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'It Is My Turn To Give': Migrants' Perceptions of Gift Exchange and the Maintenance of Transnational Identity

Georgina Taylor, Jane Wangaruro and Irena Papadopoulos

This paper reports on research conducted with Kenyan migrants in the United Kingdom concerning the support they provide to chronically ill relatives in Kenya. Using qualitative research, we explore the meaning of this support, particularly in relation to the maintenance of transnational identity. The provision of support is considered in the context of gift exchange, and notions of intrinsic reward, reciprocity, obligation, sacrifice, religious conviction and identity are discussed. The research suggests that gift exchange and the maintenance of identity among Kenyan migrants may contribute to a sense of subjective wellbeing.

Keywords: Gift Exchange; Kenyans; Remittances; Transnational Identity; United Kingdom

Introduction

For migrants in the United Kingdom, important kinship networks are maintained through transnational exchanges. Technological advances and the growth of budget airlines have facilitated the maintenance of contact with family members in their country of origin for many migrants (Bloch 2008; Haller and Landolt 2005). The potential for migrants to locate themselves in more than one country has led to a growing literature addressing transnationalism (Ali-Ali *et al.* 2001a), a phenomenon requiring regular and sustained social contacts over time and across national boundaries (Portes *et al.* 1999). Levitt (2003: 850) defines transnational migrants as 'individuals who live aspects of their social, economic and political lives in at least two settings'. While many migrants experience social exclusion in their host countries, even low-paid employment may provide opportunities to support families

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in the countries of origin with which migrants often retain a strong identity (Haller and Landolt 2005). Portes (1999: 464) defines transnational activities as 'those that take place on a recurrent basis across national borders and that require a regular and significant commitment of time by participants'. Portes also acknowledges that such activities are not limited to economic enterprises. Ali-Ali *et al.* (2001a) describe a typology of transnational economic, political, social and cultural activities, of which economic remittances form the most regular exchange after social contact with close family members (Bloch 2008), and are the activity the most associated with transnationalism (Guarnizo 2003).

There is a long history of philanthropic activity in Kenyan society, and modern technology has allowed traditional practices of sharing to transcend international boundaries. The Church is traditionally a central focus for philanthropic activity among Kenyan diasporas and continues to provide support for congregations and local communities in host countries, while facilitating support to extended families in Kenya. Copeland-Carson (2007) suggests that Kenyan recipients of remittances have a higher quality of life than non-recipients. In this paper we explore the nature of transnational activity among Kenyan migrants in the UK who are providing support to relatives in Kenya suffering from chronic illness. We thus locate the giving of such support within the context of 'the gift', and explore the wider context of gift exchange, identifying the meaning that giving has for senders, and also the role that transnational exchange plays in reaffirming cultural identity.

Gift Exchange

The literature has tended to focus on the recipients of remittances (Conway and Cohen 1998; Nyberg-Sørensen 2004). Remittances are commonly defined as migrants' material transfers to personal contacts 'back home' (Lindley 2009: 1315). However, the provision of support can extend beyond remittances, and there is little literature that addresses the meaning that the provision of support has for the 'giver', particularly in relation to the support of relatives with chronic illness.

Mauss's (1954) seminal study of gift exchange explores the role of the gift in fulfilling contracts; while in theory gift-giving is voluntary, in practice gifts are given and repaid under obligation. In his conclusion, Mauss argues that 'much of our everyday morality is concerned with the question of obligation and spontaneity in the gift', that 'things have values which are emotional as well as material', and that we 'still have people and classes who uphold past customs' (1954: 63). Drawing on earlier societies, Mauss demonstrates how wealth, and the consequent gift, can be used to maintain prestige, and questions whether practices are different in modern society.

Titmuss (1970) expresses the importance of gift exchange, claiming that acts of giving are, in many societies, a group affair, woven into the fabric of those societies. Titmuss concludes that gift-giving can be characterised by a variety of sentiments and purposes on a spectrum, ranging from economic domination to gifts with moral and social purposes that aim to support harmonious relationships between known

individuals and groups. Titmuss (1970) explored the altruistic nature of giving and receiving blood, where the identity of neither the donor nor the recipient are known to each other. Schwartz (1967), on the other hand, analyses some of the roles that gifts play where givers and receivers personally know each other, gift exchange acts as a technique for the regulation of shared guilt, and the gift protects status, controls the behaviour of the recipient, and maintains identity: 'Gifts are one of the ways in which the pictures that others have of us in their minds are transmitted' (Schwartz 1967: 1).

Thus the gift imposes an identity on the giver as well as the receiver. While Titmuss (1970) supports the use of the gift as an act of altruism, Lévi-Strauss (1969: 54) depicts how the gift can be employed as a means of controlling others, referring to the use of goods as an instrument of power:

Goods are not only economic commodities, but vehicles and instruments for realities of another order, such as power, influence, sympathy, status and emotion: and the skilful game of exchange.

In their well-known research on Botswana, Stark and Lucas (1988) report on rural-to-urban migration, and consequent urban-to-rural remittances, which form one part of a contractual agreement between migrant and family. Young, often single, individuals whose families have helped to prepare them for migration—for example, through education—are in turn expected to support the family. The agreement thus becomes one of interdependence where 'the family makes the initial sacrifice; the migrant benefits from augmented subsequent earnings; the family is recompensed through remittances' (Stark and Lucas 1988: 470).

Also drawing on the work of Mauss and Lévi-Strauss, Werbner's (1990) ethnographic study of Pakistani communities in Manchester identifies how traditional patterns of gifting are both retained and adapted in order to maintain social bonds with extended family in Pakistan, and to aid community formation in the host society. Pakistani migrants experienced 'disjunction between past and present, between there and here' (Werbner 1990: 1). As cultural reference points were no longer evident in the host society, which was alien and often hostile, they had to be recreated. Gift exchange was instrumental in this process. Young male 'pioneers' who worked in factories in Manchester accumulated capital which they converted into gifts—for example, in the form of interest-free loans to community members to help them to buy property, support families and marry. Thus new forms of gift exchange emerged which aided the formation of trusting networks beyond kin, while at the same time facilitating ties with the homeland through maintaining traditional Pakistani practices of supporting extended families there.

Werbner (1990) argues that labour migrants are, in a sense, 'incomplete persons' who must re-establish bonds with those left behind. The research presented here explores the gift of support from Kenyan migrants in the UK to family members in Kenya who are unwell. The function of gift exchange is explored, along with the part it plays, as an expression of attachment, in maintaining human, personal

relationships between individuals and groups. Specifically the research aims to explore what role the gift plays in terms of maintenance of the migrant's identity.

The Kenyan Community

Kenyan migration, primarily to Europe and North America, has been a response to economic crisis and the emergence of political instability. Following independence from the UK in 1963, Kenya experienced economic growth under the leadership of its first president, Jomo Kenyatta. A strong agricultural base resulted in employment opportunities sufficient to negate the need for labour migration. Changes in the pattern of economic growth began during the late 1980s, followed by a drastic deterioration in the early 1990s, resulting in unemployment (Ghai 2005). At the same time there was a change in political leadership, accompanied by ethnic tension and tribal clashes within the country. Subsequently, a large number of Kenyans migrated to neighbouring African countries, and countries in other continents—such as the UK, which is seen as a safe haven for many in search of security and better employment opportunities. The International Organization for Migration (IOM 2006) estimates the size of the Kenyan community in the UK to be between 150,000 and 300,000 people; as migrant populations are traditionally very mobile, it can prove difficult to acquire reliable official data. A large proportion (80 per cent) of young Kenyans in the UK is represented by students and the majority of Kenyans in the UK are based in London (IOM 2006).

In London, Kenyan migrants have sought compatriots who can facilitate settlement and integration into the host society. Informal social networks are crucial in countering the negative experiences of migration and in assisting in the maintenance of identity, and are essential to the emergence of organised diaspora forums (Ajibewa and Akinrinade 2003). The Church and religion are central to this process and Ajibewa and Akinrinade point to the emergence of many African-run and -dominated churches in the UK, in order to meet the spiritual needs of new African diasporas.

In terms of family structure, Kenyans, like most Africans, have strong obligations to extended family and the practice of supporting relatives is instilled into children from an early age. The Kenyan tradition of philanthropy has endured economic changes, political instability and migration. Most African cultures embrace *'ubuntu'*, a philosophy that emphasises 'mutual care, interdependence, initially within families, and is foundational for duties and obligations amongst kin and non-kin' (Chinouya and O'Keefe 2006: 91). Acts of giving and helping are embedded in African culture and are considered to be basic components of responsible social behaviour. While earlier migrants may have subsequently returned to Kenya to contribute to development following education overseas, economic instability in Kenya now prompts migrants to stay in their host countries. However, the philanthropic aspect of Kenyan culture persists within the diasporas and migrants continue to provide support to their extended families in Kenya, albeit at a distance (Copeland-Carson 2007).

Methodology

The research reported in this paper draws on a larger study which aims to investigate the impact that the maintenance of transnational identity has, through gift exchange with sick relatives in Kenya, on the subjective wellbeing of Kenyan migrants in the UK. This is achieved by exploring the act of providing support to chronically ill relatives residing in Kenya. Data collection took place in London between 2007 and 2008 and consisted of 20 semi-structured interviews with participants who were identified by purposive sampling in order to recruit individuals with direct personal experience of providing support to relatives in Kenya who were experiencing chronic illness. The majority of the sample arrived in the UK during the 1990s, and represented women and men of varying ages, occupations, ethnic groups and marital status. All interviews took place in venues that were chosen by the participants, and were tape-recorded with their permission.

The recordings were played several times in order to achieve immersion in the data and each interview was transcribed; the transcriptions were re-read many times in order to extract significant phrases. These activities represent the initial stages of Colaizzi's (1978) framework which guided our data analysis, for which we used the software package NUD.IST. Interpretation of the data commenced by formulating meanings for each statement, having set aside, or bracketed, prior assumptions. For each of the extracted statements, more generalised meanings were formulated which were then grouped into cluster themes which, in turn, allowed description of the phenomena being studied. We conducted peer review of the emergent themes, performing an independent analysis of the raw data. Selected themes are presented in this paper, with verbatim accounts from participants; they have been assigned pseudonyms in order to maintain their anonymity. We obtained further data through participant observation at community gatherings which aimed to raise funds for, or pray for, sick relatives in Kenya.

Results

The Nature of the Gift

The majority of recipients of support were close relatives in Kenya—for example, parents, siblings and sometimes aunts and uncles. Participants described the provision of support in terms of meeting physical, medical, emotional, spiritual and financial needs, helping their relatives to live with their medical condition, and assisting them towards a more comfortable existence. Providing support to sick relatives in Kenya took many forms: while telephone calls were the most common form of communication—employed by all participants—other means were sending text and email messages and writing letters. Participants frequently referred to 'messages of encouragement'. Primacy was given to telephone calls; the sound of a relative's voice was likened to a song, and this level of personal contact was instrumental in being able to assess a relative's 'emotional state', making it possible to

respond to 'clues' and offer advice. Gitonga, a male Kenyan who arrived in the UK in 2002 with his wife and children, stressed the importance of telephone calls in terms of gauging the health status of the sick relative, either directly from that individual, or from other family members. He explained how his sick father might not relate the extent of his illness in order to avoid upsetting his son, so he talks with his mother as well. Most of the conversations revolved around the relative's illness, treatment availability and plans, and response to treatment.

The majority of participants were sending money to their sick relatives in Kenya, at variable intervals, but mostly on a monthly basis. This money was intended to be used to buy medicines or pay hospital bills, to buy food and, on occasions, clothing. Because all receivers of support were either chronically ill or close relatives of the sick, some participants expressed concern that money sent to Kenya might not always be put to the best use. For example, 38-year-old Odinga came to the UK with his wife and children to study for a Masters degree, and has since commenced doctoral studies. As well as supporting his immediate family in the UK, Odinga also supports his mother in Kenya:

And sometimes I do shopping . . . there are online services . . . and I can look at the products being sold in Kenya, and I pay here in the UK, and my mum would just go and pick it up. Because sometimes when you send money, the money is put for other use and I think nutrition . . . my mum is diabetic, and she may not buy the things that she needs to buy . . . maybe she is trying to keep the money for some other use 'cos there are so many needs.

While over half of the participants were sending money to family members in Kenya, other goods were sent as well, including practical aids like incontinence sheets, hot-water bottles, clothing, blankets, videotapes and books. Schwartz (1967) notes some debate about whether benefits to the needy should be provided in the form of cash or goods. While the giving of cash confers autonomy on the recipient, this status is not highly prized in all cultures. The giving of goods does exert some degree of control over recipients, since the decision on how to use the monetary resources lies with the giver who attempts to ensure that the gift is used as intended.

A contribution from Ngugi provides a reminder that remittances are not 'just money' (Lindley 2009: 1315). Ngugi (38) is in the UK with his wife and children; his first year in the UK was very difficult, and he considered returning to Kenya but, following emotional support from close relatives, he is now working as a teacher:

I would interpret support in two ways. I would imagine the overwhelming number of us who are here rank the economic element very, very highly, simply because we are coming from societies which are not necessarily very well endowed with money. However, support must extend beyond money because money in itself perhaps can only achieve so much. Support, to me, has to encompass all the things: the material support, the emotional support, the spiritual support, and also maybe

being there physically; presence is important when you are able to travel there, or when you are able to pass messages through a physical person who is travelling there. All that to me would encompass support, so financial, emotional and spiritual would be especially important, sometimes maybe even saying a short prayer with somebody when we are with them on the phone is absolutely important or maybe even giving them a verse that they could refer to, that possibly could encourage them, especially during the times when they are in pain or in sickness.

As important as providing material support was the ability to provide emotional and spiritual support, and information about illnesses and appropriate medication and treatment. The provision of health-related information featured prominently, as migrants in the UK search the internet in order to explore their relatives' illnesses and send relevant information to Kenya. Access to resources in the UK also serves to transmit different attitudes to illness across cultures and national boundaries. For example, Watetu, a 48-year-old former teacher in Kenya who left her job as a result of politically related tribal clashes, described the gift of advocacy, referring to the provision of support for her brother-in-law, who was stigmatised in Kenya by mental illness. She described the difficulties in trying to find a doctor in Kenya who had sufficiently specialised training to provide the appropriate care. Whereas a suitable doctor might be located in Nairobi, her brother-in-law lives in a rural community where attitudes to mental illness often derive from witchcraft or curses. Watetu acknowledged her exposure to information in the UK that is not available in Kenya and feels the need to advocate on her brother-in-law's behalf and to create awareness that his mental illness can be treated:

My communication with my brother-in-law has been a bit of a problem, but now I communicate with him through my father-in-law's mobile phone. Because of his state and the sickness, he has to depend on somebody to advocate for his needs. My father-in-law is old, so sometimes I have to intervene on the phone to talk to his doctor who is far away, so I am still doing advocacy even when I am here. I thank God for being here because I have a different attitude, I am able now to access information unlike when I was in Kenya . . . because of the stigma I have to really communicate and advocate for his needs.

Kenyan migrants in the UK also described their gift of time given to relatives in Kenya. All participants travelled back to Kenya to spend time with their families, at varying frequencies. If not able to travel to Kenya themselves, migrants ask fellow Kenyans who are returning to the country to visit the family members of those who are unable to travel. Participants believe that it is important to give time to listening to their sick relatives, allowing the latter opportunities to 'vent feelings'. In the words of Ngugi, support given in the form of time has immeasurable value:

[A]nd I think this is in itself priceless. There is not a price that you can say . . . that you can attach to the help you have given people . . . time that you have given to them, to talk to them, to encourage them.

Intrinsic Reward

While most participants struggled to send money to their sick relatives, the intrinsic reward that they felt outweighed any hardship. Participants talked about feeling satisfied, fulfilled, content and ‘just good generally’. One participant referred to the reward as ‘a good hormone that will make my body healthy . . . their comfort makes me comfortable’ (Mwikali, 39-year-old female). Elsewhere, Odinga finds that ‘the stress is gone, you are not worried about things any more’ when sick relatives’ problems in Kenya are resolved.

Health is a highly valued state for the participants in this study. Migrants felt motivated by a desire for their relatives to live longer and healthier lives; they felt privileged to have their own health and to be in a position to gain employment, and thus to be able to help others. One participant referred to ‘psychic income’, which was described as satisfaction that accrues from helping others, of being able to do something ‘valuable’ for another person. In this case, Wanjugi, a female professional in her 50s, is supporting her diabetic mother in Kenya:

I am doing something valuable for her. When I send her money, I know that my mother values receiving that money from me, because I am far away from home. Sending that money is like some kind of connection between her and me, and she values that . . . it is as if she is seeing me. It is a connection, because, when they get that money, it is something tangible . . . it is as if we are touching hands.

Participants were also motivated by the gratitude expressed by the recipients of their gifts and, steeped in their Christian beliefs, perceived themselves to be blessed by prayers bestowed on them by appreciative relatives. A sense of pride was evident when they were in a position to support parents.

Reciprocity

There was evidence of strong feelings concerning the ability to give something back to families and communities that provided opportunities for advancement, notably through education, during formative years. Odinga talked in terms of repaying a debt: ‘I want to take care of her, knowing that she took care of me, so I think it’s my turn to give’.

Reciprocity is thus entrenched in cultural practices. For example, Atieno, a 35-year-old teacher and mother of two, claims that upbringing in Kenyan society demands that children care for their parents; it is a cultural norm, underpinned by cultural pressure. Providing support under such conditions can also be motivated by guilt. Atieno claims that she has a lot of love for her mother, arguing that her mother would not be so sick if she had not striven to provide for her daughter’s education and thus allowed her to be in the privileged position she is in today: ‘I have respect for what she has done. I don’t think I can repay enough what she did to put me where I am, so that is what drives me, like I owe her my life’.

Thus, notions of reciprocity are entrenched in family tradition, steeped in responsibility and a way of saying ‘Thank you’, of giving something back, not just to immediate family, but also to the community.

Obligation

Obligation is related to notions of reciprocity, though some participants were reluctant to use this term, and were adamant that providing support is not an obligation. Wanjugu and others used the term ‘expectation’.

[I]n African culture, the old people expect us children to look after them, to care for them in their old age. Almost every African child knows that it is part of their responsibility to look after the elderly parents, so supporting my mother or even my father, I am doing what they expect me to be doing.

Some comments imply that such expectations are not always realistic, for example, 50-year-old Moi, who is in the UK with his wife, described how stressful it can become when periods of unemployment render the sending of money to Kenya difficult, if not impossible:

These relatives at home wouldn’t know the kind of jobs we are doing here to get that money, so sometimes we are just praying that we get the jobs. . . . we don’t have permanent jobs here in the UK, so we keep on looking for jobs that are available.

Altruistic tendencies were also evident. Muthoni, for example, was adamant that supporting her family in Kenya is a voluntary act and not an obligation: ‘I actually enjoy it. I am happy just knowing how they are doing’.

There was evidence of some vacillation between the two motivations. Some participants talked of provision of support in terms of ‘obligation, but not an obligation’, one referring to it as ‘not a mandatory obligation’, thus conveying some sense of concern that supporting sick relatives should not be construed as a burden while, at the same time, acknowledging the demands made by providing support. However, any suggestion of burden is balanced by the joy of seeing improvements in the sick relatives and receiving their gratitude.

Sacrifice

It is clear that some migrants do experience hardship in order to be able to provide material support for their sick relatives. There were frequent reports of having a full-time job, being a part-time student, but also grasping opportunities to work overtime in order to provide for sick relatives, as evidenced by Atieno.

[Y]ou know, us people on a salary, you have to do budgeting and most of this support we are talking about is not budgeted support, for example, medication. If she has to change her medication, I have to go back to my pocket, which would be

maybe once in a month. So I want her to be comfortable, but it does have a big impact on my life and sometimes when I cannot afford it I feel very, very bad . . . I am left thinking how am I going to keep up with the demand not only from her but also from the people around her because they are supporting her, they also feel they should be supported . . . They also want me to top up their pockets and then it becomes financially draining.

Odinga (38) is sending money monthly, juggling the needs of his family in the UK with those of his mother in Kenya, and his aspirations to succeed in his studies:

Ah, it is very tough . . . the thing is, you know, you have this feeling of . . . it has to be done. And somehow you get strength, you play around with your budget. Of course, you get into debt in the form of maybe credit card, and you work hard to make sure you live a very basic life. You know, my family . . . we can't indulge in the things that we would have easily indulged in in Kenya. We don't take holidays like we would. Birthdays for the kids are not as good as we would have had them back home. So we try to minimise our expenditure basically to food, accommodation, I think that is critical, my transport of course because I have to go to college. So we are able then to spare a little to be able to send back.

Another participant stated:

I do sacrifice a lot . . . I need to pay my bills, I need to pay for my upkeep and still I need to sacrifice whatever else I am left with to care for my sick one at home, so it is total sacrifice. I have to work extra shifts when I am supposed to be home relaxing. Sometimes you feel as if these people back home do not know how you are struggling to get those resources to fund this, but all the same, . . . when you find that your father is doing well, . . . he is improving, . . . you feel that you are proud to be a part of it (Ruto, male in his 40s).

Reference was made to the demands of life in the UK, stressing that it is a 'first-world' country where everything goes very fast, even money, and where one feels drained financially, emotionally and physically.

Service to God

However, any sense of sacrifice was balanced by a powerful sense of serving God; Kenyan people have strong religious beliefs, aiming to be 'good Christians' through following the Bible.

[B]ecause we are Christians, and it is also a command from God that we should honour our parents, including our grandparents, so we are also indebted because of our Christian faith (Mweni, 35-year-old female).

Provision of support is closely linked to the Christian doctrine of giving, which is informed by God's gift of Jesus Christ to humankind. Many informants quoted the scriptures to justify their provision of support, which infers that it is a service to

God and they are doing something that 'God has blessed'. Further, the Christian faith is important in coping with chronic illness among many African communities, and prayer may be employed in the management of illness (Chinouya and O'Keefe 2005; Papadopoulos *et al.* 2004). To this end, some participants are happy to provide the support to their sick relatives that will enable the participants and their relatives to fulfil their religious obligations, when illness will not normally allow them to. Forty-year-old Koigi provides financial support to his mother who is suffering from Parkinson's Disease:

My Mum likes going to church, so I keep sending her Kshs 1,000 (approximately £10) so that she can be able to offer in church, to give thanks for the life God has given my Mum.

Wangeci talked about the privilege of enjoying good health: 'I am a Christian, so I refer to what God has given me as a privilege to serve someone else'. Migrants in the UK experienced peace of mind and a sense of wellbeing as a consequence of keeping the Christian faith, referred to as a 'moral compass' that guides them to support their sick relatives in Kenya. However, these migrants also derived benefit from blessings bestowed on them by sick relatives in Kenya through their prayers. Once again, the notion of reciprocity appears to be an essential component of the act of gift-giving.

Identity

The provision of support to relatives in Kenya afforded migrants in the UK several opportunities to reaffirm their identity. In relation to the importance of telephone calls, Wangeci states that:

These are people you are linked to through blood, so when you hear a voice from one of them, it gives you, you know, it kind of connects you . . . you feel very much together . . . it's like a song.

Providing support to relatives in Kenya 'fills a void', according to Ngugi, created by the migrant's absence from the home country. The importance of gatherings with fellow Kenyans, and gift-giving events (*harambees*), as vehicles for maintaining identity was evident, but these meetings also served very practical purposes. For example, 48-year-old Watetu, who was surprised by her grandmother's request for a mobile phone, wished to find a fellow Kenyan who was going home and who could take the phone to her:

I keep on knowing who is going home, send information and unless I go to those gatherings how am I going to know who is going home? We may not be able to support the whole nation, but you know making a difference even in one person's life is a drive that keeps Kenyans going. Can you imagine how many *harambees* are organised in a week or in a month? *Harambee* means fundraising to us . . . even if I go with just £5, the way they receive it, makes me just want to go on that occasion.

Harambee refers to the Kenyan practice of gathering people together for the purpose of collecting funds for community projects; these gatherings are accompanied by singing, storytelling and speeches (Copeland-Carson 2007). Fellowship meetings are also held among the Kenyan community in the UK, convened in order to pray for sick relatives in Kenya. These meetings provide opportunities for the reaffirmation of identity and a reduction in homesickness; participants at these meetings talked of feelings of 'something missing' and 'disorientation' when links with home were lacking. During these meetings, importance is attached to praying together and also raising funds to support sick relatives. Participant observation revealed the importance of the meetings in affording the opportunity to dress in national attire, to share Kenyan food and to talk in Kenyan languages, leading 35-year-old Wangari to claim: 'I felt like I have gone back to Kenya for 5 hours today', and suggesting the creation of a little piece of Kenya in the UK. Providing support to a sick relative in Kenya, and the consequent appreciation, contributes to the strengthening of bonds, as Wangari again demonstrates.

It means a lot to me because I maintain my links with the people back home . . . if I don't do that I will lose my own personal identity.

Discussion

Lindley (2009: 1319) identifies several 'remittance geometries', including individual-to-individual remittances; individual-to-several remittances and several-to-individual remittances. All three of these approaches were evident in the research reported here. Most individual participants were providing support to individual family members in Kenya and some individual migrants were supporting more than one relative, who was sometimes outside the immediate family circle. Instances of several Kenyans mobilising to work collaboratively to raise funds to support sick people in Kenya, through a '*harambee*', were apparent.

The nature of gift-giving by Kenyan migrants in the UK to their sick family members in Kenya needs to be understood within the context of Kenyan culture. Participants explain their gift-giving in terms of family responsibilities, cultural expectations, religious conviction and the benefits attached to 'doing good'. Religions are themselves transnational in nature, and thus are instrumental in the formation of transnational lives and worlds, by retaining homeland traditions in a host country (Levitt 2003). Kenyan migrants achieve this through religious gatherings in the UK, but also by supporting their relatives' participation in religious activities in Kenya. Thereby the migrants retain their own membership of those distant communities, further receiving reinforcement through being the subjects of their relatives' prayers in their absence. Faith provides support and hope, and African people often turn to religion to cope with chronic illness. Collective religious practice functions to bind members of communities, and relationships with God are important in African communities for physical and emotional wellbeing (Chinouya and O'Keefe 2005).

The Christian faith teaches about giving and, although the gift of support was seen as good for a migrant's self-esteem and honour, there were also expressions of the need to avoid the shame of failing to support sick relatives. This, in turn, raises questions concerning the extent to which the gift is a voluntary act or a compulsory one (Mauss 1954).

Lindley (2009) refers to 'pressured transnationalism' which is reflected in expressions of shame and guilt by Kenyan migrants who were fearful that they might not be able to live up to expectations. In our study, strong social pressure was felt by Kenyan migrants to support, in illness, relatives who had supported them in their younger years. Thus there was evidence of a cycle of receiving and giving, with a sense of giving back to the family and, on occasions, the wider community: 'It is my turn to give'.

Hofstede (1997: 5) defines culture as 'the collective programming of the mind which distinguishes the members of one group or category of people from another' and, as such, provides beliefs and values that guide behaviour. Sharing is characteristic of families and communities in collectivist cultures; often manifested through the expectation that working (and earning) members will provide for the extended family, and also that family members will combine to support one family member's education, with the expectation that that individual will in turn repay the community (i.e. giving in order to get back). As such, support of offspring in the early years instils a reciprocal bond, embedded in the generosity of families and communities, that also establishes debts to be repaid later in order to maintain intergenerational solidarity (Hofstede 1997). Personal obligations to the individual's family also maintain the migrant's identity, by reinforcing the status of the migrant in the eyes of non-migrants (Guarnizo 2003).

Yet the requirements of such solidarity confer high expectations on migrants: in Kenya there were—often misguided—perceptions of migrants in the UK as being wealthy and having command over resources that were not, in reality, always accessible. Haller and Landolt (2005) comment on the role of structure in the host country in allowing access to resources that will permit transnational exchange, and thus enable the capacity to give that follows from transnational capability, or the desire to give (Ali-Ali *et al.* 2001a, 2001b), if migrants have access to the requisite skills and resources. Indeed many migrants in the UK struggled to meet their own daily needs, let alone those of their sick relatives. Hubert and Mauss (1964) locate the origins of sacrifice in a gift made by primitive societies to supernatural beings, when the purpose of the sacrifice was to enhance the religious status of the 'sacrifier'. The notion of sacrifice has been preserved by Christian theology: 'Its efficacy has simply been transferred from the physical world to the moral' (Hubert and Mauss 1964: 95). Hubert and Mauss argue that sacrifice is frequently perceived as a form of contract, something that is evident in our study as migrants acknowledge the sacrifices they make, but locate them in cultural obligations. Nevertheless, a sense of pride was felt in providing this support and any sense of sacrifice was balanced by a sense of fulfilment: although the term 'sacrifice' was frequently used, there was a sense that

this was viewed as a necessity in order to re-arrange budgets for the benefit of significant others.

Remitting can be a source of familial and cultural reaffirmation (Lindley 2009). As well as being a token of social relationships, the presentation of a gift confers identity. Gift exchange plays a role in status maintenance by imposing an identity on the giver as well as the receiver. Lindley (2009) argues that remittances are 'not just money' and urges consideration of 'relational work'. The relationships that were maintained between Kenyan migrants in the UK and their sick relatives in Kenya contributed to the reinforcement of cultural identity for the migrants—through their maintenance of ties with their families in Kenya that resulted in intrinsic rewards which transcended improvements in their relatives' physical conditions. Mauss (1954) supports the idea that gifts have emotional as well as material value and, just as a material gift of, say, money or medicines may contribute to some amelioration of a relative's physical problems, the reward of expressed appreciation or blessings, or simply feeling good, fosters strong bonds with the home country and thus assists in reinforcing cultural identity. However, 'relational work' can also have emotional costs. There was evidence among the participants of the emotional aspects of caring for relatives so far away, through concerns for their relatives' health and wellbeing. Parreñas (2001) describes transnational families where the mother is working in one country, and the dependents are in another country—in this case the Phillipines. There are high expectations that women will nurture the emotional wellbeing of others. Parreñas found that female domestic workers who travelled abroad in order to be able to support their families at home experienced feelings of anxiety, helplessness, guilt, loss and pain of separation. In such instances, remittances come to represent the 'commodification of love' (Parreñas 2001: 371) and the material benefits of separation from loved ones.

When describing motivations for sending support to sick relatives in Kenya, informants often referred to a feeling of satisfaction, which might be perceived as contributing to an overall sense of wellbeing. Links between acts of giving and a feeling of wellbeing may be explained by McGregor's (2004: 345) conceptual framework for analysing wellbeing, which is built along three dimensions: the material, the relational and the cognitive. McGregor proposes that wellbeing can arise from a combination of what a person has, what a person can do with what he or she has; and how a person thinks about what s/he has and can do. The first dimension of this framework concerns the material aspect of the resources that people have—in our study the money that they have to send to their relatives, or the goods that they buy for them. McGregor's second, relational, dimension concerns the needs that the migrants are able to fulfil or what they are able to do with the resources at their disposal. The third dimension concerns the cognitive aspect: migrants' subjective evaluation of their state of wellbeing or how they perceive the product of both the material and relational dimensions of having and doing. The framework further shifts the focus away from people's deficits to their capabilities and, in relation to migrants, facilitates the perception of them as active agents in the construction of their social worlds.

In McGregor's words: 'trying to construct a good life for themselves and others close to them' (2004: 346).

Conclusion

This paper has focused on Kenyan migrants as 'senders'—and their chronically ill relatives as 'receivers'—of 'the gift' of various forms of support, identifying what the provision of support to chronically sick relatives in Kenya means for the senders. Gift-giving is not uni-directional, and accords with the term 'gift exchange' in that Kenyan migrants in the UK benefit from intrinsic rewards of feeling good, the maintainance of their identity, and an enhanced prestige, as they live up to expectations of elevated status through being in a position to travel to the UK and repay the generosity of parents. It is evident from our research that the resources that Kenyan migrants have are important to them in terms of being able to meet the needs for support of their chronically sick relatives. However, these resources are also important in meeting the migrants' own needs to fulfil family roles and expectations. The ability to satisfy these needs, through having the resources and using them, appears to be instrumental in reaffirming identity and in contributing to wellbeing. Transnational identity is constructed through migrants fulfilling the cultural expectations of chronically ill relatives in Kenya, while residing, studying and working in the UK. Association with fellow Kenyans becomes the vehicle for both fund-raising and the maintenance of strong ties with Kenya, and thus Kenyan identity. This is an area that warrants further research.

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