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Family Care and Transnational Kinship: British Pakistani Experiences

KAVERI HARRISS AND ALISON SHAW

1. INTRODUCTION

OUR PERSPECTIVE ON family care in this chapter is informed by an understanding of British Pakistanis not as ‘immigrants’ but as ‘transmigrants’, connected to two or more societies simultaneously (Glick Schiller, Basch et al., 1995), and as belonging to transcontinental families (Kelly, 1990). British Pakistanis typically maintain active links with kin across the world, mainly in Pakistan, but also in India, East Africa, the USA, Canada and elsewhere in Europe. Family care, as reproductive labour, comprises all the activities needed for the day-to-day and intergenerational continuity of the family (Jeffery, Jeffery et al., 1989; McDonald, 1993) including its vulnerable or dependent members (children, the sick and the elderly). Multi-sited families can thus be viewed as constituting ‘global care chains’ constructed through ‘the paid or unpaid work of caring’ (Hochschild, 2000: 131).

The formation of global care chains is, however, far from straightforward. International migration, motivated by global socio-economic inequalities, poses a fundamental threat to family care by separating kin. Further, there are potential contradictions between a receiving state’s definitions of an ‘immigrant’ family and transmigrants’ normatively-shaped sense of responsibility to extend care to relatives, especially to vulnerable kin. In what follows, we identify tensions in the transnational experience and negotiation of family care. We show how the British state’s definition of legitimate immigrant families and stereotypes about the corporate nature of Pakistani kinship can negatively influence immigration decisions, exerting structural and ideological constraints on the provision of family care transnationally. We also examine diverse adaptive arrangements for providing care across continents, noting the contradictions and sometimes irresolvable dilemmas that can ensue. Finally, we suggest that solutions to the problem of care in a global context should be understood not simply or necessarily as migration strategies, but as motivated by emotional ties and notions of responsibility for relatives.
Our case studies are drawn from ethnographic fieldwork and in-depth interviews with British Pakistanis in London, Oxford and High Wycombe, and with branches of their families in Punjab and Azad Kashmir. We bring together material from Kaveri Harriss's doctoral research on the circumstances of chronic illness or disability, and Alison Shaw's research on British Pakistani perceptions of genetic risk, presenting cases relating most clearly to the issue of transnational care. Kaveri Harriss met families through community groups in London, following up some of them in Pakistan; Alison Shaw met families mostly through clinical genetics referrals in the UK. The instances of chronic illness and disability described below are intended not to reflect the overall burden of chronic ill-health or genetic disease within the British Pakistani population but to illustrate issues in negotiating family care in transnational situations.

2. TRANSNATIONAL KINSHIP AND THE NEED FOR CARE

Transnationality divides kin. However, as Ulla Vuorela writes of an East African Pakistani family, it also creates a sense of a community that is both imagined and materialized through various practices, both as a presence and in absentia. A sense of togetherness is reproduced through correspondence, greetings and presents carried by visitors. It is anchored in photographs and objects that become talismans of home and belonging. For Fawzi, it was her mother's letters... For her brother, it was the fruitcakes and chevra to be enjoyed at teatime as a reminder of the teatime as a family ritual, sent to him in Dar es Salaam carefully packed in tin containers from Nairobi (Vuorela, 2002 p76).

The density of interaction between distant family members varies in relation to the needs of migrants and their relatives in the home country and is strongly linked to the stage of the individual life cycle, the developmental cycle of the family, and the generation of migration (Bryceson and Vuorela, 2002). Caring responsibilities can cause migrants to rethink their orientations towards their country of origin. In late middle-age, the need to provide for one's elderly parents can reawaken a migrant's sense of family responsibilities and relationships (Izuhara and Shibata, 2002). Migration produces distance and dislocation, but responsibilities in transnational families 'do not end but bend' (Hochschild, 2000 p134).

Migration from Pakistan to Britain has occurred mainly since the 1950s, peaking in the late 1960s and early 1970s (Ballard, 1994). The majority of pioneer migrants were single men from small-scale landowning families in rural Punjab and Azad Kashmir. Their families made an initial investment in sending them abroad, in the expectation that their remittances would be used to improve landholdings, build a better house, start a business or provide a dowry. From the early 1970s, the wives and children of the pioneers also began to settle in Britain. The UK Pakistani population now numbers 747,000 (Census, 2001). Current new immigration from Pakistan is mostly related to young second- or third-generation British Pakistanis who marry in Pakistan ('back home' or piche ghar) and bring brides or bridegrooms to join them (Shaw, 2001, p328). While marriage migration to Britain is a predominantly South Asian phenomenon, Pakistan sends far more marriage migrants than India or Bangladesh (Home Office, 2001).

British Pakistanis have a strong nostalgic memory for the South Asian joint family system, in which caring is an expected part of the responsibilities that derive from a person's position in the family. Obligations of mutual care are perceived to extend from parents to children and from adult children to their parents. Elders should be provided for by sons and the practical work of caring should be done by daughters-in-law (Eglar, 1960; Alavi, 1972). The family is not felt to be bounded by the nuclear unit, but extends to encompass grandparents, aunts, uncles and cousins (Lau, 2000). In transnational arenas, British Pakistanis engage with joint family ideals in complex ways. They adopt a full range of shifting and contextual orientations towards Pakistan and Britain that interact with generation, age and the life course (Gardner, 2002) but nonetheless are strongly influenced by normative understandings of family care.

Today, the pioneer men and women who arrived in the 1960s and 1970s are growing old, and their parents in Pakistan are very old indeed (Rendall and Ball, 2004). There is mounting evidence that chronic illnesses and disabilities are more prevalent among British Pakistanis compared with the general UK population (Nazroo, 1997; Davey Smith, Chaturvedi et al, 2000). The need for face-to-face care is therefore a common experience within networks linking kin in Britain, Pakistan and elsewhere. It is also likely to be of continuing concern, since intercontinental marriage renews transnational links within each generation.

3. STATE AND TRANSMIGRANT PERSPECTIVES ON IMMIGRATION AND CARE

Where there is a need for transnational family care, British Pakistanis strive to bring relatives together in one country. Immigration laws in the UK acknowledge the need for nuclear families to migrate together, namely spouses and dependent children under the age of 18. They also include legal provisions for adult relatives (children, parents, grandparents, siblings, or aunts and uncles) to join family members in the UK under 'compelling' or 'exceptional compassionate circumstances', provided they can prove that they are genuinely dependent on the sponsor (UK Visas, 2004). State restrictions on immigration are regulated through definitions of legitimate families, which may conflict with transmigrant understandings of family ties and responsibilities. The case of Shazia and her aunt Khadija illustrates these conflicting positions, the structural and ideological constraints on migration for the purpose of care, and how transmigrants may seek to contest them.
Case 1: Attempted reunion

Shazia is in her 40s. She grew up in London but returned to Pakistan at the age of 16, where she was married to a first cousin on her mother’s side. She was repeatedly assaulted by her husband and the marriage was deeply unhappy. During this time one of her few positive relationships was with her father’s sister Khadija, who, though forbidden from calling on her, would visit in secret, leaving sweetmeats for Shazia in a hole in the compound wall, over which they would hold whispered conversations. Eventually Shazia left her husband, returned to England and remarried. Khadija married a man ten years older than herself and was unable to have children. In July 2004, Khadija’s husband had a heart attack and died, leaving her alone. Believing that Khadija could not look after herself, Shazia sought to bring Khadija to live with her in England, applying for a settlement visa under ‘exceptional compassionate circumstances’. In the application Shazia wrote:

I would like to apply for a settlement visa for my aunt to come and live with me and my family. As she has no relatives left in Pakistan that she can live with. She has no body but myself and my husband to look after her. My relationship with my aunt grew very strong, when I was taken to Pakistan for an arranged marriage. Fortunately my marriage did not work out and I left him. However, my aunt was always very close to me more than a mother. I have always supported my aunt and uncle financially... This is not a normal relationship between a niece and aunt, I can honestly say to you that I love my aunt very dearly... My Aunt is very vulnerable as she has no male figure to look after her in Pakistan. Her Parents have died, and the only emotional support that she did have, was from her sister who also did not have children. Her sister recently died about March 2004. She was saddened by her death but my aunt was coping as she had her husband. However now he has passed away just three months after, and now she feels very isolated. Most of my aunt’s family are all in England. I don’t talk to them as I have married outside to a stranger as far as they are concerned. My aunt is not only my aunt she is also my mother and I love her dearly and with your consideration we will be united. (sic)—(8th September 2004).

Shazia and Khadija were called to the British High Commission in Islamabad for an interview with an English (White) Immigration Officer (IO). In the tense meeting that followed, the IO rejected the application, writing the following in the notice of justification:

You have stated that you are wholly reliant on your niece who is acting as your sponsor in the UK, and have based your application on the fact that you have no one in Pakistan who can look after you. Having interviewed you I have established that you have some twelve cousins in Pakistan and at least one sister, whom you failed to mention. I do not find it credible that in a family orientated society such as Pakistan, that there is no one in this country who is willing to look after you. You have stated that you live in your own house, which you own outright, and this house is supplied with electricity and running water. You have savings of approximately £1,500 and receive financial assistance from your niece in the UK. Having reviewed all the evidence presented before me and listened to what you have said at interview I can see no reason why you should be considered as having exceptional compassionate circumstances which would convince me that you have no life in Pakistan. I therefore refuse your application. (sic)—(10th January 2005).

Shazia complained about headaches, anxiety and weakness for several days following the encounter. She was angered by the claim that her aunt should be adequately supported by a sister or cousins. ‘She has got cousins, but she doesn’t get on with them, ‘cos believe it or not people don’t stick together in this country! Who gets looked after by their cousins in Pakistan?’, she asked rhetorically. ‘She can’t stay with her sisters, she can only stay with her brothers, and they’re all in London’ (Notes January 2005). She spent several hours in an internet café crafting a letter of complaint. She wrote:

I agree with the immigration officer that she has sufficient accommodation in Pakistan, however I don’t think that the immigration officer took in consideration that there is no life for a lone woman in Pakistan. I would like to ask him how my aunt lives her life here all on her own... Money can not compensate for a company of a husband or happiness with in a family that you are close to... I understand that the IO assumed that my aunt has twelve cousins. I can assure you that even in Pakistan which the IO assumed is a family oriented society (which I do not agree with as I have led an isolated life as I married outside the family)... as my aunt is a widow now and she has no children it will be very hard for her to cope on her own. She has no formal education and does not work. Finance is not the problem in this case the problems is that the IO has because he feels that this community is a family oriented society that my aunt will have some one to look after her. (sic)—(11th January 2005).

The complaint turned into a formal appeal against the decision. Shazia was granted a court hearing in January 2006. She hired an expensive Asian barrister. On the morning of the hearing she tied a taveez (amulet) around her neck, put on one of Khadija’s lipsticks and said, ‘I did everything before I left home—had a cry, touched my Quran, everything’. The barrister argued that the IO in Islamabad had treated the case perfunctorily, and that his claim that Pakistan was a family oriented society was misinformed and insufficient cause to reject the case. She focussed on the particularly close relationship between Shazia and Khadija and Khadija’s isolation and mental ill-health following her widowhood. Shazia presented her own case to the adjudicator and spoke passionately about Khadija’s loneliness and confusion. Shazia was ‘completely overtaken—I lost it. I went completely cold, I went into cold sweats. I had to ask “can my husband come and sit with me please?”’. The adjudicator proclaimed Shazia’s evidence to be ‘very credible’ and added, ‘as the applicant has eloquently described, it is not a problem of finance or accommodation; the issue is about this woman being on her own’. A week later Shazia was granted her aunt’s settlement visa.
The initial rejection of the application and recourse to appeal demonstrate profound underlying tensions in transnational kinship. The very idea of a transnational family may conflict with the nation state’s definition of legitimate immigrant families (Bryceson and Vuorela, 2002). Post-colonial feminists in the UK in the 1980s argued that British nationality and immigration laws defined legitimate citizenship in racialised and gender-biased ways. Thus, the 1968 Commonwealth Immigrants Act permitted immigrant men who were the ‘heads of families’ to send for their wives, but not vice versa (WING, 1985; Mohanty, 1991). Today’s immigration law constructs ethnocentric definitions of legitimate families. The state definitions may be quite at odds with migrants’ understandings about the configuration of responsibilities, the viability and boundaries of their families and their perceptions about the need for care. A woman living alone in a society where this would lead to discrimination or significant disadvantage is acknowledged to be a compassionate circumstance, but this does not qualify as exceptionally so unless other factors are also present.

Shazia and Khadija’s attempt at family reunion was obstructed by the IO’s misleading assumptions about Pakistani culture. He maintained that Khadija was ineligible for entry clearance because her sister and cousins would inevitably provide support in a ‘family oriented society such as Pakistan’, illustrating of the well-documented UK stereotype that South Asians have strong ‘traditional family values’ and ‘look after their own’ (Atkins and Rollings, 1996). However, there are tensions in South Asian families and there are situations in which the basis of joint family care may break down (Vera-Sanso, 1999, 2004). Furthermore, in the Pakistani context there is also a strong normative framework which guides who steps in to provide care to vulnerable family members, and this broadly follows the principles of patrilineality, the onus falling on fathers, brothers or brother’s children (Shaw, 2004). In the case of a childless widow like Khadija there may not, then, be an expectation that her sister or cousins should provide care. Shazia wanted to step in and support her aunt, of whom she said ‘my aunt is not only my aunt she is also my mother’. Ironically, the IO assumed that Pakistani families are strong and should assist vulnerable relatives in Pakistan, but did not allow this logic to extend to the matter of immigration, citing a stereotypical understanding of the ‘family oriented’ nature of Pakistani society to prevent entry. The IO went on to query the genuineness of the application, a suspicion that derives from the assumption that attempts to bring people from poor countries to the UK inevitably have economic and strategic motives. In this view, Pakistani extended families (biraadari) are ‘close-knit’ and corporate, working to maximise their own economic and social status. The rejection of the application was an instance of ‘cultural puppetry’, an instrumental, strategic use of the notion of culture (Benhabib, 2002).

Transmigrants face powerful structural and ideological constraints in the provision of family care in the context of controlled migration. They may, however, seek to contest the ethnocentric definitions of legitimate immigrant families laid out by the nation state. Immigration law recognizes the ambiguity around the nature of a legitimate family tie and requires the applicant to prove that their only chance to experience family life, in the sense of everyday interaction and interdependence, is with their relatives in the UK. The questions of what counts as a family tie and the degree of vulnerability that counts as compelling or exceptional compassionate circumstances are routinely being debated in immigration courts around the UK.

4. ADAPTIVE SOLUTIONS TO ENABLE CARE IN TRANSNATIONAL FAMILIES

Restrictions on immigration to the UK have given rise to adaptations in the joint family system to allow mutual care in response to external constraints and opportunities. Sometimes these adaptations transgress the normative framework that informs joint family care. It is much harder for relatives in Pakistan to come to Britain than vice versa, because of immigration restrictions and the prohibitive cost of travel. Nevertheless, short-term visits from kin in Pakistan for the purpose of care, usually sponsored by the UK kin, are quite common. Short-term migration for caring is not only a goal in itself, but migrants may perceive it as the first step in helping family members in Pakistan become eligible for a long-term or settlement visa. A long-term move is the preferred solution for negotiating family care transnationally, but for many it is difficult to negotiate long-term moves in an era of tightly controlled immigration to the UK. Short-term visits may be formally transformed into a longer-term solution to an ongoing problem of care after negotiating with the authorities.

Case 2: From salaried teaching to unpaid family care

Shaukat is in his late 50s. He came to Britain as a young factory worker, but has been unwell and unable to work for the past five years. Twelve years ago his wife died, just two months after Danyal, her seventh child, was born with congenital problems. Shaukat had no other relatives in England so contacted his elder brother in Pakistan to discuss a solution to the problem of care for his children. The family consensus was that Shaukat’s sister Saleema should go to England. Saleema had been married but had left her husband when he wanted to take a second wife. She was then living in her natal home and working as a teacher. She enjoyed her work, but she said, ‘It was clear that I should go. We discussed who should go, each of my sisters—they had small children, I did not have any child’.

When Saleema arrived in the UK, she went straight to the hospital to see Danyal. Her visit became a permanent move, as she says:

I came on a visitor’s visa, but then my brother and our GP wrote to the Home Office, to say that they need me to stay here, for the children, especially Danyal. They worked
out that it would cost the state much less than if they had to provide care from outside. My brother would support me. I resigned my job in Pakistan; I would have had a pension from there if I had stayed.

Since then, Saleema has cared for Danyal as if he were her own child, sharing a room with him and attending to his special needs and many medical problems. The emotional bond between them is extremely close.

Another solution to the problem of family care may be found through transnational marriage. A significant proportion of second- and third-generation Pakistanis marry spouses from 'back home' to whom they may be related as first cousins (Shaw, 2001). These marriage choices reflect social and emotional ties between transnationally-divided kin as well as opportunities for migration. Marriage with a first cousin or other relative is viewed as a means of reducing the risks entailed in marriage, conventionally regarded as higher for daughters; a woman is less likely to be mistreated by her in-laws if they are also a known and beloved aunt and uncle (Charsley, 2003). Families already known to one another are assumed to have prior knowledge of any 'defect' in the prospective bride or groom. Such knowledge can enable the careful matching of complementary or matching abilities, providing a form of long-term care. Riaz’s wife is deaf, a first cousin once removed, as are three of his children. As Riaz commented,

If a deaf woman’s in-laws are also her relatives, they will be patient and not shout at her if she does something wrong. If she is married outside, there is more chance that she will be harshly treated.

On the other hand, prior knowledge of illness or disability can provide grounds for avoiding a *rishta* (proposal) within the family.

The transnational context adds another dimension to these considerations by introducing the possibility that families in Pakistan may consider marrying a son or daughter to a sick or disabled person in Britain primarily as a means to immigration. Usually this is a concern in relation to British women marrying men from Pakistan (Shaw, 2001) but it can sometimes work the other way. One such case was Shah’s marriage to Nagina, from an urban family in Pakistan. The marriage had been arranged by an intermediary. Soon after Nagina’s arrival in England, Shah’s family discovered that she had a terminal illness and concluded that they had been deliberately deceived by Nagina’s parents, presumably anxious to secure their daughter’s medical treatment in Britain. Shah’s family returned Nagina to Pakistan, and later arranged a different marriage for their son.

In other situations, the economic dynamics of migration may lead a family in Pakistan to consider marrying a son or daughter to someone in Britain who is disabled or otherwise not deemed an attractive spousal prospect. This may result in conflicting expectations of the marriage even where the need for care is explicit, as illustrated by Akhtar’s deliberations in his brothers’ marriages. The need for care leads Akhtar to seek *rishte* (matches) outside the family, and even outside his ethnic group in Pakistan.

Case 3: ‘Good nurses and good wives are from Peshawar’

Akhtar is self-employed and in his 40s, married with five children. He came to England from rural Azad Kashmir as a small boy. He is the eldest of two sisters and seven brothers, five of whom have a physical disability. The brothers began to show signs of their condition only in their late teens and early adulthood. The five affected brothers live at home, with their elderly parents and one brother’s wife, and are mainly confined to the house. Akhtar, his other brother and his sisters live separately. Currently, Akhtar’s main concern is to find wives for his brothers to solve the long-term problem of continuity of care. His brothers can eat, bathe and dress themselves, though more slowly than other people, but need help with standing up. They don’t like carers coming to the house, because, Akhtar says,

it tends to be a different person each time, who is indifferent to them, insincere, wanting the money or wanting promotion. If it was someone they had some relationship with and from whom there was some continuity of care, it would be different.

One of these brothers, Bashir, was married 5 years ago to a woman from the Punjab, from outside the family:

We didn’t look in the family because the doctors advised us not to. She is from a village where the women are not very educated. We told her he has problems. We explained to her and her family about the condition, and the role she would have. She would be like a nurse as well. We explained to her that your role is to help your husband, for example, you will have to give him a slight massage with olive oil, so that he might feel more nimble. And she accepted it, that role. But it turns out they were only interested in coming here. She is supposed to help, but she needs someone from outside the family like a doctor to advise her, because she does not bother. She was okay at first, but then people here put ideas into her head that she should not be a nurse.

For the other brothers, Akhtar says it is important to find the right partner:

Someone who will stick to them after three years. We are looking for compatibility, and for someone who will fulfil the role of nurse as well as the role of wife. The ones that are good nurses and good wives are from Peshawar, but the problem is language, they speak Pashtu. We are going through family contacts, and I asked my cousin in Pakistan, he knows Pathans from the Peshawar side. Some of their girls are very highly educated, with masters degrees. In that case, they may say that don’t want this lifestyle. Two of them have said they don’t mind. But we have to be certain that the *rishta* (match) is compatible. (Notes November 2004)
In other cases, the attraction of socio-economic opportunity presented by the possibility of migration means that men from Pakistan may step into roles as husbands that entail caring for wives with psychiatric problems or physical disabilities, taking on aspects of domestic life that would otherwise be viewed as women’s work, transgressing gendered expectations of care. Even where ‘imported husbands’ (Charsley, 2003) were not fully aware of the extent of a wife’s problems before marriage, a sense of family obligation, marital duty and emotional connection may mean that they find themselves taking on substantial caring duties.

Case 4: An imported husband

Ijaz is 25 years old. He has four sisters and a brother, all of whom live with their parents in rural Multan, Pakistan. He speaks little English. He came to England two years ago to join his wife Abeda, a first cousin, after waiting nearly two years for his entry visa. Abeda has been living in England since she was twelve years old. The couple married four years ago in Pakistan, after which Abeda returned to England. Their oldest child has physical and intellectual problems and attends a special school, as do two of Abeda’s siblings, who had similar problems since childhood. Ijaz knew little about this before he came to England. Abeda herself suffers from periodic psychiatric problems, as Ijaz learnt after their second child was born, when Abeda plunged into severe post-natal depression. A Pakistani neighbour commented

She has gone a bit mad, she would wash clothes all the time, hanging the same things out, and if you asked her how her daughter is, she would say a snake bit her.

Ijaz became increasingly worried about Abeda and the children’s safety as their domestic routine became more and more chaotic, taking his family to Abeda’s mother’s house when he went to work and performing his household’s domestic chores—cooking the salan (curry) and ironing clothes in the evenings and at weekend—whilst also trying to remit savings to his parents in Pakistan (Notes June 2003).

5. DILEMMAS ABOUT TRANSNATIONAL CARING: DESH-PARDESH WORRIES

Pakistani migration is also motivated by global socio-economic inequalities, such that migration for the purpose of care can become intertwined with opportunities for socio-economic mobility. However, migration for care is not always overlaid with the desire to settle as many family members as possible in the UK. Separation over distant continents is a very real source of distress within transnational families (Becker, 1997). Elderly Bengalis called this distress ‘desh-bidesh worries; “the perpetual reassessment of in which place it is best to be, the sense that wherever one goes, one has always left a part of oneself behind in the “other” place” (Gardner, 2002 p209). In Urdu and Punjabi, the equivalent term, desh-pardesh, is a play on words. It can mean ‘home from home’ as well as ‘at home abroad’ (Ballard, 1994 p5). The following three case studies of conflict in family decision-making around migration and care depict desh-pardesh worries at work, emphasizing the centrality of love, emotional ties and notions of responsibility in negotiations of transnational caring.

Case 5: A reluctant grand-son

Jamal is 25, living in London. He is in the middle of a heated family dispute about who should look after his paternal grandparents who returned to Lahore 12 years ago, after working in England for forty years building up savings to enjoy life ‘back home’. Jamal and his two younger brothers are the only boys among the grandchildren. As the eldest, Jamal has a special place in his grandparents’ hearts. His paternal grandmother says she brought him up herself and thinks of him as her own son.

The grandmother is in her 70s and has been diagnosed with hypertension, diabetes and arthritis. Some days she suffers badly from her condition and is unable to get up, lying all day under a fan. Domestic help in Pakistan may be cheap for England-returnees like her, but she complains of loneliness and misses her children and grandchildren. Her husband is older but healthy and active. He is currently running a property dealership he established with savings from England and expects Jamal to join him and continue the business. The grandparents have built a large house in anticipation of their children and grandchildren’s eventual return, but use only one of the three bedrooms on the ground floor; the rest of the house lies dusty, the furniture covered in sheets.

Jamal’s father lives in the USA. He and Jamal’s mother divorced 12 years ago. When Jamal was 18, he and his father moved to Lahore, intending to settle there. Jamal was enthusiastic about exploring his roots; Jamal’s father intended to establish an advertising company with Jamal’s grandfather. However to everyone’s disappointment, they both failed to settle in Pakistan. They grew up in London, lack fluency in Urdu and Punjabi, and felt alienated by friends and colleagues in Pakistan who laughed at their naivety in thinking they were Pakistani. In the end, Jamal returned to the UK to attend university, while his father moved to the USA.

Now that Jamal has graduated, his grandparents, who paid for his university education, expect him to repay them by joining them in Lahore. His grandmother, in particular, applies emotional pressure, saying she is alone without Jamal. However, Jamal dreads the prospect of returning to a place that isn’t ‘home’, however much he might love his grandparents. He doesn’t believe he
Iqbal is in his 50s. For the last 4 months he has been staying with his 80 year old mother, daughter-in-law and two grandchildren in his son's one-bedroom flat in an old neighbourhood of Lahore. For 20 years he lived in London and worked as an employment lawyer. Unlike other men in the neighbourhood, he doesn't wear the traditional shalwar kameez but dresses like an Angrez (Englishman or foreigner) in pants-shirt (jeans, a tweed jacket and cravat). His 4 children were born in Pakistan but moved with him to England at a very young age. Two of them stayed in England and two settled in Lahore. His children all have jobs in law or computing.

Although still married, Iqbal quarrels with and is separated from his wife, who has returned to her natal family elsewhere in the city. His wife is considered very fat, has diabetes and hypertension and suffers from dizzy spells if she exerts herself—Iqbal says 'she didn't look after herself in England, that is why'—and she considers herself too sick to look after her widowed mother-in-law, a decision that Iqbal considers sinful. Iqbal himself returned from England 4 months ago when his mother fell ill. Now small, wizened and toothless, his mother only has a few living relatives. He sees staying with his mother in Lahore as the only option, until he finds a solution 'one way or another'. When talking about his problems he makes liberal use of set Urdu phrases such as 'jo likha hai', 'Allah ki marzi hai' and 'kismat men woh hee hoga' ('what has been written for me', 'this is the will of Allah', and 'what is fated to happen will happen'). (Notes September 2005)

Iqbal feels his base to be England but cannot return there because of his mother's intransigence in refusing to leave Pakistan. He has been absent from his job in London for a long time, and would earn more in London than by staying in Pakistan, but feels compelled to remain in Pakistan until a solution appears, 'one way or another'.

Zohra is a widow in her 70s. She lives most of the time in her village in Azad Kashmir. She is generally feared for her ill-temper. Her neighbours say that her 'head's not right' and that she has been this way since her youth. For the last 10 years she has had a broken hip and now walks with the aid of a stick, which she shakes menacingly at her relatives, and uses sometimes to kill snakes. She is notorious for using the most prodigiously bad language.

Zohra has two children from her second marriage, both living in London. Since her hip was broken, her son Arif has been commuting between Pakistan and the UK to look after her and bring her back on visit visas, at great cost. His wife Umbreen complains about the drain on their finances. They left school at 15 without many qualifications and are now working part-time, earning 'bits and bobs'. Arif is a hospital porter and Umbreen does sessional work in community groups. They have a lot of debt. Umbreen applied for a British passport for Zohra and successfully took the case to court, so that Zohra could stay with them in London. However, although Zohra has dual citizenship, she prefers to stay in Pakistan because she doesn't like the UK. Umbreen says that she 'likes to be near her land'. She accompanies Arif back to the UK at least once every year and spends two or three months living at his house. She is always dissatisfied when she stays there, and complains that she 'doesn't get any peace'. After a few days at Arif's house, she shifts to her daughter's house during the day, although she will not sleep there at night because her family consider it her sons' duty that she should sleep under his roof. When she is in Pakistan, she receives a widow's pension from the UK, which Arif sends to her in the village. She cannot do her own housework or personal care so part of the pension goes towards paying for a family of servants to live in the compound with her (Notes September 2005). Zohra prefers to live in Pakistan and spends only short periods of time in England, though her yearly commute between the two countries is a drain on her financially-struggling son and causes him to argue with his wife.
These three diverse cases illustrate the desh-pardesh worries that can be raised by caring responsibilities in transnational families. They show that transnational Pakistani families do not always act like corporations, seeking comparative advantage by crossing borders. Instead, an individual’s feelings of rootedness and preference for living in one country rather than another may be respected, especially if they are older. For families across a diversity of socioeconomic and regional backgrounds, migration is not merely about force of circumstance. These family dilemmas illustrate that emotional ties and notions of responsibility can be at odds with, and override, the strategic interests of the biraadari.

6. CONCLUSIONS

The transnational family is an extension of the local family; a unit designed for caring in the intuitive sense of the word—nurturing, promoting wellbeing, protection, compassion and concern (McDonald, 1993). The global movements that transnational Pakistanis make in response to a need for care are similar to local movements made by English families (see chapters by Grundy and Murphy; Masson and Lindley; and Hunt in this volume). However, the transnational context introduces specific tensions and contradictions. Restrictive legal definitions of legitimate immigrant families and economic barriers constrain the opportunities for movement and give rise to adaptations which may transgress the normative principles of family care that derive from a person’s gender, generation and position in the household structure. Pakistani migration is also motivated by global socio-economic inequalities, such that migration for the purpose of care can become intertwined with opportunities for socio-economic mobility. Stereotypes about the economic motivation for migration and about the corporate nature of the joint Pakistani family can negatively influence immigration decisions and thus the provision of care. Migration for care is not always motivated by the desire to settle relatives abroad; irrespective of socioeconomic and regional background, emotional ties and notions of responsibility may be far more central to decisions about migration and care. The idea of trans-continental connection is common to the transmigrant experience, invoking sometimes contradictory feelings of rootedness and responsibility.

REFERENCES


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Kinship, Infertility and New Reproductive Technologies: A British Pakistani Muslim Perspective

NAZALIE IQBAL AND BOB SIMPSON

1. INTRODUCTION

In this chapter, we set out to explore the relationship between kinship, infertility and the increasing availability of new reproductive technologies from the perspective of British Pakistani Muslims on Teesside. Our focus is on the deeply personal dramas that unfold around the experience of involuntary childlessness and how this experience articulates with broader questions of kinship, community, and identity. Our aim is to show how difficulties achieving reproduction among British Pakistani Muslims are inflected through the particularities of culture, history, and position in British society. In the various narrative accounts that we present, it becomes clear that the difficulties and tensions faced by members of this community in confronting involuntary childlessness are not the same as those faced by white British couples. Whereas the crises experienced by the latter are typically reckoned in terms

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1 The data we draw upon take the form of case studies collected by Iqbal during her doctoral and subsequent researches among Pakistanis in the Middlesbrough area of Teesside.

2 The 1991 U.K. Census recorded 476,553 Pakistanis living in Britain who constitute 0.87% of Britain’s population of nearly 55 million. Cleveland County Council Research and Intelligence Unit estimated that the ‘Asian’ population of Cleveland was 8,150 in 1981-1982 and that three-quarters of the adults recorded in their survey were Muslims born in Pakistan. Of these, some 60 percent were Mirpuris and 40 percent Punjabis (CCRUI 1982a and 1982b). In 2001 the Tees Valley Joint Strategy Unit reported that some 7,400 of the non-white population in the sub-region were Pakistani (Tinkler 2004:3).

3 Although we refer to the notion of ‘community’ throughout the chapter, we readily acknowledge the problematic nature of this term when it comes to the complex questions of boundaries and differentiation within and across Pakistani ‘communities’ in Britain. However, for reasons of space, questions of caste (qaum), social status, area of origin and different patterns of integration are only touched upon (but see Charsley 2005a and 2005b; Iqbal 2005 and Shaw 1988, 2000).

4 It is beyond the scope of this paper to discuss techniques such as sex selection and pre-natal diagnosis for genetic conditions that are likely to have particular salience for Pakistani communities. The focus here is restricted to assisted reproduction.