirth, before finally analysing the frequent refusal of Caesarean sections. This chapter can be situated with literature that explores the concepts of medicalization as they are culturally and historically embedded (Lock and Kaufert 1998:1). Rather than considering the 'medicalization' of childbearing as a uniform entity, bestowed or enforced on vulnerable women, this chapter will look at how particular aspects of medicalized pregnancy and childbirth were incorporated into much broader and deeper understandings of how pregnancy and childbirth should proceed. It is also essential to situate these understandings of 'good birth' within broader perspectives on motherhood and mothering. Anthropologists have interrogated this concept of the apparently natural mother-child relationship, and explored the multiple ways in which it can be (de)constructed (Ragone and Twine 2000; Mayblin 2012; Jolly 1998; Glenn et al 1994). By exploring these particular aspects of pregnancy and birth, this chapter will look at the ways in which women actively pursued their own maternal futures through their reproductive capacities.

### **Practicing to be Perfect**

The question 'how do you or did you know that you were pregnant?' invoked some of the most peculiar facial expressions during interviews and informal conversation, as women looked at me with either confusion or derision. 'How would you know if you were pregnant?' responded one woman in an affectionately mocking tone. I answered, 'If I missed my period I suppose would be the first sign', to which she responded 'Exactly. Maybe you'll feel sick or your body might hurt a little. You feel more tired. You can do a test if you want to find out for sure, but you don't have to. It's not different.' Other women added that if you want to be really sure you have to take a test

in a pharmacy or hospital, somewhere with a 'lab', as the tests that were available to buy at pharmacies and take home for self-testing were perceived as very unreliable and could produce positive and negative results that later turned out to be false. The point about testing was made more frequently by younger women with few or no children, and also by other women who were concerned by my apparent lack of awareness of what they perceived to be the most essential aspects of being a woman. Muna, the woman I introduced in chapter four who at the same age as me had delivered ten children told me of her first pregnancy,

As soon as I was married, immediately I was thinking I must be pregnant. Immediately! The next day I was looking for signs. Do I feel different? Do I look different? All women want babies, as soon as they can. When you are married everyone wants to know that children will be next, so you look for signs. You don't want to disappoint your husband. Everyone loves babies.

I asked her how long it had taken to conceive, and despite her enthusiasm for conception, I wasn't surprised that she was vague on specific timelines, as most people I spoke to in Eastleigh were. 'Not very long. A few weeks... Maybe a few months... Something like that. Not more months, it wasn't long.' This eagerness to become pregnant was evident while working on reception of the hospital, which was sometimes rather tedious, but often made livelier by excitable young women with no children arriving for pregnancy tests. These women were usually quite young, in their teens or early twenties, and they normally came in with one or two companions, or occasionally a larger group that was comprised of sisters and cousins. From a research perspective they were wonderful informants as they were often so excited by their first encounters with reproductive health services that they were eager to answer my questions and tell me their stories. What I initially found remarkable was the short amount of time many of them had been trying to conceive before asking for a pregnancy test. The response to whether they had missed a period yet was very often along the lines of 'no... I don't think so... maybe I have... I can still do a test though?' or 'I normally have mine at the same time as my sister has hers, and she had hers last week so I must have missed one.'

Other women answered with reference to when they got married, often a few weeks or a month or two ago, as a way of politely informing me of when they had begun having sexual intercourse. Like the women discussed in the previous chapter, these women were eager to begin their reproductive lives and saw no benefit to waiting needlessly before engaging with the relevant medical processes.

One such discussion involved a group of three young women who leaned over the desk at which I was sitting, bunched up closely together, thereby forming a barricade to protect our conversation from prying ears and eyes. I had met them on other occasions when they had visited friends who had been admitted in the hospital, and they happily gossiped with me while they waited for their results. 'Insha'allah you are pregnant' one of the women said to her cousin. 'My family will be very pleased' she responded. 'Who in your family will be most pleased?' I asked. 'Her/My husband!' they all cackled in response, as they huddled in closer to me in an attempt to keep our increasingly personal conversation private. 'Men love babies. They all want to have their own children so they can say that they have their own family.' 'They especially like it when a woman gets heavy [pregnant] quickly. As soon as you are married they want to have children.' 'But the whole family will be happy, everyone wants it. Having children is a blessing so everyone will celebrate.' They rapidly explained to me, barely letting each other finish sentences. I filled out the antenatal registration form for the young woman who was indeed pregnant, and when I asked her occupation she paused only briefly before answering in English 'housewife'. One of her companions laughed, 'why do you bother asking Somali girls this? We're all housewives. We're all at home, taking care of the home, taking care of our children, taking care of our husbands. All Somalis are housewives.' Although not exactly true, as a relatively small but significant number of women did work outside the home, mostly in small shops, kiosks, beauty salons, or

other family businesses, it was the case that homes were managed and cared for by women<sup>33</sup>.

I met several young women like this on a weekly basis. Grace, the young woman who worked in the laboratory told me that when the results of pregnancy tests are negative the women taking them are often visibly disappointed and she tries to reassure them that it can sometimes take a few more days for a test to show a positive result, thereby giving them hope that they may in fact be pregnant. Women who already had children, and particularly those with several, did not appear to be in such a rush to perform pregnancy tests. As well as the fact that they were often busy taking care of their children and therefore did not have the time to visit hospitals with friends, they appeared to feel less pressure to reproduce.

The very public conversations regarding a woman's reproductive status extended to miscarriage at any stage of the pregnancy. A substantial number of my informants told me that they had suffered pregnancy loss at some point in their lives, and several experienced it during my fieldwork. They appeared, or at least they were discussed more frequently in reference to young women during their first pregnancy (or pregnancies), and although it was always an upsetting event, it was perceived as an inherent aspect of a woman's reproductive life.

These young girls are just so happy to be pregnant. Now they have their husband they are desperate for children, it's what they've dreamed of for a long time. They want to have their own families and their own homes. But the problem is they are young and they don't know what to do. Like this girl [gesturing towards the home of a seventeen year old neighbour who had recently miscarried in the early stages of pregnancy], she's dancing around, carrying heavy things, she doesn't know how to behave. But it's ok, she's young, she can practice.

(Amina, mother of seven)

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<sup>33</sup> Except of course in cases where women were completely absent, for example when multiple unmarried men shared a room. In these cases, domestic work, such as cooking and cleaning was still done by women, but they were either maids or family living nearby.

This notion of 'practicing' as well as 'learning' arose frequently in discussions of pregnancy loss. Unlike the failure to conceive, as addressed in the last chapter, or the loss of a child during delivery, as we shall examine further below, pregnancy loss, particularly in the earlier stages of pregnancy and particularly concerning young women, was frequently discussed in terms of women learning how to behave during pregnancy or how to *be* pregnant. Many of these ways of being or behaving were very familiar to me – pregnant women should not carry heavy loads, be too active or exert too much energy, they should stay at home, and make sure they eat enough of the right food. Others were slightly more specific, such as pregnant women being advised by other women to avoid consuming too much protein or very cold, icy food or liquids, as these were believed to cause the baby to become very large, thus risking complications during delivery. By adopting these changes women were described as learning how to behave during pregnancy and the failure of a pregnancy was therefore a common aspect of learning and practicing.

This general acceptance of early pregnancy loss appears rather different from the depictions of 'reproductive disasters' (Layne 2003: 1881) that one might expect. If we reflect on the previous chapter, however, it is possible to situate this acceptance, although steeped in disappointment and grief, in a perspective of reproduction as something which people have only minimal control over. Although feminist literature has in the past been concerned with women taking control of their own bodies and reproductive capacities (Sargent and Browner 2005; Davis-Floyd 1998, 1992; Jordan 1997), this assumes that pregnancy and birth can be controlled and their outcomes predetermined. Martin (1990) and Layne (2003) have both noted that this perception of control is particularly apparent in the antenatal expectations of affluent women when compared with those of working class women. In attempts to avoid pregnancy mishaps, biomedical recommendations state that a woman must act in particular ways, performing everyday acts of self care in an effort to minimise risk. Yet anthropological literature has demonstrated the prevalence of pregnancy loss has demonstrated the variations in

perceptions of and reactions to such loss (van der Sijpt 2010; Haws *et al.* 2010; Jeffery and Jeffery 2006; Cecil 1996; Savage 1996).

Layne suggests that this focus on control stems from a biomedical discourse that 'requires problems as challenges to be overcome' (Layne 2003: 1886). In contrast, the women I spoke to only considered early pregnancy loss to be a biomedical problem when it occurred repeatedly and therefore posed an obstacle to their long-term reproductive capacities. But in the global south, where both infant and maternal mortality and morbidity remain painfully higher in comparison to the north, pregnancy loss, and even neonatal deaths, may not be marked in the same way as the deaths of 'real people' (Wembah-Rashid 1996; Maclean 1971, Scheper Hughes 1992).

In an interesting contrast to Jeffery and Jeffery's research on pregnancy loss in rural north India, where they argue that the number of losses during pregnancy and delivery were 'far below any expectations based on Western medical views of pregnancy loss' (1996:17), the number reported during interviews, in women giving their medical history during antenatal check-ups, and that occurred among women I knew during fieldwork appeared remarkably high. Although both were in areas of high fertility, where childbearing was a crucial aspect of women's lives, there is a decisive difference in that while Jeffery and Jeffery's informants commonly associated pregnancy with shame, for my informants it was associated with success and was therefore happy news that was shared with family and friends as quickly as possible.

The significance of fertility and reproduction more widely within Eastleigh, as well as the strength of extended kinship networks ensured that the news of pregnancy spread around the neighbourhood at remarkable speed. While Jeffery and Jeffery suggest that the association of pregnancy and shame helps to explain why pregnancy loss, particularly those which occur in the first trimester when it is often not visible or obvious to onlookers, appears to be underreported, in Eastleigh the widespread knowledge and awareness of the condition of relatives', friends' and neighbours' wombs sheds light on how frequently it was discussed and acknowledged. Secrecy surrounding

early pregnancy has been noted in many contexts, often due to a perception of heightened vulnerability that might put a woman and her unborn child at risk of gossip, witchcraft, spirit possession or the evil eye (Haws et al. 2010; Chapman 2006; Savage 1996), and while these were certainly concerns in Eastleigh, they did not appear to prevent women and men from sharing their reproductive news.

The differences in the ways in which people discussed early and late pregnancy loss may in part be attributed to the point several informants made that the soul is believed to enter the foetus after four months of gestation. Although pregnancy loss was *discussed* differently by my informants depending on the stage of pregnancy, I do not mean to imply that necessarily determined the emotional reactions of those most closely affected. A number of women I became close to during fieldwork suffered miscarriages within the first few months of pregnancy, and the sadness and sense of grief was evident throughout their homes. I visited my friend Layla the day after she had miscarried at around eight weeks into her pregnancy. She lived with her husband and his family, and all of them, particularly her husband's mother and sisters, expressed their sadness and feelings of loss. At that point she had no children and it was her second miscarriage in less than six months. As a new wife and the newest addition to her husband's family home, Layla had expressed her eagerness to me to become a mother. When she became pregnant again, only a short time after her second miscarriage, and carried the baby to full term, she reflected on these initial losses as 'part of becoming a mother'.

Although everything was ultimately described as God's will, early miscarriages were more frequently attributed in retrospect to something a pregnant woman had or had not done, such as excessive heavy work, consuming the wrong foods, or generally being too active. On many occasions the loss was simply attributed to the woman's size or age. I ran into a petite eighteen year old woman I knew through mutual friends who was three months into her first pregnancy with twins. She had just been to hospital and discovered that one of the twins had died, as she described it, it had been 'crushed' by the other. When I spoke to friends later, they commented that it was because she was so small, and as it was her first pregnancy, her body was not ready to bear two children at once, and

that she was lucky to still be carrying the other. In a number of cases, particularly those involving women who had suffered several miscarriages in a row, the losses were attributed to *jinn* possession, as described in chapter five. It could therefore be inferred that the loss had been the result of some sort of religious indiscretion on the part of the woman, such as disobeying her husband, or even failing to love him sufficiently.

Cecil suggests that 'if a woman's primary role is considered to be the bearing of children, then the loss of a pregnancy or the birth of a non-viable baby will be considered a failure' (1996: 2), a sentiment echoed by the perception of infertile or subfertile women in patrilineal societies as 'useless' (Whitehouse and Hollos 2014). Although childbearing was enormously important to both women and men, the sense of failure due to the loss of a pregnancy was framed in the wider context that it was a normal part of a woman's experience of becoming a mother. Although pregnancy loss could be perceived as a failure, this does not detract from the perception that becoming pregnant in the first place indicates a degree of success.

Narratives of pregnancy were not limited to avoiding perceived risks or protecting the unborn baby, as they were also shaped by aspects of pregnancy that were not subject to a woman's control. The most notable example I encountered was that of *walaac*. When a friend first told me about *walaac* she was surprised that I asked her to explain more, as she thought it was an intrinsic part of pregnancy, universally common to all women. While I was familiar with some aspects, such as food cravings and mood swings, there was an extra facet that was new to me. She told me it came in two forms, good *walaac*, said by many to be a sign that a woman is carrying a boy, is when the expectant woman is so filled with joy and love that she cannot help but express it, particularly to the people closest to her. The primary focus of this form of *walaac* is her husband, who she adores, cannot do enough for, and craves when he is gone, even for a short time. To overcome this she will wear his clothes and cherish anything that reminds her of him, particularly anything that smells of him. Conversely, bad *walaac*, an indication that she will have a girl, makes a woman so overwhelmed by anger that she becomes spiteful towards people, and once again it is those closest to her who must endure most of it.

Like good *walaac*, a special focus is reserved for her husband, who she can be so hateful towards that she cannot stand to be in the same room as him. Bad *walaac* was reported to cause particular problems between pregnant women and their husband's female relatives, and on witnessing one such explosive episode between a pregnant woman and three of her husband's sisters, the husband turned to me and quietly commented, 'this is why Somalis use the proverb "never bring your wife to [live] where your sisters are".' Several women I knew during my fieldwork told me they had returned to their mother and/or father's home during this period because they were so constantly irritated by their husband and his family. Both good and bad *walaac* were said to be closely linked to the feelings of jealousy and possessiveness, but the association with pregnancy was what made them unique. Although the two different forms were identified as 'good' and 'bad', both were seen to elicit extreme and demanding behaviour from pregnant women, making them highly temperamental and difficult to be around, not unlike the signs of *jinn* possession.

Perhaps more interesting than the behaviour itself was how it was incorporated as an expected and accepted part of pregnancy. Both men and women provided accounts of pregnant women having violent outbursts while commenting that it is quite simply what happens and therefore must be tolerated. I witnessed Layla, the woman mentioned above, have several aggressive arguments with her husband and one of his sisters, and on two occasions that I was present for she launched herself at him, throwing both of them to the floor as she punched and scratched his face and upper body until his brothers were able to wrench her away from him. On another occasion she wrestled with her husband as she attempted to run out of the building, and inadvertently threw herself down a flight of concrete steps, resulting in her being admitted to hospital. When her husband became angry with her he was quickly urged by other family members and friends to immediately 'forgive everything' because she was carrying his child.

Layla had endured a difficult relationship with her husband's mother and sisters, particularly his formidable eldest sister Yusra, and I had witnessed her undermining behaviour. I heard her repeatedly criticise Layla's abilities to cook, maintain a suitable

home, and even produce children – essentially questioning her abilities as a wife. Although sympathetic at the times of Layla's miscarriages, Yusra openly commented that they had been the result of Layla's conjugal deficiencies. Arguments between the two women often became extremely heated and sometimes quite violent, and I sympathised with Layla who was almost always the one who bore the brunt of admonishment from the other family members. But during the progression of the pregnancy that Layla carried to term, Yusra was swiftly and often severely scolded for upsetting her brother's wife, even by her own adoring mother. These encounters vividly demonstrated the transformation of Layla's position within her marital home, as her status developed in line with her belly.

Violence and aggressive behaviour, especially towards one's husband and his family, are completely opposed to the modest and obedient behaviour expected of 'good wives'. In almost all other situations where a woman behaved in such a way, I saw or later heard of how she had been punished for the indiscretion. When women were pregnant, however, it was not only more readily forgiven, it was perceived as normal and at times even quite endearing. Unlike learning how to act during pregnancy, *walaac* was seen as naturally occurring, something that happened to a woman without her having to consciously think about or acknowledge it. Yet both *walaac* and the 'learned behaviour' of being pregnant were notable aspects of the transformation of a woman into a mother, and thus fulfilling her role as a wife. While women who were neither pregnant nor mothers were more frequently seen outside of the home, and were generally expected to perform a greater share of household tasks (depending on who they lived with), pregnant women were expected to stay at home and to have assistance with domestic work. Behaviour that was seen as demanding and occasionally violent, described as *walaac*, also marked the transformation of a woman's position in her marital home, and her ability to be increasingly demanding in her relationship with her husband, as all of the women I discussed the topic with told me that a man was much less likely to threaten his wife with divorce if she is pregnant or has had his children. Pregnancy thus marks the

transformation of a woman into a wife and mother in significantly more ways than only producing a child.

While examining the significance of childbearing as a crucial aspect of marriage, it is useful to also consider the women that I interviewed who gave birth to children outside of marriage. This was an extremely sensitive matter, as it carried a great deal of shame for all those involved. Zamzam was nineteen years old when she gave birth to her first child. She claimed that the father was Issa, a young man she had been in a relationship with for some time. To describe it as 'dating' would be misleading, as relationships outside of marriage although extremely common were publicly frowned upon. Young people discreetly visited each other during the day, often finding a location where they could avoid being spotted, or would occasionally leave Eastleigh and meet in parks or shopping malls in other parts of Nairobi. I knew Issa quite well through mutual friends, and I knew that he was maintaining several such covert relationships with little intention of settling down any time soon. Throughout the pregnancy Issa claimed that he was not the father of Zamzam's child, even after she gave birth and the baby girl bore a striking resemblance to him. Issa insisted that he knew that Zamzam was having sex with other men, a scathing insult within a society that might turn an occasional blind eye to premarital sex, but certainly not to promiscuity among young women. Despite his refusal to accept the child as his, Zamzam contacted Issa's mother who still lived in Somalia and explained the situation to her. A short time after the baby was born Zamzam travelled to Somalia and gave the baby to her paternal grandmother to raise.

Unlike married women like Layla, Zamzam was not able to make demands of her child's father. She may have experienced *walaac*, but when people gossiped about her, volatile behaviour was often dismissed as the sort of thing one might expect from the sort of girl who has sex and becomes pregnant outside of wedlock, rather than a natural and expected part of being pregnant and becoming a mother. After giving birth and handing her daughter over to Issa's mother, her life and her behaviour largely returned to what it was before. She was able to go out and meet her friends, and her position within her extended family and community altered very little, with the exception that many people

knew she had given birth to a child outside of marriage, although even this she was able to hide to a certain degree as she no longer had to care for the baby. In a crucial sense, Zamzam had not really *become* a mother.

In all of these examples, from the young women performing pregnancy tests together, to Layla's transformations in behaviour while pregnant and her simultaneous shift in status, to Zamzam's pregnancy outside of marriage, pregnant women's bodies emerge as distinctly social bodies, 'made up by and inherently interwoven with their social relationships, especially in the fields of gender, marriage and kinship' (van der Sijpt 2010: 1775; Scheper-Hughes and Lock 1987). It is through these bodily transformations, which are so heavily embedded in concepts of both kinship and religion, that women experience concomitant social transformations.

### **When the Time Comes**

All of my informants who had given birth within Eastleigh had done so in medical facilities, except for two women who had for very particular reasons decided to deliver at home. The first of these was a sixteen year old who had been shunned by her own family due to her pregnancy and felt too afraid to go to a hospital. The second was a few years older and like many of my informants, she was married to someone who was in the process of onward migration and they were afraid that if particular authorities discovered that he was married and had children, his process would be rejected. In their case, her husband was waiting to be resettled by UNHCR, and they feared that if she gave birth in a hospital 'someone' might find out. The overwhelming majority of women gave me a very swift and often offended sounding response of 'no' when I asked if they had considered giving birth at home. This aspect of medicalization had become very rapidly embedded as the norm, which surprised me as many of them had been born in non-medical settings, as was most common in Somalia.

During long periods of labour, that could last hours if not days, male and female friends and family members would come and go. While women would rub the expectant mother's aching back, encourage her to drink tea, gossip, and often giggle at the groans of pain coming from women in neighbouring beds, male visitors, including husbands, kept their visits brief. Their roles primarily involved running errands, fetching tea, food, or Lucozade, and reciting prayers that they would either spit on their hands before pressing on to the labouring woman, or into water for her to drink. When contractions became too visibly painful, they were swift to remove themselves to the waiting areas or out of the hospital altogether. When the husband was not present in Nairobi for one reason or another, it was common to find a greater presence of men from the woman's own clan. Although those of her husband (if they were from different clans) would also visit, it was more common for them to do so after the baby was born.

In hospitals, midwives routinely examined women in labour to monitor their progress, but unless there was a particularly long delay in the delivery that was deemed to require assistance, they were left to endure the process. There was very little in the way of intervention, beyond the episiotomies that were essential for infibulated women. On the rare occasions I heard a woman ask for something to relieve her pain, she was normally laughed off by the midwives and told that pain was a good thing that would help to deliver her baby. When it appeared that the delivery was imminent, the woman was assisted in her shuffle from her bed in the labour ward and into the bed in the delivery room. If more than one woman was delivering at a time it was a first come first served basis, and the second woman delivered in the less private, more spatially confined space of the labour ward.

I frequently found deliveries to be quite stressful events even just as a mere observer. Rather than the cosy and encouraging scenes I had seen in British and American movies, the reality of delivery wards in Eastleigh involved much less dramatic screaming from women as they pushed a child out of their bodies, and more aggressive barking from midwives. A lack of shared language was frequently a problem, and midwives often gave instructions to labouring women in single words in Kiswahili, English, and

occasional attempts at Somali, the latter of which rarely went beyond *seexo* ('sleep', or in this case 'lie down') and *riix* (push). By this point normally only one woman was left at the bedside, usually the mother, sister, aunt, or cousin of the woman in labour or her husband's female kin, and in all cases that woman had already given birth to children of her own (except where that one woman was me). If the delivery appeared to be either obstructed or not prolonged, a midwife would stand up on a step next to the bed, lean over the woman's chest and push down on her belly with all her weight and strength, as another midwife repeatedly shouted '*Riix! Sukuma! Push!*' covering the same instruction in Somali, Kiswahili, and English, as she waited at the other end for the infant to emerge. While all this was happening it was common to hear midwives make comments such as 'why are you screaming at me, I didn't do this to you', 'if you want to scream, you should scream at your husband, he caused this', 'why aren't you trying?', 'do you want your baby to die?' or the always threatening 'you aren't pushing, you must want us to give you an operation [Caesarean section]!', 'Someone bring me a razor, I'm going to shave her stomach, she wants an operation.' This harassment stopped as soon as the baby was delivered, and I was often surprised at how quickly the atmosphere became friendly once again.

It would be simple to argue that Somali women giving birth in Kenyan hospitals are very much subjects to the knowledge and will of medical practitioners (cf Jordan 1997). The often limited knowledge Somali women have of Kiswahili and their dependence on friends and relatives to translate put them in a position where they frequently accepted treatment without really knowing what it was. However, this observation grossly undermines the ability of women to assess and come to their own conclusions as to what is right or wrong for them. Furthermore, it overestimates the position of power in which medical practitioners find themselves. As I have already addressed, the vast majority of my informants went to private medical facilities rather than use government ones, as a result of this, practitioners, particularly those with a financial interest in the facilities in which they worked, were acutely aware that their patients were also customers, and if

unsatisfied or offended, they would not only take their business elsewhere, they would inform their friends and family to do the same.

It can be noted from the description of labour above that although deliveries took place in a medical facility, the actual interventions were minimal. As pharaonic circumcision was so pervasive, most women required an episiotomy to give birth vaginally and sutures after. This was a medical procedure performed by trained midwives, however I was informed that untrained 'traditional' midwives in Somalia performed much the same procedure of cutting and sewing. Medical advice and treatment were both desired and in high demand, and yet at the same time there was a widespread suspicion of medical practitioners, particularly those who were Kenyan. This suspicion that practitioners were more interested in making money than curing or treating people meant that pregnant women were often highly critical of the advice given to them and selective in what treatment or medication they accepted.

Antenatal care was particularly selective as pregnancy was generally not perceived as either medical or something requiring intervention. It only became a medical issue when something was wrong – unusual pains or bleeding. My informants were largely ambivalent towards regular check-ups, although there was a notable difference in the attitudes among women depending on how many children they had. Mothers who had given birth several times often pointed out that they did not need to see anyone, as they already knew enough from their previous reproductive experiences. The majority of women I interviewed who were pregnant or had recently delivered and had at least four other children did not have any antenatal care in clinics or hospitals at all during their pregnancy, and only visited facilities if they had a specific complaint.

Among many women there was a very particular understanding of what certain ailments, medications, and procedures meant to them. Although practitioners would normally attempt to briefly explain what they were doing, these understandings were largely based on their previous experiences as well as those of others. The use of pharmaceuticals to induce and speed up labour is a prime example of this. In the deliveries I observed,

women were induced when they had particular medical complications, such as a sudden rise in blood pressure, or more commonly when they had significantly passed their estimated delivery date. As noted earlier, the women I spoke to almost never kept precise dates of their menstrual cycles, and due to a large indifference to antenatal scans and similar diagnostic testing, estimation of delivery dates was highly haphazard. On a number of occasions I observed women being recommended an induction when their 'due date' had only passed by a few days, and I heard midwives try to explain that the baby was no longer receiving enough food and so it was essential that it be born as soon as possible. I suspected, as a number of my informants did, that this might be a ploy to keep a woman in hospital to ensure that she delivered in that facility.

The women I interviewed had no idea what the pharmaceuticals given to them were called or the specifics of what they did, and they expressed no interest in knowing. To them it was the 'big injection', sometimes referred to as 'the slow kind' (delivered via IV drip), or 'the one that burns' (oxytocin). The women I spoke to were reluctant to be given 'the injection' to make labour begin. It was associated with extremely painful deliveries, and although many women told me that pain during labour was 'good pain' and essential, they thought that in most cases it was already painful enough, without the added pain of induction. Furthermore, as one grandmother pointed out during a discussion with a group of women in a hospital waiting room, 'it will come out eventually, it can't stay in there forever!'

Several women I interviewed at the end of their pregnancies were reluctant to visit a facility for a check-up, because they believed the staff might try to pressure them into an induction. I visited my friend Sumaya who was very heavily pregnant with her third child, and as we slowly trudged up and down the stairs of her five storey-building in an attempt to bring on her labour pains she expressed some concern at the amount of fluid that seemed to have come out of her over the previous few days. 'It wasn't like this the other times. Do you think something is wrong?' I told her I had no idea, but perhaps she should see a doctor to have it checked. She was quick to emphatically refuse, 'If I go there now I won't get out again until the baby is here. They'll try to make me have the

injections and I don't want them. They're too painful.' She was also concerned that if she was induced it would mean that she had to spend longer in hospital and away from her other two young children.

Although she had never been induced before, she had received 'the injection' to increase the speed and intensity of her contractions during her previous deliveries. She was aware of how painful it was and was reluctant to have any kind of pain-increasing interventions. This reluctance was common among women, although I observed fewer determined refusals of it compared to inductions. In most of these cases, women were given oxytocin after they had been in labour for a considerable amount of time, and were often utterly exhausted and willing to accept a drug to speed things up, despite the pain. When Sumaya eventually went into labour naturally a few days later I accompanied her to the hospital. We had been in the hospital for most of the day, and her contractions had begun several hours before that, as she clung to the curtain rail surrounding her bed, swaying her hips from side to side as she groaned through each contraction. She appeared to be in an almost trance like state, oblivious to those around her, and she ignored the midwife who came to check on her, until she decided that Sumaya appeared to be getting exhausted and possibly dehydrated, and therefore required a glucose drip. The midwife returned a few minutes later with the fluid and necessary tubes, at which point Sumaya sprang to life vehemently insisting that she did not want it. The midwife and I explained that it was for energy, and not the painful kind of injection, a point she wanted me to reassure her of in Somali, insisting that I look at the labels to check, rather than accepting the word of the Kiswahili-speaking midwife.

The availability of biomedical services were overwhelmingly seen to be a good thing among my informants, and women often contrasted them with what had been available in Somalia or in the refugee camps. However, they did not accept biomedical interventions wholeheartedly, but rather they incorporated or refused specific procedures depending on whether they were consistent with what was widely seen as the best way to give birth. We will now turn to what I perceived to be the most striking example of such selective acceptance of biomedical advice – the widespread refusal of Caesarean

sections. I will discuss this at length not only because it provides insightful ethnographic data, but because caesareans were of enormous concern to my informants and a frequent topic of conversation among women and men. Decisions made regarding them always involved members of the extended family, and the often heated arguments that they caused explicitly illustrated the significance of childbearing among my informants.

### **Births, Deaths, and Caesarean Sections**

Despite the high maternal mortality rates in both Somalia and Kenya, I never encountered a maternal death firsthand during my fieldwork. A number of interviewees told me of the death of their wife, mother, or sister due to pregnancy or delivery complications, but the widely available access to medical facilities was frequently cited by medical and non-medical informants as a reason why maternal mortality was not as much of an issue within Eastleigh, compared to the refugee camps or to Somalia. When I asked one informant why people did not deliver at home in Eastleigh (particularly as it is so common in Somalia), she responded with a disdainful expression, 'we're not *nomads*' with deriding emphasis added to the final word. This association between pastoralism and homebirths signified the perception of institutional deliveries as a modern and progressive way in which to give birth (Whittaker 1999). In contrast, deaths of newborns during childbirth were more common. Although not frequent, I witnessed a number of them myself, and they were a more recurrent topic of interviews than maternal deaths.

During interviews neither women nor men talked at great length about the child(ren) they had lost during or shortly after delivery. On the occasions when I was present in a hospital when it occurred it was hugely upsetting and midwives and doctors expressed frustration when they believed they could have done more. The first time I was present for a foetal death during delivery, I was surprised by how quickly the family dealt with what could be described as the practical aspects of dealing with death. A sheikh was promptly brought to the hospital, and he and the infant's father swaddled the small baby

in a bundle of blankets and left the hospital as swiftly and quietly as they had arrived. The mother remained in hospital as she had not fully recovered from her difficult delivery, and a group of female relatives remained with her, chatting by her bedside. Some male relatives lingered in the waiting area, but over time most of them gradually drifted away.

The other foetal and neonatal deaths I witnessed followed much the same process, with the small corpse being taken away for burial by male relatives. The father of the baby normally accompanied the sheikh, and when he was not present, generally because he was not in the country at the time, the maternal grandfather or uncle usually fulfilled this role. Unlike the lengthy explanations and stories women often told me regarding early pregnancy loss, foetal death in late pregnancy or during delivery was met with the familiar reasoning that it was written by God.

I draw attention to these deaths because they were important aspects of my informants' lives, and also because they were very often described to me by medical professionals as easily preventable through the common and fairly straightforward procedure of a Caesarean section. Caesareans were usually recommended by doctors and midwives when the labour was in some way obstructed, often because the baby was in breech position, with the bottom or sometimes feet presenting first, rather than the head. Yet despite the availability of this operation, it was often resisted or refused altogether, and if unable to deliver any other way, the baby died. As I have established, mothering, from conception to childbearing, delivery, and raising 'good' children was fundamental to how my informants articulated their beliefs of what it meant to be a woman, a wife, and successful and respectable in their own lives. It was therefore initially a surprise to me that women and their families were refusing a procedure that could potentially save their child's life, and reduce the risk of serious complications, notably blood loss or obstetric fistula, the latter of which could have highly negative social and physical ramifications (Boddy 1998: 33; Toubia 1994: 713).

The resistance towards Caesarean sections is by no means limited to Somalis (Richard *et al.* 2014; Tully and Ball 2013) and has also been noted amongst Somalis in other regions (Essén *et al.* 2011; Essén and Johnsdotter 2011; Vangen *et al.* 2002, 2000). I found the extreme reluctance towards the procedure notable for several reasons. Initially I was surprised because I had found women and their families to be broadly in favour of biomedical interventions, from fertility assistance as noted in the previous chapter, to the uptake of pregnancy testing and antenatal care where it was deemed necessary, and the almost universality of deliveries taking place in medical facilities. Somalis in Eastleigh, it appeared to me, were not only willing to have medical procedures, they were also willing to pay a great deal of money for them. Why then, did so many women and men vehemently oppose the operation, even if the life of the woman and her baby were in danger? In other contexts, Caesarean sections, as a high technology intervention, are perceived as a marker of modernity and status (Donner 2008: 111; Behague 2002), while Kuan (2014) suggests that the procedure can become normalised, and often desired, in contexts in which medical interventions in childbirth are the norm. If people are so concerned with childbearing and reproduction, if it is so fundamental to people's lives, why deny a procedure that can assist in the safe delivery of a baby? The answers to these questions are of course interwoven, but I will now unpack many of the reasons people gave me, and use them to illustrate how the rejection of Caesarean sections was precisely *because* people were so concerned with reproduction and saving their reproductive capabilities.

As I have already argued in this chapter, early pregnancy loss was generally perceived as a normal and expected aspect of women's reproductive lives, except when they occurred frequently enough to suggest an underlying medical or spiritual problem. In the case of Caesarean sections, women and their families were in a position in which they could make decisions that could potentially entail significant impact on their reproductive futures. More specifically, they were in a perceived position of control. As stressed already, that control must always be tempered in light of God's will, but even that

appeared more explicit during childbirth. Put simply, if God intended for a child to live or die, it would, regardless of any medical interventions.

For the physicians I spoke to, this refusal of treatment was firmly perceived as pathological (Craven 2005). For them, the refusal of treatment that would likely result in the death of their child was an obvious case of bad mothering. This can be seen somewhat differently to the accounts of authoritative biomedical knowledge that dominate processes of reproduction (Ketler 2008; Whittaker 1999; Davis-Floyd and Sargent 1996; Jordan 1978). In these situations, both women and their doctors and nurses were aware that the child might die without surgical intervention, but as many women and their families argued, whether the child lived or died was ultimately determined by God. The authoritative knowledge of God evidently superseded that of the physicians.

An initial reaction, and one that was superficially evident, was that Caesarean sections are considerably more expensive than vaginal deliveries. With all costs included, they could exceed KES 100,000 (approximately £750). Aside from the actual financial cost, there was a widespread suspicion that some hospitals or medical staff might say that a woman required a Caesarean when she did not, purely for the financial gain. This was not limited to Caesareans, as people frequently second guessed the diagnosis or prescription of doctors.

What emerged through interviews and numerous conversations in hospital waiting rooms was a two-fold fear of the operation itself and of the long-term consequences. Firstly, there was a widespread fear of surgical procedures in general. While discussing this with a friend he joked, 'can you imagine what operations are like in Somalia? Would you want one?' then adding in a more serious tone, 'this is Africa, if someone goes for an operation, you can't be sure they'll wake up.' Research in Sweden among women from East Africa found that the refusal of Caesarean sections was one of the primary causes of perinatal death, particularly among Somali women (Essén and Johnsdotter 2011: 76). In their analysis, the reluctance to undergo Caesarean section is

rooted firmly in a fear 'more to do with socioeconomics and poverty than with culture as such' (2011: 79).

This fear was reflected in many conversations I had with people on the topic of surgery, but was most evident to me in the case of Saido, a young woman who when I met her appeared substantially older than her mid-twenties. Saido was living in Somalia when she went into labour with her first child. From her own narrative, her labour was prolonged and the delivery obstructed. It was decided at some point, I'm not sure by who, that she would need to have a Caesarean. From the doctors who cared for her in Nairobi, it seemed as if whoever operated on her had little if any medical training. Saido's problems during delivery had left her with obstetric fistula and as a result of the attempted Caesarean, she had a gaping wound stretching across her abdomen. Saido's baby, which would have been her first, did not survive, and Saido struggled to recover. Her family decided to take her to Kenya to receive medical care, and brought her to Dadaab where she was assessed in one of the hospitals. Due to limited capacity in the camp, Saido was taken to Nairobi. The doctors and nurses that cared for Saido remarked to me that they had doubted whether or not she would survive, and were amazed at how well she had recovered. It took several surgeries and months in hospital before Saido was well enough to leave, but she did recover, however she will not be able to have children. Whenever I spoke to her, Saido seemed cheerful and only ever spoke about her injuries and her loss in terms of her gratitude towards those who had helped her survive. Although her case was the most extreme that I encountered, it illustrates explicitly why many people had such a strong fear of surgery and Caesareans more specifically. Although she recovered, Saido will never have children, something which will almost certainly have ramifications for her future.

It was this threat to future fertility that was brought up most frequently by women I spoke to regarding Caesarean sections. Although degrees of understanding of what the operation involved differed among my informants, every woman I spoke to mentioned that it limited the number of future pregnancies and deliveries a woman can have, and

many were specific that they understood it meant you could only have two or three more.<sup>34</sup> As one woman stated,

If it's your first baby and you have to have a Caesarean then you know that you can only have a few more. It doesn't matter so much if you already have six or seven children, but if you don't have any, or maybe only one, then it's a problem.

This argument was common, and it was emphasised by women in particular. Indeed, I found it more common for women to be adamant that she or her sister or daughter would not have a Caesarean. I met several women that had been to one hospital to deliver only to be told that they required a Caesarean, and so they left to go to another in hope of finding a different opinion. One case involved Malyuun, a twenty-two year old woman giving birth to her first child. Unhappy with the prognosis at the first hospital she visited, she arrived in considerable pain at another, escorted by her husband and several other members of her family. Following her examination Malyuun was told, as she had been at the previous facility, that her baby was in breech position and she would need a Caesarean. Despite the fact that they had received the same news at two hospitals, her family were suspicious and extremely reluctant to let her have the operation. This situation occurred repeatedly throughout my fieldwork, and the midwives I met were well practiced in trying to persuade patients and their families to consent to the operation. On this occasion, the family were taken to speak to the matron, having rejected the initial attempts by the midwives to persuade them. The matron, a stout, determined middle-aged woman that had worked in Eastleigh for over a decade sat Malyuun's husband, brother and one of her sisters down in her office to explain the situation, using her well-worn copy of Myles midwifery textbook to illustrate the position of the baby and what the operation would involve.

The matron, switching between English and Kiswahili, made her points repeatedly, using different vocabulary combinations in both languages in an attempt to fully explain

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<sup>34</sup> I met one woman who was about to have her sixth Caesarean delivery, however this was highly unusual.

herself. The brother spoke good English and Kiswahili and translated for the other two. The three debated amongst themselves in Somali, and they wondered whether a scan would help them. Picking up on the English word 'computer', which Somalis used to refer to scans, the matron interrupted telling them the 'computer' would make no difference because they could identify the position of the baby from the physical examination. After a lengthy discussion, they returned to Malyuun and the other family members, where an argument continued. Malyuun did not want the operation, and neither did her mother or sisters who were adamant that she should not have it. Malyuun's brother and husband tried to convince them, and eventually Malyuun, looking utterly exhausted and in agony, agreed. Up until she was taken into theatre, her mother and sisters tried to convince her to change her mind.

## **After Birth**

Let us now return to where this chapter started – the transformative power of pregnancy and childbirth that makes women become mothers. I have detailed my informants' experiences of both, and now I would like to turn to the immediate postnatal period. The practice of abstaining from sex, as prescribed in the Qur'an, was commonly practiced among my informants. As well as an avoidance of sex, husbands often slept in a different bed, and where feasible, even a different room than his wife and their newborn. As noted in previous chapters, sexual relationships and sexual satisfaction were often cited as essential aspects of marriage, and as detailed in Chapter Four, many of the young women I interviewed went to considerable lengths in order to be seen as desirable to their husbands. This period of abstinence that was stipulated as a religious requirement was also a period of time in which sexually satisfying one's husband through intercourse was not only not required, it was expressly forbidden. Although forty days is specified in the Qur'an, some women told me that they were still recovering from labour and said that they needed more time before recommencing sexual relations. Some women added that although they wanted to resume intercourse,

they feared that they might become pregnant again very quickly and have to rapidly relive the pain of childbirth that was still fresh in their memory.

Regardless of the actual amount of time each of my informants waited before resuming sexual activity, it is important to note that this postnatal abstinence was often the first time in their marriages that sex was not perceived as an essential aspect of marriage. Some women told me that they did not enjoy sex during their pregnancy and so avoided it as much as possible or refused it altogether, but that was still somewhat different from what was widely seen as a universal period of abstinence. This transformation of the roles of women as wives, if only for a limited period, reflects the transformation that these women underwent within their own families by becoming mothers. Obermeyer suggests that 'these temporary reversals, which run counter to existing power hierarchies and established gender relations, reaffirm women's control over a key resource in society, providing a glimpse of an alternative social order, while at the same time they underscore the importance of the new mother's well-being and evoke her vulnerability' (Obermeyer 2000b: 183). As argued throughout this thesis, the transition from being a wife to being a mother substantially altered a woman's position, not only within her marriage, but within her extended family, and particularly that of her husband.

As well as sexual abstinence, where help was available women were largely able to avoid any domestic work, and it was very common for a younger female relative, either a sister or cousin, to stay with the new mother during this period (if she was not already living with her) and help her with cooking, cleaning and caring for the baby. One male informant told me, 'Right after giving birth is the best time to be a woman! They have a new baby, they don't have to work, they have people to take care of them. It's really great.' Although there may be some element of truth to his point, I should also stress that I never saw a Somali man present for a delivery, and so they had a somewhat limited understanding of what takes place. The option of additional help was not always available or deemed to be necessary. When I visited one twenty six year old woman three days after she gave birth to her fifth child, I found her in the courtyard of her

compound, crouched beside a *jiko*<sup>35</sup> preparing food while chatting to her neighbours. She lived in a single-roomed home with her children, as her husband had moved to America seven months previously and she was waiting for him to eventually send for her and their children.

## Conclusion

In Eastleigh, women's decisions regarding pregnancy and childbirth were situated in relation to an idealized birth, somewhere in between 'modern' and 'traditional' (Obermeyer 2000b: 194). Antenatal care was generally only desirable if there was a problem, or if required in order to register for delivery, and this could be attributed to the general perception that pregnancy was not an inherently medical issue. Deliveries, on the other hand, almost always took place within medical settings, and were attended to by midwives or doctors. Although women were largely in favour of this apparent move towards 'modernity', they were reluctant to engage in any further interventions, namely the use of pharmaceuticals to enhance contractions, or Caesarean sections in cases of prolonged or obstructed labour.

I argue that in order to fully realise why women made such decisions, it is essential to bear in mind the definition of good mothers as those who produce large families. The requirement that women bear several children in order to be considered good wives and mothers informs why Caesarean sections might be so emphatically refused. To lose one child, if God wills it, is less catastrophic than losing the ability to bear many more as the result of surgery.

These decisions made by women and their families can be perceived in two crucial ways. Firstly, the refusal of Caesarean sections must be situated within the larger structural forces, in which women's lives and security are often precarious and subject to forceful hierarchies. As addressed throughout this thesis, women's reproductive

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<sup>35</sup> Small coal fire stove used for cooking.

decisions have to be situated within a broader context of migration, uncertainty and insecurity, and their reproductive capacities are often central to their ability to manoeuvre the obstacles they face in life. This brings us to the second point, as Marcia Inhorn argues, women in such contexts are 'savvy reproductive actors who make pragmatic, agentic choices about their reproductive lives' (2003: 118), and in this case, we must consider the centrality of motherhood, as an essential social, national, and religious role.

Somali women, not unlike other African or Muslim women, have often had their worth situated in their procreative abilities. While this and the previous chapter have certainly addressed the difficulties for women who are unable to produce children, I cannot agree with literature that dwells on the inferior position of Somali women (Gardner and El Bushra 2004) or that suggests that women are no longer important once their reproductive years are over (Warsame 2001). Here I must agree with C.C. Ahmed (1995) that such literature goes too far in emphasising the oppression and irrelevance of women beyond their period of reproductive activity. I argue that such perspectives germinate from a male focused perception of life. Women beyond childbearing age were some of the most venerated people I met, and it was common to find their adult children, both male and female, tending to their needs, running their errands, fixing their tea, and massaging their feet. During a visit to Nairobi with my mother while I was five months pregnant, I was told to carry my mother's shopping bags for her. When I (half) jokingly complained that I was carrying my own heavy load and that she was more than capable of carrying her own, I was met with a look of disgust and told seethingly, 'oh I see, you've forgotten the nine months she carried you?' before I dutifully picked up her bags.

Certainly, women's lives are shaped by local and global hierarchies, but they also have strategies with which they can cope with these, and becoming a mother – for those who are capable – was at the forefront for most of the women I met. These are not the only strategies I encountered, and young women in particular were increasingly attending school and university. Amongst the women I met returning from a life lived 'outside', most had some form of further or higher education, and they firmly believed this would

enable them to develop a better life for themselves, their families, and even the Somali state. It remains to be seen how these new generations of highly educated women will in turn renegotiate their own concepts of belonging.



# Conclusion

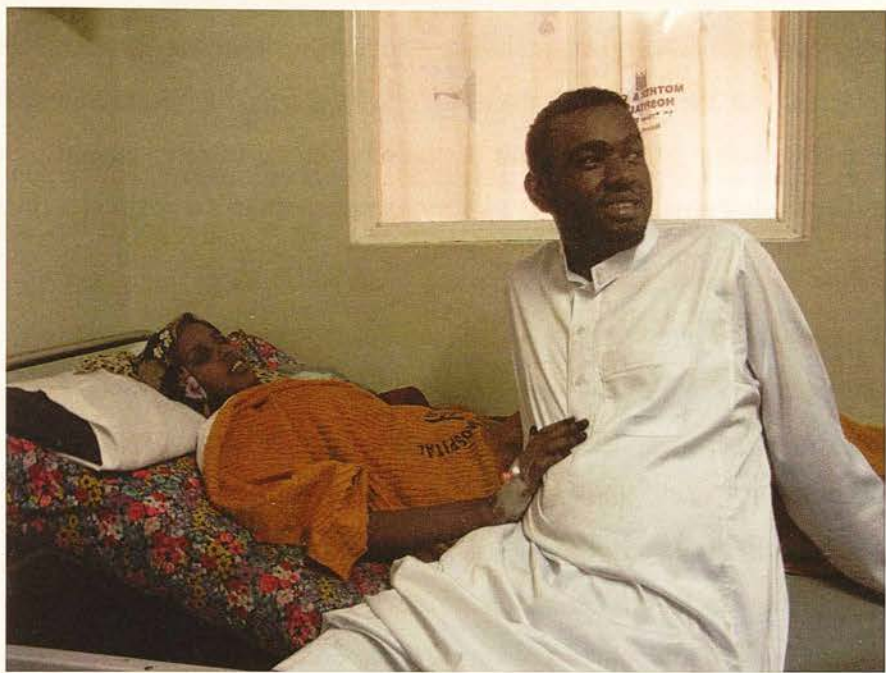


Figure 12: A couple immediately after the birth of their first child

The umbilical cord and placenta, as the remnants of the period when a woman and her baby were physically connected, are of significance in many regions and cultures, and the practice of burying them is not exclusive to Somalis (Selander 2009; Bastien 2004). Shukri, an elderly woman, who had given birth to seven children, two of whom had died in Somalia, the other five now lived in America, seemed to enjoy educating me about Somalia and its history. She lived alone in a hotel room in Eastleigh, financially supported by her children and her husband who had not divorced her (out of respect, her niece gently informed me), but had married another wife in America, where he also lived. ‘I buried the placentas of all of my children next to the hospital where they were born. They are all far away now, but their placentas are still in Mogadishu.’ Within Somalia, the practice of burying the umbilical cord and placenta (*mandheer*) near the place of birth remains common, I was informed, because it created a bond between the child and the land. Others informed me that as a piece of the body, it should be buried in

accordance with Islamic laws. Others still dismissed burying the placenta as an exclusively nomadic practice, but most women I spoke to who had given birth in Somalia's urban centres, including Mogadishu, told me that they too had buried the placentas of their children there. While in Garissa, in Northeastern Province, the arid area bordering Somalia, where the population are largely ethnically Somali, I was told that burying the placenta is a very common practice. Unlike Helander (1988), no interviewees told me that the purpose of burying the placenta is to sever the connection between the baby and its maternal kin.

Many of the women I interviewed had not given the matter any thought. During one interview, Leila, mother to three girls, asked me if I knew what the hospital in which she gave birth to her children did with placentas. When I told her that they were incinerated she didn't look in any way concerned. During another conversation with Hakima, who I had been with for the birth of two of her children, she laughed when I asked if she was concerned with the location or fate of the placenta. 'Did I look like I was thinking about it?' she laughed again as she imitated herself in labour, screaming in pain and pushing with her legs spaced apart. She brushed her hand through the air to suggest that my question was a stupid one. Later that afternoon, however, as I sat with Hakima in her room she brought out her vanity case. After some rummaging, she produced a small plastic clamp, similar to a clothes peg, with something small and dark gripped between its teeth. 'From Mohamed' she smiled, as I realised it was the clamp that had been placed on her firstborn's umbilical cord before it had dried up and fallen off, and the mysterious shrivelled thing was in fact a tiny remnant of his cord. 'It stinks!' she exclaimed, taking a quick sniff before thrusting it towards my face.

By 'burying' her son's cord within her vanity case, Hakima kept this small piece of her pregnancy with her. The vanity case was an important item to women in Eastleigh, secured with a lock that kept the contents the private and exclusive possessions of the owner. This case, with the cord packed in beside a roll of cash, some items of gold jewellery, a few photographs of Hakima and her husband on their wedding day, and some make up and perfume, contained Hakima's most important possessions. It is not

insignificant that the cord of her son was in the case she was most likely to take with her if she had to leave suddenly, or the one she would be least likely to let out of her sight. If the umbilical cord can tether a person to land, Hakima's son Mohamed's was tethered to a case that will travel with his mother wherever she goes.

This ethnographic vignette illustrates the central themes of this thesis – motherhood, migration, and belonging. Despite different experiences, the constant thread that ran through my many informants was the importance of kinship networks as a means to navigate displacement. Whether embedded in easily traceable shared ancestors, or a more abstract concept of Somaliness, these networks informed where people lived in the present, where they wanted to be in the future, and how they envisaged getting there. Dreams of getting 'outside' were not solely shaped by a push to leave an insecure and hostile Nairobi, they were also drawn by the pull of existing nests of networks that appeared to have settled elsewhere. They may not have been able to return home to Somalia, but the ability to be present in Eastleigh and the possibility of migrating to other Somali enclaves in Europe and North America demonstrate the multiple ways in which 'home' can be imagined and realised. Being and belonging within Somali communities represented a reconstruction of home away from home. Mohamed's umbilical cord did not tie him to a specific piece of land, and it's understandable why Hakima and mothers like her might not want to sow traces of their children's lives into a country that has at times been extremely unwelcoming to them. Carrying it with her, as she moved houses within Eastleigh and hoped to eventually move abroad, Hakima kept her son's cord rooted within a sense of Somali identity and community, buried in an imagined transnational nation rather than a country.

This thesis has aimed to provide a fresh insight to the migration experiences of Somalis, and particularly Somali women, who have come to be in time in Kenya at a specific point in time. I have argued that reproductive decisions are crucial to understanding experiences of displacement and onward migration among Somali refugees in Nairobi. This research set out to understand how and why Somali women and their families make decisions relating to childbearing and birth, and if and how these are situated in relation

to understandings and experiences of displacement. By conducting long term ethnographic research within a dense, legally ambiguous Somali population in Nairobi, I have answered these questions by discussing memories of the past, fear in the present, and hopeful uncertainty of the future, with Somali women and men. In addition, I followed women and their families as they navigated both migration and reproduction, examining how, why, and when people make particular decisions, and who participates in them.

In examining these issues, this thesis has taken the reader on a trajectory, from the levels of kinship, nationality, and belonging as informative to everyday experiences of displacement in chapter one, to issues of states, citizenship, and forced migration in chapter two, before turning to the legally ambiguous context of Eastleigh in chapter three. We then turned more specifically to the everyday lives of women in Eastleigh in chapter four, and particularly their roles as wives and mothers within Eastleigh and beyond. Chapter five looked in greater detail at how and why women and their families accessed particular medical services, and who was involved in those interactions and decisions, thereby moving us between homes and hospitals. Chapter six looked more specifically at how these interactions took place with regard to fertility, religion, and agency, analysing how a faith in God's will is negotiated when striving for reproductive futures. Finally, chapter seven brought this to the final point of delivery - childbirth - and explored this defining transition in women's lives. Each of these chapters has examined the nuances of life in Eastleigh through different but overlapping lenses, throughout which the following central themes become apparent.

### **Uncertainty and the Future**

Stuck somewhere between displacement and onward migration, the precariousness of the present and the unknowable nature of the future was readily evident amongst my informants. This was most explicit in my examination of the nuances of balancing a belief in the omnipotence of God's will to determine the future with attempts to enhance

reproductive futures. The ways in which people engaged in multiple strategies to overcome the uncertainty of their reproductive futures, through the simultaneous use of pills and prayers, seeking fertility treatment, and acting on their own concepts of a good birth, illuminated the ways in which people think about and act upon the future.

I argue that the uncertainty of being an encamped refugee was crucial to understanding the experiences of Somalis within Kenya. Although the future cannot be known, the perpetual waiting and feeling of entrapment within the camps produced a perceptible sense of an empty future. This fear of an undesirable future echoes the sentiments expressed in relation to infertility, and attempts to remove oneself from the categories of 'refugee' and 'infertile' can both been seen as active attempts to realise a more desirable future.

Desirable futures can be starkly juxtaposed to the 'durable solutions' so desperately sought for refugees. While the latter is concerned primarily with the reestablishment of the relationship between states and citizens, the former seeks the maintenance of existing networks grounded in concepts of lineage, the clan, and the nation. For the women I spoke to in Eastleigh, the future was about being a good mother, a good Muslim, and a good Somali. Concern for legality, identity papers, and the state could therefore be seen as a basic desire for physical security, rather than an interest in a more elaborate notion of citizenship. Their personal and national histories had taught them that formal citizenship is subject to conflict and dissolution, but that some degree of certainty can be sought within their own families. Producing children, as an act of developing, securing, and expanding such networks, can therefore be seen as an act of establishing one's own security.

## **Dependency and Agency**

Both dependency and agency were crucial to this project, as they illuminate processes of decision making, as well as the freedom and capacity to act upon them. In chapters one

and two I highlighted the perception of the category of 'refugee' as someone who by definition lives in refugee camps and is therefore dependent on UNHCR and its implementing partners for basic survival. This perception of dependency was crucial to why people distanced themselves from the humanitarian complex at work in Kenya. Dependence manifested in other contexts however, including the reliance on kinship networks for strategies for onward migration, transnational remittances in Eastleigh, and local networks for everyday life. Unlike the unidirectional dependence in the relationship between INGOs and refugees, the dependence upon families was central to the understanding of clans as kinship networks of mutual obligation and responsibility. In this sense, dependence on family members was not only acceptable, it was a fundamental aspect of being a good Somali. Dependence on the refugee regime may be a weakness, but dependence on and obligations to family networks can be recognised as a source of empowerment.

The challenges women face in Eastleigh have been thoroughly documented in this thesis, but it is important to also recognise their crucial role as people who others are dependent upon. Women who engaged with this research articulated the pressure to become good wives and mothers, producing multiple children for their husbands and their clans. From a different angle, and notably in conversations with men about their wives, sisters, and mothers, and with women about their own mothers, women are recognised and exalted as the bearers of the family, the clan, and the nation. Mothers are relied upon, not just for the physical aspects of childbearing and rearing; mothers are seen to (ideally) produce families through love and continuity, they convey histories and narratives of nations and lineages, they raise future mothers through their daughters, all of which is most explicitly acknowledged in the common expression that paradise could be found at the feet of one's mother. As one informant said to me, and numerous others repeated, 'we don't have Mothers' Day in Somalia. Our women are so special, every day is Mothers' Day for us.'

## Belonging

The first four chapters of this thesis examined overlapping concepts of belonging, from the nation/state, to the clan, to individual families. Throughout the chapters, I teased out what it means to belong in each of these contexts, and how they should be seen as interwoven, rather than competing. Belonging through family ties is synonymous with clan affiliation, which in turn was fundamental to ethnic, national, and even religious belonging. As such, I argued that it is essential to understand displacement - which can be understood as a rupture of belonging - in relation to each of these different levels of belonging. As the latter half of this thesis has demonstrated, it is the significance of belonging that was formative to everyday experiences of displacement within Kenya, strategies for onward migration, and reproductive decisions. It is therefore essential to understand onward (and ongoing) migration and childbearing as acts of belonging.

Strategies for onward migration were imagined and acted upon through family connections, both affinal and agnatic, that reflected understandings of belonging and kinship. Even when those were apparently fictive, for example where marriages were arranged solely for the purposes of migration, they were still embedded within existing clans or clan families, and therefore still framed within the concepts of dependency and obligation noted above. The desire to migrate, and more specifically where they wanted to migrate to, as discussed in chapters one and two, was informed by a sense of *who* they belonged with, rather than *where* they belonged. Migrating between two or more diaspora communities, as my informants were either doing or attempting to do, can be seen as attempts to be with the right people, rather than in a particular place.

The significance of these networks, and this sense of belonging as part of a larger complex of families, clans, and more broadly Somalis is apparent in the ways in which people appropriated space, creating an identifiably Somali neighbourhood, their settlement patterns, and the ways in which people navigated medical spaces. By focusing more explicitly on the lives of women, I argue in chapter three that women's bodies are a crucial site for the performance of belonging as Somalis, Muslims, and

women. Through their transformations from daughters into wives and mothers, women were actively pursuing particular ideals of femininity. In doing so, these women were emphasising ideals of beauty that were embedded in a national and religious understanding of marriage and motherhood, in which they could distance themselves morally and ethnically from their host society. Furthermore, in their medical engagements with 'good mothering' through fertility treatment, the refusal of IVF, and the reluctance to have Caesarean sections women were acting upon these concepts of good Somali women, by pursuing the ideals that require a woman to produce large Muslim families.

It is essential that when we consider what it means to belong, and the focus on concepts of Somaliness, as a moral, ethnic, or religious identity, we do not imagine it as static and unchanging. The discussion of medical pluralism, and particularly *jinn* possession illuminated how shifts in practices surrounding health and healing can be illustrative of wider social, political, and religious renegotiations. While the concept of being a 'good Somali woman', and the ethnic and religious implications that entailed were of great concern to my informants, I argued that displacement and transnational migration and communication had been a catalyst for the renegotiation of what that actually means, and how best to pursue it.

## **After Fieldwork**

In October 2011, a few months after I returned from the field, Kenyan troops entered Somalia, apparently in response to a growing sense of insecurity in the region that was blamed on *Al Shabaab*. On the 24<sup>th</sup> of October 2011, a week after Kenya sent their troops, two explosions occurred in the centre of Nairobi. With apparently little evidence

at the time, these explosions were immediately attributed to Al Shabaab, and to Somalis more generally<sup>36</sup>.

Telephone conversations, texts, and emails with friends in Eastleigh confirmed that the ramifications of what was happening in Somalia and Nairobi was being felt by the residents of Eastleigh. As predicted by my friends, there was an increase in the police raids which were already a familiar aspect of everyday life in Eastleigh, and each night particular streets were blocked off and anyone unlucky enough to be outside was arrested or extorted. As one friend said,

The streets are dead. By 7 o'clock you can see everyone is rushing home, no one wants to be caught after dark. So we're staying at home and waiting. For now it's just the streets, but soon they'll be going house-to-house.

A few weeks later, with little notice, the government began demolishing homes in Eastleigh. They claimed that they were too close to the military airbase that borders the length of Eastleigh, despite many of them having been built entirely legally and with permission over a decade earlier. To those forced to abandon their homes with whatever they could carry, this was yet another reminder of the power the Kenyan government held over them and that their experiences of displacement were ongoing. As one friend told me matter-of-factly over the phone as he frantically searched for somewhere for his family to move to, 'no one cares about what happens to us, no one cares about Somalis.' The Kenyan media reported that the demolitions were halted by a court ruling in which the judge described the government as 'a monster', however my informants told me it was when officials realised that following through with their plan would involve demolishing both a church and a mosque that they reconsidered the matter.

In the preceding weeks, discussions in the media appeared to blame all Somalis for the acts of a few. They were labelled as lawless pirates and terrorists, and refugees were described as 'ungrateful', 'greedy' and 'dangerous'. It was suggested on more than one

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<sup>36</sup> A Kenyan man was later arrested and convicted for the explosions. The Kenyan media reported that he had recently converted to Islam and had subsequently been recruited by Al Shabaab.

occasion that while Kenya is attacking Somalia, they should also attack the 'internal Somalia' – Eastleigh and Dadaab. Although it is of course the case that the media has a tendency to polarize such discussions, these perceptions of Somalis accurately reflects what I heard and witnessed in Nairobi during my fieldwork.

In December 2012, the Kenyan government ordered that all refugees must reside within Dadaab or Kakuma, on the grounds that they posed a terror risk. This directive was eventually overruled by the High Court in July 2013, stating that it violated the Kenyan Constitution. Despite this ruling, Somalis in Kenya continued to endure harassment. These tensions were renewed in September 2013 when Westgate, a shopping mall popular with expatriates and wealthy Kenyans, was attacked by gunmen acting on behalf of Al Shabaab, killing sixty seven people and attracting the attention of international media. A number of other security incidents in and around Eastleigh finally led to a reissuing of the order for all refugees to return to the camps in March 2014, this time bolstered by a popular imaginary of refugees and terrorists as synonymous. 'Operation Usalama Watch' (Operation Peace Watch) – or as it was referred to within the government, 'Operation Sanitization of Eastleigh' (Refugees International 2014), and within Eastleigh, 'Osama Watch' – ostensibly aimed at ridding Nairobi of Al Shabaab supporters.

What ensued was two months of daily harassment, abuse, extortion and even deportations. Thousands of Somalis – nationals and Somali Kenyans – as well as other regional immigrants were rounded up and held in makeshift detention centres. Several thousand were forcibly sent to the refugee camps, while at least 259 were sent by plane to Mogadishu (Refugees International 2014). Stories were rife throughout Eastleigh of the brutality that ensued. Children abandoned at home after their parents were detained, including the separation of breastfeeding women and young babies, a pregnant woman forced to jump out of a third floor window, another woman in hospital having been thrown down the stairs after failing to produce a bribe, because she had given everything she had on the two previous nights. Unlike the street harassment I frequently observed during my initial fieldwork, the ferocity of Usalama Watch reached in to people's

homes. I spent consecutive nights on the phone to family and friends in Eastleigh as they hid in silence and profound fear, the sound of heavy metal doors being kicked in and windows shattering in the background. During a visit in April 2014, well prepared building managers explained to me how they collected money from each apartment, so it could easily be passed on to the police upon arrival, thereby preventing the door-to-door banging that often resulted in property damage.

This brutal ethnic profiling was not limited to the police and military forces. The Daily Nation, Kenya's highest circulating newspaper, published an article titled 'Are we just going to sit around and wait to be blown to bits by terrorists?'<sup>37</sup> In it, senior editor Mutuma Mathiu, stated that 'every little two-bit Somali has a big dream – to blow us up, knock down our buildings and slaughter our children,' the alarmist article concludes with a direct call to arms: 'We are at war. Let's start shooting.' On the streets of Nairobi, Somalis were shunned as they were refused entry to matatus and service in cafes. Many in Eastleigh felt trapped, as road blocks surrounded Eastleigh, ensuring that anyone attempting to enter or exit was subject to searches, and the cost of freedom rocketed from a couple of hundred shillings, to in excess of 50,000. During this period, a friend of mine was arrested in front of me, much to the delight of the policeman who turned to me and said 'if you want your friend back, bring some of your British pounds.'

In light of this, a staggering number of my informants faced the prospect of returning to Somalia, or alternatively seeking safety elsewhere, often in Uganda or Ethiopia. Throughout this period, the refugee regime and their donors remained remarkably quiet. If I had forgotten why people felt such an intense desire to migrate from Kenya, Usalama Watch served as a painful, graphic reminder.

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<sup>3737</sup> Available online at <http://mobile.nation.co.ke/blogs/Are-we-just-going-to-sit-around-and-wait-to-be-blown-to-bits/-/1949942/2252048/-/format/xhtml/-/uw6jti/-/index.html> accessed 12/10/14

## Looking to the Future

Despite the challenges that Somalis continue to face in Kenya, this thesis was not intended to dwell unnecessarily on such sorrow. This thesis is an ethnography of a journey; a journey that many people envisioned as having some sort of beginning and end, between which they found themselves. Most people I spoke to believed that if they could 'make it outside' they would have reached some sort of conclusion, a new beginning with opportunities they couldn't even imagine.

Throughout the period in which this thesis was written, violence and hostility towards Somalis has remained, periodically surging before gently ebbing away once more. Throughout this time, new arrivals continue to descend in Eastleigh, filling the gaps left by those who have moved on. Simultaneously, Somalia as an internationally recognisable functioning state has emerged and tentative stability has been viewed by many as the arrival of peace that so many have been waiting for. The election of a new president on the 10<sup>th</sup> of September 2012 was a green light for many waiting in the wings of Europe and North America, looking for an opportunity to return home. In Eastleigh, where I watched the votes being counted on Somali TV, the number of people returning from outside seemed to surge with people eager to capitalise on their relative wealth and education in the rebirth of the Somali state. The hope and expectations of what might be possible was tangible in the air as the final round of voting indicated the success of Hassan Sheikh Mahamoud over former president Sharif Shiekh Ahmed. My building rumbled as people burst out of their homes and rushed down the steps, spilling onto the street below. My friends, people who had little if any memory of Somalia before the downfall of the last elected president in 1991, hugged and danced. The excitement of that evening could not and did not last. But it was a crucial moment that punctuated a rising tide of return to Somalia. The 'floods of refugees', it seemed, were flooding back.

It is from this point that this research must therefore look forward. How are processes of migration, the concepts of inside and outside, shaped by the continued flight from and renewed return to Somalia? How does the ongoing process of migration shape how

people make and remake families? How do these people, many of whom have grown up abroad, think about their relationship to Somalia and their other country of residence, and perhaps even citizenship? More specifically, how do women factor in these concepts when considering their own reproductive capacities, decisions, and futures?



Figure 13: Mohamed Amin, a transnational baby

There is a tendency among some people who write about Somalis, including academics and journalists, to emphasise the apparent pride and honour of a homogenous Somali people. Words such as ‘adventurous’, ‘proud’, and ‘fearless’ appear time and again. That many Somalis appear to not only survive, but actively thrive in the face of state collapse, terror, violent religious extremism, piracy, and famine, when men can be found publicly reciting poems of love and desire, and women dance at weddings in exquisite, colourful dresses, their skin gently laced with intricate henna, it can be compelling to essentialise glorious qualities to what is of course a large and diverse group of people. It is, however, crucial that such admiration for what is undeniably remarkable human

resilience does not block out the simultaneous reality of those same men and women shaking with fear as they hide under beds, sometimes curled up in a suitcase, in an attempt to hide from the Kenyan police hammering at their door. Or the exasperated mother, desperately trying to seek justice for her young daughter who has been raped, all the while being actively ignored by the police, even though she knows the name and location of the rapist. Or the sorrow of a young woman, raising her younger siblings, who every day fears for her brother who has become embroiled in often fatal gang fights with boys from neighbouring streets. Or indeed the men and women who actively engage in or profit from the exploitation, mistreatment, or abuse of their neighbours and compatriots. It is hard to overstate the palpable presence of fear that is an everyday aspect of life in Eastleigh. Like many before me, I found the perseverance of Somalis, as well as other forced migrants I met in Nairobi, quite incredible and sometimes overwhelming, but so too was the violence and fear that has been an everyday aspect of life for over two decades. For the majority of my informants that meant most of, if not their entire lives. This thesis has attempted to provide an ethnographic account of life in Eastleigh, acknowledging the fearful and the joyous, the sorrow and the vibrancy, the tension and also the boredom that constitutes life, while avoiding hyperbolic stereotypes of proud poets and starving refugees.

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