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**Sri Lankan Migrant Women Between Kalpitiya & Kuwait
Aspirations for Wellness (*Suham*).
Re-Constructions of 'Migrants' Health'**

Sajida Z. Ally

A thesis submitted to the Department of Anthropology of the
University of Sussex for the degree of Doctor of Philosophy
Brighton, February 2016

*For my Mother and Father
Ah Yuk che
and Markus*

University of Sussex

Sajida Z. Ally

**THESIS SUBMITTED FOR DEGREE OF
DOCTOR OF PHILOSOPHY IN ANTHROPOLOGY**

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SUMMARY

For decades, Sri Lankan Muslim women have been migrating for domestic work and contributing to their families' welfare and the national economy. Despite their significance and the often-arduous conditions endured, women are largely understated about their wellness, they are stigmatized for being mobile and supposedly promiscuous, and their health is not prioritised within humanitarian interventions surrounding them. Taking these discrepancies as its starting point, this thesis examines how 'wellness' (*suham*) and 'health' are intersubjectively experienced and constructed by Sri Lankan Tamil-speaking women as social agents. It focuses on the transnational circuit between Sri Lanka—where gendered, kin and communal relations and poverty shape migrants' aspirations—and the Arab Gulf, which hosts them as temporary, live-in domestic workers. This circuit provides both material conditions of livelihood, housing, sponsorship and limited welfare, and immaterialities of embodied senses of comportment, place, morality and faith, that integrally shape wellness.

This thesis explores how migrants' health and wellness is constituted as a field of intersubjective experience and 'policy intervention'. In this field, it is argued, migrant women experience health around notions of morality and kinship, and their constructions intermingle with shared classifications of 'migrants' health'. Drawing on Sarah Willen's and Robert Desjarlais' critical phenomenology, the politics of life of Didier Fassin, and a growing body of ethnography on morality, the thesis explores migrants' experiences through various interfaces in which wellness is experienced and constructed. The probing of these interfaces—of kin relations, 'community', employers, recruitment agents and state officials—drew on an extended field site, where research was primarily carried out in Kalpitiya, Sri Lanka and also in Kuwait. Throughout, the thesis highlights how the insufficiencies of kin relations and the migrant-care industry contour women's experiences, yet how women act and channel into social praxis a will to make meaning out of their lives.

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Table of Contents

Chapter One: Introduction	1
1.1. Sri Lankan Migrant Women's Health in Context.....	2
1.2. The Moral Economy of Sri Lankan Muslim Migrant Women's Lives	7
1.3. Research on 'Migrant Domestic Workers' and 'Migrants' Health and Wellness'	20
1.4. Theoretical Frame & Contribution: A 'Critical Phenomenological' Approach to Migrant Women's Wellness and Health.....	24
1.5. Positionality and Intentions Beyond the Academy.....	30
1.6. Thesis Outline.....	32
Chapter Two: Methodology.....	37
2.1. Introduction	37
2.2. Research Approach: Bridging Phenomenological-Narrative and Political Approaches to Health	37
2.3. Broad Geographic Focus and Ethnographic Context of Research.....	41
2.4. Negotiating Access and Choosing My Methods.....	48
2.5. Research with Migrant Women - Primary Informants	51
2.6. Research with Secondary Informants	60
2.7. Positionality, Engagement and Ethics	65
Chapter Three: Implicit Idioms of <i>Suham</i> (Wellness).....	71
3.1. Introduction - <i>Fadila</i>	71
3.2. <i>Suham</i> (Wellness)—A 'Working Framework' to Understand 'Migrants' Health'	73
3.3. Implicit <i>Suham</i> (Wellness) Within Close Kin Relations	76
3.4. Realising the Value of Life: Ethics, Politics and Moral Selfhood	93
3.5. Conclusion	95
Chapter Four: Explicit Idioms of "Pain in One's Being" <i>Mana Vartham</i>	98
4.1. Introduction - <i>Kareema</i>	98
4.2. Enduring Pain to Build Houses?	102
4.3. The 'Somatic Modes' of a Live-In Domestic Worker	107
4.4. Conclusion	117
Chapter Five: "Good Women Stay at Home, Bad Women Go Everywhere"—Sexuality and Spousal Relations Within <i>Suham</i> (Wellness)	121
5.1. Introduction	121
5.2. Sexuality and Honour in Migrant Marriages and Intimate Practices	122
5.3. Escaping Widowhood in Jaffna, Finding a Spouse in Saudi - <i>Amina</i>	128
5.4. Kin Betrayal and Seeking to Restore Love - <i>Zahira</i>	130
5.5. Between Fear and Flirtation in Kuwait - <i>Jansila</i>	135
5.6. Conclusion	137
Chapter Six: "Sub People", "Known People" and the "Big, Bad Woman"—Brokers, Intersubjectivity and Embodied Mobility	141
6.1. Introduction	141
6.2. "A Good Sub Man" Turned Suspect and the Big Business of Migrant Domestic Work - <i>Jansila</i>	144
6.3. A Dubai Brothel and a Restless Spirit in Kalpitiya - <i>Yasmin and Zahira</i>	149
6.4. A <i>Teranja Aala</i> but a "Big Bad Woman" - <i>Noorjahan</i>	151
6.5. Taking Risks to "See Life" - <i>Fareena</i>	153
6.6. Escaping the Brothel by "Being Like a Man" - <i>Fadila</i>	154

6.7. Conclusion	156
Chapter Seven: “Coming Out” of Houses to Preserve <i>Suham</i> (Wellness)	160
7.1. Introduction	160
7.2. Aspirations for work in a “good house” and efforts to attain them.....	165
7.3. Health as a Catalyst to Desire Better and “Come Out” - <i>Naziha</i>	175
7.4. Inequality and Migrants’ Experiences in <i>Suham</i> (wellness).....	185
7.5. “Coming Out” and Living Unauthorized	190
7.6. Health, Self and the Politics of Life: Life in Poverty, Life Inside Houses, and Life Outside	198
7.7. Conclusion	201
Chapter Eight: Conclusion—The Politics of Sri Lankan Migrant Women’s Wellness and Health.....	203
8.1. Introduction	203
8.2. Core Contribution of Thesis: Wellness (<i>Suham</i>) and the Re-Construction of ‘Migrants’ Health’	203
8.3. Moving Research Findings into the Public.....	209
Appendices	213
Appendix 1 – Glossary	213
Appendix 2 - Abbreviations	215
Appendix 3 - Departures for Foreign Employment by Sex.....	216
Appendix 4 – Sri Lankan Migrant Domestic Worker Departures	217
Bibliography	218

List of Maps

Map 1 – Sri Lanka Map 2 – Kalpitya and Puttalam.....	42
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List of Figures

Figure 1 – Comparison of Male Migrant Workers, Housemaids and other Female Migrant Workers 2012	10
Figure 2 – Girls going to school, Kalpitya.....	16
Figure 3 – Cajun hut, Kalpitiya.....	16
Figure 4 – Mulanur's river	16
Figure 5 – Kalpitya town	43
Figure 6 – A focus group discussion among returnee migrants, Puttalam.....	60
Figure 7 – An abandoned mosque in Kalpitya Figure 8 – Mosque in Puttalam	65
Figure 9 – Gathering firewood near home, Kalpitiya.....	81
Figure 10 – A migrant child’s birthday party, Kalpitiya.....	84
Figure 11 – Simple living before migration, Kalpitiya.....	104
Figure 12 – "A good house", Kalpitya.....	105
Figure 13 – Zahira and her child.....	132
Figure 14 – A migrant mother and her adopted baby	133
Figure 15 – A niece of a migrant woman gets married, Kalpitya.....	137
Figure 16 – Near Jansila's home, Kalpitya	148
Figure 17 – Driving to Jansila's madam's home, Jabriya, Kuwait	148
Figure 18 – Luxury mall and marina, Kuwait.....	148
Figure 19 – Dressing up to go out, Abbasiyya, Kuwait.....	174
Figure 20 – Jleeb Al Shuyouk, Abbasiyya, Kuwait	179
Figure 21 – A celebration of women’s rights by the Women and Media Collective, Colombo, Sri Lanka	211

List of Tables

Table 1 – Profile of ‘In-depth’ Migrant Informants	56
Table 2 – Profile of ‘Non-in-depth’ Migrant Informants in Sri Lanka	57
Table 3 – Profile of ‘Non-in-depth’ Migrant Informants in Kuwait.....	59
Table 4 – Profile of Secondary Informants in Kalpitiya & Puttalam.....	62
Table 5 – Profile of Secondary Informants in Colombo, Kurunegala & Kuwait*	64

Chapter One: Introduction

JABRIYA, KUWAIT, March 2011. Visiting my informant Jansila¹ in her employer's home. *We were meeting for the second time in Kuwait. Her "madam" was seated on the sofa near us. I was playing video clips that evening of Jansila's family talking to her—recorded by myself a couple weeks back in Kalpitiya. Jansila begins to cry as her mother begins to speak. Madam tells her to stop. It had only been two months of work, but Jansila was already exhausted and wanted to leave. She had a long history of epilepsy and dizzy spells, which would hit her upon being fatigued. She could not sleep at night: she slept in a laundry room without a door, and this caused her to worry that madam's adolescent son might come in. Ever since she had been raped a decade back by a camel herder in the middle of a Saudi Arabian desert, Jansila had feared "strange men". Her mother, a tiny old woman with a gentle smile, tries to encourage Jansila from the laptop screen: "Don't get angry at the madam dear. Be courageous. You are young ... Don't be so "hot" [tempered]. You just need to stay for two years. After that you'll have enough for your dowry. What will you do here if you come back now? Think about your future ... Allah has given you this chance." We sit quietly for a moment after the recording ends. Jansila's tears subside. "I don't know if I can do this Sajida. Madam expects me to work every night till midnight. The daughter, she's a right dog. And that boy, he used to sleep with the Filipina who was here before me. That's why the sister has gone "mental" and fights with me ... How can I rest like this? I need a little nimadhi (contentment) ... I'm dizzy all the time. How can I work?" I asked if she had tried explaining all this to madam. "I tried, but she won't listen. She took me to the doctor. The doctor told her that I'm homesick. He gave me some pills. They did nothing." A month later, madam had returned Jansila to the recruitment agent after she had hit back at her daughter.*

KALPITYA, SRI LANKA, August 2010. *I think 60 to 70 per cent of these women come back corrupted and depressed ... Their views have changed in ways that are not suitable for this area ... All returnees should be screened for HIV and swine flu at the airport.*

Dr. Hanif, Assistant Medical Officer of Health, Kalpitiya Government Clinic (Male Muslim)

COLOMBO, SRI LANKA, October 2009. *They [migrant women] are not identified as a special group. The health sector does not recognise them as a risk group. Health-wise, we don't see them as a major issue. Socially, we don't treat them differently. For the simple reason: we don't want them to be stigmatized ... The woman does not want to be recognized as someone who has gone to the Middle East and come back. The state does not want to strengthen that negative concept. STIs, HIV-AIDS, we don't recognize these as major factors for them ... Mental health is an issue for these women, family breakdown ... You will notice a big difference in these issues among migrated and non-migrated women ... But she's not necessarily 'a poor thing' ... I think you should focus more on the health and social issues of the people whom she leaves behind. You should be very much more concerned about them. Alcoholism of the father, incest, girls getting raped, daughters getting pregnant, behavioural abnormalities, grandparents getting depressed. The health of the woman is looked after ... Their problem is accessing health services while overseas ... So is there a final benefit ultimately for the woman [in migrating]? What is it? Nobody benefits. Actually, it's a useless exercise to go there.*

Dr. Aberathna, Practicing gynaecologist and consultant to Sri Lankan government agencies and NGOs on issues of women's health (Male, Sinhala-Buddhist)

¹ Unless otherwise indicated, the names of all my primary and secondary informants have been anonymized in this thesis.

1.1. Sri Lankan Migrant Women's Health in Context

1.1.1. Locating Wellness (*Suham*) and Health in Migrants' Narratives—Everywhere But Nowhere

It had taken me a long time in this thesis project to realize why transnational migrant women understated their health as a concern. Health was rarely the central issue raised by these low-wage women,² yet it was always present within their accounts of migration and daily life through the Tamil notion of *suham* or wellness.³ Most of my close informants—many of whom were befriended over the course of two years of living among them in Sri Lanka—had preferred talking about other things, but in examining their narratives and observing them in their daily lives, I came across ailments that had appeared mundane to them but had quietly and constantly occupied them. These took the form of “gastric” (digestive disorders), “pressure” (hypertension), leg pain, “head pain” (migraines), “sugar” (diabetes), and the ever-present condition of *vartham*—a form of deep distress and/or body pain. While these ailments were similar to those endured by rural Kalpitiyan women in general, returnee women presented them differently. This thesis examines how Sri Lankan low-wage migrant women experience and construct ‘wellness’ and ‘health’. In doing so, it identifies how wellness arises implicitly within their daily life. It interrogates the fact that wellness seemed to be everywhere within migrants’ narratives, but then nowhere within evaluations of their lives.

In Kalpitiya—a remote, rural peninsula in Northwestern Sri Lanka and the central locality of my fieldwork—being perceived as “well” (*suham*) among Tamil-speaking Muslims is to be “successful” and “good” (*nalladha*). Yet returnee migrant women needed to conform to this fundamental trope of the *ur* (‘community’)⁴ relating to health more stringently than other social groups. Good health conveyed

² I use the term ‘low-wage’ rather than ‘poor’ to describe my informants as it is a more accurate indication of their status in their communities of origin, where they are not considered the least well off. Low-wage also conveys migrant women’s productive role within the labour economy of both Sri Lanka and the Arab Gulf.

³ I use the term ‘wellness’ to refer to the all-encompassing and optimal state of physical, mental, emotional and spiritual health that is described by my informants as through the Tamil notion of *suham*. At various instances, I use ‘wellness’ interchangeably with the term ‘health’—in its broader sense as a complete state of physical, mental and social wellbeing—to speak to ‘outsider’ discussions and to address the area of overlap between the two notions. I choose the term ‘wellness’ over ‘wellbeing’ due to the latter’s association with prosperity, which is not a core constituent of *suham*, even though better *suham* is often associated with better material conditions. Due to these possibly confusing overlaps, I prefer to use the term *suham* as far as possible to insert my informants’ understandings into the thesis text.

⁴ The Tamil word *ur* has varied meanings that can be broadly translated into the combination of village, homeland and ‘community’.

that one had been endowed with the blessings—the *barakat*—of Allah, but the ‘social code’ generally maintained that if one did have ‘bad’ enough difficulties (*kashtam*), it was important for them to be shared, while those listening were supposed to do so with compassion and without judgment. The reported experience of my returnee women informants, however, told a different story. These women were strongly affected by “what others thought”. Moreover, they needed to be perceived as having *barakat*. The active efforts that they undertook to obscure problems, which were visibilised through the body and possibly read as the absence of *suham* were consequently part of the social and moral fabric of health in the *ur* (Janzen 2002). Throughout, this thesis underlines why being seen as a “healthy out-country woman” (*suhama velli-naaTa pumbale*) was so crucial to women’s perceptions of their virtue and the success of their transnational, migratory lives.

Most of my informants had provided accounts of arduous conditions of work in the Arab Gulf and how their bodies and selves had been shaped through these, even though their experiences need to be viewed beyond the perspectives of abjection and ‘labour’ (Ahmed 2010, 2012). My informants felt that they had *suham* precisely because they had been or were still able to work hard. In recounting stories of 17-hour work days, food deprivation, limited time and means to care for ailments, and no rest days at times for up to two years, some women would frown at me when I asked them if they felt healthy. “I worked so hard there! How can I not be healthy!” was a common retort. Others would more politely explain that their health was “simply not a problem” (*summa parawaa-ille*). Some felt that their rising blood sugar levels, despite only being in their mid-30s, or that their taking of hypertensive medication ever since they had started migrating 20 years ago were a necessary part of a ‘good working life’ (*oru nalladha valkay*). Others did not question why their post-partum abdominal pain flared up every time they lifted something heavy while working, or why their sprained limbs never seemed to heal.

Notwithstanding such majority perspectives, a minority of my informants were certainly and seriously disturbed by their absence of *suham*. The accounts of these women focused on efforts to transform daily conditions to attain better health,

which they felt provided the foundation for the good working life as a transnational migrant. This thesis explores the very contradictions that exist within the everyday lifeworld of the same migrant women, and different kinds of migrant woman: those who had strong or weak opinions about their *suham*; those who ignored or actively addressed their health conditions; and those who had returned to Kalpitiya or who were still living in Kuwait.

The reading of health among migrant women is complicated not only because they are largely understated about it, but also because health becomes explicit to them when conditions spiral out of their control—when they are pushed beyond their limits. Analysing the space that lies between women’s silence and ‘speaking out’ helps to generate understanding of the ways in which migrant women construct their health. Women’s decisions to speak about their physical pain and distress is often their first step in the breaking of convention, wherein it was most-often migration-related events or concerns relating to their most loved kin that tipped women’s sense of balance (*nidhaanam*). Exploring these watershed moments, it is argued that the anger, frustration, disbelief or even indignation expressed by women represents a breaking or shattering of silence that brings to light a will to speak, wherein moral-existential and political narrative become intertwined. While migrant women themselves may not view their expression of pain and discontent as ‘political speech’ (Andrijasevic and Anderson 2009), this thesis suggests that women’s desire to speak out illustrates the channelling into social praxis a will to make meaning out of their lives.

1.1.2. ‘Professional’ Tropes on the ‘Housemaid Phenomenon’: The Absence of Health and the Over-Representation of Morality and Trauma

Sri Lankan women’s migration for domestic work exists amid widespread moral unease, and so pervading the social imaginary of what is popularly called ‘the housemaid phenomenon’ is a dominating trope or stereotypical narrative that affects notions of migrant women’s health and intersects this entire thesis. This discourse—presented by the media and echoed within village localities—conveys contradictory images of women’s sexual promiscuity yet vulnerability and trauma, their material wealth yet immaterial pain through neglected children and dissolving marriages. It weighs the economic necessity of their migration against

its moral costs, which are justified through state rhetoric on the need for mothers, wives and daughters to migrate and sacrifice to preserve family and nation (Lynch 1999; Jayawardena and de Alwis 1995). While the trope is more entrenched among the elite and middle class in Sri Lanka, it also resonates among those in the labouring class in rural Kalpitiya who disapprove or are jealous of returnee women migrants. Yet it is the views of the middle class—of health-care practitioners, government officials and teachers—that particularly contrast the sentiments of migrant women and the families they support.

Consequently, infusing my undertaking to understand how migrant women spoke about and experienced health was the process of disentangling from their accounts the sentiments of the ‘professionals’ towards them. These mostly middle class individuals are charged with safeguarding migrant women’s welfare through their role in health and social care and/or migration facilitation. I emphasize the views of medical practitioners towards these women, exemplified by the two doctors quoted in this chapter’s opening, as their (bio)medical opinion weighs strongly when it came to issues of migrants’ health. Most returnee women did not think of their health as a form of difficulty, and it may not be a coincidence that their views map on to those of the health practitioners whom I interviewed. Regardless of whether they were biomedical or ethno-medical, my doctor informants underlined that returnee women did not have major “health issues” (when they said “health” they referred to physical health), but they did have extensive “mental health” issues.

Medical opinion on the “housemaid migration”, as such, is inseparable from the dominant trope, as doctors like Dr. Hanif pronounce how women, “come back corrupted and depressed”, while social workers assert how they are “the society’s main problem”.⁵ In this conflation, I argue that a ‘de-sanitarization of the social’⁶ occurs through weak or non-recognition of the biological consequences of migration for domestic work among ‘medical professionals’, a process that works

⁵ Comment from a local government social welfare (*samurdhi*) officer in Kalpitiya.

⁶ Here I reverse Fassin’s notion of the “sanitarization of the social”. While Fassin develops the notion to explain how social processes are mobilized to create an idea of health or illness, I inverse it here to explain how social and institutional agents in Sri Lanka work within a process to do the opposite, to ‘de-sanitarize’ representations of returnee women by delegitimizing health as a valid concern experienced by them.

dialectically with the over-representation of trauma and morality. It brings to the fore not only the difficulties involved in obtaining morally unbiased and biologically accurate assessments of low-wage migrant women, but also how such biases prevail within shared classifications of ‘migrants’ health’—or rather, of ‘migrants’ non-health’.

A remark from a high-ranking government official Mrs. Witharatna working in Kurunegala province, which sends the largest number of labour migrants abroad, exemplifies how these points are echoed among ‘policy professionals’ in Sri Lanka:

Because of poverty, women go out. Economically it’s good, but socially, there are many problems ... Badly corrupted families, husbands going the other way. Children, very innocent and helpless, can’t study ... Diseases are coming ... The economic value [of migration for domestic work] is not as good as we think. Only a handful of them improve ... Remittances have not been so helpful. It’s a useless journey. If they could manage their money properly, they could manage from here. But going abroad is a ‘style’. More should be done to keep the women here ... Women are used to coming and going. There’s no family life, no value. That’s not the life. We are Buddhist. We are very strong. The families who migrate don’t have strength.

For those like Mrs. Witharathna, “housemaid migration” failed to make sense: its immense social and moral costs outweighed its economic value, while the embodied effects for the women themselves were largely invisible, save the diseases that were coming and the tragic cases of “traumatized housemaids” that made the headlines. Mrs. Witharathna’s unease highlights how ideas of what is moral or ‘good’ for Sri Lankan families and ‘culture’ colours judgments of migration’s overall value, wherein economic value is assessed vis-à-vis a nationalistic sense of morality, rather than in relation to the individual families involved. Here, the fact that women’s earnings provided their families with urgently needed sources of income was often minimized or ignored, as was the fact that women’s remittances had helped to fund the national war economy for almost three decades.⁷ These contradictory moral ideas conflate with the image of migrant women returning well nourished and wealthy (Gamburd 2000a). They are mirrored by media and local and religious leadership, while they also map on to different levels of the Sri Lankan state. They help to explain why migrant women’s

⁷ Human Rights Watch (2007) and Sriskandarajah (2002) suggest that Sri Lanka had financed about 70 per cent of its US\$3.37 billion trade deficit, caused largely by the 25-year old civil war, by remittances from migrant workers. This had amounted to almost twice the amount Sri Lankan had been receiving in foreign aid and more than 2.5 times the amount it received from foreign direct investment.

health is an almost non-existent issue for the many middle class Sri Lankans occupying the role of their professional carers.

This thesis investigates migrant women's intersubjective experiences of health and wellness, within which, moral sentiments play a fundamental role. It suggests that the shared classifications of 'migrants' health' constructed by 'policy professionals' reflect the widespread attention that is placed on women's morality, and also influences the shaping of women's perceptions of their own health. These classifications mould the limited social care being produced by various institutional agents for migrants, while they also inflect women's sense of moral value and of "being deserving" of social care (Fassin 2005; Watters 2007). Throughout, I highlight the dilemma of migrant women seeming indifferent to the limited availability and quality of care services while still seeking enhanced *suham* and "a better working life". I argue that in the absence of positive valuation of migration for domestic work, the business of caring for them will remain a fraught endeavour. Worse still, their health needs may continue to remain invisible.

1.2. The Moral Economy of Sri Lankan Muslim Migrant Women's Lives

In the following section, I will lay out the key contextual concerns surrounding Sri Lankan low-wage female migrants and their health while underlining why analyses of moral economy and moral experience need to accompany those of political economy, which tend to dominate prevailing accounts. While *moral economy* can be comprehended as the production, circulation, distribution and use of values, affects, norms and obligations (Fassin 2011a), *moral experience* involves the ways in which persons seek to "act good" (Robbins 2007, cited by Simon 2009: 259) and the practices through which one's value is realised or assessed (Parish 1994). Migrant domestic workers have been represented in a number of prevalent ways: in demographic and epidemiological terms (Bloom et. al. 1997; UNFPA 2006; UNDP 2009); through registers of violence, exclusion, subordination and vulnerability (Moukarbel 2009a; Parrenas 2001; Abu Habib 1998); in relation to inequality and constraints posed by the state,⁸ or the constrained provision of

⁸ Arya and Roy 2006; Huang and Yeoh 2003; Chin 1997, 2003; and Elias 2008.

migrants' human, labour or health 'rights'.⁹ My framing of this thesis contrasts prevalent presentations as it presents the value of health and embodied experience in understanding women's migration and the ways in which morality and moral value plays a role within such understandings.

1.2.1. Migration for Domestic Work and its Morally Embedded Meanings

While South Asia and West Asia have been connected for centuries by ties of trade and inter-marriage (Osella and Osella 2007; Ahmed 2012), the current historical process of Sri Lankan female migration to West Asia emerged in the 1980s following the Sri Lankan state's active deployment of women to meet surplus labour created by the Arab Gulf oil boom in the mid-1970s (Eelens, Schampers and Speckmann 1992).¹⁰ Subsequently, migration expanded to other parts of West Asia. Arab and Asian men were the first migrants for low-waged jobs, but falling oil prices and the Gulf War in the 1980s led to a dramatic increase in demand for migrant domestic workers (Longva 1997). Households began to see them as necessities (Brochman 1993). Compounded with unprecedented unemployment and a dramatic escalation in food prices in Sri Lanka (Dias 1987: 215),¹¹ a government facilitated-process to deploy Sri Lankan women abroad emerged. Presently, over three-quarters of Sri Lankan overseas workers move to West Asia, with Saudi Arabia hosting the largest group of over 500,000, and Kuwait hosting the second-largest of 200,000 or more.¹² In Asia, Sri Lanka sends the third largest group of women abroad for domestic work after Indonesia and the Philippines (ILO 2013).

In the decades that have followed, migration for domestic labour has become a core feature of economic strategies at the family and national levels. However, it has also threatened fixed ideals of motherhood and female sexual purity, which in turn creates pervasive discomfort across Sri Lanka. This unease has led to an effort

⁹ ACTFORM 2008; HRW 2007; ILO 2004, 2010, 2013; ITUC 2014; MFA 2005, 2006; and CARAM 2006, 2007.

¹⁰ West Asia covers: the Gulf Cooperation Council (GCC) states of Kuwait, Saudi Arabia, Qatar, UAE, Bahrain and Oman, what I refer to as the 'Arab Gulf'; the Levant countries of Jordan, Lebanon, the Palestinian Occupied Territories and Israel; as well as Yemen, Iran and Iraq.

¹¹ This was sparked by a shift in the economy from import-substitution to structural adjustment programmes between the 1970s to early 1980s.

¹² Between 1994 and 2012, 84 per cent of all Sri Lankan overseas migrant workers went to Saudi Arabia, Qatar, Kuwait, UAE and Jordan. In 2012, the SLBFE estimated that migrant workers made up 22 per cent of the total number of employed Sri Lankans. All figures are from SLBFE (2012).

within the Sri Lankan state to reduce the numbers of women migrating. Migrant women have contributed to national remittance earnings, which amounted to US\$6.1 billion in 2013,¹³ and at the ground level, their migration has brought significant transformations through their accumulation of economic and symbolic resources that they use to move through social hierarchies (Gardner and Osella 2004). Despite these benefits, social unease persists, as many assert, due to a “crises of caring” that has been created within the families affected by female migration (Perera 2009: 52). Others have also argued that sexuality plays a fundamental role within this widespread apprehension (Smith 2010; Lynch 1999; Ally 2015; Saroor 2005).¹⁴

After decades of active deployment, the Sri Lankan government’s policy towards migrant women began to shift in 2008 to phase out the deployment of ‘the housemaid category’ as part of an effort to “re-brand the labour force” from mainly ‘unskilled’ to ‘semi-skilled’ and ‘skilled’.¹⁵ Nonetheless, the national migration policy has remained contradictory: it discourages low-wage female migration while it continues to enable it through institutional provisions amid the lack of viable alternative being provided. The agency implementing this policy under the Ministry of Foreign Employment Promotion and Welfare (MFEW) is the Sri Lankan Bureau of Foreign Employment (SLBFE), which seeks to promote the ‘human rights’ of women by improving provisions for mandatory pre-departure training, social insurance schemes, and attempts to forge bilateral agreements with host countries (Dias and Jayasundere 2001, Pathirage and Collyer 2011), while it actively encourages women to re-train as ‘care-givers’ or nurses. To replace the value of women’s remittance earnings, the state has been very actively seeking to increase the deployment of men for ‘semi-skilled’ or ‘skilled’ labour.

¹³ This Central Bank estimate formed 8.2 per cent of GDP. And 57 per cent of 2012 remittances came from the West Asia (SLBFE 2012).

¹⁴ Such discomfort is even more visible in other South Asian countries. Pakistan and Bangladesh have always banned female migration for domestic work; India only allows women over 30; while Nepal has only recently allowed women over 30 to migrate. The Sri Lankan government tried to implement a similar ban in 2007, along with extra requirements placed on women with children under the age of 5 to provide proof that they have adequate child-care arrangements in place before migrating. The state continues to consider raising the age of migration to 30. See HRW (2007) on this point.

¹⁵ This primary goal of the MFEW is stated on its website. It was reiterated to by high-ranking officials, including the Minister and the Director General Manager, during my interviews with them.

The outward movement of women migrants has remained steady regardless of such policy shifts and unease. The proportion of women domestic workers out of all Sri Lankan labour migrants had been as high as 72 per cent in 1997, but it had dropped to around 40 per cent by 2012 (SLBFE 2012). Yet the actual drop in the proportion of female migrants cannot be attributed to a decrease in their numbers, but to a rise in male migrant figures. Between the 1990s and 2005, the number of migrant domestic worker departures had increased most rapidly, reaching a peak of 125,000 departures in 2005, due to displacements caused by the Asian tsunami. From 2006 onwards, the figure has hovered between 100,000 and 120,000. In 2012, 115,000 women departed to West Asia for domestic work, and they comprised 97 per cent of all women migrants (ibid.). There is no up-to-date estimate of the current stock of Sri Lankan migrant domestic workers in West Asia, but based on estimated figures in 2007, there were still 910,196 in the region in 2007.

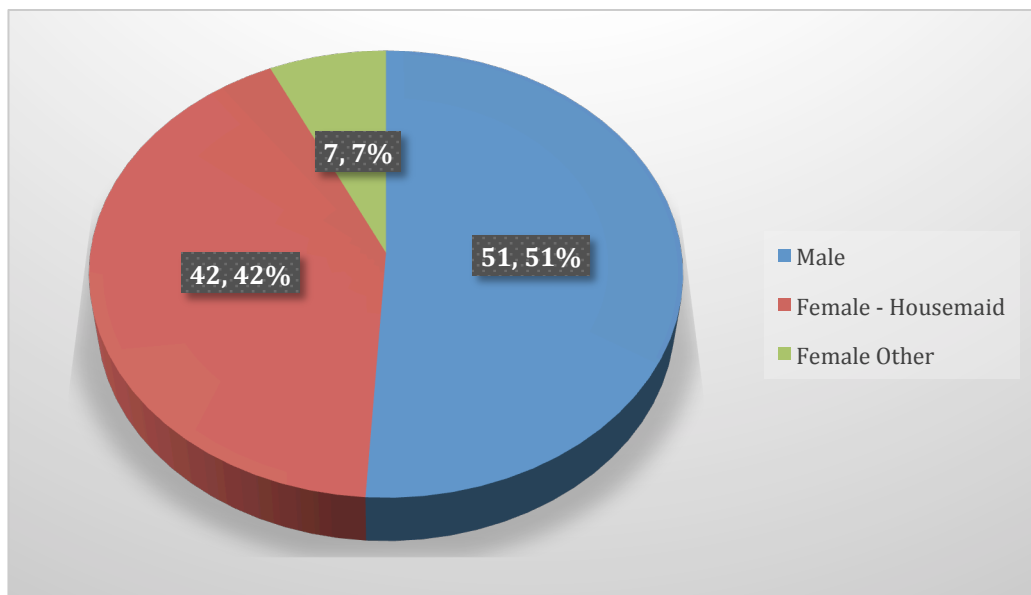


Figure 1 – Comparison of Male Migrant Workers, Housemaids and other Female Migrant Workers 2012

(Source: SLBFE 2012)

The Sri Lankan state continues to be directed by “critical public opinion” (Perera 2009: 53), which I suggest is more influenced by middle class opinion rather than it is by the complex immediacies of working class migrant women and their families. Critics of Sri Lanka’s national migration policy assert the state’s over-dependency on remittance earnings that delimits its ability to address adverse

effects and transform its approach from profit making to one that is based on 'rights'.¹⁶ Conflicting arguments circulate among the different institutional actors who have a stake in women's migration—state agencies, politicians, health and social care professionals, the media and *ur*-level leaders—each have their own moral purposes. They often elide ground-level concerns: that without this work, low-wage families would be left with no equivalent means of material survival and of aspiration for change in their lives. Consequently, the understanding of life among migrant women needs to go far beyond policy and 'cultural' imperatives. It needs to be grounded in the embodied realities of lived communities, which are complicated by intersecting specificities of gender, class, ethnicity, religion and place. In the remainder of this section, I explore how these specificities further nuance the reading of women's health and lives.

1.2.2. Gender and Sexuality within Migrants' Kin and Spousal Relations

Gender organizes, shapes and distinguishes migration processes more fundamentally than other social relations (Pessar 1999; Hondegne-Sotelo 1994), and it determines available choices and aspirations relating to migration, (Carling 2005: 6), as well as the ability to realise aspirations for wellness. In Sri Lanka, women's migration imbricates an existing discourse that has historically emphasized women's central role as mothers over their secondary, less-respected role as paid labour, which arises from nationalist, communal state ideologies operating across South Asia (Jayawardana and De Alwis 1995). Perera suggests that gender structures the social critique of female migration being unacceptable through two forms of stereotyping: first, through the idea of women being the sole bearers of the moral obligation to care within the family and community; and secondly, through notions of women transnational migrants being passive victims in need of protection (2009: 50). Infusing both these processes are notions of sexuality, which further structure processes of migration (Cantu 2009). Not only are women morally construed as negligent, absent mothers and victims, but they are also viewed as promiscuous, dishonoured and impure for having transgressed norms of female immobility and leaving the protection of their male kin (Saroor

¹⁶ This positioning is supported by various activist NGOs and those of Ranjan Ramanayaka, a Sri Lankan parliamentarian from the UNP, formerly of the opposition but now part of the coalition government that was established in August 2015.

2005: 361; Smith 2010; Lynch 1999; Ally 2015).¹⁷ Throughout, this thesis examines how women's experiences of their bodies and wellness are tied to gendered ways of needing to prove 'goodness'.

The intersubjective nature of women's relations with children, spouses and very close kin motivate their aspirations for migration and wellness, yet women are held solely responsible for any detrimental change that occurs within the family. Over half of my informants were married, most left children behind, and their migration influenced their decisions to bear children, and to plan and care for their families.¹⁸ While women saw their migration as a way of being a better parent, others saw how migration placed the family in jeopardy (Perera 2009: 7). Gender scholars have critiqued these views. As far back as in 1987, Dias had argued that the dominant image of the woman being the only caretaker of her children "prevents the women from asserting their case for greater participation in the world ... and leads them to believe in their own inadequacy as mothers." (1987: 223) More recently, Perera argues that the skewed burden of care in the home being placed upon women determines women's social legitimacy to migrate, and that a balanced representation between men and women needs to urgently emerge (2009: 7). Such analyses bring crucial attention to the gendered discourse on care and why it needs to change. Yet the moral values underlying this discourse remain difficult to pinpoint. They appear to exist within the fuzzy realm of 'Sri Lankan culture' and 'ideology', and as I suggest, they need to be extracted and brought to the fore more explicitly through embodied understandings of health and wellness.

This thesis investigates migrant women's experiences and construction of health, and in doing so, it distils morality from sentiments on women's migration through analyses of how gender is lived within everyday practices. It builds on work that upholds gender as a basic bodily orientation to the world, and it illustrates how this orientation unfolds in the context of Muslim Kalpitiya through their vernacular notion of *nathamurai* or 'bodily conduct' (Seizer 2009: 149; Ram 2012). Women's

¹⁷ Also absent from such stereotyping is the understanding that 'vulnerability' is heavily determined by structural conditions of inequality. See Arya and Roy (2006); Chin (1997, 2003); Huang and Yeoh (2003); Heyzer et. al (1994); and HRW (2007).

¹⁸ The SLBFE reported in 2004 that 75 per cent of migrant women were married. Gamburd (2005a) found that 90 per cent of her informants left children behind. It is generally understood that these children are left in the care of grandparents, husbands and siblings. Save the Children (2006) found that only a fraction of these children had been physically or sexually abused. Nonetheless, widespread perceptions persist regarding their neglect.

narratives of wellness and migration are strewn with descriptions of their *nathamurai*, which in turn highlight how their daily practice of gendered roles imbricate moral and affective concerns.

A fundamental way in which migrant women live and experience gendered morality is through marriages and spousal relations. Though many scholars have discussed these as family-based, household relations that impact on the ways in which children and kin are cared for (Pinnawala 2005; Gamburd 2000a, 2000b; Parrenas 2005; Asis 2002), or as relations that have been affected in nuanced ways by transnational migration,¹⁹ I suggest that the lived, moral-affective dimensions of these relations have received less attention. Women spend their prime reproductive years abroad,²⁰ and their intimate, sexual relations with spouses or lovers deeply affected how they viewed themselves as women. While women are commonly judged for the marriages that end in separation, more than half of my informants had decided to migrate to bring positive change to abusive or absent relationships.²¹ They planned to use part of their earnings to pay for dowries and/or marriage costs for themselves, their daughters or sisters—actions that clearly contrast the larger assertions being made of them within the skewed discourse. This thesis builds on existing work on migrant women's household relations, but it goes further than analyses of gender's organising role by bringing attention to how spousal and other gendered relations are enacted through the body and health.

Reported experiences of returnee women forging new identities and relations in their social and economic lives both debunk and reinforce the prevailing socio-moral discourse. Prior to working abroad, most women had never worked outside of their *urs* of origin. They had generally not been educated beyond the level of high school (Smith 2010a: 25), with those leaving from Kalpitiya having had only six to nine years of schooling. Women often emerge as the main income earner, and they challenge gender roles within the household (Kottegoda 2006). Yet their

¹⁹ Ballard (2004), Gardner (1995) and Osella & Osella (2000).

²⁰ 60 per cent of Sri Lankan women migrants in 2011/2012 were between the ages of 20 and 45 years (SLBFE 2012).

²¹ Zlotnik (1995) suggests that female migration in itself does not increase marital instability, as women who face difficulties within their marriages are more likely to migrate than those in stable unions. Furthermore, Pathirage and Collyer (2011) have documented social perceptions of marriages being weakened by male migration.

vulnerability also increases (Jayatalika 2008). Many of my informants had experienced new friendships with other co-workers and love interests inside or surrounding their employers' homes. But it is only in destinations like Beirut and Hong Kong that larger numbers of women can enjoy days off or the experience of living outside of employers' homes, including with male partners (Smith 2010a). While there has been increasing recognition of women's experiences of sexual agency, as these go against the moral grain, the value and meaning of these experiences for the women and men involved still remain largely misunderstood among broader publics.

1.2.3. Ethnicity, 'Muslimness' and Internal Displacement

While this thesis draws on observations and interviews conducted across ethnic groups, it is most closely shaped by my extended immersion within a group of 'Muslim', rural transnational women. The decision to focus in depth on the Muslim minority (9% of the population), as opposed to the dominant Sinhalese (74%), or the larger minority group of Tamils (15%), was not automatically assumed due to my own upbringing and identity as a Muslim who speaks Tamil, the language spoken by most Sri Lankan Muslims.²² Rather, it involved a gradual process of being absorbed into local configurations of trust and relatedness that facilitated my research, which I will elaborate upon in Chapter Two.

The desires and understandings of rural Muslim women are shaped within a particular social and historical context and way of belonging to interconnected communities. Consistent with an anthropology that warns against the reification of particular groups of people as a 'culture' (Abu-Lughod 2002; Fassin 2001a), viewing migrant women's experiences in Kalpitiya through the frame of 'Muslimness' highlighted political and material, more than 'cultural' dimensions. Muslim women had desires for freedom and mobility that were structured differently than other ethnic groups (Abu-Lughod 2002; Mahmood 2001), even though these desires intersected with the spiritual and moral-existential characteristics of Islam being a core part of their lives (Simon 2009; Lambek 2000;

²² 'Sinhalese', 'Tamils' and 'Muslims' are the three main ethnic groups in Sri Lanka, though Sri Lankan Census classifies 'Tamils' separately as 'Indian Tamils' and 'Sri Lankan Tamils', while Muslims are classified as 'Sri Lankan Moors'. There are also smaller minority populations of Burghurs, Malays and 'Others' (Sri Lankan Census 2011/12).

Ismail 1994). Islam endowed the daily practices of my informants with human value, yet they also felt valued through their material concerns being alleviated, concerns that were connected to their Muslimness.

While social groups in Sri Lanka are organized by the state around religion or language, the Sinhalese and Tamils are identified through language, whereas Muslims have chosen over the course of history to be identified through religion (Brun 2008; Nuhman 2002, 2007). The Sri Lankan Muslims, as such, are defined as an ethnic group based on religion (*ibid.*). Muslims in Sri Lanka are closely connected to Tamils as they share the linguistic bond of Tamil (Nuhman 2002), and they both have experiences of marginalization and discrimination (Haniffa 2008; ICG 2007, 2010). Their emergence as distinct groups and the construction of Muslim identity had occurred largely in relation to competing Sinhala and Tamil ethno-nationalistic ideologies (Haniffa 2008). In 1990, Tamil militants killed hundreds of Muslims in the east, and later in the year, the entire Muslim population of the Northern province, around 70,000, were forcefully evacuated by the LTTE, mostly to Anuradhapura and Kalpitiya—the primary locality of my research (Brun 2008; Nuhman 2002).

Ethnicity involves clear categories that have historically played a role in the experience of unequal conditions in Sri Lanka, but Muslims are a heterogeneous group (Brun 2008). Overall, they feel marginalised as an ‘alien other’, which many respond to by articulating ‘cultural uniqueness’ and moving towards homogeneity (Haniffa 2008). Yet Muslims have experienced these shifts differently across class and geography. The Muslims of the south and west live among the Sinhalese and they tend to be wealthier and more urbanized, whereas the Muslims of the north and east are primarily cultivators and poor farmers living with Tamils (Knoezer 1998, cited by Brun 2008: 78; McGilvray 2008).



Figure 2 – Girls going to school, Kalpitya



Figure 3 – Cajun hut, Kalpitiya



Figure 4 – Mulanur's river

This thesis focuses on the rural Muslims of the north through my fieldwork location in Kalpitiya in Puttalam district, in the Northwestern Province. Both nationally and locally, Kalpitiya is viewed and experienced as a remote, rural and under-privileged area, which many attribute to its large minority population. With an overall population of 64,908, Kalpitiya's Tamil-speaking population is three times larger than the national average.²³ Kalpitiya had been ranked in 2007 as the fifth-poorest sub-division within the country (DCS 2007),²⁴ with poor socio-economic indicators such as low average income, high incidence of unemployment, and a much weaker health infrastructure than other regions of the country (UNDP 2012).²⁵ My informants' stressed the backwardness and impoverished state of their *ur*: the urgent need for improved roads, schools and healthcare; an end to domestic violence; and facilities to making a decent living so that their children could grow and live safely. They were tired with the unequal system of land ownership that made them reliant on low-paid day labour or *coolie tollil* within agriculture, salt production or fishing. A minority of Kalpitiya's population are middle class or elite landowners who may also have small businesses. Women's aspirations for change often confronted the power relations that underpinned these socio-economic conditions.

Muslims in Kalpitiya are further divided based on their historical relationship to the area and to forced displacement. Less than half the Muslim population of the area derive from the group of Northern Muslims that had been forcibly expelled in 1990. This population is referred to in local vernacular as *muhaam aalkal* (camp people) or as *ahadi* (refugee), which is perceived by many *muhaam aalkal* as a pejorative term. The English term "IDPs" is also commonly used across Puttalam, but in a more political sense. The *muhaam aalkal* are distinguished from the *ur aalkal* (*ur* people), who are also referred to by the English term "host-community".²⁶ Despite having lived there for over twenty years, *muhaam aalkal*

²³ 39% are Muslim and 19% are Tamil, while 42% are Sinhalese (National Census 2001).

²⁴ This ranking excludes the war-affected northern and eastern provinces. According to the same survey, 40.3 per cent of the population of Kalpitiya had a monthly expenditure per capita below the official poverty line in Sri Lanka (DCS 2007).

²⁵ Based on my interview with Mulunur's G.N. officer, a significant proportion of the school-aged population of the *ur* had studied up to the level of Grade 10, approximately 1,000. However, few had completed O' Level study (109). Even fewer had sat A' Level exams (28), while only three persons had actually passed their A' Levels.

²⁶ Throughout the thesis, I use the terms '*muhaam* people' ('camp people') and '*ur* people' to discuss 'displaced persons' and the 'host-community' respectively. I suggest that rather than to adopt the English terms commonly used by academics and policy

are still blamed by the host-community for Kalpitiya's poor social conditions, in particular, for placing a burden on limited sanitary water, and for being favoured through aid schemes. However, the same people who make these assertions also attribute neglect to the high proportion of Muslims living in the area. Though *muhaam aaalkal* had been re-settled through World Bank house-building schemes, they still live with an ambivalent sense of belonging, with many within the first-generation aspiring to return to the North.

Women from both communities faced great economic constraints outside of day labour, combined with sociocultural constraints against their migration to urban centres to work in the garment or service sectors. These propelled them to migrate transnationally.²⁷ It was hard to determine whether more women from the *ur* or *muhaam* tended to migrate abroad, though *muhaam* transnational women faced greater stigma through stereotyping by *ur* people who thought they migrated more because they were tougher and "more loose". *Muhaam* women had a far more diffused sense of belonging to their local *ur*: they saw Mannar or Jaffna as "their *ur*". Older *muhaam* women who were in their 40s, and could remember being displaced in 1990, had a particularly stronger affective tie to the North and were generally less ambivalent about their need to repeatedly leave Kalpitiya. But younger *muhaam* women tended to find it difficult to leave the *ur* each time. Consequently, the 'translocal subjectivities' of my *muhaam* informants were undoubtedly influenced by emplaced configurations of people and events (Conradson and McKay 2007) that were influenced by the past experience of internal displacement and the collective memory of political loss. These affects and moralities further constitute *muhaam* women's experiences of wellness.²⁸

The end of war between the Sri Lankan government and separatist Tamils in 2009, the fall of the former president Mahinda Rajapaksa in 2015, and the subsequent ushering in of a new coalition government have been historic changes. Current

professionals, the former terms are a direct translation of the Tamil vernacular used by my informants. They connote people's sense of ownership of the place that is important to them—either the *muhaam* (camp) or the *ur*.

²⁷ Based on 2009 SLBFE statistics, Puttalam district sent the sixth highest number of domestic workers (6,793) abroad, the largest proportion of whom (1,789) were from Kalpitiya sub-division (SLBFE 2009).

²⁸ While international temporary labour migration and internal displacement are distinct types of movements, Collyer & Wimalasena (2008) and Spencer (2004) have described how these migration systems actually overlap.

hopes for a genuine multi-ethnic political future are being assessed against potential constitutional reform (MRG 2010, 2007, 2015; Patten 2010). Yet as the effects of past ethno-political conflict remain deeply felt, recovery will require more than a political settlement. Women continue as they have always done—with many continuing to migrate abroad—to make meaning out of the limited change in their *urs* through their aspirations for better.

1.2.4. The Context of the Arab Gulf

The context in the Arab Gulf is an integral part of the socio-moral topography surrounding migrant women's lives and health. Migrant domestic workers account for almost half of female employment in West Asia (ILO 2013), yet labour laws and social security in the Arab Gulf do not cover them. Most Arab Gulf employers view Sri Lankan domestic workers as temporary, live-in help, though many do build longer-term, meaningful relationships with them. The restrictive *kafala* (sponsorship) system makes it difficult for domestic workers to leave problematic workplaces. Some assert that it imposes conditions of debt bondage and vulnerability to sexual abuse and even rape.²⁹ Confinement in the work place and the denial of days off inhibit women's abilities to care for health, socialize, assert sexual-reproductive agency and experience love (ibid.; Smith 2010a, 2010b; Moukarbel 2009a, 2009b). Arab Gulf states have been discussing the need to institute a standard employment contract for domestic workers, however, inconsistencies in these responses continue to hinder women's protected migration, while the exploitative role of recruitment agents persists.

It must be noted, however, that Asian migrant women in the Arab Gulf have historically not always been characterized by such significant vulnerability and restrictions. Some migrant domestic workers have been long established working in specific localities and living among the same families since as far back as the 1970s or early 1980s as Ahmed has found (2010, 2012). These women have been able to become intimately engaged with the cultural lives of the households they live within, with some even embracing Islam and/or marrying into kin relations,

²⁹ See also ILO (2013, 2010) and ITUC (2014) reports.

though they may be assigned different status as foreign wives (ibid.; Pingol 2010; Johnson 2011).

1.3. Research on ‘Migrant Domestic Workers’ and ‘Migrants’ Health and Wellness’

Having laid out the sociomoral concerns that underlie migrant women’s lives in Sri Lanka—and hence the context of this research on health—I now proceed to outline the key bodies of academic literature that have addressed ‘migrant domestic workers’ and ‘migrants’ health’. As I will explain, much of the scholarly work on migrant domestic workers misses the significance of health or wellness in a similar way that Mrs. Witharana and the migration policy discourse does, while both academic and NGO literature on ‘migrants’ health’ tend not to focus on the broader emotional, spiritual and moral dimensions of ‘migrants’ health’ or wellness.

Already an extensively researched migrant group within contemporary social sciences, ‘migrant domestic workers’ have been examined within a large and growing body of academic and NGO research. Studies within geography, sociology, migration studies and gender studies have till now predominantly highlighted the political-economic and demographic dimensions of domestic workers’ migration and the effects it has had upon class, gender, the family and social institutions more broadly. The very first studies of Asian migrant domestic workers in the 1980s and 1990s focused on the flow of migrant labour from Asian and Arab countries to the Arab Gulf States, emphasizing largely on the economic and structural dimensions of this flow.³⁰ Then the process highlighted as the “feminization of migration” was brought to the fore in the 1980s, where women were found to be migrating independently for work and becoming their families’ main income provider (Cohen 1987; Zlotnik 1995).

Subsequently, sociologists and gender scholars had begun examining the nature of domestic work itself and its gendered aspects, debating the devaluation and political economy of domestic work (Parrenas 2001; Anderson 2001; Ehrenreich &

³⁰ Longva (1997); Eelens, Schampers & Speckmann (1992); Shah (1991); Brochman (1993); Heyzer et. al (1994); Weerakoon (1998); Samarasinghe (1998); Castles & Miller (2003).

Hoschild 2003; Heyzer, Nijehold & Weerakoon 1994), social agency, resiliency and employer relations (Constable 1997; Hondagneu-Sotelo 1994, 1996; Bakan & Stanislaus 1995, 1997), and issues of subordination, dislocation and subject formation (Parrenas 2001).³¹ Others have highlighted gender more broadly within overall migratory processes (Piper 2004), and the reproductive role of women who serve other women (Anderson 2000, 2003).

In the context of Sri Lankan transnational migrant women, extensive work has been done on issues of gender and sexuality,³² and on political economy and the role of the Sri Lankan state (Frantz 2008, 2011; Brochman 1993; Samarasinghe 1998).³³ Within such scholarly work, research on the health or wellness of migrant women has been largely marginal, though broader epidemiological studies on HIV-AIDS in Sri Lanka often cover migrant domestic workers as a key 'risk group' (see Bloom et. al. 1997), and attention has also been placed on the health of the children of migrant women (see Samarasinghe 1999, and Fernando, V. 1989).³⁴ The experiences of Sri Lankan Tamil and Muslim minority women has also largely been obscured within this literature, though two small-scale studies have addressed Muslim transnational women (Fernando, K. 1989; Ismail 1994).

Turning back to the literature on migrant domestic workers beyond Sri Lanka, in recent years, the centrality of the individuality and body of the migrant has become increasingly recognized. Migrant women's reflections of their migratory experiences and life aspirations (Carling 2005) have been examined, along with the affective and moral (Silvey 2007), sexual and bodily (Smith 2010a, 2010b), and religious performative (Johnson & Werbner 2010; Frantz 2010; Ahmad 2010, 2012; Liebelt 2010; Pingol 2010) dimensions of their lives. Scholars engaging with these aspects have brought attention to the migrant body, while breaking away

³¹ For earlier literature on the emergence of contemporary migrant domestic work in specific industrialized and developing countries, see: Hondagneu-Sotelo (1994, 1996), Parreñas (2001), Ehrenreich (2003), and Hoschild (2003) on the United States; Constable (1997, 2003) on Hong Kong; and Anderson (2000, 2003) and Lutz (2012) on the European Union.

³² Smith 2010a, 2010b; Perera 2009; Dias 1987; Moukarbel 2009a, 2009b; Gamburd 2000a, 2000b, 1999, 1995; Kottegoda 2006; Jayatilaka 2008.

³³ Many studies have also been conducted by NGOs and I-NGOs on domestic workers in West Asia or migrant women globally that have also covered Sri Lankan women. These studies of NGOs and I-NGOs include: on Sri Lankans, Samarasinghe (1999), Dias & Jayasundare (2001), Jayaweera, Dias & Wanasundera (2002); on HIV vulnerability among Asian women in West Asia, UNDP (2009); on the Arab region, Esim and Smith (2004); on Bahrain, Al-Najjar (2002); on Kuwait, Godfrey et. al. (2004); on the United Arab Emirates, Sabban (2004); and on Lebanon, Juriedini and Moukarbel (2004); and on migrant women globally, UNFPA (2006).

³⁴ There is a significant study on medical testing of migrants conducted by the NGO network CARAM-Asia (2007).

from a tendency to dichotomize domestic workers' experiences in terms of 'victimhood' or 'empowered agent'/'self-advocate'. These bodies of work provide important insights from which this thesis draws upon. The limitation of these works, however, is that they are still few, and they tend to focus on particular aspects of migrant domestic workers' health or bodily experience, rather than on the entirety of migrants' lived experiences in wellness.

The same can be said about a landmark study beyond the academy in Sri Lanka, conducted in 2010/2011 by the IOM and the Ministry of Health, as part of their newly established national 'Migration and Health Task Force'. This ambitious study covered all categories of migrants, incoming, outbound and internal migrants, with around 60 per cent of its sample group of outbound migrants were low-wage migrant women. For the first time, some basic facts have been made available regarding migrant women's health while abroad, though a published report has not been made publically available as yet.³⁵ Once it has, it holds the potential for inspiring new academic work in this field, though its focus on 'health services' and issues of 'access'—as useful as it is as a starting point—is still limited.

Small bodies of academic literature have explored migrants' 'health risks' and 'health rights' broadly across Asia (Toyota et. al. 2004; Wolffers et. al. 2003), and the issue of 'access' to health care systems among certain groups of low-wage transnational Asian migrants, for example: Uzbek labour migrants in Kazakhstan (Huffman et. al. 2012); Indian construction workers in Lebanon (Gaur and Saxena 2004); Filipina domestic workers in Singapore (Iyer et. al. 2004); and undocumented domestic and other workers in Thailand (Toyota 2004; Isarabhakdi 2004). Furthermore, migrants' sexual and reproductive health concerns have been significantly studied in the Greater Mekong Subregion (Caouette et. al. 2000; Chantavanich et. al. 2002, 2000). These academic studies have been supplemented by significant research by Asian NGO networks that has mapped critical, everyday and policy issues that shape Asian migrants' inability to enjoy health or to 'access'

³⁵ A basic fact sheet is available on the initiative's website. Available at: <http://migrationhealth.lk/>. (Last accessed: August 2015).

health care services.³⁶ Collectively, such academic and NGO research on Asian migrants' health evidences some of the ground realities of Asian migrants' health and the intersections between immigration status and health experiences. They fall short, however, of providing in-depth description and analyses of Asian migrants' subjective experiences of health and the broader dimensions of wellness, including the ways in which individual migrants negotiate the broader issues surrounding their lack of 'access' within socio-political systems.

Given the limitations with the above work in informing understandings of migrants' embodied health and wellness, this thesis has needed to draw substantially on anthropology of the health of non-migrants and of migrants in industrialised countries, as well as medical anthropology. As I will elaborate on my usage of these works within the empirical chapters, at this juncture, I only list the key sets of literature here. These are inter-related bodies of work that include: 1) morality and health, including Fassin's 'politics of life';³⁷ 2) narrative and phenomenological work on health;³⁸ 3) emotion and reproductive health (Unnithan-Kumar 2001, 2003; Unnithan-Kumar et. al. 2008; Lutz and Abu-Lughod 1990); 4) the 'critical approach' to migrants' health, including health-related deservingness (Willen 2007, 2012; Quesada 2012; Quesada et. al. 2011; Larchanche 2012; Huffman 2012); 5) the small body of anthropology on wellbeing (Gronseth 2001; Mathews and Izquierdo 2008); and 6) literature on migrants' sexuality that will be reviewed in detail in Chapter Five. While collectively these works provide important insights into lived health experience, and in some cases, into its intersection with structural and political conditions, they lack attention on the entirety of embodied wellness experience amid socio-political conditions, particularly the context of low-wage transnational migrants' health outside of northern or industrialised countries.

The next section will elaborate on how this thesis builds on the varied and intersecting literatures that have been outlined in this section to create its own

³⁶ See MMN 2015; CARAM 2006, 2007; MFA 2003, 2004; AMC 2005, 2006; and Zulfahary and Elanvito 2005 for such studies on Asian migrant workers' health. Research has also been extensively conducted on migrants' health rights in Europe by PICUM (2007), and globally by Carballo (2007).

³⁷ Fassin 2001a; Fassin 2007a; Fassin & d'Halluin 2005; Fassin & Rechtmann 2009; Watters 2007.

³⁸ Good 1994a, 1994b; Good et. al. 1994; Scarry 1985; Desjarlais 1994, 1997; Willen 2007, 2014; Garro and Mattingley 2000; Wikan 1990.

theoretical framework, and what precisely it contributes to the anthropology of migrants' health.

1.4. Theoretical Frame & Contribution: A 'Critical Phenomenological' Approach to Migrant Women's Wellness and Health

Research Aims, Approach and Questions

This thesis explores ethnographically how notions of 'health' and 'wellness' (*suham*) are experienced and constructed by Sri Lankan, Muslim low-wage migrant women. In the process of doing so, it identified the role of morality and moral value within experiences and constructions of wellness, morality being the practices through which value is assessed (Parish 1994). In paying attention to the physical, emotional and spiritual dimensions of health—what is referred to in Tamil vernacular as *suham*—this thesis uses the body as a lens to understand women's migratory process and the various changes it engenders. Consequently, this thesis does not simply highlight the value, role and nature of wellness and health concerns and how they *affect* the body and daily life, but it explains how the body is *experienced* and exists in the world. As wellness and health are the result of collective efforts to create shared understandings, images and classifications, this thesis also examines how wellness and health are *shaped* and *constructed* through the efforts of other individuals and institutions. Here, moral values tend to underlie the choices made by society at large regarding migrant women's physical and social lives, especially as Sri Lankan 'housemaids' are generally presented by media and policy makers as highly vulnerable to exploitation, 'trauma' and sexual promiscuity, particularly those returning from West Asia.

My informants' lives were largely grounded in the abject condition—wherein pain, violence and displacement often had a central role to play—that is shaped by their positioning as rural Muslim women in Sri Lanka, a minority ethnicity, class and gender. However, my informants were not pre-occupied with abjection: most often drew through it with a will to attain "a better working life" and to make meaning out of their migration. Consequently, this thesis' theoretical approach is fundamentally shaped by my informants' illustrations of life, which enables and

necessitates the examination of abjection/violence/‘trauma’ alongside wellness and self-transformation.³⁹

Viewing migrant women’s experiences through the prisms of wellness and health convey aspects of their experiences that other approaches—for example, those focusing on ‘labour exploitation’, religious experience, political advocacy, or new sexual experiences—do not. Embodied wellness experience points to a dimension of the self and daily living that is especially crucial among Sri Lankan low-wage migrant women given the physical, emotional and moral demands that are placed on them. This approach enabled the exploration of pain and abjection alongside self-transformation in a way that purely ‘biopolitical’ or ‘psychosocial’ approaches could not. It helped to challenge assumptions that ‘positive’ meaning can only be generated through ‘positive’ transformative experiences, and it propels questioning of what drives and transforms experiences of wellness, health and abjection among Sri Lankan domestic workers in the Arab Gulf.⁴⁰

This approach goes further than to debunk the moral discourse and stereotypical images of victimcy associated with women’s transnational, low-wage migration in Sri Lanka. The approach I offer is distinct and invaluable as it outlines the ways in which wellness and health is intersubjectively experienced *and also* co-constructed by migrant women and the individuals and institutions that surround them.

This thesis explores migrants’ wellness and health, first and foremost, from the inside: through the flesh and everyday experiences of Sri Lankan, low-wage migrant women as social agents. But it also explores these issues from the outside: through the lens of other individuals, social networks and institutions, for example, through the eyes of kin, *ur*, employers, recruitment agents and ‘traffickers’, migration and law-enforcement officials, migration policy regimes, and health and humanitarian professionals. It raises how these issues are grounded in certain

³⁹ Within my analysis of abjection, I develop Fassin’s (2011b) and Fassin and Rechtman’s (2009) critique of the mobilization of ‘trauma’. I suggest that binary representations obscure migrant women’s larger manoeuvrings of wellness and life, along with the different ways in which their ‘trauma’ or pleasure may be constructed differently by different individuals and institutions for their own moral purposes.

⁴⁰ In doing so, it responds to Willen’s (2007a) calls for the need for greater comparative investigation of how the abject condition of migrant women shapes lived experience in diverse migration settings and within the same migrant woman at different points of her migration.

materialities—of income, housing, work permits, visas and sponsors (*kafeels*)—as well as immaterialities of embodied senses, experiences of time, space and place, bodily comportment (*nathamurai*), and cosmologies of faith. While the account told by migrant women of their health and lives—my primary research topic—provide the core narrative for the thesis, the insights provided by social and institutional agents—my secondary research topic—are intertwined with migrants’ narratives, serving as crucial interfaces⁴¹ in the exploration of migrants’ health.

Throughout the thesis, three central questions gravitating around the issue of ‘migrants’ health’ are examined:

- 1) *What do wellness and health entail for low-wage migrant women?*
- 2) *Under what conditions do wellness and health come to exist as a concrete notion for migrants?*
- 3) *What role is played by other individuals, networks and institutions in defining the parameters of ‘migrants’ health’, and in influencing migrants’ own constructions of their health?*

Theoretical Framework and Core Literature

This thesis investigates the political anthropology of migrants’ health and wellness experiences. While it gives preference to the anthropology of health and medical anthropology, it also speaks to geography and sociology within migration studies.

In shaping the above questions and analysing my findings, this thesis has drawn upon a ‘critical phenomenological’ perspective towards human experience, as developed by Robert Desjarlais (1997) and Sarah Willen (2007a, 2007b, 2014). Critical phenomenology as an approach is distinguished by its simultaneous usage of experiential/phenomenological and symbolic/semiotic standpoints. It facilitates the bringing of experiential and embodied phenomena to the fore, while it explains

⁴¹ I use the word ‘interface’ to refer to a set of relationships between embodied, material and immaterial entities that are both ‘individual’, ‘social’ and ‘biological’ and that change over time. My definition has been inspired by Latour’s (2005) actor-network theory, and also Andersson’s approach and usage of the term as it relates to interface analysis within studies of development (Andersson 2013: 32, cited Long 2001). My development of each thesis chapter around a particular interface of migrants’ health has been informed by Andersson’s thesis, which explores distinct social interfaces where modalities of migrant illegality are produced within encounters between migration industry workers and their target population.

how such experiences are lived within a socio-political system. Desjarlais had made the first calls within experiential anthropology for it to encompass political dimensions of life, an approach that has been extensively developed by Willen (2007a) to address the condition of migrant ‘illegality’ in Israel. I adapt Willen’s work to examine the condition of temporary, transnational domestic work in the Arab Gulf, what is referred to in *ur* vernacular as the condition of being a “*velli-naaTa* (out-country) woman”.

Phenomenological anthropology serves to identify and analyze the embodied phenomena of sensations, affects, thoughts and memories (Merleau-Ponty 1964) experienced by migrants, including the particular “somatic modes of attention” (Csordas 1994, 1993), to generate analyses of migrants’ embodied experience. At the same time, semiotic analyses convey symbolic and representational standpoints of how the body can be read in the manner of Foucaultian textual metaphors (ibid.). Consequently, this thesis conjoins analyses of migrants’ “lived bodies” (Merleau-Ponty 1964) and ways-of-being (Jackson 2013a) with an understanding of how the historical conditions of low-wage, transnational female migration are “inscribed in the body” (Fassin 2011; 2007b; 2001a). In doing so, this theoretical framework addresses the typical constraints of representational analyses—i.e. those that delimit the body being viewed as an object of study that is inert, passive and static—by conveying how the body actually serves as the “starting point for analysing human participation in a cultural world” (Csordas 1994: 135). It also describes how health and wellness are intersubjectively felt, negotiated and constructed in a world that is inherently social and political.

While critical phenomenology provides me with an overarching frame and specific tools to analyse my primary theme (migrants’ experiences of health) and my secondary theme (the role of social and institutional agents on migrants’ health), further theoretical elaboration is required to frame the particularities of morality that infuse my informants’ accounts of health and to examine the construction of health. Critical phenomenology does not provide sufficient tools to examine issues of moral value and moral economy within health, as well as the idea of how health is *constructed* within social worlds.

To facilitate such examination, I turn to Fassin's 'politics of life', which elaborates on the *value of life* and the *inseparability of biological and political life*. Similar to critical phenomenology, the politics of life conjoins experiential and political dimensions of health. However, Fassin goes further by raising the need to distinguish the politics/power *over* life from the politics/power *of* life (2007a: 257). Furthermore, he approaches health through an explanation of how health is *constructed and produced*, rather than being the product of a naturalistic view. Fassin (ibid.: 253) outlines an approach to health that combines two approaches: a 'constructivist' process, wherein health is constructed by social and institutional agents, as developed by Berger and Luckman (1966) and Hacking (1995, 1999); and a 'realistic' process as put forward by Singer and Baer (1995) that stresses the socioeconomic conditions that produce illness and draws attention to violence that is embodied (Farmer 1992).⁴² Finally, Fassin also elaborates on the morals and values that underlie humanitarian intervention towards the governing of the lives of the vulnerable (ibid.), a form of analysis that fortifies this thesis' analyses of 'policy interventions' towards migrants.

Finally, and to a smaller extent, I also draw on the anthropology of moral experience through the works of Gregory Simon (2009), Michael Lambek (2000, 2010) and Saba Mahmood (2001)—who address Muslim experience—as well as Stephen Parish (2014) and Michael Jackson (2013a, 2013b).⁴³

While these three bodies of anthropology form this thesis' theoretical foundation, they also converse with the anthropology and sociology of Asian migrant women and/or gender (Ram 2012; Seizer 2009; Unnithan-Kumar 2001; Perera 2009; Dias 1987; Frantz 2008; Gamburd 2000; Moukarbel 2009), and the geography of embodied mobility, emotion and/or sexuality (Smith 2010; Conradson & McKay 2007; Silvey 2007).

⁴² While Fassin describes the importance of both 'constructivist' and 'realist' approaches to health, the theoretical framework of this thesis emphasises the construction of health over its production. All references mentioned here have been cited from Fassin (2007a: 253).

⁴³ In addition to these three sets of literature, my theoretical framework has also been inspired by Bruno Latour's (2005) actor-network theory, which identifies the problems involved in using the term 'social' to indicate a process of assembling and a type of material distinct from others. Following from Latour, I explore in this thesis how 'migrants' health' is not a stabilised state of affairs, but a network of ties or 'interfaces' that relate to varied phenomena. My understanding of Latour's work has also been informed by Ruben Andersson's usage of Latour's actor-network theory to investigate the constitution of clandestine migration and "the illegality industry" as a field of intervention involving material, virtual and social interfaces and classifications (2012: 28-29).

Theoretical Contributions

In elaborating on critical phenomenology as a theoretical and methodological approach, this thesis deepens existing understandings of the ‘embodiment paradigm’ (Csordas 1993, 1994) within both sociocultural and political anthropology. It strengthens such understandings by reconciling the dual aspects of ‘embodiment’: the semiotic/textual standpoint of body as representation; and the phenomenological standpoint of the body as being-in-the-world.⁴⁴ This contribution is distinct from other academic portrayals of Asian migrant women as it has the capacity to link phenomenologically-sensitive portraits of how low-wage migrants’ health and condition of abjection is *experienced* to multi-level analyses of how they are *produced and constructed*, locally and transnationally, in different migration settings, for different migrants and even for the same migrant across time and place (Willen 2007a). It strengthens social scientists’ understanding of how the lives and health of low-wage female migrants to the Arab Gulf, as locally and transnationally configured, is the combined result of multiple, intersecting global, national, local, and individual-level processes (ibid.).

In describing how ‘*suham*’ serves as a framework to understand wellness *and* health, it brings social and medical anthropology’s attention to the moral, spiritual and political dimensions of ‘health’. Sri Lankan Muslim women engage with a particular set of socio-political circumstances and a particular grounded moral framework to shape their ways of making meaning out of wellness and life. These meanings arise from both material realities and immaterialities of optimal *suham* and spiritual, existential notions associated with Islam. Consequently, this thesis complements and challenges both biomedical understandings of migrants’ health, and political economic understandings of migrants’ experiences, by bringing attention to moral value, moral economy and spiritual dimensions in migrants’ shapings and constructions of wellness.

Furthermore, in detailing the experiential and semiotic dimensions of low-wage, Sri Lankan Muslim migrant women—a particularly vulnerable migrant group due

⁴⁴ See also Good (1994) on this point.

to their unequal status at both ends of their migration—it extends social and medical anthropology's gaze beyond the transnational migrants of the industrialized North to investigate how wellness is creatively negotiated amid abjection that emerges from the experiences of rural, Muslim women, many of whom had been previously displaced by ethnopolitical conflict.

At the same time, in contrasting more partial perspectives on migrant domestic workers that have stressed either the abject conditions of 'symbolic violence', exclusion and subordination (Moukarbel, Parrenas), or the more 'positive', emancipatory experiences of sexuality, pleasure (Smith), and spiritual, imaginative engagements (Ahmed, Frantz, Johnson and Werbner), this thesis underlines the constant interplay between abjection, wellness and self transformation within migrant women's lives. This serves to provide focus on wellness and health within the more context-specific literature within sociology and geography on Asian migrant women. These disciplines have long engaged with 'agency' as being critical to understandings of how migrant workers negotiate and interpret local and political economies, spatial conditions, global and state structures, and processes of development, but they have lacked attention on wellness, which results in the assumption that health and the subjective dimension lies outside of these structures and processes.

In summary, in terms of its broader contribution to the social sciences, this thesis links various fields of study: phenomenological anthropology of embodied experience; the political and 'critical' anthropology of migrants' health; the anthropology of moral experience; and beyond anthropology, the sociology and geography (within migration studies) of Asian transnational domestic workers.

1.5. Positionality and Intentions Beyond the Academy

My own positionality has been an important aspect that has helped shape my 'field' of research, which has not only involved the characteristics of Sri Lankan female migration, but it is a set of interpersonal social relations that cross cut time, space and past experience (Gupta and Ferguson 1997). My positioning as someone

who has lived intimately with migrant domestic workers since birth and as a former ‘migration policy advocate’ have motivated my intellectual curiosity and personal engagement on this research topic.⁴⁵

Low-wage migrant women have been a part of my life as a South Indian second-generation immigrant in Hong Kong for as long as I can remember. Since before my birth, my parents had employed a domestic worker, a woman from Guangdong, China called Ah Yuk who would remain in our household for another 20 years. As my mother had returned to work two weeks after my birth, Ah Yuk had been more than a domestic worker, and someone I have always regarded as a second mother. The enduring relationship that my family and I had developed with Ah Yuk till the very end of her life taught us to appreciate not only the value of receiving her loving labour, but of the hidden contradictions that were involved in Ah Yuk placing her two daughters in the care of her sister-in-law so that our family could enjoy the privilege of her live-in work. The writing of this thesis is partly affected by my own feeling of deep value towards Ah Yuk, which has influenced my highlighting of the moral value of domestic work and how it is obscured within meta-narratives.

My professional and intellectual interest in migrant women’s lives had taken shape while working with a regional ‘migration advocacy organization’, the Asian Migrant Centre in Hong Kong, over the course of six years, as well as a global advocacy network for another year in Geneva. My engagement in ‘elite policy advocacy’ across the world, as well as my immersion in migrant domestic workers’ daily lives as part of my role as an ‘organizer’ and mentor among trade unions and associations in Hong Kong lead me to question how exactly migrant domestic labour enabled women to attain a ‘better life’. Even in a place of relative entitlement and comfort like Hong Kong—where domestic workers were afforded ‘basic rights’ and weekly days off under the labour law—women often could not claim the basic prerequisites of health: sleep, rest and adequate nutrition. I knew that the answers lay in migrants’ communities of origin, a context that has long been inadequately addressed within migration research (Osella and Osella 2004),

⁴⁵ My positionality will be discussed more extensively in Chapter Two, Section 2.7.

hence I was propelled to Sri Lanka, rather than my own ‘native *ur*’ in Tamil Nadu, India, as Sri Lankan female migration was a far greater phenomenon. I chose to focus on Gulf-bound migration, rather than Hong Kong-bound, as it has been an area where policy changes and conditions on the ground have taken longer to begin shifting.

In recognizing myself as a social scientist who is also personally involved in these moral issues, in accounting for situations and facts among migrant women that are so morally loaded, I follow Fassin’s call for the need to develop a reflexive stance and epistemological caution within my own critical approach to this study (2011a). Given not only the magnitude of Asian domestic work migration, but also my personal and past professional relationship to the issue, my intended outcome for this thesis is to generate phenomenologically-engaged ethnography, so that it can play a role within efforts to sensitize, not only anthropologists and other social scientists, but also policymakers, politicians and the broader public about the complicated realities of the condition of low-wage, female migrants’ lives.

1.6. Thesis Outline

The thesis begins in **Chapter Two (Methodology)** with a presentation of my methodological approach of ‘critical narrative’ methodology and my primary fieldwork locality of ‘Mulanur’ in Kalpitiya, Sri Lanka. I also consider my own positionality within the research and related ethical concerns.

We are then brought into the lifeworld of a well-established returnee migrant woman who felt that her health was “not a problem (*parawaa-ille*)” in **Chapter Three (Implicit Idioms of Wellness)**. We are introduced to Fadila and her views of ‘health’, expressed through the Tamil vernacular notions of *suham* (wellness) and *nimadhi* (contentment), and their opposite—the absence of wellness (*suham-ille*), worry (*kavale*) and difficulty (*kashtam*). Based on observations while living in her home, I explore the contradictions between Fadila’s verbal articulations of *suham* and her non-verbal, implicit ones. The latter were most clearly communicated through her emotional ties and responsibilities to close kin. Like

almost three-quarters of my migrant informants, Fadila concealed illness to those beyond her intimate circle. The chapter argues that migrant women's understatement of wellness is a dominant feature of both their wellness experience and their construction of 'health'. Returnees like Fadila presented themselves to others as "good" (*nalladha*), "well off" (*vasadhiyya*) and "healthy" (*suhama*) mothers, wives and daughters, I suggest, to thwart existing stigmatization of them in the *ur*. In doing so, they conformed to female normative expectations while they also defied social ideals of unattached mobility. Drawing on Simon's (2009) notion of moral selfhood, I examine how Fadila's experiences of implicit *suham* were integrally connected to social and material obligations that were motivated by both moral and emotional forces within kinship. While Fadila's narrative richly conveys how women grapple with the absence of wellness, it also highlights how they censor accounts of difficulty, which may delay their seeking of treatment.

Chapter Four (Explicit Idioms of Pain) shifts the perspective of health into a lifeworld that is centered around 'pain in one's heart/being' (*mana vartham*). Through Kareema's narration, a month after her return to Mulunur from Kuwait, we are presented with a migrant woman's struggle with loneliness, insomnia and chronic musculo-skeletal pain. Kareema had been struggling with these conditions for five years, ever since she had met with a car accident at the site of her pre-departure training in Sri Lanka, and her pain had worsened over subsequent stints of living as a domestic worker in the Arab Gulf. Kareema's intimate sharing of her lifeworld being continually unmade and remade (Scarry 1985) demonstrates the ways in which migrant women endure extreme suffering that they urgently need to share with others. Kareema described her efforts to rid herself of pain and maintain the tenuous balance between illness and wellness, pain (*vartham*) and contentment (*nimadhi*), worry (*kavale*) and balance (*nidaanam*). The chapter argues that while Kareema's presentation of health follows a broader pattern of returnee women obscuring ill health and highlighting *suham* and contentment to non-intimate others, it also underlines how a shattering of silence occurs upon the onslaught of extreme suffering. The chapter examines what it entails to *be* a live-in domestic worker with chronic pain and how this way of being-in-the-world

shapes everyday senses of embodiment, of time and space, and the articulation of agency.

Chapter Five (Sexuality, Honour and Spousal Relations) extends the parameters of migrant women's health to the interface of spousal and intimate relations. The chapter follows the stories of three women, Amina, Zahira and Jansila, between their *urs* in Sri Lanka and their Arab Gulf destinations. It traces their trajectories through the embodied conditions that relate to their most intimate others: their husbands and prospective spouses or lovers. As repeated migration propelled spousal relationships to begin or to be re-negotiated, women became attuned to persistent pains and rooted anxieties. The chapter argues that women's motivations to migrate are inextricably tied to their aspirations for honour and love, which are embedded in their obligations and affective ties towards spouses, wherein women sought to enhance respect, stability or love, and to avoid betrayal or bereavement. Women's focus on the emotions associated with spousal relations maintains social hierarchy and the "power connected with kinship at the centre of the analyses" (Unnithan-Kumar 2003: 184). Furthermore, the chapter suggests that sexuality plays a fundamental role in structuring and shaping ideas of "being good (*nalla irrakkanu*)" within relationships that are firmly placed within the normative sexual practices of the *ur*. The narratives presented contrast popular tropes of migrant women's sexual vulnerability, promiscuity and the associated erosion of Sri Lankan 'cultural values', and the wider moral representations that are made of them within these. It conveys how women's intimate relations made them more attuned to aspects of their bodies and emotions, though not necessarily to the broader dimensions of wellness.

Chapter Six (Brokers, Intersubjectivity and Embodied Mobility) explores the interface of recruitment sub-agents and traffickers. Agents served the double role of facilitating women's opportunities to migrate while often preventing them from leaving abusive work conditions, a role that had divergent effects upon migrants' wellness. Through the stories of Yasmin, Jansila, Fadila and Fauzia, this chapter examines the ways in which two particular characters—a sub-agent and a brothel patron—imbricated women's aspirations and relations with kin, employers and

state agencies. Women made decisions to migrate and depart, and to remain in or leave a specific foreign workplace, as part of their aspirations to migrate, wherein intersubjective encounters with sub-agents enabled them to develop faith (*imaan*), build expectation and to feel confident or betrayed. It is argued that these intersubjective manoeuvrings with brokers occurred within a moral economy of expectation, existing as an important interface of migrants' health. While dominant depictions of recruitment agents stress their exploitative role within low-wage women's migration, this chapter conveys the ways in which many women mitigated the negative effects of suspect agents to move closer to their migratory aspirations and find enhanced wellness and meaning. However, women who were unable to assert moral claims to non-exploitative work, at times, faced tragic consequences as the narrative of Yasmin tragically conveys. Migrant women who could not make *political* meaning of their migration, often made *existential* meaning through their relationships with greater cosmological realities of afterlife (*qiyamath*) and "Allah's justice (*Allah-da aadil*)".

Chapter Seven ("Coming Out" of Houses and the Preservation of *Suham*). The phenomenon of the 'runaway maid' has been publicized by media and NGOs as indicators of their 'systematic exploitation' and the pitfalls of the *kafala* (sponsorship) system. At the same time, it intersects with commentaries in migrants' *urs* of origin that view the woman who 'jumps' (*payyarange*) as morally debased for supposedly seeking greater sexual autonomy. These depictions contrast domestic workers' own articulations of "coming out" and "being outside", which centre on aspirations for a "good working life" (*oru nalladha valkay*) and for having *suham* (wellness) and contentment (*nimadhi*). Through the central narrative of Naziha, this chapter highlights the importance of health within women's processes of coming out, as most often, ailments and tensions experienced in the body from everyday household work guide their action. Women like Naziha bypassed the legal requirements of the *kafala* system as they left employers' homes and established themselves with less arduous work outside. The chapter argues that such women asserted a biological need to care for their health and to access sufficient treatment, food and rest—the basic components of physical survival. They also sought to affirm their moral worth. Building on

Fassin's (2001a, 2005) and Ong's (2006) discussion of ethical-moral biological claim-making, I describe how women's new-found autonomy point to unauthorized living as a space of confluence between self-care and the material and immaterial labour entailed by domestic work, as well as between their claim-making as non-citizens and the subordinated position of transnational, low-wage female migration. Their experiences suggest a need for a shift in analytic focus from women's 'immorality' and 'labour exploitation' towards an integrated perspective of physical survival, moral experience and political action, what Fassin (2010) describes as the 'politics of life'.

Chapter Two: Methodology

2.1. Introduction

Having laid out this thesis' primary research object (the experience and construction of migrants' health) and how it overlaps with secondary objects (the interfaces of morality, kin, *ur*, agents, employers, migration regimes), I now consider the methodological approaches and tools that enable the location and investigation of these phenomena. How should one attempt to study the complex experience of 'migrants' health' that stretches from the coconut groves of Kalpitiya to the luxury mansions and immigrant neighbourhoods of Kuwait without it being explicitly located as a physical object or physiological state, and without it being located in any of these places? This chapter explains the dominant research approach of this thesis, how I chose to approach the field, and the specific methods that I used. I end with a consideration of my own positionality within this research and related ethical concerns.

2.2. Research Approach: Bridging Phenomenological-Narrative and Political Approaches to Health

My research approach was ethnographic and based on a modified form of narrative methodology that integrated aspects of 'critical' and feminist methodology. This mixed qualitative approach enabled me to overcome the limitations of the narrative method through the comparative advantages provided by a more context-specific, critical approach, and through the intimate, non-verbal observations that I made while being an 'engaged' participant in my informants' lives. As Gottfried (1996) explains, research needs to choose the most appropriate method for the issue being studied, to be more reflective in handling the drawbacks of each method, and more creative in reshaping methods to fully account for women's varied lives and experiences.

Aware of the problem of health not being located as a physical object or physiological state, phenomenologically oriented anthropologists have come to view the body not simply as a physical object to be studied, but as an essential part

of the self and the very grounds of experience in the world (Good 1994: 116). They suggest that researchers can most easily access the experience of others through the 'narrative approach' which contrast the methodological tools that are generally adopted by psychologists and many anthropologists that professionalise definitions of illness and in doing so, lose the complexity and ordinariness of health experience (Good 1994: 139; Kleinman 1995; Kleinman and Kleinman 1991). Narrative methodology takes the body as an agent in the construction of meaning, whereby meaning resides in the mind and is the product of cognitive processes, but it is also generated through the body. It has the potential to provide "experience-near accounts" that are generally lost in most accounts of human experience (Good 1994: 118). For those of my informants who wanted to share their experiences, narrative was the most tangible way for me to capture the complexity of their sharing. Women did not often respond to explicit questions about their health and illness, but they narrated accounts of daily life that were replete with implicit and explicit references to their bodies and health.

This embodiment of social processes—discussed most extensively by Csordas (1993, 1994)—is thought to be cultural to the core. In Hallowell's terms, the perceptual world is organized through language and symbolic forms, as well as through social and institutional relations and practical activities in the world (Good 1994: 139, cited Hallowell 1985). Primary access to experience is through the analysis of cultural forms, which need to be unravelled in their complexity to facilitate subjective understandings of health.⁴⁶ Good (1994: 139) further elaborates:

Narrative is a form in which experience is represented and recounted, in which events are presented as having a meaningful and coherent order, in which activities and events are described along with the experiences associated with them and the significance that lends them their sense for the persons involved.

As many of my close informants had been trying to make sense of their experiences through their conversations with me, narratives worked to set in motion their search for meaning, wherein women would at times discuss different interpretations about the cause of their illness or distress. Narratives project

⁴⁶ Good states, "this understanding of the cultural saturation of experience is widely accepted in anthropology today." *Still now??*

activities and experiences into the future, organize desires and strategies, and direct them towards imagined ends that lives are intended to fulfill (Good 1994: 139). They can also lead towards the co-creation of solutions between researcher and researched (Garro and Mattingley 2000; Dossa 2002), something that I will examine in Section 2.7. as part of my discussion of ‘ethnography as care’.

However, the narrative method ran aground when I encountered informants who were not ready to share about their health—a challenge that I faced with almost half of my close informants. Though the potential of the narrative approach to produce new knowledge has been increasingly recognised across disciplines, I grew familiar with the criticism of its over-emphasis of the role of the verbal in the construction of meaning (Jackson 1989; Wikan 2000). I needed to respond to my informants’ reluctance to talk with sensitivity, by choosing not to probe them, and instead, by grasping how their concerns were expressed implicitly: reading in between their words and examining the contradictions between the different accounts that they shared. I traced the connections between the threads of their verbal narrative and their non-verbal bodily expressions, comportment and moods, considering how these reinforced or contradicted each other. Good recognised that “experience always far exceeds description ... In addition, experience is sensual and affective to the core and exceeds objectification in symbolic forms” (1994: 139).

Among the implicit and symbolic ways in which my informants portrayed their health were their descriptions of events relating to intimate others. Many women told me that their health was “not bad”, but they clearly expressed deep physical discomfort or distress upon speaking about their spouses, children or close kin. Consequently, ‘their health’ had as much to do with their own bodies as it did with their loved ones, and it could be easily located in their intersubjective reactions. This finding highlighted the second problem that I faced with narrative—its tendency to invisibilise the webs of social relations in which wellness and illness arise (Wikan 2000; Gronseth 2001). Once again, I had to adapt my approach to go beyond interpretations of emotion and health that focused on their effect upon ‘individuals’, and to instead understand how notions of personhood and ‘relational

being' were intersubjectively constructed (Lutz and Abu-Lughod 1990; Jackson 2013a). The methodological constraint of my informants not wanting to talk about their health—had I not found ways to go around it and locate health in other ways—would have had clear implications on my deductions. In short, it would have been possible for me to conclude that most migrant women simply had few or no problems with their health and other concerns were more pertinent. Understanding the implicit, intersubjective and relational aspects of health was therefore vital in refining my methodological approach: it facilitated my ability to document health among *all* my informants, not just 'the really ill' ones.

While narrative formed the core of my methodology as it best enabled me to capture migrant women's subjective experiences of health and "the essence of illness" (Good 1994: 117), I required additional heuristic tools to capture how health was constructed intersubjectively in relation to other individuals and institutions, and how the perceptions of others acted upon experiences and constructions. Phenomenologists have long critiqued health research that only attends to semiotic structures or social processes (ibid.), but they have not adequately accounted for the consequences of omitting attention from the social and political relations surrounding health and illness (Wikan 2000; Gronseth 2001; Das and Kleinman 2000). The work of political anthropologists of health squarely addresses these omissions by detailing how health exists as both a social construct—the result of individual and collective work by agents—and a production of society through structures and processes of differentiation and inequality (Fassin 2007a: 253). As my informants' health and life biographies brought to the fore the pervasive presence of exacerbating political and social conditions—in the *ur*, while in the Arab Gulf, and upon their return—it was necessary to document their experiential biography and political subjectivities as inextricably linked.

Consequently, I have taken further methodological cues from anthropologists of health who have written politically contextualized narratives, biographies or life histories, though they may not necessarily frame their work as 'narrative'. A few examples of these include: Dossa's (2002) demonstration of how stories affect

broader social and political change; Das and Kleinman's (2000: 1) overview of subjectivity occurring within fields of relational power that link individuals to global flows of finances and people; Kleinman's (1989) account of the suffering of rural workers amid China's cultural revolution; Lawrence's portrayal of Tamil women's suffering and healing in Sri Lanka's war-affected Eastern province (2000). Most importantly, Fassin's (2007b, 2010) political and existential biography of South Africans living with AIDS, and Willen's (2007, 2014) critical phenomenology of unauthorized migrants' health and abjection in Israel, provide further examples that are discussed throughout this thesis. The insights gained from these works have helped me to devise a critical narrative approach of temporary, low-wage migrant women and how the condition of being a '*velli-naada* (out-country) woman' shapes everyday experiences of health and *suham*. The narratives that I sought to capture attended to the lifeworlds of my ethnographic subjects, which included inter-related social, discursive and political forces (Willen 2007). In the subsequent process of writing up, Willen's work in particular helped me to analyze data according to three dimensions of migrants' experiences: the dimension of 'being-in-the-world'; that of juridical and political status; and of socio-political condition (2007: 11).

2.3. Broad Geographic Focus and Ethnographic Context of Research

2.3.1. Choosing My Primary Fieldwork Locality

After visiting and considering various districts of Sri Lanka with dominant Tamil-speaking populations such as Puttalam and Batticaloa in the Eastern Province, as well as in areas where Tamil speakers were a minority as in Raagama on the outskirts of Colombo and Kurunegala, in the end, I had settled for Kalpitiya in Puttalam district to base my Sri Lankan fieldwork. After a series of 10 to 15 day visits to these potential localities, Kalpitiya had been one of three *urs* that had met my 'selection criteria' of: a high prevalence of female migration to West Asia; a home for me to live in where I would feel safe; and a significant population of Tamil-speaking women with whom I could converse easily.



Map 1 – Sri Lanka



Map 2 – Kalpitiya and Puttalam

The division of Kalpitiya is a remote, rural peninsular of 16 square km and fourteen islands whose 65,000 inhabitants largely subsist on a small-scale fishing industry. Though recently, it has become a focus for large-scale redevelopment for tourism, Kalpitiya's very limited work opportunities especially for women has long been propelling them abroad for domestic labour. In 2009, Kalpitiya division had sent the largest number of female migrants abroad within Puttalam district, which had sent abroad the sixth-largest group of female migrants in Sri Lanka.

Yet my decision to base myself in Kalpitiya over other localities had not been primarily motivated by such figures. Other regions sent even larger numbers. Rather, my decision had been based on the encouraging reception that I had received from Muslim migrant women across Kalpitiya, along with the strong sense I had felt among them of wanting to share their stories of migration with me. Returnee women bore the brunt of the stigma of their migration. They had few opportunities to speak of these experiences and were perhaps more inclined to speak to me as an 'outsider', though I will problematize this in the final section.



Figure 5 – Kalpitiya town

I was also well received in ‘official’ local government circles in Kalpitiya. Implicit in my reception—as a young, foreign Muslim researcher—was the identity politics of the area that is connected to Muslims’ felt sense of marginalization in other parts of Sri Lanka. Muslims comprised 39 per cent of Kalpitiya’s population and though they are the largest homogenous group in the area,⁴⁷ there is a strong sentiment that Kalpitiya’s position nationally as a ‘deprived’ and ‘backward’ place that is ‘forgotten’ by policy makers is attributed to its large Muslim population. Some were astonished as to why I had come to Kalpitiya, as apparently even Sri Lankan female government employees—nurses, doctors and teachers—resented being placed there.⁴⁸ Some of my informants expressed hopes that my positioning as a Muslim would impel me to raise awareness of Kalpitiya’s poor conditions. I was ‘introduced’ to Kalpitiya by a schoolteacher, Rafeek, who had received me enthusiastically and been extremely forthcoming about my research. Well connected to sub-divisional government officials (*graama niladari* or ‘GN’ representatives), Rafeek had been crucial in orienting me to the social and bureaucratic protocols of the area. He introduced me to key officials and local

⁴⁷ The Muslim majority group in Kalpitiya is followed by Sinhala Catholics (around 35%), Tamil Catholics (around 12%), Tamil Hindus (around 7%) and Sinhala Buddhists (around 6%). In terms of religious background alone, 47% are Catholic, 7% Hindu and 6% Buddhist. Source: 2001 Census.

⁴⁸ One government doctor recounted how one of his nurses’ fiancée had cancelled their marriage engagement after she had announced her need to move to Kalpitiya. Another had explained how some women would start to cry when they were told of their new placement there!

imaams—whose support I had needed in order to live locally. Consequently, due to my positioning as a Muslim and my relationship with Rafeek, I managed to penetrate the local political and religious elite in Kalpitiya in ways that I would not have been able to in my other potential localities. These factors, along with Rafeek's family's invitation to host me in their home in the sub-division of 'Mulanur', were instructive in my final decision to emplace myself there.⁴⁹

One final point cemented this decision: my sense that I would feel safer and better supported in Kalpitiya. The onset of my fieldwork in May 2009 had coincided exactly with the end of the civil war and the defeat of the LTTE, an extremely tense and politically charged time historically. It had taken me nine months to get a local university to accept my application for affiliation and residence sponsorship, markedly because the Sri Lankan government had become hostile to foreign aid workers and journalists filtering into the Northern war-affected areas. I had felt fear, uncertainty, mistrust and discontent among Tamils and Muslims in particular and the communal distinctions that I had paid less heed to during previous visits to Sri Lanka as an NGO professional, all of a sudden, seemed to matter more. As a 'Sri Lankan looking', Tamil-speaking (and non-Sinhala-speaking) person who did not bear the visible signs of female Muslimness—i.e. the wearing of *abaya* or *hijab*—I knew that I blended into the demographic landscape in ways that marked me more as a 'Sri Lankan' than a foreigner, which had its advantages as well as risks. Furthermore, being a single, unattached woman and outsider within a minority locality that had been feeling particularly vulnerable at the time, I knew that I would be regarded with suspicion: assumed to be a 'loose woman', and possibly even suspected by some to be a former LTTE cadre.⁵⁰ Outside of Colombo, I had felt quite conspicuous in Sinhala-dominant rural areas where it had been at times challenging to move around on my own on buses with my poor Sinhala.

⁴⁹ Due partly to Rafeek's efforts in introducing me as 'a close friend', I had received very different receptions from 'official' informants in Kalpitiya compared to Kurunegala. In Kurunegala, officials had tended to be more bureaucratic: they asked me for official letters and were less willing to deviate from official protocol. In contrast, Puttalam officials welcomed me and they often went out of their way to accommodate my requests.

⁵⁰ As I began living in Kalpitiya, I was indeed suspected of being a former LTTE cadre by neighbours, though these reactions had subsided within a month or so. The neighbours' children had apparently been observing and broadcasting my 'morning exercise' routine (it was just yoga!) as some form of military training. I heard about these suspicions from my close friend and research assistant. The encounter highlighted how deep mistrust had still been an integral part of daily life in Sri Lanka's rural interiors that have been close to past conflict, wherein communities have historically had experiences of female LTTE cadres concealing their identity to live among them.

This sentiment had come to the fore one evening when a bus driver had explicitly ignored my request to be dropped off at a particular bus stop in a deep rural part of Kurunegala. The driver kept going for another five miles before finally letting me off—practically in the middle of nowhere—but at a dark, military checkpoint. I was wearing a *kurta salwar* that day, ‘Tamil clothing’. As I got off the bus, I heard the ticket seller sneer a comment about me being a ‘Tamil girl’. The incident had not been my first experience in Sri Lanka of being perceived as a Tamil and treated derogatively, but it had been the first time that I had actually felt highly vulnerable given my remote surroundings, the time of the night, and the lack of public transportation. In the end, I reached home only after spending a half hour at the checkpoint: the army officials had taken down my passport details and eventually called for a three-wheeler. The incident made me realise that being foreign and having a British passport would not always immediately protect me in the rural hinterlands of Sri Lanka, where people probably needed to see my passport first before realising foreignness, and where one could not always understand what a female, Sri Lankan-looking foreigner was doing on her own.

Since I was fixed on embedding my research in a rural locality, I knew then that I had to choose a place where I could communicate effectively in Tamil, and hence that had ruled out the Tamil- and Muslim-minority areas of Kegalle and Kurunegala. It also had to be a place where I would also feel safe through being able to trust the people around me. In addition to the sense of support that I had felt from Rafeek and his family, Kalpitiya had been far less tense than my other Tamil-speaking option of Batticaloa. It was also closer than the Eastern Province was to Colombo, where I had friends and institutions that I could rely on for support if needed.

My specific locality of ‘Mulanur’ within Kalpitiya comprised of seven *urs* or villages. ‘Mulanur’ collectively refers to all seven *urs* and the locality broadly speaking, and it also refers to the specific *ur* of Mulanur which is administered as a sub-division or ‘G.N.’ division. Hence, I use the name ‘Mulanur’ throughout this thesis to refer to both places. Five of Mulanur’s *urs* were populated by *ur* people or the ‘host-community’, and they had a collective population of 2,401 persons or 569

families.⁵¹ While two of these *urs*, Thenkarai and Hassan, were *muhaams* (IDP camps) populated by *muhaam* people or ‘displaced persons’. They had a combined population of 1,500 almost exclusively of Muslims whose ‘native place’ was Mannar or Jaffna in the Northern Province. Although the *muhaams* and the five other *urs* were administered separately, they were situated around a kilometre away from each other and people’s daily lives were integrally connected. My informants were concentrated in the *urs* of Thenkarai, Hassan and Mulanur.

2.3.2. The Extended Field Site

While my insertion into the very specific locality of Mulanur did indeed mark my research as a more ‘typical’ anthropologically focused approach of a single, locatable community, I chose to approach my research field through ideas of multi-sited research, or what is more accurately referred to as an ‘extended field’ (Andersson 2012). My core group of informants was derived from what could be seen as ‘a community’, that of ‘Muslim migrant women’ in Mulanur, Kalpitiya, but that said, I was dealing with the specificities of studying *health* among *transnational migrants*. My exploration of migrant women’s experiences was neither exclusively focused on the features of the locality of Mulanur, nor the specificities of ‘Muslim’ identities. It was focused on transnational women’s experiences of health, an entity that is heavily influenced by, yet still surpasses, the characteristics and confines of locality and Muslimness. My informants moved across time, place and living spaces, and their health imbricated the lives of persons across communal and national groupings. It was necessary for me to not only follow *their bodies and beings* out of their Kalpitiyan *urs* to their destination of work in the Arab Gulf—Kuwait, but also, to follow *their concerns relating to health* along interfaces that spanned Kalpitiya and the national capital Colombo, as well as the district capital of Chilaw. These urban centres were the location of hospitals, recruitment agents, training centres and SLBFE offices that facilitated women’s migration and welfare and were a part of Kalpitiyan women’s lives, even if women were reluctant to frequently travel to them.

⁵¹ Out of this population, 2,085 persons were Muslims, 200 were Catholics, 86 were Hindus and 30 were Buddhist. And 496 families were Muslim, 51 were Sinhala, and 22 were Tamil.

Furthermore, albeit in a far more superficial manner, I tracked the dominant health and migratory concerns of Sinhala, Tamil, Catholic and Hindu transnational women and those who lived in other regional and provincial localities in Sri Lanka—Kurunegala in the Northwestern Province, Batticaloa in the Eastern Province, Kegalle in the Central Province, and Colombo. While I could not build as intimate a picture of these women's lives as I could with Muslim women, researching across place, locality and ethnic community enabled me to gain a comparative sense of migrants' health experiences and to come to certain conclusions that could also be related back to Sinhala and Tamil Sri Lankan women. That said, while contrasting the standard anthropological single-sited approach that privileges the 'local', my approach did not seek to, nor could it, abandon its ties to a 'Muslim community' through the locality of Mulanur. Muslimness was inseparable from the social and political conditions surrounding my informants and deeply influenced how women made meaning out of their lives.

While not being confined by a single-sited approach, I was also cautious of transnationalism as a system of analysis. I chose not to frame my field as a 'transnational field' in light of critiques of its tendency to stress a 'community focus' across multiple sites of study, limitations that have similarly been highlighted within the notion of a 'multi-sited field' (Andersson 2012; Hage 2005). While the latter is frequently used within migration studies, the approach that I preferred was one of "one site, many locales" in the form of an 'extended field site', a notion that has been proposed by Hage (2005), Andersson (2012) and others.⁵² Andersson explains how an extended field site enables social interfaces to repeat themselves across diverse locales, wherein 'the field' is not conceptualised within narrow geographical boundaries—a move away from anthropology's 'spatialisation of difference' in 'bounded fields' towards a methodological focus on 'shifting locations' (Gupta and Ferguson 1997, cited by Andersson 2012: 31). I conducted research among informants in three geographic locations broadly speaking: in Kalpitiya and Puttalam, adjacent to my immersion in women's lives; in

⁵²Andersson explains how this conceptualization relates to the extended case method and situational analysis of the Manchester school (van Velsen 1967; Buraway 2000), and it is exemplified by Gluckman's (2002) seminal work that brought together previously considered separate tribesmen and colonisers while breaking the confines of the geographically bounded villages that anthropologists are destined to study.

Colombo and other parts of Sri Lanka during my initial eight months of field work and during one to three week visits; and in Kuwait. This extended field site that encompassed these locations enabled me to treat my dispersed informants—living in research settings as diverse as Kalpitiya and Kuwait, Colombo and Batticaloa—along with the multi-dimensional issues that arose from their health, as a single site. It allowed for the identification and exploration of both my primary object of analysis, the experience and construction of migrants health, and my secondary objects, the social interfaces of key individuals and institutions.

2.4. Negotiating Access and Choosing My Methods

In order to examine my research objects across this extended fieldsite, I chose several qualitative methods, focusing on participant observation and in-depth, life history interviews as my core methods, and using semi-structured interviews and focus group discussions (FGDs) as secondary methods. These methods were supplemented with textual analysis of newspaper and magazine clippings relating to women migration, wellness and health, and key policy and NGO reports.

2.4.1. Sri Lanka

My research trajectory began in my satellite localities of Colombo and Kurunegala with semi-structured interviews and FGDs, which enabled me to gage a broad overview. I proceeded to use these same methods during scouting visits in Puttalam and Batticaloa. After six months and deciding to embed myself in Kalpitiya, I began to employ participant observation to ‘enter’ the *ur* and forge personal relationships. Soon after, I began to conduct in-depth life history interviews with selected women who became my close, primary informants. I visited the specific Muslim localities of Mulanur and Thenkarai over the course of 20 months, and from the start, I found it surprisingly easy to find primary informants to meet as many households included Gulf returnees.

Though I had been warned by most of my middle class, Colombo-based informants (policy makers, NGO workers, friends and acquaintances) of the highly ‘closed’ nature of Kalpitiya, I was still taken aback at how insular it was after I began to live there. The *ur*’s people were generally suspicious of outsiders. Aside from the

muhaam people and around a dozen Muslims who had married into local families and/or migrated in for other reasons from nearby parts of Sri Lanka, all of Mulanur's inhabitants had lived there for decades or more. My request to the local *imaam* to live in the *ur* had only been 'accepted' because of my connection with Rafeek's family, who was long established and of the land-owning class. Rafeek himself was well respected in the *ur* due to his voluntary, philanthropic work with the poorest sections of the *ur*. Despite having Rafeek and his wife Razia as my gatekeepers, I still had to spend most of my first six months in Mulanur seeking to gain people's acceptance and determining who I could trust and what sorts of things I could discuss and with whom.

Rafeek and Razia had introduced me to my first households, after being informed by them, by neighbours and G.N. representatives about the homes that were associated with *velli naaTa* women. After two months, I was able to undertake visits on my own and my very first close informants took over the role being my gatekeepers and research guides. I also met potential informants while conducting participant observation and interviews with doctors and nurses at 'Well-Women Clinics' located in the *ur*, at a local hospital, at the government clinics in Kalpitiya town, and at private *Ayurvedic* and *Unaani medicine* practices in other parts of Kalpitiya. Out of this preliminary fieldwork, I had built an initial pool of around 40 women with whom I had met several times and begun to conduct semi-structured interviews. From this pool, I had selected 23 'in-depth informants' with whom I conducted extensive participant observation and narrative, life history interviews. These women formed the core basis of my data gathering in Sri Lanka for the remainder of my fieldwork.

I also identified the relevant Kalpitiya-based secondary informants to research through Rafeek's network of acquaintances within schools, *ur*-level leadership and G.N. circles, and through snowballing techniques.

2.4.2. Kuwait

The second part of my research had been in Kuwait for a period of one month, which I had conducted towards the end of my fieldwork in Sri Lanka. I had lived

with close Indian (Tamil Muslim) family friends (connected to my maternal uncle in Chennai) who had been born and raised in Kuwait. My positioning and relationship with this family helped to familiarise me quickly with the tone and nature of daily life in Kuwait as South Asian Others, and also with the social protocols of moving around Kuwait as a South Asian Muslim woman. I had also been immediately introduced to a Sri Lankan male Muslim driver, Farook, through one of my close Kalpitiyan informants who had just started working in Kuwait. Farook ended up being not only my driver, but a trusted research assistant for the entire month that I spent in Kuwait. He was essential in enabling me not only to get around Kuwait, but in helping me to find new Sri Lankan informants. Importantly, Farook served as my 'male guardian' of sorts as almost all the neighbourhoods that I had to visit were those where women were infrequently seen on their own.

The three entry points that I had to access migrant women informants in Kuwait were: 1) women who I had already met and researched in Kalpitiya, or Kalpitiyan women who had been introduced to me by their kin back in the *ur*; 2) meeting new women outside the Sri Lankan labour attaché; 3) and meeting new women through Farook's social and client network. The profile of this sample was clearly affected by the limitations of accessing *new* informants who lived in their employers' homes in the short time that I had in Kuwait. The four live-in women whom I could research in-depth were from Kalpitiya. I only managed to visit the home of one of these women and only because she had become a very close informant of mine in Kalpitiya, and she had lied to her employer and told her that I was her sister. The other three women, I interviewed them on the phone several times or met them discretely in a park near their home. Either their employer did not allow me to visit, or my informants did not want to try asking. Aside from these Kalpitiyan women, except for a few I had met briefly through Farook, all other informants were those who had been living out of their employers' homes.

In terms of the methods I employed with different women, I was able to write detailed life history narratives for seven women, either by meeting them in their homes or on the telephone. For the remaining 20 women, given the limitations of my time with them and the public nature of some of our interview locations, I was

only able to conduct semi-structured interviews, informal chats or group chats with them.

2.5. Research with Migrant Women - Primary Informants

Migrant women were the primary informants of this thesis to whom I had devoted the largest amount of time researching. Forming an overall pool of 133 women, they mainly included women who had returned from working in the Arab Gulf and those who had been 'onsite' in Kuwait, but also some who had never migrated but had aspirations to do so in the near future. They were aged between 22 and 58 years. Though the vast majority of these women had lived and worked in the Arab Gulf or Levant (Lebanon and Jordan) for two to 23 years, five women had only been abroad for less than three months. Among the returnee women, I focused on those who had been back in the *ur* for no more than two years. However, I also included five older women who had returned for five to ten years. The overall pool was further divided into two sample groups based on the extent of their level involvement in the research. An 'in-depth group' of 30 women were researched extensively through narrative, life-history interviews and/or in-depth participant observation. A broader sample' or 'non-in-depth group' of 103 women were researched less vigorously through open-ended interviews or focus groups. My investigation of both groups of women had been guided by a comprehensive open-ended questionnaire.

To gauge a comparative sense of experiences, I began my fieldwork with a broad focus on all three ethnic groups of women in various parts of Sri Lanka, but I then chose to focus on Muslim women in Kalpitiya. The difficulties involved in interviewing Sinhalese women through the barriers of interpretation, as well as my positioning as a Muslim and its role in helping to facilitate fieldwork were key factors that led me to this decision. My Muslim informants in Kalpitiya and Puttalam were derived from both *muhaam* ('camp'/displaced) and *ur* (host-community) groups.

The questions that I sought to have answered about migrant women concerned the

following range of issues: their basic migration history, including the main issues that had lead to their migration and their conditions of living and work while abroad; how their health condition and their views about *suham* had transformed over the course of their migration and upon their return; their assessment of the value of their migration and its impact on their sense of self, their health and their lives overall; the ways in which they felt supported and/or inhibited by kin, *ur* people, doctors, NGOs, recruitment agents, and government officials; and their future plans and how these related to *suham*. I generally covered these questions among both in-depth women and the broader sample, the main difference being the level of detail. Also, the Kuwait informants tended to talk more about the urgencies that they were facing right at the time.

2.5.1. 'In-depth' Informants—Participant Observation and Interviews

The observations and stories that I had documented among my 'in-depth' informants provided the empirical core of this thesis, the thick description that is the essence of migrant women's experiences in health and wellness. In Sri Lanka, I researched 23 of these women primarily in three interconnected *urs* within Mulanur in Kalpitiya. Except for two women who had only migrated to Saudi Arabia, all of these women had worked as domestic workers in Kuwait for two to 18 years. In addition to Kuwait, most women had migrated to Saudi Arabia as well or at least one other Arab Gulf country, with three women having lived in up to five different countries. I had gotten to know these women over the course of 10 months that I had lived in Mulanur, and during my visits there over the nine months prior to this. As such, I had tracked some women's lives in Mulanur for as long as 19 months.

The length of time over which I came to be a familiar sight in the *ur* enabled my closest informants to build their trust in me, which in turn facilitated the 'in-depth' exploration of their health and migratory experiences. By far, the most crucial aspect of my research with these women was the time I spent simply hanging around them: participating in their daily activities of household chores and gathering firewood, accompanying them to the onion fields, shopping for provisions in town, and living within their households, which I did with two of my

informants. At the same time, I maintained enough distance to critically observe them, culling reflections that allowed me to understand where health was located and absent in daily life. My day-to-day intersubjective engagements attuned me to their moods, sensitivities, outbursts and silences.

I became engaged in the ways in which women and their kin cared about their health. Many of my informants and their close kin suffered from mundane, everyday ailments that they did not always have time or money to care for. Given how easy it was to treat many of these, my lay biomedical and ethnomedical knowledge, and how my research involved extracting extensive information from informants for my own purposes, it was difficult to be a simple bystander in their health care. Consequently, my positionality on health and health-related reciprocity came to characterize the form of ethnographic research that I conducted, slightly easing the very unequal power relations that existed between my informants and myself. As soon as word had gotten around that I was the 'daughter of a gynaecologist', the 'sister of a paediatrician', and that my two other siblings and father were also biomedical doctors, people attributed my positioning differently, choosing to introduce me not so much as 'a researcher', but as someone who came from a family of doctors. During my mother's visit to the *ur*, inadvertently, the house visits that she had accompanied to ended up focusing on gynaecological and other health concerns. After this, women began to confide in me more about health, and some would request that I ask my mother or sister about a health concern or medication the next time I spoke to them on the phone. My biomedical kin connections were bolstered by my lay knowledge of certain *Ayurvedic* healing remedies, what is referred to in Tamil vernacular as *kai maranda* ('hand medicine') or '*naaTa maranda*' ('country medicine') that I had learnt from my maternal grandmother who had been a lay practitioner.

My small ways of intervening in my closest informants' health care practices included talking to them about their conditions (conjunctivitis, skin, corneal and chest infections, persistent body pains, heart and hypertensive conditions, and diabetes, among others) and how they could get worse without treatment; and strongly encouraging them to consult practitioners, including the Sinhala doctor

working in the 'hospital' in Thenkarai, a well-known local *Yunaani* doctor, or in more urgent cases, the hospital in town (Kalpitiya or Puttalam. In cases of extreme illness, I would accompany them to the doctor and pharmacy and paying for treatment when they clearly had no means to do so themselves. In more ordinary ways, I would take some informants a thermos of a herbal cold remedy, or simply buy them green vegetables, grains, herbs or medications during my own visits to town. Though with their own problems, such engagements immersed me deeper into the social fabric of my informants' lives and ways of caring for health.

That said, the extent of immersion in these 23 women's lives varied. I spent an average of one to five hours a week with each woman and their families, largely hanging around them and whenever I could, conducting semi-structured interviews to listen to their verbal narrative, fill in the gaps in my knowledge and clarify things I had found unclear. I had actually lived with two of these women and their kin, six months with one (Fadila, the main character of Chapter Three), and two months with the other (Tahira), and hence my insights on these women's health and lives had a different tone. I got to know some women for only five months, while others I knew for 19 months. There were also variations in the amount of interviewing that I could do with different woman, something that depended on their level of comfort and their husband's approval of them talking to me.

I also researched 'in-depth' two Tamil and two Sinhala returnee migrant women. I used the same questionnaire but far less vigorously, and I allowed these women to focus on their main daily concerns and the gaps that I had in my knowledge. Both Sinhala women had had very difficult experiences in their health, and one of the Tamil women had suffered from chronic migraines and hypertension but she had been reluctant to speak to me even though she had initially appeared forthcoming and given me consent to document her story. She had always ended up leaving the house just as I arrived, though we had set an appointment! However, I remained persistent and managed to construct her narrative from information provided by her sister and mother, who had welcomed my presence.

Finally, I also covered ‘in-depth’ two Muslim women who had never migrated transnationally, but they aspired to in the near future. The two Muslim non-migrated women (Tahira and Sakeena) had largely focused their conversation on the difficulties of daily survival in Mulanur, the exploitative nature of day labour, conflicts among extended kin, as well as ailments that bothered them and their feelings about *suhām*. Very often, our conversations turned to life as a domestic worker abroad and whether it was better or not. Tahira’s family was one that I had felt closest to and supported by in Mulanur. Her daughter (Farida) had been a trusted friend and research assistant, and I had spent most of my rest time with the family. Though I had only lived with them for the last two months of my fieldwork, and I had few interviews with Tahira, I amassed much information about her. Tahira eventually did migrate to Saudi Arabia nine months after I had left Sri Lanka.

As for the seven women whom I had researched in-depth in Kuwait, I spent an average of three to six hours with them over the course of three weeks. The kinds of issues our encounters focused on depended on whether they had been living in their employers’ homes as authorized migrants (the four women from Kalpitiya discussed already in Section 2.4.2.) or living outside of their employers’ homes (three women). The latter women had been living outside of their employers’ homes for six months to two years, and they had been engaged in part-time domestic work or in very temporary placements as cleaners in schools or companies. I met these women outside the Sri Lankan embassy while they had been in the process of getting clearance to leave Kuwait during an amnesty period that had been launched by the Kuwaiti government. I followed these women into their homes in Kuwait that were situated in predominantly immigrant neighbourhoods (Abbasiyya and Mangaf). I had visited them two to three times, and each visit had lasted around three hours.

Table 1 – Profile of ‘In-depth’ Migrant Informants

Residence at time of interview	Ethnicity	Number
Thenkarai, Kalpitiya	Muslim (<i>muhaam</i>)	7
Hassan, Kalpitiya	Muslim (<i>muhaam</i>)	4
Mulanur, Kalpitiya	Muslim (<i>ur</i>)	8
Mulanur, Kalpitiya	Tamil	2
Mulanur, Kalpitiya	Sinhala	1
Tighali, Kalpitiya	Sinhala	1
	<i>Kalpitiya subtotal</i>	23
Kuwait	Muslim (fr. Kalpitiya)	4
Kuwait	Muslim (fr. Beruwala)	2
Kuwait	Tamil (fr. Kandy)	1
	<i>Kuwait subtotal</i>	7
	TOTAL	30

2.5.2. ‘Non-in-depth’ Informants—Participant Observation and Interviews

My initial interactions with ‘non-in-depth’ women had been quite similar to those I had with ‘in-depth’ women as I had selected the latter from the former broader pool. I met these women only once or twice, for a session that ranged from 20 minutes to three hours. Half of these women were Sinhala and the other half was mostly Muslim with some Tamils. While covering the same range of questions, the main difference was the more limited amount of time spent with them, which provided far less detailed responses. Unless women had explicit health issues, women often did not provide detailed assessments of their health: they would say that their health was fine. The brevity of our time together made it difficult for me to always guide them back to talking about implicit health. Most women really wished to speak in detail about *their* pressing concerns—such as the recruitment system in Kuwait, the conditions faced in their employers’ homes, problems in their Sri Lankan households, or specific health crises that had occurred. While generally allowing women some space to lead the discussion, I would gently steer them back towards health as soon as it arose as part of these other issues.

Table 2 – Profile of ‘Non-in-depth’ Migrant Informants in Sri Lanka

Interview type	Location (Unless otherwise stated, all interviews were conducted in migrants' homes)	Ethnicity	Number of participants
One to one	Mulanur & Thenkarai, Kalpitiya	Muslim (<i>ur, muhaam</i>)	11
One to one	Tighali & Kapaladdy, Kalpitiya	Muslim (<i>ur</i>)	5
One to one	Mandalakudha & Kandakuliya, Kalpitiya	Muslim and Tamil	4
One to one	Talawila, Kalpitiya	Sinhala	3
	<i>Kalpitiya subtotal</i>		23
One to one	Chilaw, Puttalam (SLBFE training centre)	Mixed	3
Focus group	Naagaveluwa, Puttalam (NGO-Didriya Foundation)	Mixed	18
One to one	Karuwelagaswewa, Puttalam	Sinhala	3
One to one	Puttalam town, Puttalam	Muslim (<i>ur</i>)	2
	<i>Puttalam subtotal</i>		26
One to one	Ibbagamuwa, Kurunegala	Sinhala	2
One to one	Gallketigama, Kurunegala	Sinhala	2
One to one	Kurunegala town, Kurunegala	Sinhala and Muslim	4
One to one	Muslim <i>ur</i> * in Kurunegala	Muslim	3
	<i>Kurunegala subtotal</i>		11
Focus group	Panipittiya, Colombo outskirts (SLBFE training centre)	Mixed	23

One to one	Panipittiya, Colombo outskirts (SLBFE training centre)	Tamil and Muslim	5
Focus group	Raagama, Colombo outskirts	Sinhala	7
One to one	Raagama, Colombo outskirts	Sinhala	1
One to one	Dehiwela, Colombo (NGO-Migrant Services Centre)	Sinhala	4
	Colombo subtotal		40
One to one	Batticaloa (Eastern Province)	Muslim and Tamil	3
		TOTAL	103

In Kuwait, I had built up an overall pool of 27 Sri Lankan women across ethnic groups, places of origin in Sri Lanka and most importantly, type of work and living arrangement. (This pool had equal numbers of Muslim and Sinhala women, along with two Tamil women.) Aside from my four Kalpitiyan informants, only three other women had been living in their employers' homes at the time of our meeting. Consequently, though live-out women are certainly a minority in Kuwait given the difficulties involved in living 'illegally', these women made up three-quarters of my sample. This bias certainly affected the kinds of experiences in health that I was able to record, but I used these to generate comparisons with the extensive live-in narratives that I had already compiled in Sri Lanka.

'Live-out' women in Kuwait are further differentiated. Although all of them contravene the law in Kuwait by not living in their *kafeel's* (sponsor's) home, some have a valid *kafeel* by paying a Kuwaiti to sponsor them and act as their employer while they make their own arrangements to live outside. These women still have a valid residence and work permit (*hakama*), but they have no legal grounds to live outside or to work for anyone other than their *kafeel*. Others, however, live outside of their *kafeel's* home as well as the entire sponsorship system; their sponsorship has been cancelled and they have no legal grounds to remain in Kuwait. The particularities of their legal status provide Sri Lankan authorized and

unauthorized live-out women with different ethnographic profiles. Authorized live-out women are more ‘settled’ in Kuwait and some have been there for up to 10 or more years, a condition that affords them better conditions of work. Unauthorized live-out women, however, were more transient and lived with more precarious conditions.

In addition to the more precariously-placed ‘in-depth’ women discussed above, I had also met those living more comfortably through Farook’s kin, social and client network: in his taxi, at a Sri Lankan rock concert, and at his elder sister and brother-in-law’s flat. He also took me to interview a woman who rented a partitioned bed space in her flat to couples at an hourly rate, and to visit his younger sister who at the time was being held at a recruitment agency. Aside from Farook’s kin, all of these women were Sinhala. Further details of these interviews and meetings are outlined below.

Table 3 – Profile of ‘Non-in-depth’ Migrant Informants in Kuwait

Interview Type	Location	Ethnicity	Living Authorization & Status	No. of participants
Informal group chat	Outside the Sri Lankan Labour Attache	Muslim	Unauthorized, live-out	4
One to one interview	Outside the Sri Lankan Labour Attache	Tamil & Sinhala	Mixed	4
One to one chat	Riding inside Farook’s taxi	Sinhala	Authorized, live-out & live-in	3
One to one interview	Sitting inside Farook’s taxi in a car park	Muslim	Unauthorized, live-out	2
Informal group chat	Sri Lankan rock concert	Sinhala	Authorized, live-out	3
One to one interview	Sri Lankan café	Sinhala	Authorized, live-out	1
One to one chat	Migrant home	Sinhala	Authorized, live-out	1
One to one interview	Migrant home (Farook’s elder sister)	Muslim	Authorized, live-out	1
Observation only	Farook’s younger sister (was being held at a recruitment agency)	Muslim	Authorized live-in, but trying to change	1
		TOTAL		20



Figure 6 – A focus group discussion among returnee migrants, Puttalam

2.6. Research with Secondary Informants

Male Kin, Local Representatives, Health and Policy Professionals

To ascertain the perceptions of migrant women's health that were held by those involved directly in their lives, I conducted interviews and participant observation to generate the second layer of my data collection—the complex sociomoral, political and institutional fabric of wellness. I sought to determine how male kin, health professionals and healers, *ur*-level representatives, and *G.N.'s* (*grama nilidaris*) and district-level officials, national Ministry and SLBFE officials, and other 'policy professionals' (NGOs and I-NGOs) articulated and acted upon perceptions of migrant women's wellness and were part of interventions that affected health. The involvement in this study of the different actors that play a role in the debate on migrant women's wellness was important to "develop procedures that allow for the production of contrary readings, which can play an active role in social debate" (Gottfried 1996: 14). These secondary informants comprised two groups based on broad categories of location: 1) Kalpitiya and Puttalam town; and 2) Colombo, Kurunegala and Kuwait.

Among Kalpitiyan informants, male kin were those who most intimately involved in women's daily lives. The perceptions towards female migration of migrants' husbands, brothers and fathers—a dimension often overlooked within research on gendered migration (Gardner and Osella 2004)—were central to women's decisions to migrate and experience of wellness. Men's sentiments emerged organically from women's narratives and women often acted upon them. While I conducted two to three one-hour interviews with each male kin member, the many hours of observations that I undertook while living among them provided deeper insight into the roles they played within women's experiences and constructions of health. I sought to determine how men felt about their wives, daughters or sisters migrating, how their sentiments affected women's confidence and sense of self, and if and how they sought to help their family members cope with the effects of women's absence, as well as women to navigate the effects of stereotypes.

Healers, midwives and biomedical doctors were the next interface that impinged strongly on women's health experiences, and I elicited their views on whether and how women's health transformed in the course of migration and how it compared to non-migrant women's health. I also investigated how local regimes of health and spiritual care, as well as diverse practitioners—biomedical, *Yunaani* (an ethnomedical tradition derived from Islamic health traditions), nurses, midwives and health attendants—played a role within migrant health experience.

I also conducted interviews with school teachers and principals, *ur*-level religious and social leadership, *G.N.*'s, Puttalam district-level officials, and Puttalam-based NGOs to learn more about prevalent social perceptions towards women's migration and health, how they profiled this migration and where health was located, as well as basic facts relating to socio-economic conditions and their interaction with health-care delivery and wellness. I also gathered what services and policies were in place to support migrant women's welfare and wellness. Finally, sub-agents were another important interface. I interviewed two agents who lived in Mulanur and had been actively recruiting women for work in the Arab Gulf, and I also assembled a detailed picture of a notorious former agent and

brothel owner who used to traffic women into sex work. As I had been advised that interviewing this woman would have been risky for me, I relied on extensive accounts from women who had been recruited unknowingly by her, as well as the insights of others in the *ur* who knew about this woman's life and work. Table 4 summarises the numbers and types of secondary informants interviewed in Kalpitiya and Puttalam, though it must be said that the number of hours interacting and observing some of these people in daily life surpasses the table. Interviews lasted an average of 30 minutes to two hours, and each informant was interviewed once unless otherwise stated above.

Table 4 – Profile of Secondary Informants in Kalpitiya & Puttalam

Type of Informant	Details of Informants	Total Number of Participants Interviewed
Male kin of migrant women	Husbands (5), a father & a brother.	7
Health professionals and healers	<i>Yunaani</i> doctors (3); biomedical doctors (3); nurses & health attendants (3); midwives (1); healers/ <i>annavis</i> (2).	12
School teachers & principals	At 4 separate schools in Mulanur, Tighali, Kalpitiya town and Muhaththuaram.	7
Recruitment sub-agents	From around Mulanur.	3
Religious leaders	Mosque committee head, <i>maulavi</i> & <i>imaam</i> from Mulanur; Catholic priest from Kalpitiya town.	4
Sub-divisional level officials & village heads	<i>Grama niladaris</i> (<i>G.N.'s</i>) from across Kalpitiya (9); & village heads/ <i>taleiwars</i> (4) of Mulanur.	13
Puttalam district level officials	Ministry of Women & Social Welfare (1); National Child Protection Authority (2); Puttalam Additional Govt. Agent (1); Census & Planning Dept. (1).	5
Puttalam NGOs	Women in Need, Population Services Lanka, Community Trust Foundation, Rural Development Foundation, United Lanka Intl.	5
	TOTAL	56

The interviews that I conducted in Colombo with health professionals, state migration officials, health and other ministry officials, I-NGOs and NGOs sought to elicit: macro-level information on the state response at the national-level towards low-wage female migration and health; the existing level of political commitment being placed within policy initiatives and where women's health factored into them; and which specific redress and welfare initiatives were thought to be 'successful' and how these contrasted women's perceptions of seeking support from the state. My relationships with many NGO staff and SLBFE officials had been ones that I had developed in visiting Sri Lanka for over a decade in my former capacity as a staff of an Asian regional migration advocacy network, the Migrant Forum in Asia (MFA). Consequently, it was easy for me to arrange meetings with various NGOs and SLBFE divisions though at the onset of fieldwork, I needed to remind people of my new role as an independent researcher and not an advocate, as being associated with 'human rights' was not always helpful in state discourse. In addition to formal interviews, I also attended several events and conferences arranged by NGOs, the ILO as well the migration ministry.

In Kuwait, I interviewed Kuwaiti labour attaché officials to contrast perceptions held towards migrant women's wellness, and to ascertain how support work on the ground facilitated (or not) women's efforts to make claims to better labour conditions, welfare and health. I also questioned what officials felt about the role of Kuwaiti recruitment agents and observed their interactions in the attaché's waiting area. The following table synthesizes my interviews in Sri Lanka and Kuwait. On average, each interview lasted 30 minutes to an hour. I had interviewed each informant once though many NGO staff and SLBFE officials I had met and two to four times.

Table 5 – Profile of Secondary Informants in Colombo, Kurunegala & Kuwait

Type of Informant	Details of Informants	Total Number of Participants Interviewed**
Biomedical health professionals	Director, Sri Jayawardenapura Hospital; director, women's hospital; & practicing gynaecologist & advocate on women's health	3
SLBFE & Migration Ministry officials	Minister of Foreign Employment Promotion; SLBFE Chairman; 'Director General Managers' (DGMs) & lines managers for seven separate SLBFE divisions.	10
SLBFE training centre officials	In Colombo (Panipittiya), Kurunegala & Chilaw (Puttalam)	4
Labour attaché officials in Kuwait	Head; labour counsellors; & outgoing ambassador	4
Other ministry officials	Director, 'Migration & Health Programme', Ministry of Health; Minister of Justice; & another Muslim minister.	3
Other officials in Kurunegala	Kurunegala Additional Govt. Agent; SLBFE Kurunegala district head; two <i>G.N.'s</i> of a Muslim & Sinhala majority <i>ur</i> .	4
I-NGOs	IOM & ILO in Colombo & Kuwait	8
NGOs	11 different organisations: 2 migrant workers' associations; 1 Sri Lankan trade union; 1 Kuwaiti trade union; 2 welfare NGOs; 4 women's & legal activist NGOs; 1 national migrants' advocacy network (ACTFORM).	19
Academics	12 in Colombo; 1 in Kuwait	13
	TOTAL	68*

*Out of these 68 interviews, 8 were conducted in Kuwait.

**The total number of participants interviewed exceeds the total number of organisations interviewed in the case of NGOs, I-NGOs and SLBFE divisions with which I had interviewed more than one representative.

In summary, my research sample consisted of:

Primary Informants (133):

 'In-depth' migrant informants (30)

 'Non-in-depth' migrant informants (103)

Secondary Informants (124)

 Kalpitiya & Puttalam (56)

 Colombo, Kurunegala & Kuwait (68)

2.7. Positionality, Engagement and Ethics

My own positionality during the research, fieldwork and writing up is an important aspect of this thesis. My process of collecting, identifying and interpreting data occurred in relation to my multiple positions as a Muslim, a woman, a South Indian from Hong Kong, a person of comparatively greater wealth, a person with specific conditionings relating to health care, and a former migration policy advocate. Though these positionings have strengthened this research process, they have also affected the types of information I have been able to access and the overall focus of my analysis. ‘Critical’ ethnography has enabled me to be aware of my intersubjectivities and the potential influence of my own locations within and outside of the academy in the writing of this thesis (Wolf 1996: 114; Lal 1996).



Figure 7 – An abandoned mosque in Kalpitya



Figure 8 – Mosque in Puttalam

2.7.1. Positionality and Social Relations

While conducting research in Mulanur, I grew accustomed to various names—*velli naaTa* (foreign country), ‘King Kong’ (because of my connection to Hong Kong), *arachy* (‘PhD’)—that communicate attitudes towards foreignness and difference in

rural Sri Lanka. The way in which people viewed me informed my social relationships, which Jackson explains “are as much matters for empirical study as the things themselves” (1989: 23). Despite my insistence, many informants agreed to their participation often with the hope that I would be able to find them jobs in Hong Kong, with middle class informants hoping that I would find their children a way to get into college or medical school in India. At times, migrant women would emphasise tales of suffering, possibly to elicit sympathy so that I would find ways to help them, or perhaps because that was what they thought I wanted to hear. On the other hand, women also opened up to me more because of my foreignness. Though their lives were radically different from the privileged conditions of my own, some expressed that it was easy to talk to me, as I knew what life *velli naaTa* was like, and we were connected through our difference in the *ur* as mobile women. Furthermore, many felt that I would not relay their personal experiences to others in the *ur*, and that I would eventually leave.

Yet it was my position as a Muslim and Tamil-speaking woman, more so than as a foreigner, that had played the largest role in my forging of intimate connections and friendships with my informants. My Muslimness also enabled women to reflect on moral concerns in a way that they may not have with a non-Muslim researcher. On a practical level, it enabled me to penetrate and remain living in the ‘closed’, remote *urs* of Mulanur, where I encountered a widespread sense of duty among men towards helping me as a lone, Muslim, female outsider. Rafeek, for example, had said to me after our first meeting when he had worked for me as an assistant, “Now that I know you are only a student, and you are Muslim, I am not able to charge you. It is my duty to help you as a Muslim.” Later, when I had moved into his home, he added, “You are a Muslim woman. It is the responsibility of everyone in the community to make sure you stay safe. If something happens to you, we are all too blame.” Sentiments of being ‘watched over’ by community members, was at one level reassuring. But being Muslim also had its limitations. I needed to conform to Muslim female norms of behaviour, such as covering my head, dressing very modestly, never interviewing men alone, and not being out by myself after *maghrib* (the prayer at sunset). I also faced persistent questions as to why I did not wear *burqa* and why I rode a bicycle—a practice ‘not done’ by Muslim women in

Mulanur and something that I had been permitted to relieve my dependency on male trishaw drivers. Lastly, I had to constantly negotiate my own practice of Islam, as a way of being that centres on surrendering and experiencing Allah directly, with the more rigid and authoritarian understandings that existed in the *ur*.

2.7.2. 'Ethnography as Care' and the Risks Involved

Fieldwork in a poor, rural community that was ridden with health vulnerabilities and misguided information about migration had involved ethical quandaries and risks to both my informants and myself. My positioning had starkly highlighted my position of greater wealth and power as a researcher vis-à-vis those around me, many of whom had been living at the threshold of daily subsistence. This reality infused all of my relationships and particularly, what I felt was a need to be more reciprocal in my engagement, not only to provide some recognition of the time, efforts, and energy that people invested in helping me with my research (Hondegne-Sotelo 1996: 109), but also as a way of caring for my close informants. As those who became close to me began to help me in ways that I did not expect because they cared for me, likewise, it seemed natural for me to also care for them. One of the ways that I conducted what I felt was 'ethnography as care' was to provide my close informants with health- and migration-related information and material resources when they urgently needed it. While I saw this as an unavoidable and humane way of relating to people, rather than an explicitly intentional way of building a bridge between the theoretical and practical aspects of research (Gottfried 1996), my engagements unavoidably complicated my research relationships. For one, there are definite limits to how much one researcher can give or reciprocate.

There were critical moments when I was forced to 'take a stand' by almost forcefully intervening in my informants' lives. For example, the nine-month old baby (Rabia) of my close informant Zahira had become almost lifeless, as she lay hyperventilating amid a burning fever. When her husband's kin did not come to Zahira's aid, I called and paid for a three-wheeler to take them to the hospital in Puttalam. I spent the day with them there. Rabia had developed a severe cough and

due to untreated phlegm that had built up in her lungs, she had to have an emergency surgical procedure performed on her throat. Had she had been made to wait a few more hours she may have developed a potentially fatal infection. My intervention, as necessary as it was, shifted people's expectations of me. Thereafter, I was expected by others to visit them or their kin in hospital each time they fell ill, even if they had not been deeply involved in my research or near-fatally ill. I had to ensure that I did not *appear* partial, which I had to be, as I could only help some women in some instances. Nonetheless, I continued to visit many people in hospital after this to minimise any disharmony and competition among women in the *ur* that my involvement could have created. While these engaged encounters helped my research by earning me trust among some of my informants—supporting what Smith and Kleinman describe as the need for moral engagement and witnessing in anthropological enquiry, I needed to ensure distance so that I could maintain epistemological caution and awareness of the thorny challenges that accompany 'moral empathy' as a researcher (2014).

My engagements took on a different tone when I became imbricated in occurrences of gender-based violence and suspect recruitment agents.⁵³ One such case again involved Zahira, who had been experiencing re-occurring chest pain and a doctor at Kalpitiya hospital had placed her on heart medication and asked to get an ECG performed. When her husband asked me to accompany her to the hospital in Puttalam, I agreed. On the way there, however, Zahira confessed that the pain was not her heart, but the fact that she had been beaten repeatedly over several days. I could not understand why her husband had asked me to get involved, but I needed to maintain a less obvious presence in Zahira's life soon after this. I had been advised, indirectly, through a mutual and trusted acquaintance, by her sister-in-law to not visit Zahira so frequently. Though my engagement in her life that day had not caused Zahira further beatings—in fact they had diminished and we had also felt much closer to each other—it caused me significant stress as I was unsure if my presence would cause Zahira more harm. Thereafter, I also had to assess several times over how best to respond to her or her husbands calls for help. There

⁵³ In Chapter Six, I explain what happened after I had informed my informant Jansila how she could seek help from the labour attaché in Kuwait, an action that had angered the Mulanur sub-agent that had placed her, and caused him to indirectly threaten me.

were also challenges to my own safety and wellness through possible over-extension that I had to deal with.

Also difficult, however, was my need to ensure that whatever changes I had been involved in would not create problems of betrayal, exploitation and abandonment (Stacey 1996), particularly after my departure. Also I had to ensure that my reciprocity did not obscure my research intent, as discussed by Hondegne-Sotelo (1996). Gottfried (1996) suggests that the appearance of greater respect for and equality with research subjects in ethnographic research can place subjects at grave risk of manipulation and betrayal. I addressed this problem by seeking to have an enabling presence in my informants' lives, by gently strategizing with them and providing information on the various options that were available, rather than a directive approach that involved giving advice. I also prepared my informants for my departure well in advance. During my last couple months, my closest informants brought up how they would miss my presence. We discussed the things that they had learnt through talking to me about their *suham* and our other engagements, the ways that they would continue caring for their health and how they would move closer to their aspirations. With Zahira, I had continued being in touch with her by phone for almost a year after I left the *ur*.

My approach in this thesis has been to allow migrants' narratives to speak for themselves as far as possible as part of a re-construction of health in which they are agents. Throughout my research, I have adhered to the University of Sussex and ASA ethics guidelines, and I sought and received consent (orally, and also written in some cases) from all concerned groups, from migrants, to doctors, to local religious leaders, to high-level migration officials, while taking care not to divulge sensitive information between these groups. Despite the complexities and risks involved in maintaining a more engaged presence in informants' lives, I still maintain that such involvement was necessary, not only to gain trust and to capture the critical events that give understandings of migrant women's wellness their vitality, but to experience-near my participants' difficulties. Hollway asserts that the experience of the participant who has entrusted you is an ethical one above all other factors, wherein compassion is needed to do justice to their

experiences and to be able to hear and understand differently (2009). My own experience in this project suggests that it *was* possible to engage while maintaining rationality and intellectual distance, to feel while maintaining my separation from my informants.

Chapter Three: Implicit Idioms of *Suham* (Wellness)

3.1. Introduction - *Fadila*

Walking through the gates of Fadila's house for the first time, I was greeted by three women sitting lazily in the front courtyard, sipping cups of tea, as a prettily clothed toddler and her brother chased chicken. Fadila was considered among the most wealthy (*vasadhiya*) returnee transnational migrant women in Thenkarai. She had been in the Arab Gulf on five occasions and was recently married to a man who was "doing good work" as a driver in Saudi Arabia. Her house was different from most others I had seen in the *ur*. Its courtyard was framed by four distinctive pillars and covered with a cement roof that provided cool shade. As I glanced into the living room, I noticed a large TV sitting on a shiny cabinet, tiled flooring and cheerful yellow walls. More distinctive than the house itself was the women's demeanour—they appeared as though they had little to do. While sitting around to "catch the breeze" was not unusual for people in the *ur*, early evening conversations in the *ur* tended to lead back to the issue of work to be done, money to be made. But these women, sprawled languidly in the evening sun as they engaged in light conversation, conveyed no such urgency. I wondered that day if their behaviour indicated an embodiment of *suham* (wellness)—the optimal condition of physical, mental, emotional and spiritual wellness constantly referred to by Tamil speakers in Sri Lanka.

This chapter ethnographically explores Fadila's experience of health and *suham* (wellness) as a recent returnee migrant and the complexities involved in unravelling the implicit meanings of health among migrant women and what was entailed in their workings to obscure health-related difficulties (*kashtam*) within their constructions of their own health. It is precisely because Fadila was not the most obvious candidate for an illness narrative that she helps to exemplify a certain way of being-in-the-world, though one that is strewn with varied inflections of *suham* that I had found commonly among migrant women. After living with Fadila over seven months, I came to understand that she was someone who outwardly conveyed a sense of "being able to manage things" (*samaalikki-mudiyam*), yet inwardly, she was discontent with her life in the *ur*, and she suffered

from chronic migraines and mood swings. Her story opens my exploration of this thesis' principal research topic—the experience and construction of self, body and health—through the interface of the migrant person.

Throughout this chapter, I highlight not only the ways in which 'health' is ambiguous and illusive among returnee women as they conceal difficulties and the absence of contentment (*nimadhi*) in their lives, but also how such efforts are connected to particular constructions of moral self. Women engage in constructions of "being able to manage" to counteract their stigmatization as "bad women" (*ketta pumbale*) or simply "out-country women" (*velli natta pumbale*) women who are often associated with immorality and materialism. Yet women's illness and discontent was visibilised through their relations with intimate others, and hence, their workings of self extend the interface of their own bodies and beings to those of other persons—of spouses and children. These relations hold affective, moral and existential meanings for women and hence serve as the key secondary interface through which *suham* is expressed.

Had I not had the experience of living as part of Fadila's household, it would have been difficult for me to unpack the popular view that was held of her in the *ur*: that she was wealthy and very comfortable. In observing and interacting with her in daily life, I could grasp the more delicate layers that lay beneath her tough exterior. I became familiar with her different personalities, her switching of modes from her strong, 'masculine' and hard-working side, to her doting, mothering side when she engaged with her daughter Husna or her husband on the phone. I also came to know the part of her that experienced pain. This vulnerable dimension of self was the most elusive, as she tried to hide pain and worry despite plunging into severe moods. So for example when she had narrated the experience of escaping a brothel in Dubai, and of being severely beaten in the head by an employer, which has since left her with chronic migraines and mood swings, she had still conveyed that everything was fine.

Most of the returnee migrant women whom I had interviewed, like Fadila, did not face seriously debilitating conditions; they had quite 'ordinary' day-to-day pains

that were largely invisible yet always there. It was only those who were living with seriously debilitating conditions or distress (*mana vartham*) who would talk profusely about *suham*. Women like Fadila would say that “they had health” (*suhama irrekkaren*) when talking to non-intimate others, or they would briefly mention minor ailments.

3.2. *Suham* (Wellness)—A ‘Working Framework’ to Understand ‘Migrants’ Health’

Drawing on the sentiments and expressions shared by my informants over the course of two years, the Tamil vernacular notion of *suham* can serve as a starting point for envisioning migrant women’s health. *Suham* translates most closely to ‘wellness’, and it refers to an optimal condition of physical, mental and emotional wellness. Among Tamil-speaking Muslims in Sri Lanka, it is assumed that it cannot exist by itself and is granted by the immaterial entity of Allah. As such, *suham* involves spiritual and metaphysical, as well as physical, mental and emotional dimensions of experience, and it underlines a perspective towards health that relates as much to wellness, as it does to pathology and suffering. As it is a grounded vision for optimal health, *suham* requires construction through other related notions, for example, through notions of *nimadhi* (contentment), *nidhaanam* (balance), *barakat* (blessing) and *imaan* (faith). These varied inflections of *suham* embrace the lived experience of health, the aspiration of how it could be better, and the ways in which people navigate the contradictions between the two in relation to other people.⁵⁴

Suham provides a continuum of standpoints from which to examine people’s experiences in health, as through its negation, it is also used to discuss the absence of wellness. While health/wellbeing/relatedness can be seen at one end of this continuum, they are connected to ill health/pain/difficulty/loneliness at the other end. Furthermore, *suham* does not only involve objectifiable physical dispositions—sets of bounded, distinct phenomena—but it also involves the less determinate phenomena of thoughts, affects, emotions, psyche, soul or (among

⁵⁴ It must be noted that there are also limitations in *suham* serving as an ‘indigenous’ meta-narrative that is linked to a broader problem of the insufficiency of concepts themselves in defining the meaning of ‘health’ through concepts such as ‘health’, ‘wellness’, ‘illness’ and ‘wellbeing’.

Muslims) spirit (*ruhu*). *Suham* helps to address a range of health experiences through the way the term is used in everyday, colloquial Tamil. By itself, the word *suham* refers only to positive dimensions of health, but it is used to explain states of non-wellness through its negation (*suham-ille* or 'I don't have wellness'). People often express a sense of appreciation or recognition that *suham* cannot exist by itself, but it is granted by Allah.

A widely used term that also relates to this discussion is that of 'wellbeing', which has been used academically among economists, public health specialists, psychologists and social scientists, but avoided by anthropologists (Mathews and Izquierdo 2009). Social anthropologists have tended to be sceptical of the standard dictionary definition of wellbeing, described as: "the state of being healthy, happy, or prosperous". Mathews and Izquierdo explain that wellbeing is problematic as it is an "experience far" (etic) concept in most languages and cultural contexts and to overcome these issues, they offer an alternative definition of wellbeing as: " ... an optimal state for an individual, community, society, and the world as a whole ... [though] different societies may have distinctly different culturally-shaped visions of well-being." (2009: 5). Despite this comprehensive re-formulation of wellbeing, my own reasons for not using it is because of the dictionary definition's connotation of 'prosperity'—a connotation that prevails within academic understandings of 'wellbeing'. While *suham* is largely consistent with both definitions of wellbeing, it does not automatically connote conditions of material comfort, though Kalpitiyans do stress that *suham* flows more easily from more favourable material conditions, a fact supported by numerous scholars (Unnithan-Kumar et. al 2008: 1, who also cited Sinha 2005).

Consequently, the English word that I have chosen to best capture the meaning of *suham* is 'wellness', which has been defined as: "the state or condition of being in good physical and mental health",⁵⁵ or "the quality or state of being healthy in body and mind".⁵⁶ 'Wellness' as a term encapsulates the physical, mental and mind-related dimensions of health, though it emphasizes less upon emotion and it fails

⁵⁵ This definition of wellness is from the *Oxford English Dictionary*.

⁵⁶ Definition available at: <http://dictionary.reference.com/browse/wellness>. Last accessed: 17 September 2015.

to incorporate the spiritual and metaphysical dimensions that are also associated with *suham*. Wellness shares close similarities with the World Health Organization (WHO) definition of ‘health’, which is: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, though in practice, ‘health’ is often used to describe only physical health.⁵⁷ There is no singular way in which migrant women experience wellness per se. Their articulations of *suham* are as diverse as the ways in which they construct themselves. Nonetheless, any encompassing conceptualization of ‘migrants’ health’ needs to be grounded in the master narrative of *suham*.

This thesis necessarily culls out the particular inflections and nuances that emerge from women’s expressions of *suham*, including how it is experienced implicitly or explicitly, and the tactics that women use to articulate health in relation to different interfaces. Collectively, the typologies of returnee migrant women that exist within the narratives that follow convey aspects of wellness and pathology, contentment and pain (*vartham*), explicit and implicit expressions of *suham*, and assertive and passive behaviours. They do not only convey various somatic dimensions of health (i.e. physical, mental, emotional, spiritual), or scales of health experience (i.e. health as an individual, social or political concern), but how the self orients and experiences the body according to patterns of interiority and exteriority, a dimension that also relates to the ‘moral topography’ of the self (Pandian 2010; Simon 2009).

Throughout this thesis, I will build upon this working conceptualization of *suham* in relation to migrant women’s expressed experiences and constructions, and also to ‘outsider’ ideas of ‘migrants’ health’ that have long been circulating. Consequently, it is necessary for me to use the term ‘wellness’—as expressed by Kalpitiyan Muslims through their lived experiences in *suham*—interchangeably with ‘health’ as understood through the latter’s complete definition of being “a state of complete physical, mental and social well-being”. Furthermore, in parts of my discussion where I address how these ideas of health interplay with policy and development circles in Sri Lanka, I will also use the term ‘wellbeing’ as it has

⁵⁷ Definition available at: <http://www.who.int/about/definition/en/print.html>. Last accessed: 17 September 2015.

become a prominent concept within ‘psychosocial health interventions’, specifying as far as possible whether I refer to Mathews and Izquierdo’s definition of wellbeing, or the widely-held definition.

3.3. Implicit *Suham* (Wellness) Within Close Kin Relations

I now return to Fadila’s story to explore how I was able to learn a lot about Fadila’s *suham* even though she rarely talked about it extensively. Fadila always said that her *suham* was “simply not bad” (“*summa parawaa-ille*). But in the process of living with her for seven months, I realised otherwise. I observed how her experience of *suham* was comprised of the ways in which she moved between three aspects of her self: she had a strong, ‘masculine’, hard-working side in being a household head; a nurturing, worrying, ‘feminine’ side when she played with Husna or spoke to her husband on the phone; and a side that experienced physical pain and frustration.

3.3.1. Worry (*kavale*), Existential Struggle and Intersubjectivity

Verbal accounts versus observations: “My *suham* is not bad”

Fadila would narrate vivid descriptions of her working life while in the Arab Gulf on five separate occasions, of the various challenges she faced, the difficult hours she worked. Yet she almost always shrugged off the possible implications these conditions had upon her health. “I’m OK,” she would say, “I have some pain in my head, and my periods are a bit difficult, but it’s not bad.”

And on the surface of it, Fadila did appear to be fairly well. She complained of aches and pains every other day, and though she did this more frequently during her menstrual cycle, she generally went about her daily tasks—of caring for her nine-month year old baby and aged mother, of cooking and cleaning along with her sister—without too much fuss. Financially, she was undoubtedly comfortable. Over the course of 10 years, she had managed to create a fairly snug life by Kalpitiyan standards, both for herself and her immediate kin. She had also married a successful migrant two years ago, who was currently working as a driver in Saudi Arabia, and whose earnings were enabling her to take a few years off migration to

care for their child. She was also a money lender, a position occupied by only a handful of people in Thenkarai.

Digging deeper, however, into the intricacies of Fadila's life, I noticed discrepancies between the verbal story that she narrated to me during our 'interviews', and the intense, bursts of emotion that would punctuate her daily routine. One evening after speaking to her husband Abdul on the phone, I overheard her speaking angrily to her sister:

He can't put up with that work, so now he wants to come back. But he refuses to file a complaint there with the embassy, or see if things can improve. He just won't listen to me. And how can I tell him not to come back? Of course I need to say 'Yes my *kannu* (my dear), it's OK, we will survive for a while on the money we have put away, just come back.' But it will be difficult for us to live like that. We'll go back to where we were ...

Men, they can't tolerate work, they just can't. I worry about how he survives out there all the time. And now it's coming true, I expected it. Allah, my head is throbbing again. I've taken three panadol's already today. I'm tired of always managing things.

Pain revealed

Fadila then sunk into one of her 'moods'. For almost two days she refused to talk to any of us, she scowled constantly, slammed doors and banged things around the house angrily. The only moments she would relax somewhat and muster a smile was when she was playing with Husna. We all tip-toed around her during those days, making sure that she had what she needed without needing to go out. I cooked for her one evening, but she still did not say a word as we ate. The next day, when I was out picking dried branches for firewood with her sister Maryam, I asked her, "Why is Fadila so upset and angry? I have never seen her like this before." Maryam explained that since her second migration to Dubai, Fadila had been experiencing chronic migraines, painful periods and 'moods' that seemed to be worsen when she started worrying about things. "But why does she tell me then that she's fine?" I asked. Maryam responded:

Oh she's like that, she only talks to Abdul about how she really feels. She complains a lot about her headaches and her period pains, but she always says it's not difficult (*kashtam ille*). But she really has a lot of pain. A woman her age should not have so many problems. I keep telling her to go to the doctor, but she refuses.

After living with Fadila for several months, I grew accustomed to the ebbs and flows of her moods. I found her temperament often angry and discontent, and that she plunged deeper into these states when she worried more than normal about her husband in Saudi Arabia and their family's future, suddenly displaying sadness or anxiety after a phone call or particular things said by others. Eventually, Fadila confided in me, one evening when no one else was home and we were watching a Tamil drama on TV together.

Sometimes I feel really bad before my menses [monthly periods], my head pounds (*kuttuda*) like anything, I bleed extremely heavily. My mood is not OK (*'mood' sariyale*). During this time, it's really hard. I just need to be alone. I can't stand anyone bothering me. But it passes quickly—it's not so difficult because it ends. I just take panadol or sometimes I go to the doctor, but the medicine she gives me is not so much better than panadol ... The main problem is that I worry about Abdul and Husna. If he doesn't work, how can we live? I get tired of taking care of things.

Encouraged that Fadila was finally talking about her feelings and health, I gently asked her if the pills helped her feel better. But as fast as she had raised the topic, she ended it. "Sometimes, it helps, sometimes not", she pronounced before abruptly starting to talk about something entirely different. Prompted by news of Abdul's loss of work in Saudi Arabia, Fadila had been unable to hide her physical discomfort for days, and she finally spoke to me about her pain. In confiding in me this way and voicing her concern about Abdul, she broke her silence on the limits of her endurance. While I suggest that her behaviour could be viewed as an assertion of agency through a process of subjectification, wherein she crafts a way to survive by continuing to take charge of the household, this encounter also began to highlight the cracks in her capacity to endure.

'Self', 'person', and 'being-in-the-world'

Fadila's implicit expression of health as a returnee migrant women illustrates the real, yet overlooked, connections that exist between migrants' emotional health and the broader social world in which they are immersed, reminding us that notions of 'the individual' need to be seen in connection to those of the self or 'the social person'. Broadly speaking, person is generally used to indicate the outlines of individuals' particular social and moral relationships with others and with larger social and metaphysical collectives, whereas self can be understood as a person's living of his or her own particular personhood, or a "vehicle for living"

(Parish, n.d., c.f. Simon 2009: 271), “a locus of experience, including experience of that human’s own someoneness” (Harris 1989: 601).⁵⁸ As self is the organizing of this experience that comes about as an intrinsic part of the process of living as a social actor (Simon 2009: 271), some people rarely discuss their health in relation to themselves as individuals, but they prefer to do so in relation to social others.

The living and organizing of ones self are processes that are fundamentally gendered, with men and women being affected by varied social and moral roles and expectations. In Muslim Kalpitiya, while women’s organization of experience gravitates around their obligations towards children and spouses, men’s supposedly revolve around issues of economic status and providing for the family. For the female self, women’s ‘real’ expression of pain as an individual is often less important than the collective importance of their suffering, wherein notions of ‘I’ (the individual) need to be seen in connection to those of the self/‘me’ (the social person) (Lutz and Abu-Lughod 1990). For the migrating female self, the collective aspect of difficulty is all the more real, as I suggest that she embodies both the traditional, normative feminine role as nurturer and mother, as well as the masculine ones of taking on, or even leading, household financial responsibility. I argue that it is this gendered way-of-being—one that is both learned bodily comportment (Ram 2012) and experienced moment-to-moment in the body—that lays the existential ground for the cultivation of returnee women’s moral self.

I observed how Fadila’s expression of pain was often linked to the success of her own migration (as this meant that she could send money home to kin) or to communal judgment of their migration. Migration seemed to be a fundamental issue that sparked her pain or prompted her to complain about it. In contrast, I had found that non-migrant women tended to highlight other issues more frequently in connection to health. Fadila’s hard work as a migrant in the Arab Gulf to create “a better life” for her kin had left traces in her body—physically in pain, cognitively in memories, and emotionally in feelings—which may have caused her to respond strongly to criticism regarding her migration. Fadila explained how tired she felt in

⁵⁸ It must be said that concepts of self and person are not defined consistently in anthropological literature (Simon 2009: 271, cited Lindholm 1997, Spiro 1993; Harris 1989). Simon explains how their usage often overlaps, making it difficult to engage with a range of literature that uses these terms without being diverted into long exposition on definitions.

being constantly reminded of her “velli naaTa” status. In having heard first-hand many of the comments that circulated in the ur about her, I was able to observe the small ways in which she was morally marked. Outwardly, Fadila would react angrily and passionately when these comments were repeated to her: “These people are crazy! They have nothing else to do but talk about others.” “They are just jealous because they don’t have what I have.” “They don’t have what it takes to work velli natta.”

Jackson’s ideas on relational being and intersubjectivity deepen this discussion by highlighting the moral meanings and existential struggle that surround the intertwining of one’s own world with the world of others. Jackson describes the ‘relational character of human existence’ as what Heidegger calls ‘being in the world’ (*dasein*) and the ways in which our own world (*eigenwelt*) is inextricably tied up with the world of others (*mitwelt*) and the physical environment of which we are also vitally a part of (*umwelt*). Arising from this relational character is ‘intersubjectivity’—the sense in which individual subjects live intentionally or in tension with others (Jackson 2013, discussing Husserl’s ideas). Jackson describes how, “Our relationships with the world of others and the world around are modes of inter-existence, informed by a struggle for the wherewithal (ability) of life.” (Jackson 2005, cited by Willen 2014: 90). Hence, not only do our worlds intertwine, but we constantly change in our relationships with others because of our struggle for whatever it is that helps us sustain and find fulfilment in life. He explains further:

These ideas shift attention from notions of *the person*, or *the subject* as having a stable character and abiding essence, and invites us to explore the subtle negotiations and alterations of subjective experience as we interact with one another, intervocally or dialogically (in conversation or confrontation), intercorporeally (in dancing, moving, fighting or competing), and introceptively (in getting what we call a sense of the other’s intentions, frame of mind, or world-view) (Jackson 2013a: 5).

Fadila’s hard work while abroad was aimed at creating a better life for herself and her family, but her sense of fulfilment in life was constantly up against varied criticism. She reiterated questions such as: How were they all going to not only get by, but to progress in their quality of life? How could they aspire for a better life when the conditions of others in the ur remained stagnant? While she could not

express her frustrations to her neighbours, she could to her elder sister and mother, who provided a pressure valve for her frustrations.



Figure 9 – Gathering firewood near home, Kalpitiya

Speech and the breaking of silence

The reading of implicit pain is all the more complicated precisely because women are silent about their pain, which often becomes manifest and ‘real’ only as soon as they are pushed beyond their limits. I suggest that Fadila’s decision to finally speak to me that day about her pain and frustration represented her taking a first step in speaking out about her life and breaking the façade that she had been presenting to me that her “suham was not bad”. As her sister Maryam had explained, Fadila was someone who barely talked about problems to anyone but her husband, and while the significance of her speaking to me should not be over-stressed, it is important that I analyse what it means for the ways in which returnee migrant women construct their health. Through her two comments, “Sometimes I feel really bad before my menses” and “I get tired of taking care of things”, Fadila indicates that that she is not completely content with everything in her life. As with other informants who downplayed health concerns, it was most-often migration-related events, or concerns relating to their most loved ones, that tipped Fadila’s sense of balance (nidamam).

During these watershed moments, I suggest that the anger, frustration, disbelief or even indignation women express is a different assertion of agency than subjectification, as it represents a breaking or shattering of silence. It is when silence is broken that defiance emerges, and a will to speak out becomes inscribed within moral-existential and political narrative. Anderson (2009) describes migrant women speaking to each other about their problems as “coming out”, a form of political speech, which Nyers explains is the first action of citizenship (Anderson 2009: 64, cited Nyers 2003). While Fadila herself may not have seen her expression of discontentment as political speech, I suggest that her desire to speak to me illustrates how her will to make meaning out of life is channelled into particular forms of social praxis (Willen 2014: 92, cited Jackson 2005: xxii).

For Hannah Arendt, the capacities of speech and action represent “natality”, an ability to make something new. Arendt writes “With word and deed we insert ourselves into the human world, and this insertion is like a second birth ... [It] is not forced upon us by necessity, like labor, and it is not prompted by utility, like work. ... its impulse springs from the beginning which came into the world when we were born and to which we respond by beginning something new on our own initiative (Jackson 2005: xxi– xxii, cited Arendt 1958: 176–177). Arendt suggests that both capacities are fundamental to human intersubjectivity, sociality, and what makes us human.⁵⁹ Viewing Fadila’s sharing through this vein, I suggest that it may represent the very first step of the merging of existential power with political power.

‘Intersubjectivity’ and ‘being-in-the-world’ needs also to be seen in relation to Das and Kleinman’s (2000) reading of how subjectivity is experienced within fields of relational power. Fadila’s lack of expression of her pain to her neighbours, and to me for the most part, brings to the fore how she was coping within a gendered field of power that she existed within, a field that encourages women to submit and endure pain for the benefit of a greater good—a benefit that would link back to themselves. This field of power is stratified by symbolic violence—which is instigated through gendered, patriarchal norms—as well as structural violence,

⁵⁹ Arendt explains that we are born with the capacity for freedom, as well as the ability to begin something new (Arendt 1958, cited by Parekh 2008: 9) and to undo the past and bring stability to the future (ibid.:31).

which permeates the condition of poverty, Sri Lanka's relative economic dependence vis-à-vis Arab Gulf nation states and the process of low-wage, female migration.

'Co-experiencing' the stress of migration: existential imperative versus political rights

The migraines that arose for Fadila that day after Abdul's phone call from Saudi Arabia exemplify the subtle intermeshing of the respective worlds of two persons—one a returnee migrant, and the other a current migrant—even with their separation by geographic distance. She admitted that she often would have more pain after she spoke to Abdul about his difficulties: "Sometimes it's hard for me to listen to how his bawa (boss) shouts at him. He says he doesn't let it bother him. But me, I'll be in a bit of an off mood (*ura maadiri irripen*) after I've talked to him. My head will hurt." Her pain and stress was at least in part caused by Abdul's anxiety over his inability to make things work and survive happily in Saudi Arabia. Her outward disposition of being in control, of maintaining her stand ("my *suham* is not bad") quickly would crumble despite her efforts to keep things together with three successive doses of panadol. Her migraines often lasted days, during which time she barely interacted verbally with those around her. It was only after Abdul called again three days later, explaining that his employer would cancel his *kafala* (sponsorship) and allow him to leave without a fuss, that Fadila's tensions visibly eased.

Despite the fact that Abdul would lose his last three to six months of wages, Fadila was simply relieved to know that he was not going to face legal repercussions, and that he would be safe. But she also cautioned:

We won't know that for sure until he passes immigration in Jeddah. These Saudis, they say one thing, but then they do something else. He (Abdul's employer) can easily say that Abdul stole something. He needs to scare Abdul so he doesn't try to claim his salary. If they are nice, they will just threaten you until you drop the issue. If they are not, they will file a complaint with the authorities and refuse to cancel their *kafala*. And you might only find out at the airport, after you've already spent your own money buying your ticket back to the *ur*.

It was partly because of Fadila's own experiences of being a migrant in Saudi that she could gauge her husband's state of mind and predict the possible dangers that

could arise for him. She felt a sense of responsibility as a household head of sorts, and she spent much time worrying about the family's future and finances. As she was used to working hard, she could not understand why Abdul could not do the same. Hence, her embodied experiences of being a migrant in the past helped her to be simultaneously more intimate and distant with her husband's experiences, generating empathy as well as tension within her self.



Figure 10 – A migrant child's birthday party, Kalpitiya

3.3.2. Bodily Comportment (*Nathamurai*) and the Migrating Female Body

The female body of habit ... contains within it a potential both for maintaining the social world and for undoing it.

Kalpana Ram (2012: 218)

Continuing with Fadila's story, I now illustrate how gender is lived as a basic bodily orientation to the world (Ram 2012), and I suggest that the varied aspects of Fadila's suham and self reflect different somatic states that relate back to bodily comportment, which is partly learned. Fadila's negotiations between these states involved 'internal' states relating to bodily experiences as well as 'external' states

relating to those around her and her positioning as a returnee migrant woman existing within the social milieu of Muslim Kalpitiya.

The 'body of habit' & nonconformity with normative *nathamurai*

The side that Fadila displayed most frequently, both inside and outside her home, was her 'masculine', dominating side that seemed to comply less with the normative, feminine behaviour that surrounded the ur. She would bear an air of authority and control, stand with an erect posture, and move around with a sense of urgency as if she was ready for a fight. Most often she would frown and talk loudly, with strong feeling, anger or aggression, waving her arms and hands in the air emphatically. When she was like this, she would be less bothered about the 'shawl' covering her head even if non-kin men entered the house. And if she went out to the town, as she did one day with Abdul on his motorbike, she would dress up more elaborately, piling her hair up high on her head under her hijab, wearing lipstick and putting gold jewellery on.

Fadila's behaviour illustrates some analytic connections between habitual behaviour, somatic states and health. Here, I draw on Merleau-Ponty's concept of what it is to acquire, inhabit and utilize a 'body of habit' (Merleau-Ponty 1986), in particular, on how it is developed by Ram in her explanations of the ways in which non-normative bodily behaviour becomes one of the potential modalities in which gender may be lived in the particular social environments of South Asia (Ram 2012). Fadila's learned set of predispositions and skills, her 'body of habit', does not coincide with the usual definition of habit as blind compulsion, but it does convey "the sense of a learned repertoire that has become a bodily acquisition" in the particular context of Muslim migrant women returning from the Arab Gulf (ibid.: 217). Ram explains how women in Tamil Nadu, India have varied somatic modes that are constantly negotiated as part of bodily conduct, aspects of which are learned as well as improvised. I suggest that these aspects are also involved in the construction of Fadila's suham.

The dominating, 'masculine' side of Fadila reflects a non-normative way of being that appears to defy socially-prescribed norms of femininity prevalent in Kalpitiya,

as well in her employers' houses in the Arab Gulf. Here it is useful to reflect on the close inter-relationship between bodily comportment and character as it is encapsulated in Kalpitiya in the Tamil notion of *nathamurai*, "the way or manner (*murai*) of her walking (*nathai*)", or 'how she moves through the world' (Seizer 2005:149). Ram explains how Tamil women negotiate their *nathamurai* while holding themselves responsible for the very system of honour in which they occupy—a position that is distinctly subaltern. Their body of habit is acquired not simply through positive engagement, but also through defiance, despite the threat of punishment if a woman strays too far from the norm (2012). Fadila's story indicates how ideas of *nathamurai* change with transnational migration between the ur and the Arab Gulf.

Transformation of *nathamurai* through transnational migration

While Fadila's *nathamurai* had been inculcated over years in Kalpitiya, aspects of it had transformed subsequent during her transnational migration. In her employers' houses while abroad, she described how she felt a greater need to protect herself, "Men needed to know that I was not a bad woman. I would wear a long hijab to cover my chest and tightly pin it. I had to have respect, if not, I had no protection." Yet when I asked Fadila whether she felt that she dressed differently from other women in the ur after her return, she simply said that she, "I worked hard for a different life." While she appeared not to care about her non-conformity, her dissatisfaction was apparent from her constant complaints about the social backwardness of the ur and her desire to distinguish herself for her *velli natta* status.

Women repeatedly assert a sense of agency in being custodians of family honour, carrying it in their very bearing and behaviour (Ram 2012). There are positive emotional as well as cognitive inducements for the making of such considerations a project of one's own. Knowing how to comport oneself as a good female subject is regarded not only as a virtue, but as a form of knowledge (*bid.*), referred to either by the Tamil term *arivu* (wisdom), or the Sanskrit term *buddhi*. The term, whose more general meaning is wisdom and intelligence, carries a much narrower range of meanings for girls after puberty. For girls, *arivu* means anticipating and

accepting disciplines. From an early age, girls must devote considerable attention to all their activities, tasks and movements to pre-empt and anticipate social censure. New orientations must be learned after puberty, and they are borne in the body, as is implied by Bourdieu (Bourdieu 1992, cited by Ram 2012: 216).

The ways in which Fadila acts outside of the local norms reflects her own particular *nathamurai*, which is a composite of her experiences before, during and after her migration to the Arab Gulf. While working as a domestic worker, she had embodied a close policing of her body, but upon her return to the *ur*, she did not continue to do so, as other returnee women often do as part of efforts to demonstrate piety (see Thangarajah 2004). Fadila either wanted to stress that she was different from other women, or she was simply more relaxed given the social conditions in the *ur* relative to those she had faced in her employers' houses in the Arab Gulf, or she had simply had enough of conforming. I suggest that how Fadila sought to deploy her self within her lifeworld helped her to adapt to life as a returnee. It conveys how particular aspects of her moral selfhood were activated in different places, leading to certain kinds of action or non-action.

Nathamurai, somatic modes and pain

I suggest that Fadila's bodily, emotional and cognitive orientations are embedded not only in her broader experiences as a migrant domestic worker abroad and as a returnee in Kalpitiya, but also in her specific experiences of pain or discomfort, all of which are inseparable from the gendered social learning that experienced in the *ur* and the Arab Gulf. As with her manner of dressing up, Fadila's way of expressing pain also did not conform to norms of feminine behaviour. Women in the *ur* were not expected to express pain explicitly: they were supposed to be ever-sacrificing and stoic in the face of adversity. But Fadila would describe in detail the physical sensations of pain in her head and abdomen, often crying out loudly with her head in her hands: "It's throbbing (*kuttada*)!" "Someone is hammering my brain!" "I can't think about anything now!" "Leave me alone!" "I need to lie down."

While Ram crucially analyses the connections between gender and learned bodily comportment, she falls short of describing how these notions are actually

experienced and felt in the bodies of those described. Ram explains how the stigma of self-conscious attention to one's comportment is related to a more pervasive gender scheme that makes female movement the carrier of specific values of virtue. She explains that embodied learning lays the social ground for the connections between gender and bodily comportment, wherein bodily motility is primary in the formation of bodily orientations. It is in and through movement that we familiarise ourselves with the world, and the patterns that are learned are specifically social, meaning that they directly implicate and draw on learned social behaviour and meanings. However, she argues, bodily orientations are not entirely determinate, but they shape us in ways that cannot simply be shed at will. Movements may initially be both exploratory and pragmatically driven, for we experience the world not as an undifferentiated whole, but in smaller, more meaningful chunks.

3.2.2. Moral Selfhood and Agency: Negotiating Migration with Kin

In the previous two sections, I make the case that Fadila expressed her suham implicitly as part of a gendered way-of-being that enabled her intersubjective sharing of pain and joy only with intimate others. This final section argues that her behaviour is embedded in her efforts to construct herself as a particular kind of moral self. I will explain how her natal kin has played a role in this construction through the moral support they provided for her transnational migration, which subsequently enabled her to take on the role and responsibility of being the household head. To help elucidate what it is that makes a self 'moral' in the context of rural Muslim Kalpitiya, I will draw upon anthropological literature on 'everyday ethics'.⁶⁰

Moral selfhood and family life

As this discussion has conveyed, many of the ideas emerging come together through the notion of moral selfhood, which are embedded in migrant women's relations with kin and their kin's notions of self as well. Families in the ur who supported the migration of their young female kin had to transform their moral

⁶⁰ The first two sections of this account were written based on my direct observations of Fadila's life, and they relate to incidents or encounters that occurred while I was living with her, this final section relates to events in the past that Fadila recounted to me as part of our two formal 'interviews'.

selves, as it was only if a prominent male kin member gave their consent, that women were allowed (by the village head) to migrate. Fadila's elder brother Iqbal, one of my male kin informants, was an entrepreneur of sorts. He worked as a driver for a large, national NGO, but he did his own driving work on the side and was saving to eventually set up his own business. He was head of a family of nine that had been forcibly displaced from Mannar when Fadila had just been ten-years old. The family had been resettled several times, once even in Tamil Nadu, India, before eventually being 'temporarily settled' in Thenkarai. As Iqbal realised that there was limited work for him in Thenkarai outside of day labour, he eventually returned to Mannar, where there was a market for support work within NGOs. Though Fadila was the youngest and barely an adult, he had entrusted her with the task of heading their household in Thenkarai while he worked in Mannar. The issue for him was not whether or not his sister's subsequent migration was right or wrong, but that it offered a way forward for his aspirations for their family's collective future. He did not doubt that they were "a good family". He felt that they were doing their best given their conditions.

Fadila's moral self had been cultivated from an early age. Her father had died in the conflict, and her family had faced significant difficulties in making ends meet in Thenkarai. She considered Iqbal almost as a father. In her late teens, she took on the responsibility of caring for their aged mother and agreed to be the household head of their kin's primary home, the construction of which began with a resettlement fund that was donated by the World Bank, but was completed with her earnings. While Iqbal worked in Mannar, her second-eldest brother was then training to work as a security guard in the police, and her eldest sister had worked in Saudi Arabia for a couple years, but she had to return as she had developed elevated blood pressure on the job. She also had another elder sister who did periodic work in the onion fields, and a younger brother who worked as a clerk in the Thenkarai 'hospital'.

Fadila explained why she felt so responsible towards her family:

You see Sajida, even though I'm almost the youngest child, it's Iqbal (the eldest) and I who manage things in the family. There are six [children] in this family, but only us two look after all of us. We are able to take hard work. The others can only think about

their day-to-day needs, if this week they can eat, everything is OK. But that's not good enough. Look at how this *ur's* conditions (*nilamay*) are! [her face screws up in indignation as she gestures across her neighbour's fence] See how others are living. If one finds a way to work hard, we can escape this. If not, we will always be in the same condition. It was only with my brother's *du'a* [prayers] that I had the idea to go abroad. Without him, I would not have anything now ...

After migrating for 10 years, I have managed to complete building this house, to support my mother and Maryam. I have started putting money away for Husna's future, I could buy her a gold bangle and ear rings. But do you think I could do this without difficulty?

Moral, political and economic agency and migration for domestic work

Much has been written about how gendered ideas of *nathamurai* instil virtue upon young girls (Ram 2012), but I suggest that less has been said about the specific steps through which these ideas are learned and/or transcended (raised by Csordas as important) and how these steps are inflected with nuanced ideas of the 'moral'. Individuals within a specific locality embody moral learning in varied ways (Simon 2009). People's wide-ranging responses to female migration in the *ur* exemplify this. While extended kin and non-kin in the *ur* generate and propagate gendered ideas regarding returnee women's *nathamurai*, the natal kin is the actual site where their body of habit is inculcated and nurtured. Yet the question remains: why is it that some families openly encourage young women to migrate, whereas others condemn it? On the one hand, there seem to be moral contradictions in how natal kin simultaneously reward young women who uphold feminine behaviour that is normative in the *ur* while supporting their transnational migration and not preventing them from defying norms of female mobility. On the other hand, one can recognise kin aspirations for migrating women as being grounded in 'moral' desires of what is good for the family (*kudumbakka-nalladha*), even if these desires may be counter-normative.

As such, I suggest the need for kin sentiments to be seen through a broader conception of the term 'moral' as 'an arena of conscious practice' (Lambek 2000) rather than the limited one of 'codes of conduct' proposed by Laidlaw, Williams, and Foucault; a form of "ordinary ethics" that stresses upon the processes through which actors fashion themselves as particular kinds of persons (Lambek 2010).⁶¹ Jackson maintains, that as ethnographers, we need to create a method of study that

⁶¹ Lambek suggests that ethics is fundamentally a property or function of action rather than (only) of abstract reason. (2010).

draws deeply into the “complexity of everyday situations” and avoid prejudgments as to what is right and wrong, good and bad (2013b: 10). Consequently, instead of viewing derogative remarks towards female migration and returnee women’s natharamurai as ‘regressive’, one can instead recognise the dynamic interplay that exists between social opinions and women’s bodily comportment, as women and their natal kin make conscious choices to embody and navigate through popular sentiments in their own ways, towards collective aspirations.

It can be seen that the ideas that Fadila developed about migration evolved with the encouragement, approval and pride of her very close kin, which were crucial in offsetting broader social stigma and giving her confidence to take charge of difficult circumstances of her migration. While the entitlement for low-wage Muslim women to migrate to the Arab Gulf is granted by society, the process of claiming it is complex as migration for domestic work is still disapproved by many. Consequently, women are unsettling regimes of moral, as well as economic, power by laying claim to their entitlement to employment and migration. These regimes imbricate social and religious institutions. In Puttalam, even maulavis who conform to the most traditional interpretations of Islamic jurisprudence uphold that Muslim women are guaranteed the right to work if the earnings of male kin are not enough, and the only alternative option for the family would be a life in poverty. More progressive maulavis, such as the imaam of Thenkarai’s main mosque, reluctantly agree that women’s migration for work to escape poverty is morally permissible along these similar grounds. Given such grounded realities, Fadila’s sense of agency encompassed moral, economic and political dimensions as her ideas of self and migration had been constructed in relation to different interfaces that gave rise to multiple forms of intersubjectivities.

Cultivating an agentive moral self as a migrant

Fadila was able to embody her kin’s moral encouragement and financial support, especially for her first migration: she transformed her nathamurai by behaving in more ‘masculine’ ways, and this helped her to negotiate better working conditions and to escape difficult situations. Iqbal, whom she loves dearly, gave her money to buy a phone and to take with her when she went abroad for the first time, to Dubai,

and he also gave her a significant amount of money that she could use to buy a return ticket home should she run into trouble or desperation. Fadila also had a younger brother who was an employee in the Puttalam police force and he apparently knew some 'big people' (periyya aala) in the upper rungs. Indeed, as I will explain in Chapter Six, these connections would help her to get out of trouble in Dubai after a known woman from the ur had placed her to work in a brothel. Consequently, Fadila's brothers were crucial in enabling her to survive and deploy in the Arab Gulf because of how they were able to instil a sense that her migration was ultimately 'good'.

In my reading of Fadila's story, I noticed that the cultivation of her moral self and her characteristic more masculine nathamurai had affected her implicit expression of suham in two ways. Firstly, she preferred to highlight her successes and liked to skip over the difficult episodes of her migration and life. Secondly, even when her narrative touched on difficult episodes that gave rise to fear, she tended to stress upon her strength and her ability to work hard. She described her first migration as follows:

The first time I went abroad I did not know any better, and I went with Jalal [a local sub-agent] who sent me to that brothel. I did not suffer there, I managed to leave quickly. But I never forgot those women I saw. The look on their faces I kept with me for many years. I kept fear inside my heart/being, so that's why I had courage and could think all the time [about how to safeguard herself]. I could never relax. In each new house, I always made sure to cover myself completely, to stay away from the men and never look them in the eyes. That was how I could protect (*padhakaapu*) myself.

In almost every house where I worked, I did not have big problems, because I knew how to work and I would show the madam with my eyes that she could not touch me. But once, I was not lucky. The madam got angry with me one day and she was very strong. She managed to pull me and beat me with a metal rod. She hit me in the legs first so that I fell. And then she hit me in the head, many times. My head started bleeding and it wouldn't stop. She panicked, and then dragged me to the bathtub and then blasted my head with cold water from the shower. I will never forget the water running in the tub that was deep red with my blood, and the pain, I can't describe it. *[She turns her head away and stops talking.]*

[After some time, I ask, 'Was the wound bad? Did the madam take you to the hospital?'] Of course not! There's nothing more to really say about that Sajida. I learnt a lesson, one needs to always be alert working in the houses of these Arabs. One should never relax. That's the only way we can fight back. Everything else, I try to forget.

My wound took many days to heal. It got very infected. I told the madam to take me to the hospital but she refused. She got some cream and medicine from the pharmacy, and she cleaned my head every day. But I was worried. I knew that I needed an injection and maybe stitches. I called the agent, but he told me to wait a few days. After one week, the wound finally stopped being infected. But the whole time, my

head was throbbing and throbbing. After the wound healed, my headaches were still there. They only got better after I came back to the *ur* four months later.

[How do you think that incident affected your suham? You said before that you knew how to look the madams in the eye so that they would not touch you? Did that change later?] I had no *nimadhi* after that Sajida. But Allah only knows, my *suham* was still not bad (*parawa-ille*). I closed my fear and kept it aside (*bayyam mudi vechchata*) and I could work. My arms and legs were strong. In the next house, I would climb three stories, ten or more times everyday. I would go up and down all day long, Allah [she sighs] how I would work. It was 24 hours a day work in that house. For two years, I only slept two to three hours each night. They would only let me eat lunch.

This is what it means to work as a woman *velli natta*. We can earn and have respect for that, but we have to tolerate a lot. But then, what does it mean to be a woman here? We do the same work here as there [abroad]. But there we get paid, here we don't.

3.4. Realising the Value of Life: Ethics, Politics and Moral Selfhood

Despite Fadila's stoic endurance, her experience of vulnerability and pain within successive migrations remains engrained in her memory, though she never ontologized herself as a 'victim'. While Fadila made the connections between the physical abuse that she had experienced and her chronic migraines, she had always asserted to me that it was "not a problem". On the one hand, I suggest that this may have been a way for her way to realize "the ultimate terms of [her] existence" (Parish 1994: 290, my addition) and to express her personal value. On the other, I also suggest that it was a way for her to suppress her capacity to respond to pain and discomfort and to take action against (i.e. by leaving her workplace) an abusive employer. I ask what it was that enabled her to suppress these capacities as she made her person through migration. Did she feel that it was acceptable to endure abuse and not initiate legal redress because she knew what awaited her back in the *ur*? Fadila had stressed to me in countless different ways during our months of living among each other that she had endured her many years of hard work in the Arab Gulf because she simply felt responsible. "Who else will take care of my mother?" she would ask me repeatedly. While her role as a 'quasi-elder' in her family that made her feel morally obligated to take charge of providing, and her subjectification was a way for her to realize her personal value, I nonetheless caution our reading of her story to avoid reifying her endurance. Yes, she had been able to endure, but it had come with a cost.

Morality has been inseparable from her account, as it involves the practices through which value is realised or assessed (Parish 1994). Fadila was not a particularly reflective person, but she was engaged with the question of what would make her life better as a woman. She valued her life with the privileges that she enjoyed, the sense of satisfaction that she felt in being able to support her family and make independent choices about her life. While her moral subjectivity did not appear to mirror gendered norms of the *ur*, as with Parish's account of Durga, "it took the form of questions about society and the treatment of women", both in the *ur* and among domestic workers in the Arab Gulf (Parish 2014: 49).

Fadila had found it hard to have *nimadhi* not only because of her experiences abroad, but also because of her comparative economic advantage over her neighbours. As Parish suggests " ... moral experience is not a direct product of moral discourse; it resides in part in the capacity to question and to explore the relationship of self, others, and society." (2014: 49). Fadila had continued to migrate and she is now working in Dubai once again for the same household as her husband. Yet despite all her comforts, she had always remained conscious of and troubled by the experiences of poverty of many people in the *ur*, especially as she is able to compare their lives with those of the people she lives among in the Arab Gulf. She had continued to be disturbed by the very visible regimes of poverty in Kalpitiya—constituted by the absence of viable, livelihood opportunities, weak governance, the dominance of rural elites, and Muslims' positioning as a minority population—all of which have played a crucial role in the constitution of Fadila's moral self and her experience of *suham*.

Her action of migration is political, as well as moral and economic, as it forces a re-thinking in more nuanced ways about how norms and discourses are inhabited and transformed. Her action reminds us that migrant women's subjectivity relates to normative institutional structures that include kin, *ur* and religion and it is defined in relation to both agency and unattached, female movement. The merging of different forms of agency through her migration gives rise to differentiated subjectivity within her, which Andrijasevic and Anderson explain "allows for an insight into the multiple subject positions that subjects occupy and into the

complex and often contradictory process through which migrants both identify and resist particular subject positions.” (2009: 366).

During my last month of stay in her home, after Abdul’s return, Fadila went with him one day into Puttalam town to consult a well-known private doctor regarding her migraines. As she hopped behind Abdul on his motorbike, he asked if she had remembered her X-rays and test results. Fadila nodded, pointing to the bag clutched under her arm. She had never mentioned any such tests to me in all our previous conversations. I heard from her later that she had forked out an exorbitant sum to pay for the private consultation and an MRI scan. I knew then how badly she wanted to get rid of her migraines despite having maintained all along that her health was “not bad”.

3.5. Conclusion

The ethnography of one of my closest informants Fadila, presented in this chapter, has explored the construction of health amid life in rural Kalpitiya and migration to the Arab Gulf. It has illustrated how questions arose for Fadila between the spaces of her self, her husband and her natal kin, it attempts to explain the larger significance of these questions as they highlight ‘cultural’ and political patterns at work within women’s transnational migration from the ur and its integral connection to concerns of *nathamurai* (bodily comportment) and health. I make the case that health is illusive among returnee transnational migrant women who conceal health-related problems, difficulties (*kashtam*) and the absence of contentment (*nimadhi*) in their lives as part of their efforts to create themselves as particular kinds of moral selves as *velli natta* (out country) women. The various ailments that they experience often become apparent within their relations with intimate others, their spouses and children, which hold affective, moral and existential meaning for women.

The implicit idiom of *suham* that Fadila exemplifies was found among more than half (15/27) of my ‘in-depth’ informants, wherein women clearly and verbally articulated that their *suham* was “not a problem” and they were “healthy”

(*suham*). However, their statements contradicted my observations of their interactions with close kin and their bodily articulations of *suham*, which had indicated that certain affective or physical conditions *were* clearly present among over half (9) of these 15 women.⁶² These nine women said they were satisfied with their lives and happy to re-migrate, but they were almost always worrying about the *suham* of their spouses, children or elderly parents. Their expressions help us to understand how relations with close kin serves as a key interface through which *suham* is expressed and constructed.

That said, their expression of *suham* varied as they stressed different inflections to different persons, only sharing difficulties and stress with those whom they felt very close to. To other persons—including most kin members and those who provided professional support—they tended to articulate *suham* largely towards strategic ends, either exaggerating symptoms to elicit sympathy and access practical, financial or other health-related support. Or they stressed the opposite, the presence of *suham* to appear as “a good woman” (*nalla pumbale*), as “what others think” affected them. The expressions collectively of the 15 women I found expressing wellness implicitly contrasted those who experienced *suham* explicitly. These women comprised less than half (12/27) of my informants, and they will be the focus of Chapter Four.

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Returnee migrant women who prefer not to divulge their pain experience significant levels of physical pain and mental-emotional stress in their bodies, but their embodied behaviours are embedded in strategies to preserve self and deploy being so that outwardly. They appear to manage their lives well, and to even be well. Inwardly, however, they are often in a state of worried limbo, wondering whether they should return to work in the Arab Gulf or not, thinking extensively about their family’s sustenance and future, navigating their re-immersion in the ur, and contemplating the moral judgements that are constantly being made of them. As they reflect on these experiences, they undertake careful effort to shape their moral selfhood in particular ways.

⁶² Bodily articulation refers to comportment, demeanour, affective or physical signs; and health conditions included chronic migraines, musculo-skeletal pain, very significant menstrual disorders, digestive disorders, and dizziness.

While it is important to identify how women craft their own agency through the actions they take amid tenuous socio-political conditions, it is also important to question what it is that prevents them from claiming time and space for themselves to address long-standing, and at-times debilitating, pain. Explanations of why migrant women feel they need to be seen as 'healthy' through ideas of the moral self facilitate this exploration. At the same time, it may be also useful and necessary to interrogate migrant women's relative silence concerning their health so as not to reinforce the censorship of those who we seek to understand (Fassin 2011a). While migrant women are doing their best to fulfil gendered, familial obligations, they are caught up in their own social world in a way that delimits their capacity to raise issue with the larger structures that produce illness. Recognizing the patterns of power that underlie women's constructions of their wellness is part of writing the story of their health. This chapter has sought to illustrate the ways in which migrant women make sense of their implicit presentations of health amid these structures, which will be expressed more explicitly in the next chapter through the story of Kareema.

Chapter Four: Explicit Idioms of “Pain in One’s Being”

Mana Vartham

*Allah led me to be there. My family needed me to be there. So I was there.
But still, I asked myself, “Why am I here?”
Sometimes the feeling of sadness comes, and I think, six years of my life passed abroad
—all alone, without happiness, [in] pain.
Now, when I’m cheerful, I don’t understand happiness as I had it before.*

Kareema, a returnee migrant woman, Thenkarai, Kalpitiya.

4.1. Introduction – Kareema

Kareema had just been back in the ur from Kuwait for three weeks when we first started to meet in her modest and well-kept three-bedroom house that was fronted by a small, green garden. During our third meeting, as her mother came to serve us tea and biscuits, she placed her hand gently on Kareema’s shoulder and smiled kindly as she said, “Poor her, she really suffered when she was *velli naTTa* (abroad). But Allah brought her back to us.” Kareema’s face visibly softened, but she remained tense. While her petit thin frame made her appear far younger than her 24-year old self, the faint lines on her face conveyed maturity. Unlike many of my other young returnee informants, Kareema always exuded a wearied sense that there was constantly much on her mind. Perhaps my most vivid interlocutor, she narrated her experiences with reflective acuity and impassioned emotion that was often punctuated by long, silent pauses. When I first told Kareema that my research focused on how migrant women managed their suham, she had said quietly, “You could write your entire book about me.”

For a 24-year old, Kareema had undoubtedly had more than her fair share of pain following a car accident and subsequent work as a migrant domestic worker in the Arab Gulf. Pain became a key vantage point from which she viewed her world, and the question that constantly plagued her was why it was that she had so much of it, “Was it my accident?” she would question, “Or my work?” While in a tragic sense, Kareema said that pain prevented her from “understanding happiness as I had it before”, she also maintained that the experiences of her body had enabled her to define “the things that she wanted in her life”. That day, she described how

persistent physical pain had overtaken her body within the first year of her work in Dammam, Saudi Arabia—the first place she had migrated to as a 16-year old. Kareema had been injured in meeting with a serious road accident in Sri Lanka prior to her departure, as she left the venue of her mandatory, pre-departure training in Kurunegala. The trip had been facilitated by her sub-agent from the ur. She had found herself in a hospital emergency room, after having been unconscious for half an hour, barely able to feel the entire left side of her body. After six days, she was discharged from the hospital with a card that had contained a written diagnosis along with a diagram that had mapped the places in her body that were injured. But her sub-agent took this card away from her before she reached home. Consequently, Kareema never really understood her injury, nor could she explain it to her local doctors with whom she followed up. Only after nine months did she start having pain all along the left side of her body, but after she was treated with injections in her spine, buttocks, elbows and neck, her pain had subsided. Soon after, Kareema had left for Dammam to begin her first stint of work as a live-in domestic worker.

Kareema was made to work hard right from the onset in Dammam. She described her first madam as a “heartless” woman who drove her to work extremely hard for her huge family and house. After eight months of working 17-hour days, Kareema succumbed to a fever that lasted eight days:

All of a sudden, I felt such weakness in my body. I was burning all over and dizzy for eight days, and I could not sleep. My entire body hurt—my bones, throat, neck and head throbbed and pounded. My arms felt as though someone had inserted a stick into them and was stirring the insides around. Madam took me to see the doctor. I had to pay for the consultation and my medication. I took 4 to 5 panadols a day ... After that week, I was better, but my pains would return. My knees would hurt even when I stood and ironed. My hips and spine would tremble when I stood for more than ten minutes. Six months later, I started having nerve pain in addition to pain in my bones. I kept on taking panadol. My stomach started to burn. I ground and boiled medicinal cumin and drank it. That helped a little. But I couldn't spend much time to make remedies or to rest. Madam would shout at me when I tried to explain why I needed to do these things. “Shut your mouth, you are a worker!” she would say, “If you like, I can cut your salary.” Allah! She *really* would shout like an uncivilized being (*oru jaya*). I would keep my pain aside, muster all my patience and just work. But we can't always keep pain aside, can we?

This was just the beginning of Kareema's journey with her body. After making it through her first contract, she underwent a second term in Jeddah during which

time she endured similar work conditions. Here, her physical pain became closely entwined with experiences of loneliness, alienation and verbal abuse, marking a transition from the more defined experience of body pain (*wodamba vali*) and difficulty (*kashTam*), to a more diffused condition of *vartham*, a state of strong physical and/or emotional distress. Within the continuum of pain within vernacular Tamil, however, *mana vartham* or “pain in one’s heart or being (*mana*)” is described as most overwhelming form of pain, especially as it often involves existential questioning. Soon, Kareema began to experience *mana vartham* above all other forms of pain. Her story is a penetrating account of a woman’s ‘experience[s]-near’ suffering (Kleinman & Kleinman 1991; Wikan 1991) and how this was endured and made meaning of amid the structural and symbolic violence of live-in domestic work.

Kareema’s mode of being-in-the-world involved physical, emotional and mental states within her body that were constantly present: sadness, loneliness and putting her body to work incessantly; lying awake at night only to be awoken as she fell asleep; eating only when she was told to; hearing constant insults (“You dog, come here!” “You don’t know how to clean, you’re just a Sri Lankan! What should I expect.”); missing the sound of her loved ones’ voices, a sound she only heard three times in two years; and losing her own sense of time as she habituated her self to the rhythms of her madam. Yet while these sensations would charge through her body, Kareema was still able to ask and answer the question, “Why am I here?” She would have conversations with herself where this question would go back and forth in her mind, leading her to the conclusion: “I need to be here. I can keep working because Allah gives me the power (*saTTa*) to do so.” Like others who endure abjection, Kareema was able to self-reflect. However constrained her options were, however difficult it would have been for her to leave, she knew that she could leave. She viewed herself as one who was blessed with “the chance to migrate” and “enough suham to work”, yet fated with health difficulties. And within her felt sense of blessing (*barakat*) was her conviction that the course of her life had been “given by Allah”. It is these very contradictions—those of ill health and knowing that one did have some suham, suffering and conviction that this was

one's destiny, utter despair and faith that a metaphysical power was in control—that render the task of unravelling narratives of explicit pain so difficult.

The difficulty lies not so much in putting into writing the tale I was told by a highly articulate migrant woman of her experience suffering and making meaning out of her life of pain. It lies more in my task as a positioned researcher who is interpreting and analysing these experiences, and taking a stand to bring to light the “black holes” (Fassin 2013) that Kareema sought to cover with her moral reasoning of her life. While I seek to describe with honesty and compassion the story she told me, I also take critical distance from her construction and I insert my own reading of it. The moral self that Kareema repeatedly sought to preserve within her account provided her with a way of making sense and hence, a way of surviving, extreme vulnerability and pain. To downplay her articulation of how she suppressed certain realities (patriarchy and structural violence) and stressed others (obligation, faith, destiny) would be to diminish her ability to accept this form of work and life and support her family, and in so doing, to delimit her agency. Yet to condone her omissions would be to detract from her agency more seriously, as Kareema's account would be left without the analytical tools to assess how one moves beyond subjectification and violence. The difficulty, as such, lies in my task of maintaining a balance between Kareema's account of her moral agency, and my moral interpretation of the conditions that delimited her agency. To magnify these differences is to offer a modest reading of not only what it means to be a live-in domestic worker in the Arab Gulf, but also what should not be ignored and censored.

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In this chapter, I explore the perspective of a live-in migrant woman's lifeworld that is centered around “pain in one's heart/being” (*mana vartham*). It argues that while Kareema's presentation of health follows a broader pattern of returnee women obscuring ill health to highlight ‘suham’ and success to non-intimate others, it also underlines how a shattering of silence occurs upon the onslaught of extreme suffering and how this pain is more severely experienced under live-in conditions of domestic work—a crucial interface of migrants' experience and construction of health. It highlights what it entails to be a live-in domestic worker with chronic pain while enduring symbolic and structural violence, and how this

shapes a migrant's everyday experience in their sense of embodiment, their experiences of time and space, and their articulation of agency. Drawing on 'embodiment' as an analytical construct, I use Csordas' experiential lens of "somatic modes of attention"—explained as the "culturally elaborated ways of attending to and with one's body in surroundings that include the embodied presence of others." (1993: 138). I also draw on the semiotic lens of embodiment that encompasses the political world and conditions (Fassin 2010, Willen 2007a).

4.2. Enduring Pain to Build Houses?

Kareema had been prepared to endure significant challenges as it meant more than anything to her to be a 'good daughter' and to succeed in supporting her family. The eldest of a family of five children whose father worked as a fisherman for a mere Rs.500 per day, she underwent significant distress following her injury and work conditions that were exacerbated by negligent recruitment agents and inadequate provisions to seek medical care. Despite all the odds, Kareema ends up migrating three times: the first time to Dammam in Saudi Arabia; the second to Jeddah (also in Saudi Arabia); and the third to Kuwait.

In these first two sections, I present how Kareema manoeuvred and experienced living abroad as a domestic worker to fulfil familial obligations as well as her own ambition to build a house for herself. In doing so, two narrative structures emerge as she authorizes the self: the first is her family's house-building process as the source of hope for her future and the existential and material motivation for her migration (4.2.1.); and the second is her body, amid work as a transnational, live-in domestic worker, as a locus of experience, source of suffering, and an object of self-reflection and seeking care (4.2.2.).

4.2.1. Material Needs and Allah's *Barakat*

Central to Kareema's determination to be a good daughter by working abroad was her desire build the family home as well as a home for herself, and so parallel to her health narrative was an account of the process of building these houses. Before her first migration, Kareema's parents had constructed a simple ole (straw) hut

upon a 10-perch plot of land that had been given to them as part of a scheme to house displaced persons. They were also given a significant amount (LKR 250,000) for the construction of a cement house, but this amount was not enough and many fund recipients incurred substantial debts to make the required investments.⁶³ As such, most of Kareema's first-two years of salary (LKR 140,000) went towards paying off these debts. The rest of this amount was spent on a plot of land (for LKR40,000) adjacent to the family home for the building of her own future home and dowry, and while some went towards her family's daily upkeep.

After her first two years in Dammam, Kareema returned home to a family house with a 'nice, new cement floor'. But once more, the building of a house was central to her decision to re-migrate, and she was home for only two months. She had a plot of land of her own, but there was no money to do anything else with this. Her pain had apparently subsided soon after she began to rest at home before she decided to migrate again to Jeddah. She said that she did not really make a decision to re-migrate, but that she felt she "simply knew she had to". After this next job in Jeddah, Kareema returned home with up to LKR230,000, with which she remained in Sri Lanka for two years in relative contentment. During this time, she laid the foundations for her own house (two lakhs), constructed its walls (70,000) and contributed towards her family's daily expenses. However, her savings dissipated once again, and Kareema then set out to Kuwait to work to save another two lakhs for the completion of her house construction, and to enable her brother to continue studying.

During our last meeting, Kareema reflected on the fruits of her labour over the years. After six years of working abroad, she had paid for her family's loans, their toilet, bathroom, cement floors, windows, electrical wiring and lights, for all their household appliances, and for the land, foundations and walls of her own house. She said:

I compare how much I had there [abroad]—the money that I felt in my hands each month meant nothing as I was crying and in pain—I compare that with all the things that I now have here ... I am happy to have things that I bought myself, but [pause] I

⁶³ In reality, up to five to six lakhs were required at the time of my interviews to build a house in Kalpitiya. The World Bank fund given to displaced communities such as Kareema's family was distributed in small tranches and recipients were expected to invest substantial amounts of their own funds to initiate construction before they were later re-paid.

don't really have happiness. I have *mana vartham*, body pain. [pause] I had a strong motivation to build this house, but with my body like this, I don't desire to look at this house. This pain needs to go first ... But then none of this really belongs to me, what I mean is, I can't say that I don't want it. It was my labour, but everything comes from Allah. He's the one that takes care of all of this.

It was unusual for someone in the ur who was as young as 24, that too a woman, to have single-handedly earned and helped to build not just one house but almost two. Kareema said she could have easily sat and waited in with contentment until she was offered a suitable marriage proposal. Yet it was not the meeting of material needs and social expectations by themselves that gave meaning to Kareema, but what they meant her. While it had been her aspiration to support her family that had motivated her to endure three difficult periods of work, now that she had achieved much of her aspirations, she felt unsure about what these really meant to her after her pain worsened. She would have liked to be happy about the “new things” that made her family so grateful for her migration, yet she said, “my being and body do not allow me to”. She never once said that she wished she had never migrated, but at certain points, she would remind herself that her migration “came from Allah”.



Figure 11 – Simple living before migration, Kalpitiya



Figure 12 – "A good house", Kalpitya

4.2.2. Body Pain & *Mana Vartham* (pain in one's being)

I could wipe my tears only with my own hands, the same hands that I used to work. If you are alone, it should be within a certain limit. When one keeps everything inside oneself like this, it's easy to think of dying ... That's why I kept talking to myself, and to Allah. The pain needs to come out a bit.

To understand Kareema's body pain and *mana vartham* in her own terms, I now dwell a while with her narrative:

In Dammam, there were six people in that house—four children along with madam and *bawa* (boss). I slept at 11.30pm until 5am in the morning. I had an hour's rest from three to four pm, but sometimes I didn't get that chance. 17 hours of work a day. The house had three stories with four rooms, four toilets and two halls. I had to clean the whole house and three of the toilets everyday, wash and iron clothes, and cook. Even if there was only one guest, I had to cook for eight extra people ... They would complain why I did not do things faster. "We are paying you money. If you work so slow, why should we even pay you!"⁶⁴ Sometimes it was impossible at the end of the day to fall asleep on my mat. I was too exhausted ...

When I came back the first time, I did not look so bad, I was a little plump as the food in Dammam had been good. But then I came back the second time from Jeddah, everyone asked me what was wrong. I was all skin and bones. In Dammam, I only went to the hospital once. My pain was bad for two to three months ... it was mainly in my knee and elbow, though sometimes it would hurt in my leg, then spread up to my lower back, arm and then up to my neck. Just when it was very bad, I returned home, as it was the end of my contract. After two months of rest back in the *ur* I was much

⁶⁴ Kareema added, "Ramzan was a satanic time (*oru shaytan nerum, kevelama kalahal*), the work never ended and I was lucky if I could even sleep a few hours."

better. But in Jeddah, it was a four-storied house. I had even more work. I slept day at 3am and was awake by 8.30am. I was only allowed five minutes to pray. I had to keep my pain aside and quickly finish my work. Worse than the work was the madam, she was a hateful person. The things I had to hear everyday made my heart/being hurt, that's when I started feeling loneliness (*tanimay*) as never before. But the madam's mother, a very old lady, she had a heart of gold. She would grab my hand and pat me gently when she knew I was in pain. Or she would give me a balm to rub into my body ...

... Then I was back in the *ur* for two years, I had no problems. I just rested. But I had to go again, to Kuwait. I was there for only three months and my pain came back even worse. I came down with a fever for four days. I was in hospital for a week. They gave me injections for the pain, and after I came back from the hospital, madam asked me to rest. I still felt terrible. I couldn't even drink water, I had no appetite to eat, my stomach was swollen for many days ... After that incident, my sleep was completely disturbed and I found it extremely hard to feel what was in my heart. I had so much pain, and even after taking two panadols, sleep would not come. I would fall asleep, then wake up again at 2am, then sit awake until 4am, crying and crying. I would speak to myself then: 'Why am I here? Where are my kin (*sondam*)? Who is looking out for me?' My fever would come and go, my legs would tremble, my being/heart inside me would hurt, my head would be hot. I would feel like hammering a nail through my head and disappearing. Those two years in Kuwait were filled with crying (*alurhal*). When my pain comes badly now, these are the moments that I recall. I look around at the things in the house, but I have no desire to see them.

The worst pain is in my lower back and my chest. When the pain is terribly bad, it breaks my being/heart. It is buried inside, but it fans out like 'hot wind' (*sooda kaata*). The pain that lies inside, I can't really understand it. Even if I get up or twist, it's enough [to initiate the pain]. Now when I lift something heavy, both my legs shake and my arms can't lift the weight. [When working] I'd scrub a lot with my arms and both would be affected. At other times, the 'hot wind pain' comes and this hand [she points to her left hand] shakes and my leg throbs (*vadipa*). If you simply place your hand on me here [she points], it hurts. I simply apply Vicks ...

... I always wondered why do I have so much of this pain? Then I realized that whatever drugs I took there, I may never have gotten better *velli natta* (abroad) [pause] because the place was not OK (*sariyale*). They live abroad in a multi-storied house and built-up surroundings. One does not have one's feet on the ground. There was no sand, no earth to touch. I was always inside surrounded by electrical things—rice cookers, gas cookers, washing machines, sweeping machines ... For us [in the *ur*], we are used to being connected to the earth, we walk on the ground everyday and that's what gives us *nidhaanam* (balance). For them, this connection to Allah's nature is not so important: they fill their lives with many things. When our *nidhaanam* gets disturbed with their kind of life, we get hot wind in our bodies. It's not good for us.

Even my digestion and bowel movements were affected. The water, food and eating times were different. If I woke up at 7am, I could only eat at 11am. Here in the *ur*, we have a full meal in the morning, but there, I could only have a bun and jam along with an apple if I was lucky. They only eat properly in the night. My stomach always felt uneasy, or it would burn. I only had time to urinate three times a day. I would have diarrhoea frequently, and I would also get constipated. My bum would burn when I passed stool, it would really hurt. If I drank Pepsi, I would not be able to go for three days ... I used to have regular periods before with no pain, but after the accident, my periods became irregular. Then in Dammam, I started getting pain during my period. It got worse with time, but I couldn't tell the doctor, it's embarrassing. Madam would sometimes give me a couple hours to rest in the afternoon ... I can tell the difference between my left and right ovary. One month it hurts on the left side, and the other month, it is better ...

... I would feel the tears rolling down my cheeks. I would be burning up in a fever ... I would wrap frozen orange juice in a cloth and put it on my eyes. I wouldn't be able to stand up. I can't explain how difficult it was to be alone during those moments. Who else could I speak to but Allah and myself? ... Sometimes I would get angry with my parents for not having made me to study. But it would pass, I have a lot of love (*paasam*) for them ... I would look at the calendar and wonder why time passed so slowly, counting off the days until I would return to the *ur*.

Now that I'm back home, everyone tells me to just rest and that I'll be better. But I'm finding it hard to soothe the pain in my heart/being and to rest. I sleep at 11 in the night, but then I'm up by 5. During the day, I can't sleep either. My pain needs to go, that's all I want.

4.3. The 'Somatic Modes' of a Live-In Domestic Worker

Embodied ideas of the body and self help to explain how Kareema generated meaning of her experiences of her severe physical pain and distress amid her tenuous lifeworld as a live-in domestic worker in the Arab Gulf. At this juncture, I draw upon 'embodiment' as an "indeterminate methodological field defined by perceptual experience and the mode of presence and engagement in the world" (Csordas 1993: 135) to elaborate on Kareema's narrative. I specifically use Csordas' 'somatic modes of attention' as explained already above. I explore how Kareema's lifeworld followed three clusters of everyday experience that relate to a live-in domestic worker's sense of embodiment and experiences of time and space, these clusters being: 1) physical sensations, emotions and thoughts and actions to care for the body; 2) the state of needing to work while "following her [madam's] way"; and 3) the felt sense of "simply needing to migrate again".

4.3.1. 'Reflection' and Caring for the Body amid Symbolic Violence

The first cluster of somatic experience that I found emerging from Kareema's narrative comprised of her way of perceiving and reflecting on the body amid her social world and how this involved specific sensations, emotions and thoughts. As she struggled with pain in her limbs, headaches, and a deep loneliness, Kareema pondered on the question, "Why am I still here?" Yet her body still followed the daily, grueling regimen of a live-in domestic worker, and she had an ability to analyse her self amid her circumstances. Drawing on phenomenological perspectives, I suggest that her behaviour could be seen as partly unconscious, partly reflective, and integrally linked to her surroundings. Here, Bourdieu's notion of "habitus" being an unselfconscious orchestration of practices and Merleau-

Ponty's notion of the "pre-objective"—of perception beginning in the body and through reflective thinking, ending in objects (Csordas 1993: 149, cited Merleau-Ponty 1964)—are useful to analyse Kareema's gravitation between reflective states and the habitual following of routine. Merleau-Ponty's proposes that our bodies are an integral part of the perceiving subject, and they become objectified through processes of reflection (*ibid.*).

Kareema's perceptions are mediated through tense, daily conditions imposed by a seemingly abusive and uncompromising employer—a condition others and I refer to as symbolic violence (Moukarbel 2007). Through her thoughts, she could assess aspects of her situation, but she never described being defiant towards madam, and her narrative stressed the constant surveillance and power that she was under. When Kareema was found speaking to her co-worker, an Indonesian called Kumari, she explained how madam would shout: "Why are you speaking to her? You came here to work not socialise! The place where Kumari stands, you should not stand!" When Kareema tried to respond to madam, she would be reminded: "You are a worker. When I speak, how can you speak?" If madam needed her to come closer, Kareema would be called: "Dog, come here!" And when madam felt the household products were disappearing, she yelled: "Where did the Rinsor [detergent] go? Did you eat it!" Madam then started to lock up the detergent. When guests would come, madam would prefer to clap her hands instead of shouting. Kareema also explained the racial undertones within madam's violent outbursts: "Sri Lankans are dirty. They can't keep houses the way we do." Or "Sri Lankans are bad people, that's why the tsunami came."

As she was narrating this to me, Kareema turned silent. She looked out onto the garden, appearing despondent for a moment before resuming slowly, "I was just a little girl. I wanted to make the house beautiful, put some flowers in a vase. But then madam would shout, 'Why the hell did you do that? It looks so ugly!'" Suddenly, Kareema's all-equipoise, reflective self crumbled as she fought back tears.

In addition to being at the receiving end of verbal violence, Kareema described how she had witnessed physical violence being inflicted on her co-worker, an Indonesian called Kumari. She explained:

On Kumari's second day of work, madam noticed that she had plucked her eyebrows. Madam then shaved off Kumari's eyebrows. Ya *Allah*, completely! And then Madam beat her till her face and arms were covered in bleeding welts. Madam then turned to me, waving her finger in my face, she said, "If you do that, I'll do the same thing to you!" For five days, Kareema I not eat. Madam would beat Kumari almost every other day. The poor girl. I don't know how she took it. Another day, we were all in the car. There was an accident, a young Filipina was lying on the ground. Madam turned to Kumari and said, "You deserve the same fate and even worse. A Pakistani should rape you, twist your neck and then throw you in the sea!"

After these incidents, Kareema would have frequent dreams of being beaten and raped herself. While she was not subjected to physical violence, I suggest how it was inscribed in her thoughts, memory and psyche.

In light of Kareema's sharing of these experiences, I pose a series of questions relating to where and how exactly Merleau-Ponty's reflective thinking occurs within her narrative. I wonder if reflective thinking is available even to those living through violence, and to those experiencing a breakdown of normal rhythms of life (Merleau-Ponty 1964; Scarry 1985; Good 1994). Is it possible to reflect when one lives with constant abjection and under domination? Or is reflection a luxury reserved only for those who can exert their will to leave a difficult situation? Merleau-Ponty asserts the universality of reflective experience. Kareema's narrative of action and self-care can undoubtedly be seen as a form of self-reflection that reinforces his point of universality. Her experience conveys the lived experience of one who is able to reflect even in the midst of a breakdown.

Kareema's self-care was linked to her ability to reflect on her experience of pain and the limits of her circumstances. Good explains that the narrativisation of pain helps to "authorize the self" (1994: 121), and following from this, I suggest that the act of her telling her story to me enabled her to reflect on the project that she had undertaken of domestic work (through her questions of "Why was I still there?"), and how it was enmeshed in her embodied sense of pain. Kareema told me that she was convinced that she would one day overcome her pain, and much of our conversations focused on her efforts to follow a daily care routine, both when she

had been in Kuwait and upon her return to Mulanur, and her assessment of what she felt was wrong with her. I suggest that these articulations, as Good explains, “ ... aimed not only at describing the origins of suffering, but at imaging its location and source and imagining the solution to the predicament.” (ibid.: 121)

I base my assessment on the following comment from Kareema:

I would try to exercise a bit every morning before anyone woke up as I knew this would help give my body power (*satta*). When I was in school, my favourite subject was physical education. We were given this exercise manual [Kareema gets up to take a booklet out of a chest of drawers, then places the book in front of me] I took this with me to Saudi and Kuwait. I used to look at the diagrams and do the exercises as much as I could. Sometimes, when it was early morning and I realised I could not sleep, I would just get up and start my day with some exercise. It would often make my pain in my back a little less. I knew what my body used to feel like before when I was fit, and I knew that I could become like that again. My body is weak. One side is stronger than the other. [She stands up and thrusts both her wrists out towards me] Look at my arms and legs, the right side is much bigger than the left side. I can feel it in my arms and legs, it started being like this a year after that accident. Something happened to my nerves, I’m sure of it, but the doctors can’t explain how to fix it. But I know that I can do the exercises that I taught myself, these will strengthen both sides slowly.

In narrating her self-care and assessment, Kareema generated an analysis of her own about the origin of her pain. In doing so, she “seize[d] power to alleviate it [the pain]”, what Good suggests is “ ... also a critical step in the remaking of the world, in the authoring of an integrated self.” (1994:129) Kareema’s doctors had never helped her understand what was wrong with her. Nor had they or any other therapist taught her any exercises. Her efforts to make meaning of her embodied history, her present daily experience of her body, and her prognosis for its future, as such, were largely capacities that she developed her self.

Kareema’s somatic care also covered mental and emotional dimensions, as she consciously forced her pain into “avenues of objectification” (ibid.: 128, cited Scarry 1985:6). She described how sleep became difficult for her and how she would constantly have conversations with herself at night. She explained:

I talk to the different parts of me that hurt. If my leg is burning, I tell it to cool down. If my arm is trembling, I tell it to be still. I stroke my limbs gently like a baby. If madam shouted a lot at me that day, I comfort myself.

Kareema’s assumption of an identity outside of her body so that she could dialogue with the parts of herself that felt pain, I suggest, may have helped her to survive

her situation. Yet Scarry further explains that in objectifying pain, one helps “to reverse the deobjectifying work of pain” (ibid.). While Kareema took these active steps, she also described to on some occasions how she had contemplated death as an easier alternative. Hence, though the “deobjectifying work” (Scarry 1985) of her self-care may have helped, but I suggest that it could not really reverse the work of her pain because of the situation of confinement that she was in.

Kareema had sought biomedical in Kuwait and Saudi because she had believed that she could feel better and possibly recover, yet she also explained that she knew her efforts were limited. She said her body was not habituated to the physical environment of the Arab Gulf. She would request her madam to take her to the doctor when she felt “terribly bad”, and she did not mind shouldering the costs herself. Upon her return to the ur, her extensive efforts to find an effective remedy and doctor had not been successful at the time of our last interview. She had not found a medication that could ease her pain, and the medications that were free from the local hospital made her stomach burn. But as she finished talking me through her stack of medical reports and prescriptions, Kareema explained calmly, “Even if I have a lot of pain, I am getting better. Slowly, with rest and with being back in the ur.” She had been keeping the rest of her savings aside to explore alternative remedies such as homeopathy and Unaani medicine. She planned to visit a specialist “bone doctor” further afield in Chilaw. In these ways, Kareema opened up possibilities for her healing.

4.3.2. Personhood and Being while “Following Madam’s Way”

The second category of embodied experience emerging from Kareema’s narrative is what she explains as “following madam’s way”. She had to complete tasks in the exact way she had been taught, “beautifully, in straight lines, with no creases, without wasting time or household products.” Kareema explains:

I had to watch madam and see how her personality (*aala*) developed. However her person went, I had to go that way. I had to put my mind and feelings aside, following madam’s way, to like what she liked, hate what she hated, become like her in a way ... I learnt the hard way that I could not please her. I simply had to do what she wanted. But I also realized that I was my own person. Even if I had to appear like I had become like her, I did not really have to [be like her].

In being able to reason this way, I suggest that Kareema had been able to maintain some sense of her own self and person, which may have helped her to continue working. However, I suggest that in experiencing a transformation in her self in this way by realizing her own person, she was also experiencing a breakdown of sorts. Drawing again on Scarry, I suggest that Kareema had been undergoing a cyclical process of ‘unmaking-making-unmaking-making’ of her lifeworld, simply so that she could fit into certain places—the place of a live-in domestic worker. While Scarry’s “unmaking of lifeworld” refers to the breaking down of the self through the experience of violence, and Kareema’s action of “following madam’s way” was about her self breaking down, as much as it was about her person finding distinction.

To further help her maintain a distinct sense of self, she generated distinctions between herself and her host society. “This is Allah’s language,” she said as she clenched her fists tightly, her sadness suddenly transforming into indignation, “but they do not use it with respect. They say that they are the guardians of Allah’s *din* (religion), but they have hate and greed in their hearts/being.” [her emphasis] In constantly speaking in terms of ‘we’ and ‘them’, Kareema portrayed Saudis and Kuwaitis as being distinctly different from herself as a Sri Lankan, despite their shared experiences of Muslimness. In doing so, she tried to make sense of her experience of relentless denigration through her conclusion that they are simply different—an act that served to protect her personhood. After two hours of talking, I began to tire. Kareema on the other hand was only slightly vexed as she reasoned quietly: “We may be poor in the ur, but we behave with respect.” [her emphasis] I suggest that Kareema’s creation of a counter-construct of her person as distinct from Gulf Arabs was a consequence of her unravelling lifeworld.

While these distinctions may have helped Kareema to propel her self through daily life as a live-in domestic worker, what enabled her to alleviate the pain within her heart (*mana vartham*), to remake her lifeworld, was her spiritual practice:

I would cry a lot. It helped so much. In a week, I cried four to six times you know Sajida. It eased my *mana vartham*. All this pain, it’s in my *mana*. When my *mana* has a little *nimadhi*, I can tolerate the pain. I pray and talk to Allah inside my *mana*. I ask him to have mercy on me, to bring reason into the *mana* of these people [her employers],

to take the pain out of my *manissu* (person/being). I do this over and over again until I can fall asleep, until my *mana* would be quiet.

These actions also need to be placed within the broader moral and cosmological context of Kareema's everyday lifeworld as a Muslim and Tamil-speaking person. I suggest that the heart/being seemed to have an infinite, transcendent quality that enabled her to endure the "allness of pain" (Good 1994: 120), even if it still did not prevent her lifeworld from falling apart. Like many of my other informants, she would explain that her heart/being's source of power (*shakti*) was Allah, and her finding of solace was embedded in faith (*imaan*) that ultimately, it was Allah that guided the outcome of her migration and life. In her part-conscious, part-responsive reflection of illness through her heart/being, Kareema engaged with a dimension of pain addressed neither by Scarry nor Good—the "spiritual body", explained by MacPhee as a "life force, or mindful presence, in the body" (2002:57)—and she objectified her pain by also giving it existential meaning. Similar to the Moroccan women studied by MacPhee, both Kareema's endurance of pain and her conception of health incorporated spirit in addition to mind and body, reflecting a pattern of interiority that is characteristic of "Muslim female habitus" (*ibid.*:55).⁶⁵ While this was a process that was influenced by cultural ideals of Islamic spirituality that textured "the everyday production of well-being" (MacPhee 2002:55), I suggest that Kareema's reflections were more reactive and instrumental (towards relieving suffering) than the forms of spiritual and moral self-cultivation that occur amid life in communities of one's origin where one has a greater level of control over daily routine, which have been discussed elsewhere (See Pandian 2010, MacPhee 2003, and Simon 2009). Despite the spiritual aspects of Kareema's experience of pain, I suggest that her continued following of madam's way stresses the cracks in her lifeworld.

I read certain contradictions within Kareema's self narrative of pain, and this gives rise to a broader question that I see arising—that of why some migrant domestic workers continue to endure, while others leave. If Kareema could consciously distinguish between her own person and those persons who tried to control her, if

⁶⁵ Kareema's experience is also part of "an inner topography of selfhood", which has been examined by Pandian in the context of Tamils in South India (2010:64). While for Pandian, the heart is the most significant locus of ethical selfhood in South Asia (Pandian 2009, c.f. 2010), for MacPhee, it is an organ and symbol that links spiritual, emotional and physical experience (2002:53).

she really had deeper spiritual support from her heart/being, then why did she continue to follow her madam's way when it caused her pain? What prevented her from taking a step beyond self-preservation to consciously negotiate her working conditions with madam? Why was it so logical for Kareema to keep silent in the face of verbal abuse and threats, for her to endure symbolic violence? Raising such questions is necessary for several reasons. Firstly, they help to avoid the reification of Kareema's story as one where pain is endured spiritually and reflexively. Kareema did undoubtedly bear significant abjection, but the fact that she endured it in a more reflective manner does not decrease the difficulty of her circumstances. Secondly, they highlight the very real contradictions that she faced between her moral commitment to her self (to strive for her own suham), and to her family (to be a good daughter by providing the financial means to build houses and contribute to her own dowry). Lastly, they also reveal the tensions she felt between the breaking down of her self, satisfying her madam, and her felt need to "succeed living velli natta (abroad)".

These contradictions can be understood differently through a focus on somatic modes of attention, which after all, convey how the body exists and responds to the embodied presence of others. A closer look at Jackson's view of intersubjectivity and how it involves an interweaving of familiar patterns of behaviour helps to unpack this further:

To recognize the embodiedness of our being-in-the-world is to discover a common ground where self and other are one, for by using one's body in the same way as others in the same environment one finds oneself informed by an understanding which may then be interpreted according to one's own custom or bent, yet which remains grounded in a field of practical activity and thereby remains consonant with the experience of those among whom one has lived. (Jackson 1989:135)

Especially when seen in light of these ideas, I suggest that Kareema's reflection could not go far enough to objectify her madam's demanding requests, as she was so accustomed to following them within their shared physical environment and within the areas of overlap areas of their respective habitus. It is hard to determine the point at which Kareema realizes that she is her own 'person' separate from her madam and her family and one who can also act according to her own will (free

from a blind, internal drive to succeed), where her compulsion to follow madam's orders familial compulsion begins, and where her reflective engagement ends.

This very problem, as explained by Csordas, is related to the larger problem in the uncollapsible duality of the "in itself" (being) and "for itself" (existence) in distinguishing genuine transcendent expression with reiteration (1993: 152). Csordas asks under which conditions are persons becoming objects to others, as opposed to being subjects of their own actions? (ibid.) Inevitably, as I try to give theoretical formulation to Kareema's reflection through the indeterminacy of her thoughts and heart/being, it is easy for me to "slip back into the language of either textuality or embodiment, representation or being in the world" (ibid.:151-152). Analyzing experiences of pain solely from a perspective of embodiment/being-in-the-world proves to have its limitations. I could address these limitations by turning attention to representation/textuality—a logical analytical move given the very real structural constraints of being a domestic worker in the Arab Gulf under the kafala system. But instead I am directed by the third category of somatic experience that emerges from Kareema's narrative, her experience of the sense of "simply needing to migrate".

4.3.3. "Simply Needing to Migrate" as Existential Knowledge

In reviewing the above account, lingering questions point us to the limitations of embodied, reflective thinking and caring for the body, bringing me to an assertion that they can only be answered through an examination of much larger existential concerns within Kareema's lifeworld. How did she return to work in the Arab Gulf when she had so much pain? How did she manage to endure it? What is it that kept her going? Was it really simply the power of her thinking and reflection? Or was it economic need and familial duty? Kareema responded by stating emphatically and in a matter-of-fact way, "I simply needed to migrate again," as she re-counted the various amounts that were needed for the different stages of house construction. It was striking how she would switch seamlessly from to impassioned descriptions of her pain and the various things she would do to alleviate it to almost terse explanations of her decisions to re-migrate. As I followed her reflections on how she manoeuvred her self and her health through successive migrations, I found that what provided coherence to her account was not the need to construct houses

itself, or the creative ways in which she was caring for herself, but the existential and moral meanings that were connected to these actions. To have a house for her family and herself provided Kareema with a sense of security for their collective future and a feeling of anticipated freedom in her choice of husband. I contend that her felt sense of ‘simply needing to migrate again’ is something one could view as ‘existential imperative’ (Jackson 1989).

After getting to know her over several months, I gathered that Kareema’s sense of ‘simply needing to migrate’ entailed certain things phenomenologically: it lay between intuition, perception, sensation, compulsion, emotion and conscious strategic thought. That said, it was a sense for which there seemed to be no word. It was only upon unravelling the contradictions of Kareema’s motivations and how they were embedded in the body and health that I could understand this complex intermingling of varied phenomena as a clear imperative, what Jackson and Willen (2014) would call a form of existential knowledge. While this view could be an over-veneration of what may actually be a response to clear economic necessity (in Kareema’s case, to build two houses), I suggest that even if there are inherent, moral contradictions, it helps to explain how migrants actually exist not just passively, but as Willen asserts, “they accumulate being, in accordance with a complex array of existential imperatives and personal motivations.” (2014: 97).

In doing so, migrant domestic work becomes an intentional project for the women involved, which replaces a prior social world in the *ur*, and is motivated by a certain kind of existential power. Rather than “unmaking” (Scarry 1985) migrant women’s everyday lifeworlds in their Arab Gulf employers’ homes, I suggest that work re-organizes their lifeworlds as migrants are driven by an everyday “common-sense reality” (ibid.: 127) that is uncharacteristic of those who are in constant pain, even if they do experience it.⁶⁶ Good argues that chronic pain and illness leads to a “breakdown of normal rhythms of life” (1994: 131), what Scarry calls the “unmaking of the world” (1985), however, Kareema’s life and work continued in most ways. While I suggest that the normal rhythms of her *body* were broken down by sickness and the arduous rigors of domestic work, and her life

⁶⁶ Good explains how common-sense reality has a specific form of consciousness that involves “wide-awakeness” and active attention (Good 1994:126, c.f. Schutz 1971: 212-214).

was tremendously different from daily life in the *ur*, her world was not necessarily malfunctioning. Even if it is difficult to determine what a “normal” rhythm of life entails for a live-in domestic worker or a transnational, low-wage worker, I disagree with Good’s suggestion that pain inevitably leads to a “breakdown” of these rhythms. This may be because breakdown can only occur if one’s circumstances (e.g. Kareema’s family’s dependency upon her) do not require one to keep going. Consequently, the story of Kareema, along with those of many of my other informants, do not quite correlate with prevalent anthropological accounts of pain, much of which focuses on the context of North America and is rather distant from the realities of low-wage, Asian migrant women. Nonetheless, what could be derived from Good and Scarry’s analysis is a way of discerning and understanding the varied functioning of the internal and external aspects of Kareema’s lifeworld. Externally, her life followed the common-sense reality of her everyday working life. Yet internally, pain and endless existential questioning dominated her, placing her at risk of emotional and physical breakdown. As such, I suggest that what is crucial about this account is the way in which Kareema moved between internal and external aspects of her lifeworld while maintaining a connection to her heart to enable existential maneuverings, rather than whether or not her lifeworld was unmade. In fashioning a moral self by maintaining her own being, her narrative demonstrates the creative possibilities that actually exist within the experience of symbolic violence.

4.4. Conclusion

Explicit and Implicit Idioms of Wellness Compared

These first two empirical chapters have conveyed that women’s *suham* can be understood according to two broad patterns of lived experiences in health, those that are implicit or explicit. Whereas the implicit idiom revolved around a series of stressful events, the explicit idiom almost always imbricated one specific event, in the form of an accident, a case of extreme overwork, abuse or placement of work with a fake contract and being prevented from leaving; spouses leaving or abusing them; or being cheated by kin, employers, agents or boyfriends of earnings. The lifeworlds of these women revolved around constant illness or *mana vartham*

(pain in one's being), which shaped their everyday embodied senses and ways of interacting with others and gave rise to a capacity for deep reflection on the meaning of their difficulties, migration and life, often in connection to the faith they maintained in destiny, *Allah*, blessing (*barakat*) or the "justice of afterlife" (*qiyaamath-da aadil*).

What is significant about these implicit and explicit idioms of *suhām* is that they enable us to locate certain facts about low-wage migrant women, and that contrary to the portrayals made by others, women *do* experience health conditions that vary across person and within the same woman across time and place. While these idioms are each a distinctive mode of lived health experience among migrant women, they are neither mere "reports of experience" nor "governed by a typical cultural form or narrative structure" (Good 1994: 138). Moreover, *suhām* is not "emplotted" within a "cultural narrative" (ibid) but within a myriad of factors and scales; it is dynamically shaped by the sociomoral, political, physical and metaphysical conditions that give lived experience their sense.

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For women like Kareema who have endured extreme suffering as a live-in migrant domestic worker in the Arab Gulf, the meaning of explicit pain for them is integrally connected to the cultivation of the moral self and to women's ideas of what it means to be 'good' and to have "a better working life". Most migrant women experience significant levels of pain and dislocation amid often-repressive migratory conditions and other challenges upon their return to the ur. Many struggle with emotional pain, including loneliness and a sense of being abandoned by spouses or close kin, while others endure chronic pain, migraines, fatigue, and sleep disturbances among other ailments. What is significant and most often overlooked about migrants' explicit pain is not only their occurrence and the structural, gendered and other social conditions that contribute towards them, but the ways in which migrant women navigate through their experiences amid these conditions and find meaning within them as part of embodied states. The subtle negotiations that migrant women undertake intersubjectively and within themselves are crucial in enabling them to find greater balance (*nidhaanam*) in their lives as part of their aspirations.

Migrant women deploy themselves both creatively and tenuously amid ambivalent or varied states, manoeuvring daily living and working conditions while being able to ontologize themselves as distinct and valuable persons even if they may only manage to simply get by. In doing so, they keep sight of the aims they create for their lives and those of their families, as they fashion themselves as particular kinds of moral selves.

My exposition of Kareema's narrative contributes theoretically at two levels: to understandings on embodied experience more broadly; and to understandings of live-in domestic workers' and low-wage migrant women's experiences of explicit health concerns and pain. In terms of embodiment, viewing experience through conjoined ideas of habitus and the pre-objective (as developed by Csordas through the notion of somatic modes of attention) extends phenomenological accounts of migrant women's embodiment by urging the need to understand individual experience amid cultural, social and political conditions. Csordas asserts " ... embodiment need not be restricted to the personal or dyadic micro-analysis customarily associated with phenomenology, but is relevant as well to social collectivities" (1993: 137). As such, embodied *suham* needs to be understood socially not just 'personally'.

I have develop this analyses around the ethnography of a single young woman, Kareema, who finds a way to reflect on her circumstances, care for her self and aspire towards recovery despite her endurance of persistent challenges. Prolonged ill health and extreme, persistent pain is often the first indication that things are not quite right. Yet most migrant women continue to endure it, some for years, before they take any kind of action to seek to end it. By providing a critical phenomenological account of Kareema's experience of pain, including specifying the steps between how she perceives her body and her self in relation to her lifeworlds as a transnational migrant, I have tried to illustrate why and how Kareema chose to endure three terms of migration despite her experience of pain. In doing so, I also highlight the thorny contradictions that exist between Kareema's

intentions “to be good” and the outcome it had for her emotional and physical health.

Contradictions may also exist between Kareema’s narrative and my own insertion into her process of making meaning. This chapter has highlighted what it means to be a live-in domestic worker living with chronic pain amid violence, but it also highlights what is involved for the researcher who seeks to present the narrative told of pain and health. Here, it is important to reflect on the power of the research writing process and the need to view the researcher as a positioned person—one who undoubtedly holds a ‘stake’ in either reinforcing ‘trauma’, denouncing violence, recommending changes to policy makers, or providing nuanced analysis.

This chapter has also raised the question of whether and how migrant women’s making of meaning of their experiences of extreme pain can be received by ‘strategic others’ who interpret and listen to their stories, such as the media, state officials, NGOs and IGOs, and health and social care providers. Most importantly, the role of close kin who encourage migration also needs to be problematized, as they are the key players who encourage women to migrate despite being underage and without the maturity to navigate the arduous course of living as a domestic worker in such a far-off place. (Kareema was 16 years old when she migrated for the first time. As was Rizana Nafeek, a young woman who was beheaded in Saudi Arabia for allegedly murdering a baby. Both Kareema’s and Rizana’s fathers had signed their papers to consent their migration.) I suggest that more nuanced readings could be factored into policy and social-support responses geared towards helping migrant women make more informed choices on how to prepare themselves and also remove themselves from violence, symbolic of physical.

Chapter Five: “Good Women Stay at Home, Bad Women Go Everywhere”—Sexuality and Spousal Relations Within *Suham* (Wellness)

5.1. Introduction

While the first two empirical chapters have examined implicit and explicit idioms of wellness, this chapter seeks to deepen these understandings through a focus on lived spousal and intimate relations—another key interface in the construction of migrants’ health. The chapter follows the stories of three central characters, Amina, Zahira and Jansila, between their *urs* in Sri Lanka and their Arab Gulf destinations.⁶⁷ It traces their trajectories through the embodied conditions that relate to their most intimate others: their husbands and prospective spouses or lovers. As repeated migration propelled spousal relationships to begin or to be re-negotiated, women became attuned to persistent pains and rooted anxieties. The chapter argues that women’s motivations to migrate are inextricably tied to their aspirations for honour and love, which are embedded in their obligations and affective ties towards spouses, wherein women seek to enhance respect, stability or love, and to avoid betrayal or bereavement. Women’s focus on the emotions associated with spousal relations maintains the “power connected with kinship at the centre of the analyses” (Unnithan-Kumar 2003: 184). Within the ways in which women frame their motivations and affects, sexuality is both implicitly and explicitly present. Women’s shaping of their desires of “being good (*nalla irrakkanu*)” within spousal relationships are firmly placed within the moral order of the *ur* and the normative notions of sexuality that prevail. Nonetheless, women’s experiences of spousal intimacy and their own representations of these contrast the common tropes that circulate about them that are ridden with sexual inferences, for example, of their sexual vulnerability, promiscuity and impurity, all of which are associated with the erosion of Sri Lankan ‘cultural values’.

Within these intimate experiences, women sought to assess and realise moral value as part of a process of asserting agency and constituting moral selfhood. I

⁶⁷ This chapter was based on an earlier version that was written for an edited volume (Ally 2015). I thank Bergahn Books for their editorial comments and for allowing me to reproduce parts of the chapter in this thesis.

build further on the ideas of morality introduced in Chapter Three by connecting them to ideas of agency. This chapter views the ‘moral’ as the idea of a person seeking to realise her “proper mode of being” (Robbins 2007, cited by Simon 2009: 259), and agency as a capacity for action and self-transformation that historically specific relations of South Asian domestic workers’ subordination create (Mahmood 2001). Women’s intimate engagements with spouses convey their moral agency, as they engage in processes of re-crafting self and negotiate, submit to and/or defy the negative moral representations being made of them. To explore these experiences and constructions, this chapter begins by setting the context of sexuality and agency that surround Sri Lankan migrant marriages. It is followed by three sections that explore migrant women’s experiences of this context, and it ends with a synthesis of the implications of these new meanings upon migrant women’s wellness and health.

5.2. Sexuality and Honour in Migrant Marriages and Intimate Practices

In this chapter, I use sexuality as a central axis of analysis as it is deeply implicated within women’s relationships with past, prospective or existing spouses and their sense of honour. I address these issues through a synthetic understanding of sexuality and gender as being both distinct and complexly interrelated (Butler 2004),⁶⁸ an approach widely used within recent anthropology on sexual health. Correa et al. define sexuality as, “the domain of bodily and social experience produced through ever-changing discourses, norms and regulatory practices that operate where desire, behaviour, identity and institutional power meet” (Correa et al. 2008: 7). Borrowing from Cantu (2009) to address migrants’ sexuality more specifically, I view sexuality not merely as a uni-dimensional variable, but as a dimension of power in a system of stratified relations that needs to be incorporated into analyses of migrants’ experiences.⁶⁹

⁶⁸ The study of sexuality and its link with gender has not been without argument. Butler explains that, ‘sexual and gender relations, although in no sense causally linked, are structurally linked in important ways’ (Butler 2004: 259). Foucault (1978) describes sexuality as a domain of power, but one where gender norms are always at stake.

⁶⁹ Cantu’s (2009) definition of sexuality being an axis of power relations stems from Hondagnue-Sotelo’s (1994) definition of gender being more than a variable of migration, but a dimension of power that shapes and organizes migration.

Unlike male migrants, whose sexuality is not subjected to the same level of moral scrutiny,⁷⁰ Sri Lankan migrant women are seen as tainted for having engaged in extra-marital or pre-marital affairs and transgressing norms of virginity and fidelity, regardless of whether they have engaged in intimate relations while abroad or not. My examination of women's narratives contrasts emerging studies of migrants' sexual cultures, which tend to focus on the experiences of migrants as "sexual minorities" or "sexual migrants" who migrate as a direct consequence of sexuality (Cantu 2009a: 22; Herdt 1997; Ahmad 2009).⁷¹ While recognizing the variety of sexual attachments that can motivate migration (Mai and King 2009), particularly among those who migrate from a constraining space to one imagined as offering greater sexual freedoms, it must be said that Muslim women from Kalpitiya who remained in live-in work in the Arab Gulf were migrating from the constraints of their village, but they were not migrating to a space that offered tremendously greater opportunities for sexual freedom than the ones they were faced with in their *urs* of origin. They were migrating to another constraining space—the confined space of their employers' homes within a society that generally prevented them from taking days off and imposed constraints to their movement outside of these homes.

That said, the constrained space of live-in domestic work offered opportunities for meeting potential intimate partners in ways that were different to what they were accustomed to in their *urs*. The novelty of this space, combined with their sense of isolation and loneliness within employers' homes, propelled women to seize whatever opportunities that were available to them to connect with an intimate other. That said, their narratives stressed their desires for eventual marriage, spousal loyalty and aspirations for honour, rather than the seeking of new sexual experiences, though such experiences may have been an unintended or secondary outcome. Here, it is important to stress the primacy of hetero-normative spousal

⁷⁰ Social awareness and acceptance of the sexual freedom enjoyed by male migrants is widespread in Sri Lanka, as studies by Gamburd (2000), Smith (2010) and Pathirage and Collyer (2009) show. Studies of Mexicans migrating to the US by Hondagnue-Sotelo (1994) and others also indicate existing double standards in male-female sexual practices, though Gonzalez-Lopez (2005) and Hirsch (2003) have found that these are rapidly changing. Such asymmetric human sexual privilege has also been found in the context of white, middle-class USA Dinnerstein (2002).

⁷¹ Much of this work focuses either on groups whose sexuality is 'visible' as it is perceived as problematic (e.g., homosexuals and commercial sex workers). The heterosexual cultures of 'more ordinary' migrant groups in advanced industrialized countries have also been studied by Gonzalez-Lopez (2005) and Ahmadi (2003), but Hirsch (2003) suggests the need to focus more on migrants' sexuality in the global south.

relations within the accounts that women presented. Whether this was a genuine reflection of women's felt sexuality, or whether women only presented hetero-normative desires as part of constructions of what they perceived to be socially permissible, is important to consider.

In exploring how women experience intimacy amid moral economies that bridge the Arab Gulf and Kalpitiya—especially those that maintain the centrality of kinship and the seeking of goodness—my findings contrast those found by Smith in her study of Sri Lankan women's intimate relationships in Beirut, Lebanon in their context of living out of their employers home and engaging in 'freelance' work (2010a, 2010b)⁷². While Smith found that her informants had ambivalent desires for independence and new intimate relationships on the one hand, and for motherhood/wifehood on the other—a finding that my own study also reinforces—she argues that women changed notions of what is morally permissible to match new desires and practical needs (*ibid.*).

My own research with women in Kalpitiya and Kuwait, however, indicates that women did continue to conform to notions of morality dominant in their *urs*, and though some adapted aspects of their sexual and bodily culture, for example, in their dress and ways of searching for potential spouses, they remained largely within the moral order of their *ur*. Smith's research is important not only in bringing attention to women's pleasure, sexual agency and wellness, but also in highlighting how state discourse and ideologies of motherhood constrain women's agency and skew representations of them (*ibid.*). Yet I suggest that Smith's findings need to be understood against its own context of live-out work in Beirut, and compared to the intimate experiences of women who undergo more abject conditions of live-in work in the Arab Gulf.

Notions of sexuality and women's mobility cut across ethnicity and religion. The sexual and moral codes imposed on women, codified and disseminated through patriarchal institutions such as the state, the law, religious tenets and their interpreters, and the family, share many similarities despite being categorized as

⁷² See also Moukarbel 2009a, 2009b.

Muslim, Christian, Hindu, Buddhist and so on. The social construction of Sri Lankan migrant women's sexual culture is integrally linked to the historical development of notions of sexuality and rules of respectability for women within South Asia. Women's behaviour has become the target of control, and their bodies symbolize the space of the nation that is subject to manipulation by nationalist-revivalist ideologies (Jayawardena and De Alwis 1995). Mobile women are often seen as loose women who have transgressed assumptions of their immobility and disrupted traditional gender roles (Lynch 1999), challenging attempts to control their sexuality through confinement in the home and being kept in subordinate and familial positions.⁷³

The desires of my women informants are further grounded in symbolic and material concerns that are distinct to their Muslimness—an occurrence that points to sexuality being a central site where social identities are contested and inter-communal relations are expressed in Sri Lanka, as studies in other contexts have also conveyed (see Sargent 2006; Tober et al. 2006). In Kalpitiya, the existence of a permanently displaced community may have exacerbated Muslims' move towards reasserting their own identity (Haniffa 2002), and I suggest that such homogenizing tendencies are magnified within discussions on female migration that are strewn with references to sexuality. The pronouncements of *imaams* and *maulavis*⁷⁴ are as inextricably linked to socio-political factors as they are to Islamic 'traditions' and juridical practices, while women's material needs remain undeniable. Many leaders whom I interviewed encouraged the institution of strong restrictions upon women's physical mobility in order to preserve their safety and purity, and, perhaps most importantly, the moral uniqueness of 'Muslim communities'.⁷⁵ In the words of a local preacher in Kalpitiya, expressed in a flyer as part of a commentary on "women and morality", "Good women stay at home, but bad women go everywhere."⁷⁶

⁷³ As Caitrin Lynch's (1999) work on 'good girl' Sri Lankan factory workers has shown, once migrant women become mobile subjects, they challenge patriarchal society, an order which partly rests on ideas of women's sexuality and the policing of women's bodies.

⁷⁴ A *maulavi* is one who has been educated in Islamic jurisprudence.

⁷⁵ Thangarajah (2004) argues how returning migrant women most often respond to religious reformism by adopting orthodox practices in their styles of dress, appearing to be active agents in processes of Islamization as they gain status through their new, pious behaviour.

⁷⁶ This comment was extracted from a flyer that was issued by a local religious group affiliated with the Tablighi Jamaat. I was handed a copy of it as it was being distributed on the streets of Kalpitiya in November 2010.

While such reductionist views are infrequently propagated in print, they are echoed within daily conversations in the *ur*. They are also thought to be rooted in unequal and defensive reactions towards women that have been historically instituted in the form of legal protections—justified to safeguard against heterosexual involvement outside marriage among people living under Muslim laws (Mernissi 2003).⁷⁷ As such, Islamic leaders are shaped by socio-political conditions, and they face constraints in making statements that are inconsistent with institutional ideologies. During an informal conversation in the home of the *maulavi* who had permitted me to ride a bicycle and live in Mulanur, I found him and his wife being empathetic towards women's poverty, wherein they accepted that women should not be judged for needing to provide for their families and reiterated that it was because of the *ur*'s shortcomings that women had to migrate.

In response to the various pressures in their lives, Abu-Lughod suggests that Muslim women are "called to personhood, so to speak, in a different language" (2002: 788). Most of my informants valued appropriate Muslim feminine behaviour, characterized by veiling and restricted mobility (*parda*), and the inculcation of the notions of shame (*vekkam*) and honour/respect (*mariadha*). They appreciated staying at home, being provided for or not having to travel far for work, and living closely with their families. Rather than objectifying the readings of these characteristics as a sign of 'unfreedom', it is important to consider the motivational force of women's desire for freedom and mobility in the light of these other desires that are culturally and historically located (Mahmood 2001).

To elaborate on ideas of agency within my analyses of migrants' sexuality and spousal relations, I combine Mahmood's contrasting concept of agentival action with Unnithan-Kumar's (2001) work on reproductive agency. Mahmood calls for agency to be seen "not as a synonym for resistance to relations of domination, but as a capacity for action ... that [is] related to women's desires, aspirations and capacities that inhere in a culturally and historically located subject" (2001: 203).

⁷⁷ Fatima Mernissi (2003, 2002) suggests that it is the disruptive power of female sexuality, rather than sexuality itself, that poses as a symbol of disorder (*fitna*). Her feminist interpretation of Imam Ghazali's *The Revivification of Religious Sciences*—the key Islamic text that codified sexual practices in the eleventh century—stresses the fear within Muslim societies of women's active female sexuality, and the difficulty of satisfying female sexual desire (Mernissi 2002: 303), which justifies women being constrained. Without constraints, men would be faced with irresistible sexual attraction that inevitably leads to *fitna* or chaos.

Referring to Egyptian women involved in patriarchal religious traditions of Islam, Mahmood suggests that agency needs to be understood differently in the context of lives that have been shaped by non-liberal traditions, and where moral virtues are accorded an important place. While drawing upon Butler's idea of 'subjectivation'—that the very processes and conditions that secure a subject's subordination are also the means by which they become a self-conscious identity and agent (Butler 1997; see also Foucault 1980, 1983)—Mahmood differs from Butler in her consideration of agency as other than the capacity to subvert norms. Instead, she defines it as the capacities and skills required to undertake particular kinds of acts (Mahmood 2001: 210), urging us to think of "agentival capacity as not only those acts that result in progressive change, but also those that aim toward continuity, stasis, and stability" (ibid.: 212).

Unnithan-Kumar (2001) suggests that the contestation of authority may be a related but perhaps a largely unintended, secondary outcome of women's motivation and desire to seek out reproductive healthcare. Discussing poor women in rural Rajasthan, India, she describes women's experiences of forgoing contraception as part of their doxa, the taken for granted, normalized part of their lives (ibid.: 33). In this and another study, she suggests that women's sexual and reproductive wellbeing are influenced more by loyalties and desires towards spouses and poverty, rather than by notions of 'rights' (Unnithan-Kumar 2003). The idea of agency not necessarily involving resistance or the contestation of power relate well to the context of Muslim women in Kalpitiya, who are strongly motivated by notions of morality and virtue, rather than those of an autonomous free will. I suggest that by viewing my informants as moral agents, the language of their aspirations and pain can be better understood.

I now turn to the experiences of Amina, Zahira and Jansila to provide the sense of how this context is lived by migrant women. These women were from Thenkarai and Gudalur, and they had worked as domestic workers in Kuwait or Saudi Arabia. Their stories convey how the disruptions they had experienced within their selves amid their spousal relations—or aspirations for one—played a decisive role in leading them to migrate through their experience of widowhood, being placed within an uncaring and abusive relationship, and in being unmarried.

5.3. Escaping Widowhood in Jaffna, Finding a Spouse in Saudi - *Amina*

Amina, a mother of three sons and in her early 30s, migrated to Kuwait after the death of her first husband, who died in the crossfire of the ethno-political conflict in Jaffna. The pain of her husband's death and her consequent feelings of losing respect as a widow transformed in Saudi Arabia as she began to court an Indian Tamil Muslim man who was working as a driver. She eventually married, and her new marriage helped her to renegotiate her social status after her return from Saudi Arabia. She and her husband re-imagined their lives together, and they created plans for migrating once again with the aim of saving money towards the future creation of a sustainable livelihood. Amina was born in Jaffna in the Northern Province. Her family had left Jaffna in 1992 to Mannar, from where they were forced once again to leave to Kalpitiya while Amina had been working in Kuwait.

My husband was killed in the fighting. Your book is not enough to capture my pain Sajida ... I loved Azfar so much. He did everything for us. I did not have to worry about money. He always asked me what special foods I wanted to eat, and no matter how hard it was, he'd find a way to buy them for me. [She starts crying.] I felt loved and respected by him. Men don't respect women, but Azfar respected me. He always used to say, 'If I can't give food and clothing to my family, what kind of man am I?' My job was to look after and raise our sons. His work (*tolli*) was difficult, but he didn't want me to work. When he died, I felt the pain of losing his love, and losing a friend ... My husband was no longer there to protect me, so I also lost respect in society ... Our people always like to talk and blame. Without a husband, they started saying all kinds of things ... that I can't look after my sons properly, I must be looking at other men, those kinds of things ... I felt like a dead person. There was fighting happening all around us, but I couldn't really think about it. How was I going to feed my sons? ... I couldn't stand the pain of being in the world without him. So I decided to go to Kuwait.

Following her husband's death, Amina worked in Kuwait for a year, but then returned to Sri Lanka after the death of her mother. She migrated a second time as she found no other means to support herself and her sons, and she continued to feel alone and marginalized in Kalpitiya. In the following excerpt, she describes how she met her second husband in Jeddah, Saudi Arabia:

AMINA: Saadiq was the driver in the house where I was working ... I couldn't talk to him, I couldn't even look at him. We would both get in trouble. But I kept looking at him from the side of my eyes. And he was looking at me too. I would feel myself blush sometimes, and I was worried madam would notice ... I liked the way he went about his work. He was quiet and dutiful, but always had a sense of dignity about him. I felt shy when I caught Saadiq looking at me from the corner of his eye because I knew he liked me. S.A.: How did you know? AMINA: I just knew. [She smiles, giggles, and bows her head.] ... Saadiq saw me and treated me as a human being. Before I met him, I'm not sure what I felt about myself [while she was in Saudi Arabia]. I was a machine, I

had to work. I had to forget about Azfar so that I could send money home ... I started talking to Saadiq almost every evening [on a mobile phone hidden from her employer], but I was scared ... I felt it was inappropriate to talk to him too much. But when we would talk, I remembered I was human, that Allah did actually exist. And I kept thinking about my sons – they needed a father again. I told him that I was only interested in marriage. Saadiq was a good man. He wasn't looking at my body ... He called my brother in Sri Lanka and told him he wanted to marry me ... We finished our contracts and went back to our countries ... At the beginning [of her second marriage], I don't know if I was happy. I was glad to be married.

S.A. Do you love him?

AMINA: Now I do, but it took time. He's very different from Azfar, who would do any kind of work so that we could live well. Saadiq can't do hard labour. He can drive and do electrician work. It's hard for him to find that kind of work in Kalpitiya, it's not his *ur*. If I didn't work, we would not be able to eat.

Amina did not talk readily about her love for Saadiq but of her respect for him. She felt disappointed about the difficulty he was facing in finding work. But during one visit, I observed their interactions as Saadiq was departing to work in a quarry for a couple of weeks. She was quiet in between her bursts of advice to him. Her body was still and tense, and her eyes lined with tears. He was not his normal talkative self. As he walked out the door, he told me to visit her more while he is gone. They did not touch each other, but his gaze rested on her and he smiled. After his departure, Amina and I sat together quietly.

He can't tolerate that kind of work ... It will be too hard for him. I was close to him when he worked before, but now he will be far away. *Inshallah* Sajida, it's going to be hard without him. I will miss him ... It's good Saadiq has been here with me. Life is still very difficult, but I don't worry as much about what people think. I have no contentment (*nimadhi*). My fate (*naseeb*) is to work. But he is here. After we both work abroad for a few more years, we will have money to set up our own work (*tollil*), we can finish building our house. My sons will finish their studies properly. I hope my heart/being (*mana*) will be at peace. Allah knows how our lives will be.

Amina's story illustrates how her experience of widowhood and grief instigated her to act to seek to change her condition. In the process of migrating and meeting Saadiq, Amina's personhood slowly reshaped through her new aspiration for marriage. As she was confronted by new realities in Kuwait and Jeddah, including the opportunity to court Saadiq through mobile phone conversations, her sense of self began to shift. Amina may not have had the opportunity to remarry had she remained in Sri Lanka, but after meeting Saadiq in Saudi Arabia and sharing the experience with him of being a migrant and working for the same household, she decided that she wanted to marry again. Her sense of enhanced respect that emerged with her re-marriage transformed her status from widowhood to that of a married woman. However, her verbal expression of being loved and loving her

spouse is integrally tied to being provided for financially. Amina said that it was a man's duty to be the breadwinner, even though in reality she had to go out to do poorly paid day labour just so that they could eat. She had demonstrated that her love (*paasam*) towards her husband was closely connected to her need to be respected and provided for financially. Her sense of moral claim as a wife and mother contributed to her initial disappointment in Saadiq's limited ability to provide for her.

Saadiq explained how he had fallen in love with Amina as he admired how hard she worked and he could understand her pain of having lost a husband.

Their story shared similarities with the other three 'migrant couples' that I had interviewed. Spouses who had been, or still were, working as migrants in the Arab Gulf, described feeling close and supported by their spouses.

For example Fadila, introduced in Chapter Three, described her relationship with her husband Abdul as "extremely loving" (*romba paasama*), and she felt respected by him. After the birth of their first child, Abdul had re-migrated to Saudi Arabia, and they appeared to me to be intimately connected to each other through nightly, long phone calls. Abdul had studied for two years to become a *maulavi* himself, but he eventually gave up—this was a fact that Fadila had kept reiterating to me throughout our time together. Despite Abdul's pious background, he said that he had chosen Fadila as his wife because he knew that *she* was "good, hard-working and dedicated to her family", even though he believed that at least three-quarters of women abroad had been "spoiled". (This was based on his observations in working in the Arab Gulf.) As such, he conveys that while men who themselves have also migrated are able to value attributes of their migrant wives, they also strongly uphold the trope of their sexual impurity.

5.4. Kin Betrayal and Seeking to Restore Love - *Zahira*

Zahira, a woman I introduced already in Chapter Two, was in her late twenties and had been married into a *muhaam* family from Gudalur. She was the daughter of returnee migrant woman, and her parents lived in a distant province. She said that it was her husband's infidelity, betrayal and violence that drove her to first migrate

to Saudi Arabia. She had hoped that her migration would improve her economic position, help her to renegotiate her relationship with her husband and provide her with a new sense of respect among his kin. But things did not turn out well for her in Saudi, and her migration did not drastically change the state of her marriage. She explained how the traumatic experiences she had while abroad changed her and made her more determined to create a better life for herself and her children.

My parents had both gone to Saudi Arabia so that we would grow up well ... They gave me away [in marriage] with lots of gold. Within a year, it was almost all gone. Aziz had sold it ... The first time he beat me was when I told him I was pregnant. It was a month after our wedding. He didn't believe that I was carrying his child. He called me a prostitute, and said I was sleeping with other men. I had his child in my stomach, but he kept beating me. I realized then that Aziz did not love me. I feel much love/ care (*paasam*) for him. Maybe I'm crazy. But I know he's a good person. They [his immediate kin] all treat him badly. He was beaten a lot as a child ... Aziz thinks that someone did witchcraft (*seyvinna*) on him, and that he will never be happy married. He had wanted to marry another girl he loved, but his parents had wanted him to marry me for my money ...

The first time I found out that he had slept with another woman, I shouted at him and could only cry. I asked him how he could betray me. He would come home drunk, then beat me. If you look at Hashim [her second child], he is like a stick. I was beaten while he was in my womb, and I ate little ... He told me to leave him, he didn't want me. I didn't have money anymore ... They [his kin] say that I am a bad wife who doesn't know how to hold my tongue. But I know it's because I could not earn anything in Saudi. They also say that I can't control my husband. My parents are too far away to help. Anyway, I can't say much to them because I went against their advice to not marry Aziz ...

I went to Saudi because I could not bear seeing my children with no food. But the hardest thing was the pain I felt knowing that he would not come to me [to have sex] ... I wanted to save money to build a house for myself and my children. Then maybe Aziz would change when he sees that I have a way to survive. I was unlucky. Allah gave me the chance to migrate, but I came back with nothing.

In Saudi Arabia, Zahira was sold by her *kafeel* (sponsor) to a racket of men engaged in trafficking. For two years she was made to work without pay and to change houses and employers every two to four weeks.

I was not able to call home. Nobody knew what had happened to me. My parents went to the [recruitment] agent in Maradana [in Colombo], and they were told that I had 'jumped' [*'payyaranga'* or left her sponsor's house]. One day, I managed to call Aziz. I thought he would be happy to hear from me, but he said, 'You jumped so that you could work outside and sleep with Arab men. Don't come back, I don't want you anymore!' He cut the line. Can you believe him? [She starts crying.] With all my suffering, he couldn't even say one comforting word to me.

She also talked about the physical pain in her body that had developed while she was abroad, and how it had worsened upon her return.

I started having pain in the middle of my wrists. First I noticed it after lifting heavy

carpets up to the top floor of the house. Once I fainted. I was carrying a gas cylinder up to the top floor. I felt a sharp pain ripping through my chest. I could not stand it. Sometimes you can't even place a finger on my body ... It started to come in the night when I could not sleep, and I would start thinking about Aziz, about him sleeping with other women. How could I still love him when he was so bad? ... The pain is always there now. But it gets worse when he beats me, and when I think about my life too much. I am pained thinking that he doesn't love me, that he thinks I slept with other men. I ask Allah why I am being treated this way. I cry a lot. I ask Allah for forgiveness, and to make him [Aziz] see differently ... It's the pain in my heart that's hard. [She starts to cry.] ... I'm still here because I don't think about these things for too long. I would not be able to care for my children. It's for them that I live. Look at her [pointing to her daughter], how can you not smile? [She relaxes and smiles.] They are a gift from Allah ...

The bad things about going abroad is all this pain, and that I came back with nothing. The good thing [she pauses for a while] is that Allah gave me a way to come back. I prayed, I always found my strength. When I was in the shelter in Saudi, I had just finished praying my fortieth *raqat*⁷⁸ one day, and the social worker came to tell me that I could leave the next day! My request/prayer (*du'a*) was answered just as the words left my heart. I have been given a second chance in life ... Even if things with Aziz have not changed, I came back with courage ... I now have a plan to set up my own shop somehow, so I have some money and my children will study well. I don't want people to talk about me, I know that I am on the straight path (the way of faith).



Figure 13 – Zahira and her child

⁷⁸ A *raqat* is a unit of Islamic ritual prayer that involves two sets of prostrations (*sajda*). It can be both compulsory or non-compulsory prayer. Muslims can pray a series of 40 non-compulsory *raqats*, involving 80 prostrations, to pray for something in particular. Amina had been praying that day for a way to return to Sri Lanka.



Figure 14 – A migrant mother and her adopted baby

Zahira's story also demonstrates how her kin relations played a fundamental role in the moral judgements that were delivered upon her. On the whole, women who had more social support from their kin tended to worry far less about their honour and 'goodness'. Zahira had the support of her natal kin who were far away, but not the support of husband's kin, with whom she lived among.

While the ways in which inappropriate or abusive behaviour of husbands often did not change dramatically in the course of women's migration, the opinions among kin about whether migrating women were 'good' or 'bad' shifted with the amount of remittances they had managed to send. Women like Zahira who "came back with nothing" did not have the earnings to counteract the moral judgements being made of them. She had undertaken the moral risks to migrate; yet she had failed to increase the standing of Aziz and his kin. Her case contrasts that of Fadila in Chapter Three, whose very close relationship with an elder brother who financially and morally supported her migration made her feel respected, despite prevalent stigmatizing views in the village. But Zahira's difficult circumstances before she migrated did not improve after her return, in part because her husband's kin privileged his moral integrity—despite his known alcoholism and infidelity over hers—over hers. Because she they thought she had "jumped" and did not return with money, they chose to believe Aziz's assertions that she had slept with Arab men. Even though the money Zahira had earned in her first three months abroad

had been used to buy the land upon which their house was built, Zahira was stigmatised for coming back empty handed.

Her pain, as such, was linked to such criticism mounted by her husband's kinswomen. Her story follows analyses of emotions being socially constructed and embodied (Scheper-Hughes 1988; Lutz and Abu-Lughod 1990), wherein notions of 'I' (the individual) need to be seen in relation to those of the self/'me' (the social person), and women's 'real' expressions of grief as an individual are less important than the collective importance of their suffering (Lutz and Abu-Lughod 1990). Though her *mana vartham* was explicit and ever-present, she presented her pain of being betrayed by Aziz and his kin as more painful than her physical pain. At the time this chapter was written, Zahira was in the process of getting the local religious leadership to intervene to help stop the violence at home. She was also in the process of applying for a loan to set up a small shop.

Her difficulties with Aziz, however, need to be set against the challenges faced by the male kin of migrant women whom I interviewed. Many of these men expressed being frustrated and dejected by the conditions of poverty, which prevented them from fulfilling their financial obligations towards the family, and which compelled women to migrate. Their separation from their wives had the potential to create either enhanced distance and emasculation, or intimacy and confidence. Some men had expressed that their feelings of incapability had worsened with the migration of their wives, as they were left to tend to "woman's work" of childcare and running the household, which many did not enjoy it. Those who had never migrated themselves found it difficult to understand what their wives were experiencing. While men did not speak to me of their direct involvement in affairs, they did discuss the incidence of affairs among men and women known to them and of couples being separated or divorced—occurrences that some of my in-depth informants had discussed more extensively. That said, two of the five husbands whom I had interviewed described how they negotiated their new roles with affection. They said that they felt their wives' absence strongly, and they tried to adopt their new responsibilities in household and child-care with acceptance.

5.5. Between Fear and Flirtation in Kuwait - *Jansila*

Jansila is a single woman in her late twenties who has been migrating for the past decade between Gudalur, Kuwait and Saudi Arabia. At the time this chapter was written, she was still working in Kuwait. She said that she had first migrated to save money for her dowry and to ease the financial strains within her household. As she continued to migrate, her family grew dependent on her remittances. Yet even after migrating for the fifth time, she still had not managed to save very much. She said that she “doesn’t feel right” anymore when she returns to Kalpitiya. She was sad that she could not marry a boy with whom she had fallen in love, and she disliked the ways in which “people talk” about her being both unmarried and a *velli naaTa* woman. She had been enduring difficult working conditions in Kuwait, but she felt that she could finally begin saving money for her dowry. She talked constantly about her hope for “a different kind of life” with a “good man”.

But Jansila’s traumatic experience of rape as an eighteen-year-old by a goat herder in Saudi Arabia had pervasive effects on her self-esteem and her aspirations for intimacy with a man. She had a negative conception of the physicality of her body. She both desired and feared “being with a man”, and she was ambivalent about getting married. Though she said that she did not feel that she has been “spoiled” by her experience of rape “as it was not her fault”, she would have periodic attacks of breathlessness and anxiety when men looked at her in a particular way, even in public places. She had begun to suffer from more attacks of epilepsy—which she had had since childhood—after her rape. She also expressed her concern that perhaps no potential spouse would find her attractive, as she thought she was unattractive.

Soon after her arrival in Kuwait, she became attracted to a man—Farook—who worked as a driver in her neighbourhood. She tried to court him. Farook helped her to buy a mobile phone and to send things home, and he has been the only person in Kuwait to whom she can talk. While she giggled and evaded my questions when I asked her directly about physical attraction and sex, I observed

from her flirtatious interaction with Farook that she was seeking attention from him.

Farook worked for me as my driver and research assistant in Kuwait, and he became a trusted informant. After some time, he confided in me about his relationship with Jansila, describing the sexual innuendos that were a part of his conversations with her. He claimed that he had declined both her invitation for sex and her proposal for marriage. He felt that she was not a virgin, as she “expresses things only an experienced woman would know”, suspecting that “she has been spoiled” (*kette poyyachcha*). He says that most women domestic workers desire sex when they have been in Kuwait for a while; as he explained, “the loneliness and stress drives them crazy. After all, they are human too, how can one blame them for not wanting it?” So while he was more understanding of a migrant woman’s need for intimacy and connection, he too reiterated judgement upon Jansila for “being spoiled” because of her flirtation and talk of desiring sex, refusing to want to court or marry her, and stating his preference for a wife back in his *ur* who was “poor and innocent”.

These two versions of the story of Jansila’s intentions and purity point towards the socio-moral reality of her life between Kuwait and Gudalur, as she grappled with being stigmatised as a young, single migrant woman, while she continued to desire both intimacy and an eventual marriage.



Figure 15 – A niece of a migrant woman gets married, Kalpitya

5.6. Conclusion

Female migration is often discussed at various levels of society in relation to the effects that migration is thought to have on spousal relations, families and ‘cultural values’. I suggest that what lies at the core of these discussions is the moral integrity of the woman migrant, which is integrally structured by sexuality. Sexuality, as a fundamental domain of power, shapes kin and communal ideas of women’s honour, and it permeates women’s accounts of migration throughout its various stages. The sexual stigmatizing of migrating women for their perceived sexual promiscuity and vulnerability, and for their strained, broken or non-existing

spousal relations, structure the moral images that are created of them. The ethnographic cases presented above highlight the ways in which migrant women embody and experience the values, affects and norms that surround their migration in connection to their intimate and spousal relations. They do not only convey the new pleasures and forms of wellness that are brought by their new intimate engagements, but they highlight abject ones and the embodied implications of unmet love and desire. While women's sense of self and aspiration transform in the course of their migration in connection to sexuality, wherein they also defy gendered norms of mobility, my informants remain largely within the moral order of their *urs* of origin. They continued to place importance upon traditional virtues of perseverance, humility and requiring respect from spouses, kin and community.

The chapter's findings also point to the importance of seeking to research and understand sexuality in embodied and experiential terms. In my attempts to talk explicitly about sexuality with my informants, I was often confronted by embarrassment or denial of its importance. However, women ended up sharing information about their desires and emotions relating to sex as part of larger narratives of health, spousal relations and daily life. For example, Zahira's pain was reflected in her anxiety attacks and the physical pain she felt in her chest. The issues that she spoke of in relation to her physical pain included her betrayal, her unfulfilled love and desire, and the repeated criticism that received from her husband and her in-laws. In the case of Jansila, her ambivalent feelings towards her physical appearance, marriage, sex and men often arose as part of her discussions of her physical health, her anxiety and her experience of epilepsy and breathlessness. Their experiences point to both the primacy of the body and wellness in understanding sexuality, and the centrality of sexuality in shaping wellness.

Women's actions, imaginations and capacities to transform their selves and assert agency need to be understood within the historical context of rural Muslim Kalpitiya and confined, live-in domestic work in the Arab Gulf. For Amina, the emotions arising from her relationship with her new spouse not only served to restore respect and re-gain her sense of self after the sudden and tragic death of

her first husband, but it led to her renewed acceptance of her need to continue working. As for Zahira, despite the hardships she had to endure, the emotional resolve that she developed through her migration created a new determination to seek a better life for herself and her children, wherein she decided that she was no longer willing to submit to the violence that was being inflicted on her by her husband. For Jansila, her conditions of work in Kuwait were taking a toll on her body, but her hopes for a new relationship with Farook gave her a sense of meaning, even if he did not reciprocate. Her new desires for intimacy interplayed with her need to continue working to save for her dowry. Even if Zahira and Jansila's sense of honour within the *ur* had not drastically changed as yet by their migration, what was ultimately at stake for them was their sense that their lives were transforming in valuable ways and gave them hope for better. As such, while women like them sought to enhance intimacy with existing or potential spouses, they still generated new meanings in their lives when their desires failed to materialise, thereby asserting moral agency.

The three vignettes that I have shared convey the connections that exist between spousal relations, self, sexuality and wellness, which have been brought to the fore through Amina, Zahira and Jansila's sharing. The value of these intimate stories for this thesis' understanding of health lies in the highlighting of the centrality of sexuality alongside that of spirituality and existential questioning within migrant women's experiences of wellness. The pain that women like Amina and Zahira experienced in losing a spouse or being denied love and nurturance by a spouse indicated not only their loss of intimacy, but their existential questioning of the value of their lives as rural-transnational women. Virtues of piety, destiny, gratitude and perseverance were quietly present in their narratives, but they could only be made sense of in connection to a transcendental entity, that of Allah, from which they derived nurturance and sought to alleviate *mana vartham* (pain in one's being).

Finally, these stories convey how women's embodied experiences of spousal relations had nuanced and contradictory effects upon their construction of health, self and agency. On the one hand, women presented vivid narratives of *mana vartham* and unease in connection to spouses, which were often accompanied by

physical symptoms. These experiences brought health to the fore as an explicit and emotionally loaded concern. On the other, such presentations were dominated by the everyday occurrences of their intimate relationships in ways that served to obscure physical health and magnify emotional health. At the same time, the way women made moral meaning out of spousal relations in relation to spirituality and metaphysical entities elucidates the existential dimensions of their wellness.

These insights on women's experiences and constructions of wellness will be taken into the next chapter's exploration of another intersubjective interface of migrant's health—that of recruitment sub-agent—who were, though in different sense, intimately imbricated in migrants' lives and aspirations. Zahira is once again one a key character, and we are guided into Chapter Six by her.

Chapter Six: “Sub People”, “Known People” and the “Big, Bad Woman”— Brokers, Intersubjectivity and Embodied Mobility

6.1. Introduction

The metal door of Zahira’s compound swings shut behind me as I rest my bike against the wall and announce my arrival with my customary greeting. Surprised not to hear Zahira’s usual, joyful response, I peered into the front room, expecting her to be in the back yard. Instead, I saw Zahira sitting silently in a dark corner of with her eyes fixed above the front door. Her chest was heaving rapidly, her shoulders hunched, and her head fixed still.

“She’s come again, Sajida,” said Zahira absently. “Who’s come?” I asked. “Remember I told you the other day that you shouldn’t be in this *muhaam* after *maghrib* because it’s not safe?” I vaguely recalled this, but had not thought much of it, as other women in the *muhaam* had said similar things. It was part of local etiquette among women of needing to be indoors after dusk. Zahira continues, “Remember I told you about that girl who had returned from Dubai very sick? And she then died six months later.” Zahira was referring to Yasmin, a sixteen-year old girl from Gudalur who had left for Dubai supposedly for domestic work, but had instead been placed to work in a brothel run by the notorious, “big bad woman” (*periya ketta pumbale*) of the *ur*—a woman called Noorjahan. Yasmin had returned five years later in the final stages of HIV-AIDS, soon after which she passed away. Others had repeated the story to me, but I was confused as to why Zahira was so troubled that day. Even before offering me tea, she then launched into her story.

Her *awi* (spirit) still circles the *muhaam* Sajida. I could understand her story—she was forced to sell her body—because I had heard so many similar stories in Saudi. I knew how people talk about us. Normally I don’t worry about Yasmin’s *awi* being around. But I get scared when I am alone. Aziz has been away for 10 days now, and I’ve been feeling very scared in the night. Yesterday it was circling round and round the house. The wind was blowing hard, howling, and the door was shaking. It was trying to come in. It’s always around here because her grandmother’s house is just there. That’s where she spent her last days. I was one of the few people she would talk to.

[SA: Do you think her spirit can harm you? What makes you so scared? She pauses, breathes more rapidly, before she manages to slow down.] I don’t know. Maybe there is something I should do to help her. Yasmin always wanted women to know what had

happened to her so that they would not suffer the same way as she did. I could not help her. [SA: But surely you helped her by listening to her. You were like a sister to her, no?] But when her *awi* is here, I start feeling like I should have done more Sajida. I also wonder how I had trusted those people in Maradana [Zahira's former recruitment agents] to send me to Saudi. How I was sold and made to work for so many different houses. I came back with no money. Aziz still taunts me every time he comes home drunk, 'You slept with Arab men, you prostitute!' He rarely wants to touch me [and to have sex with her], even now ... I wish I could go *velli naaTa* again. I want to show him that he needs me. But I get scared ... Sometimes I can't breathe, my whole chest becomes tight and I cannot move. [She points to her sternum, and I notice how her shoulders are still hunched, her arms and chest almost frozen still.] Why don't you stay here with me tonight Sajida? I can fix the bed up for you nicely? If you were here with me, I would have some *nimadhi* (contentment) at least. [She finally smiles and grabs hold of my hand.]

Zahira—whose story we just considered in Chapter Five—illustrates here how easily the narratives of the migrant living and dead from around Mulanur conflate within a “cosmology of value” (Chiu 2010: 205), wherein embodied affects of betrayal, fear, guilt, desire, and being denied affection and moral worth enmesh the transaction of persons and monies to make transnational migration either happen or end. It conveys the theme of this chapter, that the recruitment agents and brokers, or “*sub aala* (sub people)” as they are known in Kalpitiya, who facilitate women's migration play a crucial role in enabling or disabling women's aspirations for *velli naaTa* (foreign) work, which in turn shapes their experience of wellness, illness or even death within the rural, remote localities of Kalpitiya. As Zahira spoke of the compounded guilt that she felt in neither being able to help her migrant friend, nor to satisfy her husband—financially and sexually—her sharing elucidates the intersubjective space between migrant women, close friends, kin and recruitment agents. Haunted by the ever-returning spirit (*awi*) of her friend Yasmin and the tragic tales that she had shared before her death, Zahira also grapples with the embodied memory of her own betrayal by her former recruitment agent, how she had brought herself to entrust her self and body to a *sub aala*, and whether she would ever be able to trust one again.

While *sub aala* create the façade of trust and confidence to influence women's expectations that things could change in the lives, the particular social and moral environment of the *ur* lead women to develop a predisposition to trust those known to their families—“*terenja aala* (known persons)” —as part of their *nathamurai* (way of walking in the world) or bodily conduct and ways of seeking to uphold communal respect and trust. There are two recruitment broker and patron

characters in this chapter. Aadil was a *sub aala* who worked illegally for recruitment agencies in Colombo and Kurunegala to source women from Kalpitiya for domestic work in the Arab Gulf. At the time, he had been facilitating the movement of around half of the women migrating from the *ur* to the Arab Gulf. The second was the woman who deceived Yasmin to work in a brothel—Noorjahan. She was a former domestic worker who had then become a respected and wealthy *teranja aala* (known person), and finally, she had turned into “the big, bad woman (*periya ketta pumbale*)” after people learnt that she was ‘trafficking’ women for work in a brothel owned by Egyptian ‘husband’.

It is because women are able to entrust themselves to both *terenja aala* and *sub aala* through intersubjective and embodied affects that they are able to take the decision to leave the *ur* in pursuit of their transnational destiny. As agents are dealing with norms, values and affects, they are the key players within a moral economy of embodied mobility. Some women are able to mitigate the effects of suspect *sub aala* by manouvering their relationships with them with tact and defiance. In doing so, they are able to move closer to their aspirations and find enhanced wellness and meaning, reconciling the material, biological and existential needs of their lives and those of their close kin. But others—as Yasmin’s story tragically conveys—are unable to escape the risks involved. They develop pervasive health conditions, deeply embodied memories, or worse still: they perish.

I begin this chapter with Yasmin’s story not because of the numbers involved, but to convey the power that her story held over the bodies, consciences, affects and spirits of people in the *ur*, both those who have and have not migrated. While only three out of my 46 migrant woman informants in Kalpitiya had been ‘trafficked’ to work in a brothel in Dubai, combined with Yasmin and one other woman who had refused to speak to me, the number of women whom I had encountered had been significant figure considering the smallness of Mulanur and its surroundings. However the moral power of this story was far greater than the numbers involved. The symbol of Noorjahan shaped the ambivalent fears and hopes of potential first-time migrants, and it grossly exaggerated the already dominating image of moral decadence that is associated with low-wage female migration. Her story was

narrated back to me by all of the *maulavis* and *imaams* whom I had interviewed; these were respected leaders who propagated that it was because of Noorjahan that a woman should seek not to risk her life and honour to migrate.

Through the stories of six migrant women—Zahira, Yasmin, Jansila, Noorjahan, Fareena and Fadila—this chapter will examine how women from Mulanur undertook the decision to migrate and how they subsequently negotiated their conditions in the Arab Gulf through. I draw upon ideas already introduced in Chapter Three of intersubjectivity (Jackson 2013b, 1989), and learned and improvised bodily conduct (*nathamurai*) and acquisition (Ram 2012, Seizer 2009) to further illustrate their stories. It must be said that many of the intersubjectivities experienced by my informants imbricated each other, were used inter-changeably within their descriptions, and hence, were difficult to always distinguish from each other. These include notions of: faith, trust, expectation, hope, confidence, seeking to influence; and the consequences of these affects being unmet: betrayal, *mana vartham* (pain in one's being/heart), sadness, fear and the absence of balance and contentment. Moreover, there are different people who are mediating these relationships: the people who are trusting and being trusted, and myself as a person who is writing about these things. Both of the broker characters are native to Mulanur and part of the small, land-owning elite of the *ur aalkal* (host community).

6.2. “A Good Sub Man” Turned Suspect and the Big Business of Migrant Domestic Work - Jansila

I now continue the story of Jansila, introduced earlier in the thesis in its opening and in Chapter Four. Jansila had left Kalpitiya to work in Kuwait for a new employer two months before my own departure for Kuwait for my fieldwork. She was placed to work in Kuwait by Aadil, whom she had described at the onset as her “big brother” and a *teranja aala*. Jansila and I had known each other for more than a year by then. As explained in the earlier vignettes, Jansila started experiencing problems in her employer's house as soon as she had arrived. After a week, her initial excitement to be in Kuwait again had worn off quickly, and she was feeling alone, afraid and exhausted.

I had been on the phone with Jansila every other day. I sensed her sense of desperation becoming increasingly acute, but also, that she was growing more assertive and as she wanted to make her migration a success. Before she had left, I had given her the numbers of the Sri Lankan labour attaché in Kuwait, and of a women's shelter. I had made her aware of what she needed to do if she started having serious problems. At the onset, I had advised Jansila to try her best to get her madam to understand that she could not work if she was hungry and exhausted. Jansila eventually came to the decision that she wanted to change her employer altogether. She had had her fair share of bad employers in the past, she felt very unwell, and she wanted to be able to sleep. She asked her brother Syed in Mulanur to request Aadil to arrange for her to be placed somewhere else. However, her brother and mother then persuaded Jansila to negotiate with her madam—through Aadil, who would confer with the Kurunegala agent, who would then negotiate with the Kuwaiti agent—to be fairer. Jansila's kin were worried that Jansila would lose her job and place them all into debt. But then three weeks passed, and the response from Aadil was poor. As my relationship to both Jansila and Syed grew stronger, so too did their mistrust of Aadil. He continued to maintain that he had no response from the agent in Kuwait.

The economics that deter agents from acting ethically are important to consider at this juncture. Recruitment agents in the Arab Gulf wield a particularly firm grip over the worker during the first 100 days of her employment as employers have paid KD400 (USD1,500) to KD500 (USD2,000) up front to the agent to secure the labour of a domestic worker even before papers are signed. Out of this amount, 50 to 100KD are kept by the Kuwaiti agent, and around 300KD (LKR1 lakh or USD1,000) is paid to the Sri Lankan agent. The agent in Colombo distributes some of this payment to the 'sub-agent', who pays up front LKR30,000 to the prospective migrant domestic worker as soon as she agrees to migrate. The rest of the one lakh is divided between the sub-agent and agent, though a minimal amount of fees are retained paid for immigration procedures and a pre-departure medical examination. If the domestic worker runs away or is returned to the agent during the first 100 days, the agent must re-pay the KD400 to the employer, subtracting the number of days the domestic worker has already worked. Hence, Din—along

with his cohorts in Kurunegala and Kuwait—had every reason to make sure Jansila remained with the same employer.

Jansila and I had been planning to meet in Kuwait, but I was unsure if we would be able to meet given the tense circumstances. Two days before my own departure to Kuwait, I was in Jansila's house recording her kin members' video messages on my digital camera to take with me to Kuwait. In the midst of our laughter, Aadil had arrived abruptly at the house. His expression was grim as he watched us. Without any invitation, he slumped heavily into a chair and turned to look at me, scowling as he sat slouched with his pelvis protruding. I realized instantly that I had to make my presence scarce and so I left. After 20 minutes, Jansila's niece came to call me to back to their house.

Apparantly, Aadil had started shouting at Syed and pushing furniture around rudely. He said that no one else, referring indirectly to me, had any right to intervene in Jansila's affairs. It was the agency's prerogative. He said:

The government can't do anything. Friends can't do a thing. Only the agent can do something. Whatever advice you have been receiving, it is wrong. You should just leave the agent in Kuwait to sort things out. And tell your sister to stop complaining. She did go there to work, didn't she?

We found out later from Aadil's twelve-year old daughter, a close friend of Jansila's niece, that someone had overheard me talking to Jansila on the phone the day before while I had been talking loudly to overcome the bad connection. This person had apparently heard my entire conversation—I had told Jansila that she could always call the Sri Lankan Labour Attache herself—over the tin-compound fence and relayed the information back to Aadil.

Despite Aadil's threatening behaviour, he did not end up telling the Kuwait agent anything prevented me from visiting Jansila in her madam's home. During my one-month stay in Kuwait, I spoke to her everyday on the phone, and I visited her in her madam's house three times. Though things had settled down a bit while I was there, they flared up as soon I had left Kuwait, after Jansila got into a fight with her madam's daughter and was subsequently deposited back at the recruitment agent. She was there for a week before she was taken to Saudi Arabia for work that was unauthorized, but that was fortunately better. Though both Jansila and her kin

were in the end happy about the outcome, their relationship with their neighbour Aadil, whom they had considered an elder brother and a *teranja aala*, disintegrated.

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Jansila's motivations to be in Kuwait was to earn so that she could send money home to her mother and sister to supplement Syed's earnings, and to save for her dowry. She was intent on "tolerating" the work conditions so that she could "succeed". These fundamental concerns had underpinned her and her kin's initial sense of trust and expectation of Aadil. Though I had been highly doubtful of Aadil right from the onset, not so much because of his work as a *sub aala*, but simply because I did not sense him to be a trust-worthy person, I had kept my suspicions to myself as Jansila's kin had been living as neighbours with Aadil for over 20 years. They had conveyed a high sense of respect for him: he was not only a *teranja aala* but he did "good sub work". Confidence is placed upon *teranja aala*, not necessarily due to a family's direct encounter with the individual, but based upon general impressions among close family members which generally hold great weight. Class, economic, kin, and other social conflated to influence people's impressions, making it difficult to determine what trust towards a *teranja aala* really involved.

At first I had considered that Jansila's kin had trusted because they *had to trust someone* in order to fulfil Jansila's *velli naaTa* aspirations. But then, after my return from Kuwait, Syed had explained to me that they had simply knew him as a *teranja aala* and a neighbour, and hence mis-trusting him would be disrespectful. Furthermore, trust was connected to their faith that one *had to trust* if the "chance" to migrate was given to them. (They use the English word here.) This "chance" had metaphysical meaning. It was thought to come from Allah, and Allah was the ultimate entity that would carry them through survival and failure, through life and death. It were these forms of meaning-making that enabled migrant women to migrate while maintaining aspirations for a better future.



Figure 16 – Near Jansila's home, Kalpitya



Figure 17 – Driving to Jansila's madam's home, Jabriya, Kuwait



Figure 18 – Luxury mall and marina, Kuwait

6.3. A Dubai Brothel and a Restless Spirit in Kalpitiya - *Yasmin and Zahira*

Many migrating women had initially chose to “be sent abroad” by Noorjahan they viewed her as a *teranja aala*. Potential migrant women and their kin had felt confident in Noorjahan because they had shared embodied, everyday encounters, more so that than because of her wealth. To continue to explore women’s expectations of agents and patrons, I continue with Zahira’s narration of Yasmin’s story, as she had continued recounting to me that day.

What a beauty she was (Yasmin). She could have asked for any *mahpullai* (bridegroom), but only *Allah* knows why her *naseeb* (destiny) was such. Her parents had been approached by a *teranja aala*, Noorjahan, whom they thought would take good care of her in Dubai and place her with a good family... That woman should be punished. The first time I saw Yasmin after she came back, she was connected to tubes and there was barely any life in her. Her pretty face was covered in small sores. Her hair once thick and falling to her waist barely reached her shoulders. Her family tried to pretend to the *ur aalkal* that nothing disrespectful had happened. But everyone knew that her parents had kept sending her back even though she was doing bad work (*ketta vele*).

I know a lot about Yasmin because she chose to live her last days with her grandmother, whose house is just over there [Zahira gets up, walks to the door and points across the street.] She cried when she saw her parents and her own house, ‘This house is *haram*, everything here is *haram*, the TV, fridge, cassette player, walls, beds, everything. You bought all these things with the money of my humiliation. You enjoyed all this as I was beginning to die. The moment they forced me to be [have sex] with a man, I started to die. Maybe the police will not arrest you, but you will pay for this in *qiyamath* (the day of judgment). I can’t see these things anymore. I need to find my *nimadhi* before I return to my *rab* [lord].’ She refused to stay in her own home. She stayed with her grandmother.

I visited her almost everyday Sajida. I saw how she got worse. I heard things I’d never heard before, worse than anything I’d heard in Saudi. Every day, for five years, men came into her body, every day Sajida, can you imagine? ... The Saudi police, the [Sri Lankan] embassy people, the officials in the Bureau, they all know this happens. But still, they send us to work without helping. What’s the point in paying all their fees when we don’t get any help in return? ...

When she died it was tragic, but I was happy that her soul could rest. *Allah* had tested her too much.

After Yasmin’s death, many people in the *ur* had been “visited” by Yasmin’s *awi*. Yasmin’s family had initially refused to conduct a *fatihah*, a customary ceremonial reading of the entire Qur’an 40 days after death. Various problems had arisen in her parents’ house—a freak accident, marital problems between her parents, a young sibling falling ill with dengue fever for six months. The neighbours started complaining about Yasmin’s *awi* refusing to leave. They harshly criticized the family for refusing to organize the *fatihah*. Her soul had to be put to rest, they said:

she could not have justice in the hereafter unless her family did this. Many believed that the family members were worse than *kafirs* (unbelievers), but many could not get on with their lives. So the neighbours had begun arrangements themselves for the *fatihah*. Only then, had her parents agreed to do it themselves. Zahira continued the story:

After the *fatihah*, things were better. But Yasmin's *awi* is always here even if she is with *Allah*. Perhaps her soul is waiting for something else, some kind of justice in this *dunya*, some kind of repentance from the heart of her parents ... Yasmin would say repeatedly that there should be a public trial of Noorjahan and her parents, only then would people really understand and fear doing such bad things. But we are people without wealth. We can't rely on anything in this *dunya* (world). Look at the roads out here. Look at the way our children are treated in schools. How can we expect anything? If we had wealth, we could influence the politicians and the court ... Yasmin's justice is in the hereafter. But still, her soul yearns for something in this *dunya*. That's why her *awi* still circles this *muhaam*. What can we do Sajida?

Yasmin's story becomes intertwined with that of her narrator, Zahira, as her unsettled spirit trigger memories in Zahira of her own past migration. Zahira's wellness is integrally connected to her friend's, as well as to metaphysical entities of *Allah*, *naseeb* (destiny) and *qiyamath* (the hereafter or 'day of judgment'). The conflation of Zahira's pain with her continued felt sense of her dead migrant friend's spirit rendered Yasmin ever-present in her daily life.

Zahira's physical and emotional discomfort—markedly different that day with her frozen shoulders, breathlessness and extreme distress—indicated how deeply her pain inhabited her. She had been suffering from chronic pain in her back and arm since her first few months of work in Saudi Arabia, and she also had frequent bouts of anxious fear (*bayyam*) during which she would have palpitations and difficulties breathing. But she would experience re-occurring pain in her sternum, mid-back and arms in association with three different sources of distress—her past migratory experience, her dead friend's spirit and her abusive and uncaring husband. Consequently, her experience of *mana vartham* and physical pain reflected the embodiment of her relations with those most intimate to her—Aziz and Yasmin. Zahira's experiences also illustrate how the biological, social, political and metaphysical various dimensions of her life were at play in her experience of embodied memory of her unsuccessful migration, past friendship and being neglected and devalued by her spouse.

6.4. *A Teranja Aala but a “Big Bad Woman” - Noorjahan*

It was another warm afternoon in Mulanur as I crossed the *ur* on my bicycle and saw a couple cars ahead of me at the main intersection of the *ur*. Cars were an unusual site in Mulanur as only two people owned them. I saw two women standing on the street, clad in *abayas* of a more stylish and body-fitting variety with their heads done up in a “high-hijab-bun-style” characteristic of trendier Arab Gulf returnees. As I dismounted to pick up some buns in the corner shop, I felt the women’s eyes taking me in as their gold bangles jingled loudly under their *abaya* sleeves. One of the women—in her late forties and with quiet, shrewd eyes—woman exuded authority and wealth. I met her stare with an inquisitive gaze, unaware at that moment of who she really was.

This was my first and only direct encounter with Noorjahan—the “big, bad woman” of Mulanur: a former domestic worker who later made her fortune as a ‘trafficker’. Noorjahan’s family had initially been highly respected in the *ur*, as it had grown rapidly wealthy through the Gulf-bound migration of its kin. After a decade of working as a domestic worker, however, she became the wife or mistress of an Egyptian brothel owner in Dubai. While her lover ran the business, she sourced women from Kalpitiya and built up a lucrative trade. For six years, she had been the wealthiest and most powerful person in Mulanur. People in the *ur* had learned of her notorious work, but she continued unscathed by the harsh criticism of local *maulavis*, as she had bought off local police and politicians with mobile phones, TVs, hi-fi systems, gold and land. Rafeek was the first person to narrate Noorjahan’s story to me. He recounted the anger of the *maulavis* as he showed me over a dozen letters he had written to district-level officials. He described the endless visits he had made to regional police headquarters to voice the *ur*’s concern. But it seemed that Noorjahan was untouchable: she was wealthier than anyone who worked in the local police force in Kalpitiya. Rafeek was later unofficially advised by an inside informant in the police to drop his efforts if he wanted to continue living in Mulanur. Noorjahan was eventually arrested and imprisoned for several years in Dubai. But most people I spoke to felt that she had been let off far too lightly and were distressed that she had been allowed to continue living in the *ur*.

During Noorjahan's time in prison in Dubai, her brother had apparently squandered much of her assets back in Kalpitiya. Her return briefly re-stirred up talk of having her arrested in Sri Lanka, but for the most part, she was left alone to resume control of her coconut and land-rental businesses. Ultimately, she had not been ostracized from the *ur*. While the wealthier traded with her family members for coconut, those working as day labourers worked on her vegetable fields, rented land from her and lived as her neighbours. At the time of my fieldwork, it had been seven years since her return. Though she had lost the notorious glamour of her former wealth, she remained relatively wealthy. Most of her extended kin moved away.

Though Noorjahan had been punished for her past ungodly dealings in Dubai, within the *ur* itself, people knew not to get on her wrong side as she still had her connections in the local police. I had not wanted to interview Noorjahan as I feared for the possible implications it would have for the safety of my informants, and possibly also for myself. I had also been advised by Rafeek to remain as invisible as I could to her. According to him, the failure of the local judicial system, as well as the weakness of the local religious leadership, were sources of shame and signs of the *ur's* backwardness. Noorjahan's 'work' had further deprecated it: it had broken norms of communal honour and torn into the moral fabric of an *ur* that prided itself for adhering to a fairly stringent and orthodox form of Sunni Islam. It revealed the deep contradictions that existed within the moral economy of the *ur*. In private, people spoke harshly against her, but face-to-face, they remained silent.

Most of the families of the girls and women who had been deceived by Noorjahan only came to know of the real nature of their daughters' work after the women had returned home for the first time, accompanied by suitcase-loads full of consumer appliances, mobile phones and gold jewelry. Many women refused to return, but others found it difficult to give up the work, and they had returned, often with their kin encouraging their decisions. The following story of Fareena, another woman who was made to work in Noorjahan's brothel, illustrates the experiences of these women.

6.5. Taking Risks to “See Life” - *Fareena*

Another one of my informants in her late 30s—Fareena—had been sent by Noorjahan to work in her brothel on her second migration abroad. She was a mother of three girls in their late teens, and she first went abroad as her husband had a serious accident with his foot that permanently disabled him from engaging in farm labour. Despite the fact that they were landowners, Fareena soon had to take on the role of the family breadwinner, soon after the birth of their first daughter. Unlike Yasmin, however, Fareena not only survived working in the brothel, but she managed to leave after a year and subsequently migrated another five times to Kuwait, enabling the family to build a comfortable house and modest savings. She did not manage to escape immediately from the brothel, but she was eventually able to leave after a year. Since then, she had been migrating for almost 10 years. At the time of this first interview, Fareena had just returned from Kuwait for the sixth time, and she was planning to remain in the *ur* for good. She recounts how she landed up in Noorjahan’s brothel.

If you came to visit me 10 years ago, that was the time that I had a lot to say about velli natta, but now I don’t have much to say. My first time, I went to Saudi. My first migration, I went to Saudi. The place was not all right. I came back after three months. I was scared to go back again to Saudi. But then a lady from Mulanur, our neighbor, came and said she would send me to Dubai. When I arrived, I realised women had been taken there to be sold. *Allah, ya rabb!* [God, oh lord!] I couldn’t believe what I saw. Somehow I managed to come out of the place in three months. I went to the ‘police’ [I’m not sure if this was really police as there seemed to be some illegal things happening there as well]. They were keeping many women there who had gone through the same thing. The ‘police’ managed to put money together for my return ticket to Sri Lanka.

I only went with Noorjahan because she was a woman. And she was from my neighbourhood. Her family members live all around me. We grow our coconut trees in *qani* (plots of land) that are next to theirs. Sometimes we share our water with them. They are Muslim like us. They have the same values as us. I thought that they had the same fear of *Allah* as we do. I had faith in her ...

Please don’t ask me Sajida to repeat that story now. I’ve forgotten it all. I don’t want to remember. But I did talk about it back then. I told everyone in the neighborhood what was happening there. People needed to know so that they could understand what they were getting into.

I came back broken. There was such pain inside my *mana* (heart/being). I didn’t want to live. I thought that this *dunya* (physical/material world) was not for me for me any more. I just cried for several months and didn’t leave the house. For a year, I didn’t have a will to live. But then I felt I needed to tell my story to others so that they would not face what I had. But some women still chose to go despite knowing what was going on. [Her husband chipped in: After all, they get paid good money. Many women and their families could not refuse.]

Women should not go abroad, it's *tappa* (wrong). Only men should go. I am not going back again. It's *tappa* for women to repeatedly go over a long period of time. If a woman goes a few times to help the family through *kashtam* (difficulties), that's enough. I didn't tell my madam [in Kuwait] that I wasn't coming back. She thinks that I will go back, but I just packed up all my things and came.

During another visit with Fareena several months later, before my own departure to Kuwait, her sentiments had changed. Happy that I would be visiting Kuwait for the first time, we spent the afternoon chatting about Kuwait and the different neighborhoods where she had lived and the places that she would frequent on Fridays with her kinder employers. It had been four months since her return, and she was feeling nostalgic. She talked a lot about her employer's young daughter whom she felt fondly towards, and she missed the weekend family strolls on the marina. She told me she was considering going back, even though her family had enough to live on and enough for their eldest daughter's dowry and marriage, thanks to the savings she had accumulated. When I asked her if she really needed to migrate, or if she was she bored with life in the *ur*, she responded that she wanted to keep working before she became too old. In any case, within two years she would have to go again to save money for her other two daughters' marriage. I also asked her if she felt that women should not migrate. This was her response:

All women should go abroad to see what other places are like. That is the only way they will learn. You learn by experiencing something different. If not, in this *ur* there is only so much one can see. One only learns how to work successfully and with dignity after one has suffered, that's the only way. We have to take that risk if we want to see life."

Six months later, I heard that Fareena was back in Kuwait again.

6.6. Escaping the Brothel by "Being Like a Man" - *Fadila*

Yet not all women who had been taken to work in Noorjahan's brothel had experienced it in the same way. Fadila managed to escape the brothel within a couple days without having engaged in sex work. I had questioned what it was that had enabled Fadila to leave. Was it that she had access to social connections that Yasmin and Fareena did not? Were the actual conditions in the brothel different when she was there? Were her personal characteristics and determination to leave different? I suggest that these factors play a crucial role in enabling deeper

understanding of how differently women negotiated their conditions to maintain or lose wellness.

Returning to the story of Noorjahan's brothel and Fadila's escape from it, I would like to consider the connection between her personal traits, her social connections prior to migration and and what had happened. This had been Fadila's second stint abroad:

I went to Dubai the second time that I went *velli natta* because people had been saying that Noorjahan was from the *ur* and she would look after us well. Hah, what a *jahalli* (a person with no morals) she is that woman! I was terrified as soon as I arrived in the small flat where many women were staying. I asked them why they were all there, why weren't they in their employers' house. They gave me a silent look that I will never forget. I knew that something was not right. I forced them to tell me. They had been told not to say what was going on to newcomers like myself. But I kept asking them. They finally told me that I would be taken to a brothel the next day. My first thought was whether I should find some poison to take. Then I remembered my mother, and I got some sense again ...

I knew Noorjahan would have to face the people in the *ur* again. And I knew she could be thrown in jail. And if not, people would burn her land and houses once they found out. I managed to use one of the girl's mobile phones and I called my cousin. I did not know where I was, so I could not tell him. But he said he would call the embassy, because they would have Noorjahan's details. My cousin told me to tell her that my brother worked in the police in Mannar. If my cousin did not see me at the embassy tomorrow, he would somehow find a way to track her down.

I was so scared that night planning my escape and what I was going to say if I could not leave. There was no way of leaving. There was a security guard outside the flat. I tried to ask him our address, but he would not tell me. I could not sleep the whole night. I just prayed.

When Noorjahan arrived the next day, I shouted at her with all my strength. I told her she needed to let me out now, and if she did not, my brother would report her immediately. At first she tried to laugh. But I stood and showed my fists to her. I told her that she would regret it for the rest of her life if she did not let me out, that my brother would round up all his connections in the police and confiscate her land. I shouted so loudly ...

I didn't show her that I was scared to death. I just had to be like a man ...

Finally, she let me out. But I had nothing on me—not a thing, no passport, nothing but the clothes I was wearing. How I did it I don't know. I found a taxi driver on the street, a Pakistani. He took me to the embassy. Allah only knows, Sajida, how I left and got there unharmed.

I wondered if it had been Fadila's 'masculine' attributes of aggression, assertiveness and loudness that enabled her to escape from the brothel. It had only been her second time abroad, but somehow, she had mustered the courage to scare Noorjahan enough to let her leave. I had always been struck by Fadila's stoic nature. When we would hear stories of other returning women who had had

harrowing experiences, most former migrant women would use this as an opportunity to talk extensively about their ordeals once again. But Fadila would respond snappily, “Those women are lazy. They don’t want to work and endure difficulties. How can they expect to go *velli natta* without working hard? Are they *loose* (crazy)?”

6.7. Conclusion

This chapter has considered the stories of four women with contrasting experiences of Noorjahan’s brothel in Dubai—one who endured three difficult years there and later died after having contracted HIV, a second who experienced the brothel second-hand through her dying friend’s re-telling of her tale, a third who managed to escape before needing to be forced into sex work, and a fourth who had spent a few months forced into prostitution, but who has since managed to recover and to continue her migratory aspirations. I contrast their stories with that of the woman, Noorjahan, who had facilitated the movement of these women to the brothel, and of Jansila, who migrates with the help of a less exploitative *sub aala*. All five women were from the same *ur*, and while they had different migration trajectories, a common strand runs through their stories: they all had at least enough faith or confidence in those encouraging or facilitating their migration to take the first step to migrate. These women’s intersubjective engagements with agents and brokers—through senses of faith, confidence and expectation—play an important role in their construction of wellness. Their engagements imbricate the wider social imaginary surrounding *velli naaTa* women in Kalpitiya.

Certain capacities of the migrant self are cultivated through transnational mobility, and among those is the capacity to sense how to respond to the agents, brokers and patrons who facilitate migration for women to work and industries to profit. Faith in Allah and the felt sense that women have been “given” a “chance” to migrate propels women to have certain expectations of the *teranja aala* who are involved in brokering their movement. These embodied capacities magnify the moral contradictions of experience. Women undergo uncertainty and resolve, tension and equanimity, sadness and joy, and physical disease and *suham*. As with any other ‘group’ of persons, these women express a commitment to embracing

change through their embodied action: through their emotions, ideas, aspirations and sometimes even, their vision for the transformation of their *urs*. As women questioned whether their opportunities to migrate were a boon from Allah or a curse to avoid, the decision-making involved in entering into and exiting migratory scenarios was a cause for existential reflection as much as a matter of biological urgency.

The social relations surrounding women's trajectories of mobility involved four main groups of actors in the *ur*: the friends and companions of migrant women who constructed intimate bonds with them; the family members of migrants who played a role in encouraging their migration; the *sub aala* and *terenja aala* who facilitated their movement towards specific jobs; and migrants' employers in the Arab-Gulf. These relationships sparked different intersubjective senses among women that were grounded grounded in both the material and immaterial. Friends and companions such as Zahira were often the most intimate with their migrant women and instilled loyalty and empathy within relations, and in some cases as with Jansila, were more trusted than close kin whom women could implicitly trust, but not always. Madams and employers tended to occupy a distant and unfeeling position. Sub-agents and patrons like Noorjahan and Aadil were positioned on the border of the relationships between migrants' kin and employers in both belonging to the *ur* while trespassing its conventions. Kin, on the other hand, are implicitly trusted but not always.

These intersubjective dimensions are explicitly linked to what it means to be well as migrants moving between Kalpitiya and the Arab Gulf. Having faith, confidence and expectation in social or spiritual others were related to my informants' aspirations for wellness and the hope that things could be better. Such engagements construct migrant women's health in crucial ways. It forms the basis of feelings of relatedness and being understood by others, and affects their capacity to experience contentment and to care for themselves. The stories of spirits and ghosts are a crucial manifestation of women's affective, mental and affective state as the memories, uncertainties and pain of migratory and other experiences are held in these stories. They demonstrate the lived connections that

exist for migrant women between past and present, dead and living, 'imaginary' and 'real', and *barzakh* (transitory realm of spirits) and *dunya* (the material world).

The expectations that migrants have of the institutions of recruitment and 'trafficking' and consequences of plans not following a social code can also be read within these stories. Women's affective and physical dependence on relations with agents and patrons makes them vulnerable, and agents mobilise moral ideas of their inherent 'rightness' to obscure the more exploitative nature of these relations. On the one hand, women's vulnerability is expressed detrimentally through health conditions. On the other, women manoeuvre these institutions to get what they want from them. When migrants and their kin place their faith or trust in sub-agents, they have a sense that the agent should place them with "good work" in a "good house", not one where they cannot sleep, and not in a brothel. Consequently, women are able to assert a sense of moral authority and claim within these intersubjective spaces, as Jansila demonstrates in her refusal to accept her employer's daughter abusing her, and Fadila asserts with her masculine acting up to demand her release from the brothel. That said, it is when there is a breakdown of trust, faith and confidence that women and their kin need to make sense of what transpired. What is highlighted within these instances is moral self and the need to re-shape it to make sense of change, as these are senses that shift dynamically in response to breakdowns. Women must deal with the pervasive effects that incurred in their wellness and health by making meaning of their unmet expectations and broken destiny through modifications of ideas of self so that their universe could cohere. Women themselves are playing a role in defining these institutions, even if their needs are only being met partially or not at all. They manoeuvre expectation and faith in an agentive way to make certain that things will happen.

The characters of this chapter emphasize that women were not merely passive recipients of advice. Indeed they were vulnerable, yet they did make decisions on how best to go about their lives. They faced material constraints, but they also knew how to manoeuvre their circumstances to receive greater support and empathy. While most people who feel they wield power over migrant women

would tend to believe that women are malleable and predisposed to being easily, and 'wrongly', influenced by others, these narratives indicate otherwise.

Confidence, faith and expectation were further mediated by materialities and economic dependencies through transactions that were financial as well as value-based. While the level of confidence that migrant women had upon their agent was unclear, women like Jansila conveyed that they *needed to trust* in order to be able to migrate, and that it was also considered bad faith to not trust a "known person" with whom one had neighbourly ties. Furthermore, as relations with agents make or break their migration, it was important for women to be able to influence them so that they can move closer to their aspirations. These agents provide them with a means to expand their social networks and economic capital.

Chapter Seven: “Coming Out” of Houses to Preserve Suham (Wellness)

7.1. Introduction

In the first eight days of March 2011, five to seven thousand ‘runaway’ domestic workers had presented themselves to the Sri Lankan labour attaché in Kuwait to arrange for their clearance to leave, during an amnesty period initiated by the Kuwaiti ministry of interior.⁷⁹ While many women seek refuge at the embassy directly from employers’ homes, these particular women had been living unauthorized for several months to years. The phenomenon of the ‘runaway maid’ has been publicized by the media and NGOs as indicators of their ‘systematic exploitation’ and the pitfalls of the *kafala* system. At the same time, it intersects with commentaries in migrants’ *urs* of origin that view the woman who “jumps” as morally debased for supposedly seeking greater social and sexual autonomy.

These depictions contrast domestic workers’ own articulations of “coming out” and “being outside”, which centre on aspirations for a “good working life” (*oru nalladha valkay*), *suham* and contentment. Their expressions highlight the centrality of health in this process, as it is often the ailments and tensions experienced in the body from everyday household work that lead them to “come out” despite their efforts to adapt gendered bodily comportment (*nathamurai*) and tolerate. In being propelled to leave and search for less arduous work outside, skirting the legal requirements of the *kafala* system in doing so, migrant women asserted a biological need to care for their health and access sufficient treatment, food or rest—concerns of physical survival. They sought to affirm their moral worth and make claims that were ethical-moral as well as biological.

Migrant women’s expression of their new-found bodily autonomy point to unauthorized living as a space of confluence between embodied moral self-care and the material and immaterial labour entailed by domestic work, as well as between the making of biological and political claims as non-citizens and the

⁷⁹ This information was obtained from an interview with the head of the Sri Lankan Labour Attache in Kuwait, March 2011.

subordinated position of transnational, low-wage female migration. These experiences suggest a need for a shift in analytic focus towards women's physical survival, moral experience and political actions, all of which are integrally connected.

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One wintry afternoon in 2011, I made my way cautiously up to the flat that Naziha shared with her sister, circling lines of hanging laundry and the courtyard that centred the rundown block of flats. I averted my gaze from the curious looks and hissing sounds emanating from some of the male neighbours. Soon, I was pleasantly greeted by a room filled with animated Tamil conversation and the smell of dried red chillies and coconut milk. It was my third visit with Naziha, and she had arranged for me to meet her close circle of kin and friends over Friday lunch. "You must be so bored listening to all my problems Sajida," she had said. "Come meet my family. See how we do things here on Fridays. It's just like in the *ur*." We sat comfortably among each other that day, Naziha's sister, daughter and their three male friends. Despite having just met, we talked and joked easily as they took turns sharing aspects of their lives in Kuwait and teased one another over whose problems were worse. Later when we were alone, Naziha reflects on the conversations of the morning:

You know Sajida, I've constantly asked myself why I am still here, living/being like this. My daughter tells me to go back to Sri Lanka to get an X-ray and rest. But for my mouth to receive, my hands need to earn! If I can't work and sleep, who would look after me? What would happen to my family? ... When we first started talking, I thought, why is it so important to keep wondering why I came out? Isn't it enough to write down in your book the problems I've had with these Kuwaitis and thug (*kallan*) agents? They are the ones that need to change. But now I am realizing that, you know [she pauses and sighs], there *is* a purpose (*kaaranam*) for me to be here. I had lost my suham. I have gone through many difficulties. But I have also gained. *Here* is where I need to be. *I* don't have the desire to be in Sri Lanka now [emphases hers] ...

Naziha's statement encouraged me to explore the central issue of this chapter. Having spent almost two years talking to Sri Lankan migrant women about the ways in which they managed their health and sought *suham*, I had heard Naziha and others share the many complexities surrounding their everyday concerns of where and how they could best work, live and survive so that they could care for themselves and their closest kin. I came to recognize that while material and physical dimensions dominated these discussions, these in themselves did not

preoccupy women as much as what they meant to women, and how they played a role in women's evaluations of themselves, of where they wanted to be, and of their desires for better lives. This chapter explores migrant women's aspirations for what they called "a good/better working life" (*oru nalladha valkay*) during their re-occurring yet temporary stays in the Arab Gulf. It focuses on women's varied articulations of how they went about locating themselves—a process they discussed in their own terms of "being inside houses" (*vittale irakakam poda*), "coming out" (*velile varam poda*) and "being outside" (*vellile irakkam poda*). Though many would describe this progression in terms of migration trajectory and through concepts of 'live-in domestic work', 'running away' and 'living unauthorized', for the women involved, it was not simply a strategic process that revolved around work and labour regimes. It was a process centred on how migrant women existed amid the very physical realities of the body and health—realities that were often imbued with affective, moral and political meanings.

As I began my conversations in Kuwait with low-wage migrant women who had ended up living unauthorized, it was easy to initially overlook these embodied meanings, as issues of physical and economic survival loomed much larger. After some time, I became slightly jaded from their constant talk of good and bad employers, "thug (*kallan*) agents", and everyday work issues. I kept my eyes open for some other 'dramatic event' that could explain what had propelled them to live unauthorized, in contrast to most of my other informants who seemed to have largely accepted to continue living within conditions that found challenging, both socio-culturally and in terms of workload. I also wondered why these women had chosen to "come out" rather than having returned home or sought refuge at the embassy. Had they fallen in love perhaps? Had they been seriously abused by an employer or cheated by an agent? Or had they found more lucrative work through recruitment agents or brothel owners? In the process of doing this, I had overlooked the everyday mundane concerns of migrant women, who were accustoming themselves to "being outside": to moving about the city to get to work, seeking help from friends, finding work, sending money home, and paying their debts and rent, among many others. While 'dramatic events' were often

present in their narratives, women largely emphasized more ordinary issues that I soon came to understand were infused with hidden moral meanings.

These women neither stressed their criticisms of the *kafala* (sponsorship) system that recruited and maintained them, nor their desires for greater social freedom or decadent living—concerns of *why* they ran away that arose from explanations provided by NGOs, media and embassies in Kuwait and families back home. Instead, they wanted to explain *what* had preceded their coming out, *what* their coming out and being outside involved, and *how* they negotiated these transitions not only within relationships with different households and kin, but as part of certain embodied states—physical, mental and affective capabilities and ways of comporting their bodies. They explained how their health had eroded as they had struggled to meet the daily physical demands of live-in domestic labour while synchronising their bodily rhythms to the social expectations of their hosts. They raised the ambivalences that arose as contentment (*nimadhi*) escaped them, and they re-made meaning out of their hopes for change and need to carve spaces of belonging in Kuwait.

While previous chapters focused on how returnee migrant women reshaped health, *suham*, self and “being good” while they were in transition between living as a domestic worker in the Arab Gulf and being back in their *urs*, this chapter describes how these reshapings are different among women who come out of Arab Gulf households and seek spaces to live unauthorized. In extending my exploration to those who deliberately enter unauthorized conditions, my intention is not to bring attention to the legal, juridical and socio-political implications of unauthorized living, despite their undeniable importance. Rather, I attempt to underscore the articulated nuances within women’s ways of seeking better lives and work and of caring for themselves in the process of coming out. In variation to the central characters of previous chapters, who explained how they managed to “tolerate” discomfort and still craft ways to be amid them, the experiences described in this chapter indicate that migrant women *do* have an awareness of their physical limitations and they *are* prepared to take more decisive action in search of better working lives. Significantly, these women assert a biological claim to safeguard the body in ways that women who continue to live-in and “tolerate”

more do not. Their action resulted in their loss of *kafeel*—if they still had one—along with a sense of determination and imperative to defy convention. In speaking out against being “sold like cows”, they did recognize that a trade in their labour and bodies was occurring. Coming out was not only a physical and practical undertaking, predicated on exhaustion or ill health and the knowledge of ‘how to’, but it also concerned polity, suggesting that the lives of migrant women who come out are enmeshed in the ‘politics of life’ (Fassin 2010).

That said, women often emphasized everyday survival in the process of becoming and living unauthorized rather than their actions as overtly political. They were more concerned with manoeuvring restrictions, finding better employers, and hoping that their recruitment agents would be concerned about their welfare. Their explanations illustrate, therefore, how the disciplining of women’s bodies in the process of coming out were not radical reshapings of what they had experienced in being inside houses or back in the *ur*. Like women who remained inside, women who came out had also been taught to tolerate and endure. They had come to the decision to come out through a gradual process of questioning the limits of their self-tolerance and by reworking their ideas of what a more optimal working life entailed. They demonstrated the imperative to live their lives better not only through moral reasoning and the reshaping of ideas of self and belonging, but also through conscious actions to change their physical, social and legal location in Kuwait. These descriptions of how they learned to take charge of their physical and social lives and carve spaces to exist defy the more clear-cut formulations of NGOs, media and embassies of “migrants’ exploitation” and the need to abolish the *kafala* system.

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This chapter is structured in five main sections. The first section (7.2.) describes how migrant women’s aspirations for work in “a good house” were linked to women’s comportment of themselves within employers’ households in relation to ideas of tolerance and knowledge of the *kafala* system. The next section (7.3) continues with Naziha’s story, by describing her first experience of “coming out” in Saudi Arabia as a process of engagement with her health. I then go on in section (7.4) to discuss Naziha’s and other women’s experiences of being sold within the

illicit economy of *kafeel* trading in Kuwait. Section (7.5.) describes how migrant women went about coming out of Kuwaiti households to live and work unauthorized, and how issues of gendered *nathamurai* (bodily comportment) and *wasta* (social ties) permeated their movements and behaviour. In the last section (7.6.), I bring together the chapter's findings through Naziha's final thoughts, wherein she reflects on her life: in poverty, inside houses, and outside.

7.2. Aspirations for work in a “good house” and efforts to attain them

My informants described how “coming out” emerged from a gradual process involving the erosion of their efforts to make things work within houses. I found that their articulations of a “need to tolerate” (*thaanganu*) embed their aspirations for a better working life, and hence, I present their ideas of tolerating. The following two sections explain how my informants sought work in a “good house” (*nalla vida*) through a process of honing certain abilities: the (re-)shaping of bodily comportment (*nathamurai*) in compliance with gendered expectations; and the negotiation of understandings of the common practices surrounding their sponsorship and recruitment. The following descriptions are largely based on those of my informants who continued to live in, and they will be subsequently contrasted with those of women who came out.

7.2.1. “We need to tolerate”: Negotiating better live-in conditions through *nathamurai* (bodily comportment)

I initially had thought that women who had experienced a “good house” to work in in the past, including those who had developed closer affective ties with employers, would subsequently have the ability to leave problematic workplaces more easily. I supposed that they would know the difference between a ‘better’ and ‘worse’ place of work and life, and that hence, they would be less inclined towards the “need to tolerate”. While this was partly the case, by and large, most returnee women whom I got to know discussed a “need to tolerate” even if they had undergone positive past experiences. These included women who had: undergone several cycles of migration (such as Kareema in Chapter Four); experienced being in households in which they had become close to kin members; and/or made the transition of living and working in the supposedly ‘better’ conditions of Lebanon,

in contrast to those in the Arab Gulf. Rather than being primarily motivated by such experiences, I found that women's decisions to either tolerate or leave live-in work was more notably influenced by their marital status and the ways in which they and their kin were dependent upon their remittances.⁸⁰ While it was possible to note certain patterns, I was lead by my informants to focus on their experience of tolerating or not tolerating, rather than on the "factors" that influenced their abilities to tolerate.

But as I began discussing these issues with my informants, another set of questions grew to vex me: What did women feel was an acceptable level of work to tolerate? How much did they feel was in their control? When I asked such questions, I had felt many of my informants evading my questions. Or, I had received confused looks. But then I met Tanuja, a 47-year old Sinhala woman from Kurunegala who had migrated six times to West Asia over 25 years. Tanuja had helped me to flag how my own preconceived assumptions had been preventing me from grasping the meaning behind my informants' responses. When I asked her these questions, she responded by throwing me a sharp, disapproving look, stating:

We are going there to work aren't we? What do *you* think Sajida? [she asked me with great annoyance] We *need* to tolerate . . . We need to understand that we cannot talk to the husbands. The wife is not accepting housemaids to talk to them, so we shouldn't. If we even look at him, there will be trouble. Sometimes she might not scold you, but she will shout at you for something else . . . We need to understand what makes the wife angry and adapt ourselves. If we know how to do this, they will have respect. If we find a way to respect each other, we can work in their home for longer [emphases hers].

Tanuja's response here highlights how my question of 'how much to tolerate' was also irrelevant, while that of 'how to make things work' seemed to be crucial. Her response also sits the issue of everyday gendered relations in Arab Gulf households squarely within migrant women's articulations of tolerating and trying to make things work.

Tanuja's sentiments were similarly echoed by many of my other informants, such as Kareema of Chapter Four, who had described her need to comply as "following

⁸⁰ Women who were their household's primary earner, and/or they were single women trying to save for their dowries, tended to stress more strongly a need to tolerate. In contrast, those who were the second or third earners of their households, and/or they were already married, opted out of difficult conditions more easily. Hence, women's moral obligations to earn depended on these factors as they influenced how their kin judged them for leaving households.

madam's way", and also by those who were more politically conscious. Wickaramaaraychya was a 'community mobilizer' linked to the migrant-advocacy organization the Migrant Services Centre in Colombo. She had been trained to help set up returnee migrants' associations in the remote, rural parts of Kurunegala, after having been abroad for nine years in Saudi Arabia, Kuwait and Qatar. She explained:

If we are good, everyone is good. When we go to a house we have to build up a relationship with the madam, not the master. When madam gets tough, we need to respond with a smile. If we respond with anger, the consequences will be bad. If we behave humbly, they treat us kindly.

Savithri and Tanuja were both older and more experienced Sinhala women. Although they were married and would have faced slightly less moral criticism, than if they had been single, had they decided to leave their houses of placement, they both described their tremendous sense of responsibility in being their kin's primary earners. As such, it is important to understand their mature insights on what they felt was required gendered behaviour within Arab Gulf households in the context of the role they held within their own kin back home. Both women also happened to describe themselves as devout Buddhists, explaining how the precept of *karma* convinced them that being "good" to their employers could only help them positively in their relationship with them.

The perspectives of these two women, however, contrasted those of certain younger Sinhala informants of mine who had managed to be more entrepreneurial in their aspirations for better work. Mary, a Sinhala Christian from Kurunegala in her late twenties, had established herself within households of more varied socio-religious background and with work that was better paid. She was a second-time returnee from Beirut who had managed to shift from live-in work during her first stint to live-out work in her second migration. She had developed an extensive clientele that had included both Maronite Christian and Muslim households, and hence, she had chosen the kinds of households that she had wanted to work for, earning up to \$130 per week, a far cry from the Kuwaiti live-in wage of \$140 (KD40) to \$180 (KD50) per month. She explained:

I didn't like working in Muslim peoples' houses. There's too much work, too many children and wives. I got very confused whose rules to follow! Every wife has different ideas of how I should behave. And then I become part of their fights with each other, because I didn't wear my hijab this way, but that way. I didn't do this, but that. I want to just do my work in peace! . . . I dislike covering myself. It's very bothersome.

Manel came to the decision to not tolerate live-in work and to establish herself with lucrative work outside was a decision that diverged significantly from most of my other informants. Yet what she shared in common with women who continued living in was her engagement with gendered household relations, which had influenced the limits of her tolerance and point to the role of cultural (mis)understanding and dislocation within women's efforts to find work in good houses. Almost all my informants, regardless of religious background, had discussed this.

While Mary underlined Islamic kin arrangements and norms of behaving and dressing as problematic, many Muslim Sri Lankan women had expressed to me a sense of ease in living inside Islamic-Arab-Gulf households, even though these experiences defy easy formulation. Among my informants and their *urs* of origin in Sri Lanka, an imagined shared identity and form of connectedness was popularly described towards Arab-Gulf culture through Islam. This sense was particularly strong towards Saudi Arabians who were seen as more virtuous in being the custodians of the *Ka'aba* and adhering more strictly to *sharia'*. It was an appreciation that sanctioned Muslim women's migration to occur in the first place. Most male relatives of my Muslim informants felt that Saudi Arabia was the best place for a women to migrate to, as Aziz, the husband of Zahira (of Chapters Two, Five and Six):

Saudi is the only place that I would allow Zahira to go to. All others, especially Dubai and Lebanon, are places of *anaachcharam* [moral decadence/lawlessness]. At least in Saudi, I can be sure that Zahira is respected through Islam. She has to follow Islamic *murai* [behaviour], or else she will be in trouble.

Despite the relatively higher volume of complaints that emerged from those returning from Saudi Arabia, Aziz's sentiments were widely shared by most men in the *ur*, and also by women who had not previously migrated.

Some of my informants who were Saudi returnees did echo such Muslim male sentiments, such as Rasheeda—my oldest and most respected informant who had

been the first woman in the *ur* to wear *abaya* after her first return from Saudi Arabia in the early 1980s. She explained:

Ofcourse we have to cover and behave with respect there. We simply need to behave as we do here in the *ur*. But there, we need to take greater care . . . The Saudis have good *adab* [manners related to Islamic norms]. There are many things we need to learn from them. I learnt respect (*mariaDa*). I was the first woman in the *ur* to wear *abaya*. After me, other women followed . . . If we cover like this, we have protection. We don't need to feel shame, and we can move about the house freely while we do our work, even if the men are around. I did not bother myself too much worrying about men's gaze and women's *drishti* [evil eye].

Rajeena's comment and experience not only reinforces an underlying sentiment in the *ur* regarding Saudi Arabia and the ultimate importance of women adhering to Islamic *murai* (behaviour), but it also raises the more specific and practical aspects of dress code within *nathamurai* and how it is experienced differently among Muslim women. In contrast to non-Muslim women, low-wage, rural Muslim women in Sri Lanka had already been accustomed to obeying certain codes in their *urs* that were also practiced in the Arab-Gulf, although their opinions of these varied greatly. That said, most of my Muslim women informants expressed opinions towards Saudi employers based on personal daily conduct towards them, rather than on issues of religion and nationality by themselves.⁸¹

While on the whole, Muslim women discussed Islamic norms of bodily behaviour as somewhat familiar, many were bothered by the strict requirements to cover and adhere to codes of behaviour. As Jansila (of Chapter Five and Six), explained some of these nuances after having been abroad to Saudi Arabia and Kuwait three times:

When we have to cover in our homes here in the *ur* while doing housework, it's not so bad. We just wear a shawl [a large scarf], and most of the time, it doesn't need to cover our head because only our brothers and fathers are around. We only pull the shawl over our head when 'outside men' enter . . . We have to pin a hijab and wear *abaya* when we go out into town. *There* [her emphasis] it's a right pain (*seariyaana karachchal*). We have to wear a tight cap underneath, then pin the hijab so tightly, so that here [she indicates to her neck] it pokes and there [at her chest] it pokes too. Our uniforms are long and uncomfortable. From the time we get dressed, till we sleep, we have to be like that. It's so hard to work like that, especially in the summer when it is hot . . . We have to keep look around to see where the men of the house are. As soon as they are around, we have to change/adapt what we do.

⁸¹ Most of my informants who had expressed having 'good employers' referred to older women who were often the mother of an employer. Saudi returnees expressed sentiments of their employers ranging from, "She was like my mother, so caring, with a heart of gold. She would take me regularly on '*umrah*'⁸¹ because she knew how much it meant to me . . ."; to "Those madams there [referring to Saudi Arabia], they don't talk to you, they bark at you like you were a dog!"

However, Jansila later modified her views when we met in Kuwait. At the time of this following comment, she had been working in a house where the 24-year old son had been caught sleeping with a previous Filipina domestic worker. Because of this, the young man's sister had developed a 'mental problem'. She would turn into a 'mad woman' (*paythiyyam*) at times and lash out at Jansila in fits of anger especially when Jansila lapsed in her dress or behaviour. Jansila explained how her new conditions affected her views on dress and tolerance:

It's better for me to be covered like this when we know such a man and girl are around. I'm scared to even be in the same room with him, even if madam or she is there. I feel safer under all these layers . . . And oh Allah! How that girl glares at me! I'm not sure if I feel worse being around her or him. The other day, a strand of my hair had come out onto my face. You should have seen how she started yelling and hitting me, calling me a prostitute!

After two months in this household, Jansila ended up hitting the daughter back one day. She expressed that she could not take the abuse from the girl anymore, and she had also been worried that the son would one day "do something bad" to her. Yet because Jansila had refused to accept the young madam's violence, the situation had escalated to such a scale that the family was forced to allow her to leave. Luckily for her, they transferred her sponsorship to a new employer and household where she ended up being much happier.

Another young Muslim woman who had struggled with issues of *nathamurai* was Farzana, the daughter of this chapter's central interlocutor, Naziha. As Farzana's madam had been worried that she would seduce her husband and "go off with him", she had not allowed her to remain alone at home with him while she was at work during the day. Farzana had to drive to work with her madam every day, and then sit alone in the car with the family's Indian driver for seven hours. Upon returning home, she had to work frantically to complete her work. She retorted:

What wrongdoing/injustice (*anniyayam*) that was! It's not like she reduced the amount of work I had to do after forcing me to do nothing in a car for the whole day. I refused to put up with it! I came out.

In considering Jansila and Farzana's stories, it must be said that both these young women were not their close kin's primary breadwinners, and hence, the moral implications of their earnings was possibly different to those of women who

discussed their shouldering of greater financial and emotional burden. As these bits of information are often not specifically mentioned by my interlocutors within their narratives of tolerating/coming out, I insert them here so that we can consider the broader range of complex everyday issues that influence the limits of their tolerance.

These short extracts demonstrate the complexity of migrant women's "need to tolerate" amid Arab-Gulf-Islamic gendered *nathamurai* and how this plays a role in some women's decisions to leave particular households. Rather than to assess whether women found rules of *murai* 'good' or 'bad', their stories help to explain the ways in which they negotiated their migratory lives and made sense of being within households for socially reproductive work. They convey the ways in which some women used restraining rules of gendered bodily comportment in the Arab Gulf to enable their migration to the region and move closer towards their aspirations for change. Re-shapings of self were often embedded in the "need to tolerate" and the harmonization of bodily conduct with the social expectations that surrounded them—a practice that had begun in the ur. Their need to tolerate was reinforced not only by domestic workers' employers, recruitment agents and Sri Lankan state officials, but also by their kin back home. While some feminist scholars may view these efforts to tolerate as a passive erosion of agency, among my informants, these efforts were presented as forms of survival that preceded deliberations on whether to remain in or leave a household. The significant amount of attention placed upon these women's *nathamurai* highlights not only the constraints that they needed to contend with, but also the relative political power they held as non-attached, mobile women who were often perceived as threats by female employers.

7.2.2. Understanding the *kafala* and common recruitment practice

Different kinds of embodied knowledge helped migrant women to decide whether or not to leave a household, and among these was the understanding of the *kafala* system and common recruitment practice. Yet women who knew how their recruitment basically occurred discussed their efforts to leave or to tolerate more readily. Some described how they chose to leave workplaces, as they knew that they could seek better conditions elsewhere. Others ended up negotiating their

position within their given households more assiduously in their attempt to create a situation that was acceptable. These women understood more clearly how limiting their alternative options were.

Tanuja was one of these latter women. She explains:

We need to decide whether we would like to tolerate or not. Within the first three months, we can do this. After that, the visa is permanent. Some women who are more confident say that it is best to leave within the first 12 days. But most never think of leaving, even within three months.

Tanuja refers here to a stipulation within the employment contract for domestic workers in GCC countries stating that within the first three months of placement, both the employer and employee can choose to terminate the agreement, though in practice, the clause tends to favour employers. Should an employer and his/her family be unsatisfied with a domestic worker, he/she can cancel their *kafala*, request back their advance deposit of up to US\$2,000 from the recruitment agent, and/or demand another worker.⁸² However, should the domestic worker be unhappy with her *kafeel* and/or her conditions of work, she can only leave her employer legally if he/she agrees to cancel or transfer their *kafala*. Consequently, it is possible for domestic workers to change households and still remain within the *kafala*. However as Tanuja implies, the problem does not depend only the *kafeel's* acceptance, but on women not having the confidence and/or inclination to leave. Savithri was another older woman who had never decided to leave a workplace, despite having migrated more than five times. She explains:

During the first three months, there is a probation. We can go to the agency for problems. After that, if we have problems and we decide to leave, most women are sold to new houses for KD500 to 600. The agent benefits. But the woman, she may be lucky to get a nice new *kafeel*, but she may end up much worse off. And then she will be illegal.

As can be seen from both my informants here, domestic workers' dependence on paid work creates their very bio-availability, which may or may not end up benefitting them, but it enables the profitable trade of their sponsorship and labour. Most often, *kafeels* agree to cancel their *kafala* only if the recruitment agent returns either the full deposit amount or an amount that is agreeable to them. And agents are only willing to re-pay money if they have another prospective employer

⁸² As it takes ten to twelve months for securement fees (of \$1,500 to \$2,000) paid by employers to be re-paid through domestic workers' labour, and agents are not contractually obliged to replace workers after three months, employers widely practice testing their worker to their limits in the first three months of a contract to ensure that they have a hard worker.

urgently requiring a worker, who was offering a high fee that would generate an overall profit for the agent. A critic within the Sri Lankan labour attaché in Kuwait explained:

The faster a domestic worker with a valid *kafeel* is available to begin work, the higher her market value is. *Kafeel* trading is successful because recruitment agents can always profit. The agent receives higher and higher bids for a domestic worker who is ready to begin work within fewer days. She is 'hot on the market'.

While it is largely accepted that domestic workers are tested during their first three months on a new contract, I found the practice of domestic workers testing their employers far less common. This was something that Tanuja became aware of after her decade-long experience in migrating to the Gulf, yet she herself had never ended up choosing to work unauthorized. She described how she had experienced fulfilling working relationships in her past migrations, and even when she had been in more "difficult" homes, she stressed that "one needs to tolerate", and she described how she always managed to manoeuvre conditions to her liking. But in her last migration to Kuwait, she came down with a hernia that had disabled her from working. It was only after this that she began to question her "need to tolerate".

Unlike some of the women discussed in previous chapters (Kareema, Zahira, Amina, Yasmin) who did not have a basic understanding of recruitment practice and the option of leaving a household, Tanuja and Savithri did comprehend these issues. However, both women still chose to remain with difficult employers on different occasions despite their knowledge. Their experiences, though presented as mere fragments here, contrast the views of NGOs and Sri Lankan state officials who commonly convey that women do not end up leaving abusive conditions because they do not know how to. Despite being holders of a particular kind of knowledge, what women like Tanuja and Savithri actually did with such knowledge was not necessarily linked to a clear-cut strategy that placed the attainment of "a good house", or escape from 'exploitation', as their ultimate goals. Rather, these women used their knowledge to manoeuvre conditions within given households and to make meaning out of their experiences.

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The ethnographic examples provided in this section demonstrate that whether or not Sri Lankan migrant women had embodied knowledge of what was ‘acceptable’ gendered *nathamurai* within employers’ homes, or understanding of the recruitment and sponsorship system, most tried to make things work living and working within households. While older women, like Tanuja, Savithri and Rajeena, embraced the “need to tolerate” more strongly, younger women like Mary, Jansila and Farzana appeared less compliant and more willing to take risks, even if they did accept tolerance as a basic perquisite of migrant domestic work. The examples suggest, as such, that age and maturity may play a greater role in influencing tolerance levels than place of origin in Sri Lanka or religion, as these were Muslim, Sinhala Buddhist and Christian women from across the country. Their articulations of aspiring for a better working life point to the limitation of understandings of agency within domestic workers’ daily lives. According to some existing analyses, whether or not domestic workers end up with fair conditions of work depends predominantly upon an individual’s luck (Frantz 2008). My informants conveyed, however, that being able to work in a “good house” was very much linked to their own abilities to influence their conditions of work and life—in other words, it was something that was not *given*, but *attained*. At the same time, they explained the limitations of their efforts, which were often resisted by the constrained conditions surrounding them. These examples provide a context for my subsequent, in-depth exploration of an informant whom I met and became close to in Kuwait—Naziha, a woman who had come out to live unauthorized.



Figure 19 – Dressing up to go out, Abbasiyya, Kuwait

7.3. Health as a Catalyst to Desire Better and “Come Out” - *Naziha*

Naziha and I had first met one wintery morning, outside the Sri Lankan embassy in Kuwait, amid a crowd of disparate Sri Lankans. They had been huddled in their own groups around thermoses of tea, as an enterprising woman wove through selling hot samoosas and fried ‘rolls’. Upon my arrival in Kuwait the previous week, I had learnt that the Kuwaiti government had announced a one-month amnesty for all unauthorized migrants living in the Emirate. Around 100 Sri Lankans had been appearing every morning to process their papers, and so I knew that it was an opportune moment for me to meet new informants. An official from inside the embassy had cautioned me, however: “All of them will just lie to you. You won’t get any credible information.” Used to hearing such reproving remarks from Sri Lankan officials, many of who were wary of the extensive complaints of their citizens abroad, I went about my work that morning unperturbed. My driver cum research assistant, Farook, had quickly worked through the crowd and identified at least a dozen women for me to speak to. Naziha was among them.

Standing next to her sister that morning, Naziha had thrown me a friendly grin immediately, somehow sensing that I felt slightly misplaced in the crowd and cold in my thin, black abaya. Unlike many of the other women who had peered inquisitively at me and remained more reticent, Naziha had quickly warmed to me. As soon as she told me that she was from Beruwala in the Western Province, I mentioned that I had spent my last Eid there with friends of mine, visiting Sri Lanka’s oldest mosque and a famous Sufi shrine. Excited to speak about her hometown, she had suggested, “Why don’t you come and visit me at home one evening? Only my sister stays with me. It’s cold here.”

During my first visit to her tiny flat in the working class im/migrant neighbourhood of Abbasiyya, it did not take long for Naziha to launch into her story. She took her time to share the basic details of her family and life history, and she had been keen to explain how she had ended up where she was. She had first decided to migrate in her mid-20s to support her three daughters and son. She described her husband as being “no good (*sariyale*)”, explaining how he used to get drunk and beat her violently, while never really earning or providing for the house.

His uselessness had driven Naziha to migrate: first to the U.A.E. for nine months, then to Kuwait for two years, and finally to Saudi for a year. With her first savings, she had built her own home and set up two small businesses, a ‘hotel’ [restaurant] and a kaDay [small shop in her home]. But a year after feeling that her life had finally been settled, the tsunami had struck, taking away everything that she had owned. Distraught and with her “head gone funny”, she had decided to migrate again to Saudi Arabia in December 2005, straight from the displacement camp where she and her family had been placed for a year.

The following ethnography is centred on Naziha’s narrative of her two most recent migratory experiences: her nine months in Saudi Arabia following her displacement after the tsunami; and her current time in Kuwait that had lasted two and a half years at the time of our meeting. She had recounted these experiences over a course of four visits to her flat, explaining how she “came out (*velile vanditen*)” of her kafeel’s house—first in Saudi and subsequently in Kuwait—because of severe abdominal pain and excessive work, which eventually led her to live unauthorized in Kuwait.

7.3.1. “Coming Out” for the First Time

I introduce Naziha’s narrative as she discusses her last stint in Saudi Arabia—the place where she had first begun to have debilitating pain, and the first household that she had come out of.

In Saudi, the house was difficult, nothing to eat or drink. I had no money to buy clothes, so everyday I’d have to wash my one set of clothes for the next day. I couldn’t afford to get a phone. I could not send letters home. My children could not contact me. The hardest thing was that I had pain. I could not eat, and I could not work. So I asked Madam to leave me at the agency, but she refused. So because of *that* I came out [emphasis hers]. *{Could you explain in more detail, what happened? What made the house so hard to be in?}* ... I began to have abdominal pain, but madam refused to purchase medicine and give it to me. Because of that, now I have ‘caught’ abdominal/stomach pain. I’ve had an ‘operation’ [a caesarean section] before. I would try to explain to her, “I had an ‘operation’ didn’t I when I gave birth to my son? When I had that ‘operation’, that pain I’ve taken. I need to be careful.” *{When was the very first time you had the pain after the ‘operation’? Have you had pain all the time since the ‘operation’, or did it start again only in Saudi?}* After going *there* [emphasis hers]. I constantly would go up [stairs], then come back down.

For seven days I had to force myself not to eat in that house, yes seven days! [She says this waving her pointed finger as her gentle expression suddenly turns angry.] I would just drink and drink water. My stomach would start hurting. I’d go lie down in my room if I could. *{Do you think that pain came because you were not eating enough?}* No, not because of hunger! The stomach pain would come, and I would not be able to eat ...

My hunger would go as soon as I had the pain. {*What kind of pain was it?*} It just would hurt (*vallikada*). It wouldn't burn, the whole area of my stomach [she embraces her abdomen] would just hurt. If I ate, it would hurt more. That's why I stayed without food. But there wasn't even any food to eat in the house ... I stayed upstairs and tried to sleep. I told them to take me to get some medicine. Bawa said, "I don't have time now", this, that excuse. For seven days I lay crying like that in bed. Slowly, I felt my being (*manissu*) going funny.

On the seventh day, when they were still sleeping in the morning, I put my clothes and things in my bag, and I went out, opening the door slowly. I walked around the neighbourhood, I went to a shop and explained, "I want to go to the Embassy. Can you help me? I haven't been able to eat. I want to go back to my country." They only gave me something to eat. So I had to keep walking. And then the police found me and took me to the station. The policeman in the station asked me what the problem was ... I started crying and crying. I said that they [her employers] would always order food from the 'hotel' (restaurant), but they would never give me anything. The policeman called Bawa and asked him why they treated me like that. He really scolded him, "How are you maintaining your family? By extracting work from this woman like this? You better send her back within two days!" Bawa came to the station. He told the police that he would send me back.

But then Bawa took me straight back to the agency. I'm not sure what Bawa told the agent. The agent put me in another room. He came in and started hitting and kicking me. With his shoes on, he flexed his leg like this [she demonstrates] and kicked me so hard, here in my chest [she points]. I was sitting in a chair, he was standing, and he just kicked me like that. I told him "I will not go back to that house. I've had an operation, and I was given too much work. I have pain. I wasn't being given food or medical treatment. And now my health is bad. For me to even work is not possible! I need to go back to the *ur*."

Then he took a broom, and started hitting me in my arms and legs, repeatedly. He hit me so hard in the legs, one of them started to swell ... He wasn't Arab. He was Sri Lankan. Then I looked at him fiercely, "Now you are hitting me here. Sri Lankan are you? And you hit me like this?! Wait till you come back to Sri Lanka!" Then he ordered me to go wash my face, as I was crying. And he told me to go talk to Bawa.

But I didn't wash my face. I went straight to Bawa while I was crying. I said to him, "You're Muslim aren't you? I'm Muslim, and so are you. So why are you doing this to women, this injustice/unfairness (*anniyaayam*)? Is *this* how you treat your own women? You pray don't you? Don't you have any fear?" I said this all to him nicely in Arabic. And only then did he say, "Ok, ok, come, I will send you back." ... He took me to his mother's house. She asked me why I was crying. I explained everything to her. The old lady had a good heart. She told me not to cry, that everything would be OK. She applied Vicks on my legs and rubbed my legs for me. It was Bawa's younger brother who arranged a ticket for me. After a week, he sent me home. Only when I sat on the plane did I begin to feel some *nimadhi* inside my being.

Naziha described her return to Sri Lanka and her relief in leaving quite arduous conditions. During the subsequent four months that she had spent in her home in Beruwala, she had recuperated as best as she could. She goes on to describe how and why she had sought compensation from the SLBFE.

I came back to Sri Lanka limping. I could not walk properly. Like that I had also gone to the agent [in Kuwait], limping. The agent had said to me, "Don't go to the Embassy here. Don't go to the police, or to the hospital. Here's some money, get yourself some medicine. When you go back to Sri Lanka, you go to the 'Embassy' [the SLBFE] there."

Only when I went to the 'Embassy' there [in Sri Lanka] did they give me Rs.14,0000 for my [plane] ticket. I was still limping, but they did not give me anything for the damage in my leg. This place [she pulls her dress up to show me a slightly swollen knee] still hurts and swells almost all the time. Actually, now both my knees swell up off and on. The way that agent hit me with the broom, it has affected my legs like this. But it's the other leg that hurts more now. The doctors in Sri Lanka told me that there was nothing wrong with my leg. But the pain and swelling is always there. *{Did they give you any reason for the pain being there?}* They simply said that the whole area was sprained but there was nothing wrong. I needed to rest and take the medicine they gave me. *{Do you know what medicine it was?}* Something for pain (*vartham*) they said. *{Panadol?}* No, not panadol, something else that I had to take with stomach medicine. I took it for almost four months. I rested a lot. I went to the doctor several times, taking this medicine for my leg and my stomach. They improved a lot ...

{Did you try to explain to the doctor that you were trying to file a claim with the Bureau for your leg pain? He didn't offer to write a report or anything?} No I didn't think of that. The doctor only gave me medicine. He said nothing was really wrong. But the agent in Saudi gave me a receipt to take to the 'Embassy' [SLBFE] in Sri Lanka. *{Do you know what the receipt said?}* I'm not sure—it was in English. They [the agent] had told me not to say anything about being beaten. I was able to get my return ticket cost back. But nothing for the damage to my leg. And I also didn't get back my 150 riyals (US\$40) for my phone that they [her employers] took from me. Or my 50 riyal (US\$13) for my cassette player, and another 300 riyal (US\$80) for three-weeks' salary. The agent had told me not to bother asking them for any of those things. They would not pay me. I asked them at the 'Embassy' [SLBFE] for these things, but I didn't get anything. *{Did you speak to the 'housemaid help counter' at the airport after you landed? Do you know about that service?}* No. [She pauses and remains silent for almost a minute.] Sorry, what counter? *{I explained that it was her 'right'/nashstang to immediately file her claim on landing, listing all her complaints.}* Yes, I my rights (*nashstang*) are there. Money is why I went, so I needed to ask for that money. But I didn't get all of it back. And now, I also have swollen legs.

The way Naziha's demeanour would instantaneously switch from reserved reflection to angry indignation characterised our discussion that day. She had been talking quietly, initially appearing indifferent when I had explained to her that claims to the SLBFE had to be processed in the country of her employment or immediately on arrival in Sri Lanka if they were to be successful. After this, she was silent for a while. Her eyes then widened when I mentioned the word 'rights' (*nashtang*), and she re-iterated that yes, she did feel it was her right to make a claim for the money she had lost. Then unexpectedly, Naziha became sad and tears brimmed her softening eyes. I asked her what was wrong. She replied:

Oh it's nothing Sajida, sometimes I get like this. [She pauses.] It's just that, well, I haven't really talked about this to anyone. I always thought there was no point. [She wipes her eyes, then looks at me with a gentle smile.] Thank you for listening. [She looks silently at the floor between us.] I feel sad, simply sad. This damage in my leg, you know, it's still there. Allah has given me the chance to work again, *alhamdulillah*, somehow or another. But I'm not sure how long it will last. I get simply scared, that's all.

She then suggested that we go out for a walk so that she could show me the evening market.



Figure 20 – Jleeb Al Shuyouk, Abbasiyya, Kuwait

7.3.2. Theoretical Genealogy (1): Making Claims and Asserting Moral Meaning—Fassin’s “Politics of Life”

At this juncture, it is useful to examine Naziha’s story in relation to a genealogy of theory that helps to explain the ways in which she was making claims that were biological, political and moral. In this first part of my theoretical genealogy for this chapter, I build on concepts of “biological claim”, “bio-legitimacy” (Fassin 2001, Ong 2006), “asserting moral worth” (Larchanche 2012), and “deploying being” (Willen 2014). I discuss these in relation to three key issues: 1) how Naziha’s assertion of her biological needs, to care for her abdominal pain and access treatment and food, were linked to questions of physical survival and claims that were ethical-moral as well as biological; 2) how her assertions were part of broader intersubjective efforts to affirm moral worth; and 3) how her coming out can be best explained through Fassin’s “politics of life” (2010: 93), as her actions were ‘political’ in seeking things that were “precisely rights and not obligations” (ibid.: 93).

Biological claim and the politics of life

Naziha’s long working hours and denial of food and medication in Saudi Arabia, by themselves, may have been concerns that legitimated her requests for permission to leave. Yet from the beginning of her narrative, I had noted that she seemed to be justifying her decision to come out through her extensive discussion of her health, repeating several times, “*that’s* why I came out”, and that she could not eat or work. She seemed to be ‘presenting’ her debilitating pain and the need to remove herself from illness-inducing conditions as the very reasons for her leaving. She restated these concerns several times—to the police, her employer and the recruitment agent. As such, pain and the physical body appeared to provide Naziha with legitimacy to leave. Significantly, she does not articulate a need for ‘fair conditions of work’, or the absence of these being the reason for her departure. Such nuances in her articulation convey the centrality of a sense of bodily survival over political entitlement within her account.

Some would interpret Naziha's actions as a way of making "biological claims" (Ong 2006: 212). The idea of the body and health providing moral and legitimate grounds for biological claims—raised empirically by Naziha—has been discussed theoretically by Fassin as a form of "bio-legitimacy", wherein migrants, their advocates and the state use the body to make certain kinds of claims on behalf of migrants (2001: 4). In the context of immigrants in France, Fassin describes bio-legitimacy in relation to two political approaches to the immigrant body: the legitimacy of the "suffering body" is proposed in the name of common humanity, which is opposed to the illegitimacy of the "racialized body" that represents insurmountable difference (ibid.). The "racialized body" is already inside the system and calls into question the social order. The "suffering body", however, is outside the system and bio-legitimacy serves as a new form of legal claim, where health and illness provide legitimate ground for awarding citizenship to asylum claimants (ibid.). Naziha was not making a legal claim but a biological one, and she was using health and illness—her suffering body—as grounds to make this claim.

Ong (2006) further develops Fassin's ideas of bio-legitimacy by placing them within the context of temporary, authorized intra-Asian migration. Her interpretation maps more easily onto the context of the Arab Gulf, where migrants cannot make political claims for becoming citizens as their very lack of citizenship rights and integration is a defining principle that enables them to be there (Sater 2013: 292). Ong explains that migrants and their NGO advocates in Asia are not invoking 'human rights' for 'citizenship' as a legal status. Rather, they are appealing to basic cultural values about the moral worthiness of women's bodies, and their focus is "biowelfare"—an ethical claim that skirts the issue of political rights discourse by focusing on what Ong calls "sheer survival" (2006: 212).

These ideas help frame Naziha's story not only in terms of bio-legitimacy and citizenship—concerns that are perhaps more 'political'—but also in terms of "biological welfare" and "biological claim", concerns that are ethical and welfare-driven (Ong 2006: 212). Ong's ideas help me to place Naziha's actions within a larger ethical context, within what she calls "a nexus of multiple ethical regimes" that include situated moral systems alongside citizenship (2006: 197). Naziha's statement, "I could not eat, I could not work ... So because of *that* I came out", can

be read not only as an issue of survival as she most obviously implies, but also as one of claim-making that follows a broader pattern of situated ethical behaviour among low-wage migrants. In highlighting how such claims help to shift the perception of the migrant female body from a site of bio-political otherness to one of biological claim (ibid.), my analysis of Naziha's actions follows Ong's. At the same time, Naziha's account leads me to contrast Ong's analysis, which responds to the discursive practices of Singaporean NGO and state actors, rather than to the ground experiences of migrants themselves. Through Naziha's narration, she demonstrates that it is what she endures in her body that leads her to make a biological claim. Consequently, she leads me to surmise that claim making emerges from embodied experience, while claims made by NGOs may be secondary to migrants' own actions. (This will be elaborated further down).

My analysis further diverges from Ong's in stressing how Naziha's biological claims intersect with political ones, even if they are not legal in nature. In seeking to survive, Naziha rejected poor conditions and what is essentially deemed 'normal' for low-wage, racialized women like herself—a political claim of sorts. My interpretation here follows Fassin's proposal for a "politics of life" (2010: 93). Fassin delineates that with a "politics of life", "life is used as a resource to obtain rights which certainly cannot be reduced to their biological dimension: because they are precisely rights and not obligations, they must be regarded as political." (ibid.) Viewed through this analytical prism, I can read Naziha's actions as political specifically because she was seeking things—the 'right' to seek treatment and/or to leave her employer's house to seek treatment—that were neither guaranteed nor obligatory. Consequently, my reading prompts a re-evaluation of Ong's assertion of migrants' bio-political otherness "as non-citizens and low-status subjects with no legal claims whatsoever on society at large" (2006: 201-203).

Though survival is fundamental to Naziha's trajectory of action, she specifically articulates agency, contrasting Ong's description of migrant women's "sheer survival" (ibid.: 212), which some suggest reduces or delimits agency (Willen 2014). Ultimately, Naziha does manage to leave her employer's house and find a way home. She rejects treatment that is deemed "normal" for domestic workers, further evidencing this by the way in which she leverages her moral positioning

vis-à-vis her recruitment agent and employer. Despite her subordinated position, she constructs her moral-social relationship with these key gatekeepers while reminding them of their obligations towards her—something that the policeman who mediates her case also does in scolding her employer. Naziha rebukes her agent while playing on their shared identity as Sri Lankans. Immediately after, she rebukes her Bawa for mistreating women and not fearing Allah, essentially, for being a ‘bad’ Muslim, playing on their shared identity of ‘Muslimness’. Instead of succumbing to her ‘otherness’ and the lack of entitlement it involves, she sought to impose shame on both employer and agent, asserting her deservingness as a co-ethnic. In undertaking these actions, Naziha blurred the boundaries of her ‘otherness’ and made moral claims for the biological claim to safeguard her body, an action that was political, albeit risky and not fully conscious.

Asserting “moral worth” and “deploying being” within the politics of life

While ideas of bio-legitimacy, non-citizenship and moral-ethical regimes are useful in explaining Naziha’s experiences, there are limits to how far they can be used to analyse her story, as her biological claim-making is imbued with moral concerns and it serves as a way for her to assert “moral worth” (Larchanche 2012) amid a set of difficult choices. Bringing attention to the moral significances that are felt in the body helps to elaborate the role of values and meanings within Fassin’s politics of life. To enrich this discussion, I turn briefly to certain existential-phenomenological ideas, drawing specifically on Willen’s explication of how migrants “preserve and deploy being” (2014: 86). Referring to the context of low-wage, unauthorized migrant women in Israel, Willen explains that migrants exist “... as part of efforts to actively pursue, find or create opportunities to feel existentially grounded, comforted, and safe even within fraught and rapidly changing sociopolitical contexts.” (ibid.).

Willen usefully synthesizes ideas of “being” to describe how migrant women dynamically assert and accumulate being in accordance with complex existential imperatives and personal motivations, drawing on Hage’s reading of Bourdieu, Spinoza, Jackson and Arendt (Willen 2014: 97). She surmises that being involves three senses: the capacity to preserve oneself; the capacity to augment one’s joy (in

the Spinozan sense);⁸³ and the capacity to deploy oneself in the world. She derives these ideas of being from Hage, who follows Bourdieu in approaching being in terms of the dynamic interrelationship among *habitus*, *conatus* (defined by Spinoza as an “appetite for life” or a kind of hopeful striving),⁸⁴ and *illusio* (defined by Jackson as “our interest and investment in life”,⁸⁵ or by Hage as “the deep belief in the importance of our social selves”).⁸⁶ Hage’s more existential interpretation of *habitus* stresses that while Bourdieu complexly relates being to social capital, Bourdieu also asserts that people do things not just to maximize social profit, but also, “to perpetuate or augment their social being” (Hage 2003: 15, cited by Willen 2014). Based on these ideas, Willen culls out more simply the notion of “preserving and deploying being”, which resonates with my reading of Naziha’s experiences.

The core issue arising from Naziha’s narrative that I underline is that of a migrant domestic worker safeguarding her body and health and finding a way out of a physically and emotionally-confining place of work and life. Yet in grappling with preserving and deploying her being amid a highly volatile situation, her actions were imbued with affective-moral meaning, as well strategy. She was making various claims—actions that intersected with ‘otherness’, non-citizenship and ‘structural vulnerability’ (which I discuss in Section 7.3.4.). Yet she was also urgently occupied with her body and being, concerns that are linked to social and moral worth (Larchanche 2012) and the belief in the importance of our social selves. I suggest that while analyses of the political and ethical regimes surrounding migrants are important, they alone do not unravel the complex ways in which migrants exist within and embody these situated regimes and develop feelings about them. Larchanche (ibid.) explains, in the context of France, that most unauthorized migrants sought political claims in the form of medical certificates to be recognized as an existing, deserving individual by the state, not so much to access care or claim citizenship. Consequently, even though migrants like these and Naziha seek to safeguard their health, their fundamental needs are grounded in concerns that are existential as much as political.

⁸³ This point, Willen takes from Hage’s explanation of Bourdieu’s sociologization of Spinoza’s notion of joy. From Hage, *Political Emotions and Religious Imagination (PERI)*, 4/11/07 (Hage, cited by Willen 2014: 89).

⁸⁴ Hage 2003: 24, citing Spinoza; cited by Willen 2014: 89.

⁸⁵ Jackson 2005, cited by Willen 2014: 89.

⁸⁶ Hage 2003: 15, cited by Willen 2014.

7.4. Inequality and Migrants' Experiences in *Suham* (wellness)

7.4.1. Maintaining *Suham* while Being Sold "Like Cows"

Returning now to Naziha's narrative, this next episode explains how things developed for her after four months of rest in Sri Lanka and her subsequent return to the Arab Gulf. With no income coming in, life became difficult for her and her family. She had been distraught that her youngest son was considering quitting school to find work and that her two infant grandchildren were not being adequately fed. Naziha decided to go abroad again, this next time to Kuwait, where she had remained till the time of our meeting.

I have now been here [in Kuwait] for two years and seven months. The first house that I was taken to [when she first arrived in Kuwait], I had to cook for the driver, the Bawa, madam, two teenage girls. The Bawa had given KD650 to the agent apparently. It was a good house! [she smiles] We did things together with other families and workers. We went out together on Fridays, it was nice and 'jolly' [Eng]! But after seven months, they took me back to the agent because their old worker was coming back from Sri Lanka. They asked the agent to return their KD650. In the end, they settled for 350[-]. I didn't get my last month's salary of KD50. {*Did you not think of going to the Embassy?*} No. The agent said he would take me to another good house. He was paid KD550 by a new *kafeel*.

In that new house, there was a madam, 31 years old. She would always pick fights with me and beat me up, repeatedly. She was like a dog. If there was anything she was upset about, she'd just come and badger me, "You haven't done this! The food tastes bad! Why did you put this chilli in the food, you know I can't eat it", even when I didn't put any chilli. One day I had enough of this. I told her, "If you don't like me, you can take me back to the agency. If you don't want to take me, I'll take a taxi and go myself." Then she started slapping me repeatedly in my face and head. I ran into the kitchen and grabbed a knife and said that if she came closer to me, I'd cut myself ... Then her husband came home. She told him that I'd threatened to kill her. How he hit me then, on my face, my head, pulling my head here and there. He took me to the police by my hair. The police told him to let me go. He asked me what happened. For two hours we stayed there in the station. Finally, the son took me back to the agent. It was only after one month [of work], but I am not sure if they [the agent] gave her any money back. They did not return my passport ...

The agent then sold me to another agent for KD400. I had a week of rest. A Sinhala woman worked there. She told me to get rid of my headaches after being beaten so badly. But then, do you know what these people did? *They* then sold me again to a family in Sabah Salem, for KD550 [emphasis hers].

Naziha's narration of this episode begins somewhat abruptly with an explanation of the financial transactions that surrounded her life and employment in Kuwait. She had decided to leave her second *kafeel's* home, not because her health had broken down as it had in Saudi, but because she no longer wanted to tolerate constant mistreatment and being re-sold. In being returned to her agent without her passport and employment permit (*hakama*), she was no longer within the so-

called moral economy of the household and had entered the more illicit dimension of the maid-trading economy. Instead of re-arranging another *kafeel* for her, Naziha's agent decided to 're-sell' her to another agent. Yet the amount she was 'sold' for was lower, I suggest, because her market value had decreased somewhat she had lost her *hakama*. Over eight months, Naziha had helped two recruitment agents generate a total of KD1,800 (US\$6,516) in fee payments.⁸⁷ Naziha, on the other hand, had only been paid KD300 for six out of the eight months that she had worked.

The experience of being sold repeatedly was experienced by at least a third of my informants, especially by the women who had lived outside whom I came to know in Kuwait. Naziha's sister Farzana, for example, had been working in three different houses before she also came out. After working for three months, receiving only KD60 (US\$217) despite having agreed to KD70 (US\$253) on her contract, she realized that her employer was not in fact her *kafeel*, but that she had been given what she called an 'agency visa' (this is more commonly called a 'free visa'). Farzana described about these experiences:

The agency had bought me by sending KD650 to the Colombo agent. The first Madam had not paid the agent yet as she had wanted to try me out first. She worked me extremely hard. The real wrongdoing/unfairness (*anniyyayam*) was that this Madam was constantly jealous and suspicious of me [explained above in 7.2] ... I called the agent and asked to leave. But the agent told me that no matter what difficulties I had, I had to stay for three months ... But who benefit from this? Not me? It's the agent who benefits, after selling us like cows! ...

My next employer paid KD350 for me, right in front of me. I was there for one and a half months before I told the Bawa that I couldn't work there anymore. He took me back to the agent, paying the agent KD45 only for twenty-one days of work. But the agent kept the money. After two days, the agent signed an agreement with another new employer. The employer paid KD630. I worked in his house for two months ... *{She explains in detail the large amount of work she had there, and the constant disputes she had with the Madam. She eventually asked Naziha to come and get her.}*

You see Sajida, the Sri Lankan agent colludes with the Kuwaiti. They sell us, take the money, and make us work. They want to make us like 'money to sell'. Even after we come out, they do the same thing, but at least we get paid more. For monthly work, we are sold for KD120: the agent keeps 60, and we get 60.

The scale of Naziha's daily life in Kuwait involved a wide, illicit economy of recruiters, visa traders and three successive employers and experiences that were

⁸⁷ I have calculated this total based on the sums that were paid in successive transactions for Naziha on at least four different occasions. See the amounts underlined, which add up to KD2,150, minus the KD350 that her first agent had to re-pay her first *kafeel*.

integrally tied to the political-economic arrangements regulating migratory life. Through their capacities to speak out against their treatment and to emerge from a series of tenuous situations, both Naziha and Farzana do not present themselves as ‘victims’ but as agents who crafted ways to survive. At the same time, their capacities were constrained by a wider process that many would call labour exploitation, something thought to occur systematically in the migrant recruitment industry across the Arab Gulf. While Shah argues that the generation of profit is central to the existence of the trade (2006), others assert how migratory processes are tied to unequal systems that breed “structural vulnerability” (Quesada et al., 2012: 342).

Structural vulnerability can be further understood through the linking of the cases of individuals to a broader pattern of experience. While Naziha and Farzana are only two out of the 133 women who I interviewed, their trajectories share similarities with my other informants. Over three-quarters of my informants (94/133) had experienced having their wages withheld. More than half (71/133) had worked over 10 hours a day. At least 60 per cent had experienced no rest days and not being allowed out of their houses of work. Around a third (40) had tried to pursue legal claims or informal negotiations with their employer through the Sri Lankan labour attaché or SLBFE, while less than half of these (18) had had any success. These figures correlate to a certain extent with larger scale, non-academic surveys conducted NGOs, such as Human Rights Watch who found that migrant women endured often exploitative work conditions such as low wages or non-payment of wages, improper regulation of health insurance, restrictions on mobility, lack of proper living conditions and privacy, language barriers, social stigmatization and restrictive and punitive immigration policies (2007).⁸⁸ This collective sense of migrant women’s experience underlines their structural vulnerability, which constitutes the contingencies from which peoples’ lives unravel (Jackson 2013a). It is the relationship between the political-economic arrangements of the market and recruitment industry and migrants’ lives that

⁸⁸ HRW surveyed 350 Sri Lankan domestic workers across the GCC states in 2006/2007.

helps to explain the occurrence of difficult conditions, all of which render the study of values and morals more meaningful.⁸⁹

7.4.2. Theoretical Genealogy (2): Conjoining ‘Critical’ with ‘Experiential-Phenomenological’ Approaches

Naziha actively sought a better working life, but her capacities were undoubtedly constrained and even delimited at times. Elaborating these constraints through ideas of “structural vulnerability” helps to explain why low-wage migrant women are susceptible to unethical treatment and to inculcating the “need to tolerate”. However, structural analyses also obscure agency and meaning, and to rectify these limitations, phenomenological interpretations and narrative explanations are required. Yet the latter do not take into account the materiality of lives (Good 1994). Due to this conundrum, Fassin (2007a) suggests that both approaches are required to understand both the experience and mechanisms of inequalities.

‘Critical’ medical anthropologists in North America describe structural vulnerability as an involuntary positioning within hierarchical social orders that imperils migrants’ health and wellbeing (Quesada et al., 2012: 342). Feminist migration scholars, writing in the context of the Global South, also explain how such vulnerability is structured among low-wage, female migrants, whose subordinate position within global political economic processes, and entrenched systems of inequality linking “north” and “south”, lends them to being treated as a commodity for trade within labour markets (Parrenas 2001; Sassen 1988, 1993; Arya & Roy 2006). Quesada et al. argue that global inequalities affect health and life in particular patterns, as migrants’ subordinate positions “delimit the decisions they can make and the actions they can take in all domains of life: clinics, streets, bureaucracies, agricultural fields, construction sites, houses, shelters, freeway ramps, etc.” (2012: 25) They suggest that such constraints on the ability to exercise options are hallmarks of ‘structural violence’ (Farmer 1999), and they limit human agency and compromise migrants’ capacity to negotiate their everyday worlds.

⁸⁹ Survey data is useful in situating individual experience within a broader context, and its simplification into ‘facts’ enables it to be more easily understood by non-academic and public policy audiences. However, it can lead to over-simplification and to the construction of generalizing commentaries on ‘housemaids’ or ‘exploited migrants’. Migrants’ experiences in the Arab Gulf can easily be decontextualized from their experiences back in the *ur*, where they also face structural vulnerability through the lack of sustainable livelihoods, gendered stigmatization, spousal violence and infidelity, among other issues. As such, the ‘facts’ that I present here need to be read alongside ethnography.

Furthermore, the accumulation of structural vulnerabilities in the form of “cumulative vulnerabilities” create ill health, also shaping migrants’ subjectivities by leading them to adopt certain behaviors, practices and self-concepts (Huffman et al. 2012: 25; Larchanché 2012; Quesada et al (2012).

Notwithstanding the strength of the so-called ‘critical’ approach, its weakness is that structural violence often takes priority to the detriment of the meaning that events have for those involved (Scheper-Hughes 2002, cited by Fassin 2007a: 200-201). In the case of low-wage migrant women, structural perspectives support the positioning of “rights” advocates who often reinforce images of the ‘abused maid’, rather than highlight how women negotiate abject conditions. The strategies undertaken by migrant women are decidedly local, as are the specific health challenges they face, even in their very linkage to global economic factors that embed Arab Gulf recruitment practice. Experiential-phenomenological approaches help to elucidate the meaning of these strategies, proposing that migrants’ experience involves far more than simply adjusting to their given environments. Jackson asserts, “it involves endless experimentation in how the given world can be lived *decisively*, on one’s own terms” (2005: xxii, emphasis in original). Central to Jackson’s assertion is Arendt’s concept of “natality”: the possibility of “second birth” or the creation of something new (Arendt 1958, cited by Jackson 2005: xxii). For Arendt, “natality” is facilitated through the capacities of speech and action, both of which are fundamental to human intersubjectivity, sociality, and what makes us human (ibid.). Viewed through a phenomenological lens, Naziha’s negotiations and claim making can be read as away of her taking charge of her life, and they illustrate her existential imperative to convert givenness into choice.

Phenomenological perspectives also elaborate how experiences of inequality are dealt with, despite existing differences in viewpoints. For Hage, being is unequally distributed, but Jackson argues that being itself is ultimately universal, while it is the *capacity for being* that may be unequally distributed (Hage 2003, cited by Jackson 2005: xii). My own empirical material conveys that within the same group of women (Sri Lankan domestic workers in the Arab Gulf), there is significant variation in how women respond to their inequality and find meaning in their experiences. Some women find ways to get by more than others. For example, over

half of my informants discussed incidences where they did not even consider asking their employers to reduce their workload or permit their departure. Women like Naziha, however, learnt to assert themselves and eventually left, though they first underwent high levels of discomfort. Other women enjoyed conditions of greater relative choice, and they were able to more quickly relinquish “the need to tolerate”. Either they were not their household’s primary earner; or they had kin living outside already who facilitated their coming out; or they were not as morally obliged to support their close kin. These patterns of experience lead me to diverge slightly from both Jackson and Hage. The experiences of my informants convey an unequal distribution in the capacity for being as well as the material conditions from which being unravels, thereby re-asserting the need to acknowledge the role of structural perspectives within a broader politics of life.

7.5. “Coming Out” and Living Unauthorized

Using Naziha’s story as my central narrative thread while interweaving the cases of other women, the next two sections explore how migrant women went about coming out of Kuwaiti households to live and work unauthorized.

7.5.1. Living out and Finding Work

Having described in the previous section how she had been sold to a new family in Sabah Salim, Naziha went on to explain why she left this family and placed herself in the streets for a second time, the first time being in Saudi Arabia more than two years before.

I had no *nimadhi* at all, there was just so much work ... My stomach pain was coming and going again, very badly. I remembered how much worse it had been in Saudi ... I had been in this house for ten months like this. So I tried to ask madam to send me back to Sri Lanka. The madam said no, “I’ll take you back to the agent and ask for our money back.” I really didn’t know what to do. If we went to the agent, I knew what would happen again. I couldn’t take it anymore, being taken here and there, being sold and sold in front of my own eyes. I spoke to my friends again. They told me to just come out on my own, to get a taxi to where they lived.

In coming to her decision to come out, Naziha had relied heavily on new friends she had ‘met’ through her secretly kept mobile phone through accidental mis-calls. “We can always tell when another Sri Lankan speaks Arabic,” she says as she laughs, “so we just start speaking to each other like that. And slowly, we become

friends.” The friendships she built over four to five months with a Sinhala woman who was living unauthorized, and a much younger Sri Lankan Muslim male Farweez, were crucial in giving her knowledge that life on the outside was possible. Her female friend encouraged her to leave, inviting her to live together with her in a shared flat. But Farweez advised her to stay and said that he would not be able to help her to leave. In the end, Naziha left her madam’s house against his advice. But too scared to hail down a taxi on her own to her female friend’s place, she had ended up calling Farweez to come get her while hiding in a back alley.

As can be seen, coming out to live unauthorized is more complicated than leaving a household through the authorized channels of a police station or embassy, but once out, migrant women can occupy slightly different legal statuses and social spaces. Every migrant is criminalized as soon as she leaves without her kafeel’s permission and/or presenting herself to judicial or immigration authorities, as according to sponsorship requirements, migrant workers are only supposed to live and work in the house of their kafeel. While the part-time, non-live-in work that women outside undertake is considered ‘illegal’, women engaging in this work can have different legal statuses. Those without their passports, a work permit (hakama) and a kafeel, have no legal status and live under completely unauthorized conditions. Others have legal status of sorts in possessing a kafeel on paper—i.e. one they pay to take legal responsibility for their valid sponsorship. These women are in a more stable position, as they possess valid documents, yet they still live outside of their kafeel’s home and engage in unauthorized work with non-kafeels. Hence, they have similar living arrangements and work as women without their documents.

Upon my arrival in Kuwait, I had met and interviewed eight women who had cited various reasons for coming out: overwork, exhaustion, symptoms of deteriorating health, sexual abuse, or having lost their legal status. However, several had been living out from the onset, as they had entered Kuwait intentionally on ‘free visas’ so that they could engage in part-time work. Naziha had been the only woman out of the eight who had explicitly described health and survival as her key reasons for coming out, even though four women had cited conditions of overwork and

exhaustion. The loss of legal status was another issue that lead women to come out. Though I was unclear whether or not Naziha's loss of hakaama had influenced her decision to leave her last household in Sabah Salim, she did say that she did not want to return to her last recruitment agent for fear of being re-sold. Two women had been issued 'free visas' unknowingly, and after being overworked and not paid regularly, they had decided to come out. Three other women had knowingly paid for 'free visas' so that they could live outside and work part-time. One of these was a Tamil woman who had left Sri Lanka because of her involvement with the LTTE, and the other two were Sinhala women who knew they could earn far more outside. They had been coming and going to Kuwait for almost eight years. Finally, my last informant had come out because she had been forced to sleep with not only her boss, but also with her boss' son.

Lakshmi was one of these eight informants who, and similar to Farzana, she had come out of her employer's house because she had unknowingly been placed with a "free visa", and she felt she had not been paid properly or given fair amounts of work. Like Naziha, I had first met Lakshmi outside the Sri Lankan embassy that same morning. We met several times at the rented "room" where she had been living for six months—a partitioned cubicle of four by six meters that was part of shared flat with five other migrants. Lakshmi was a first-time Tamil migrant in her mid-20s who had left a husband and three-year old son back in Sri Lanka's hill country in the Central Province. After spending her first month in Kuwait at the agency, she was told that she did not have a 'real' kafeel, and that the agency would arrange for her to work with successive employers. Eight months into her working life in Kuwait in her third household of temporary placement, Lakshmi began to develop pain in her leg that she described eventually prevented her from sitting and standing for extended periods of time. She had already spent a year and a half working for four successive employers with little pay. She explained how she only thought of coming out after accidentally befriending an Indian-Malayaali couple while she had been out grocery shopping. As she could converse with the husband in Tamil, she had been able to explain her situation to them. The couple had been looking for someone to work for them, and they invited Lakshmi to visit their flat. After squeezing a 30-minute visit to the couple while running errands, Lakshmi

decided to leave her “free visa” to work with them. She had been living outside for six months at the time of our meeting.

7.5.2. Surviving Outside Through *Nathamurai* and *Wasta*

Outside, we can finally have nimadhi. But in the house, we have to work 24 hours a day. Outside, we can live as we like, almost like in the ur. As long as we find work, it's fine. Without work, it would be difficult.
Farzana, Naziha's sister

While migrant women living outside had varied legal statuses and conditions, they all shared at least one thing in common—they were motivated by a need to earn with greater control over their conditions. Yet in order to earn and live outside, women had to learn how to manoeuvre prevailing norms of female immobility and the assemblages⁹⁰ that surrounded their migration and unauthorization. Women described how their living and earning was fundamentally linked to moral values as much as it was to physical survival. While *wasta* (Arab normative social ties) lies at the foundation of Arab societies through its influence on ties of trust and the distribution of power, for low-wage migrant women, I found that *wasta* was more integrally connected to moral concerns, which in turn influenced daily survival. As socially unattached women in Kuwait, my informants demonstrated how they had to create their own forms of *wasta* to mitigate the effects of their single presence. And because women had varied reasons for wanting to live outside, these affected their *nathamurai* (bodily comportment) and *wasta* differently. Those who had become unauthorized after leaving their *kafeel* (similar to Naziha) tended to struggle: they lacked legal status, and they particularly stressed the need to send money home regularly as their reason for living outside. These women had no *kafeel*, hence no *wasta*, and they had to search for it to simply get by. More experienced women with free visas, however, expressed their enjoyment of greater economic, social, and at times sexual, freedom within their descriptions of living outside, though the *wasta* they had was still limited. While I focus this chapter on more vulnerable women like Naziha, in this section, I also consider the cases of less-restricted Sri Lankan women, as their experiences contribute importantly to the popular social imagination towards women living outside.

⁹⁰ “Assemblage” is a term used by Ahmad, who borrows the term from Deleuze and Guattari (1987), to describe the kafala sponsorship system (2012: 22). Deleuze and Guattari use the term to refer to a collection of heterogeneous structures that consist of both human and non-human elements. They use it as a verb-noun to indicate a process of becoming, as much as a state of being, to convey a sense of them as dynamic entities rather than ones that are fixed.

First, I continue to present Naziha's discussion to explain how she began to learn the ropes of living outside through the relationships she had developed with her new friends.

I came out in October 2010. I came out because I needed to earn and live properly. I only had KD150 with me. The rest of my salary I had sent to my husband. I had to pay KD30 for the room there with my friends, but I did not want to use this KD150. So I had to start working immediately. I stayed there [in Assabiyya] with these friends for five months. They taught me what I needed to know while 'being outside' (*vellile-irakkam poda*). They helped me find work at the factory where they were working, they took me to work with them everyday. I did not go anywhere on my own. Farweez also helped a lot. He introduced me to one of his friends who lived in Assabiyya, and this friend also helped me to move around ...

For the first two months, I cleaned in a school for 50KD per month, in Sabah Salem. I would go by bus every morning with other women from Assabiyya. We'd leave at 5.30am. Then the next month, I found work in a place where we sewed Qur'ans. Here I was paid KD80 for the month. We worked from 8am to 6pm. I had to go by taxi, far away, every day. I went in a group with four other women, so we only had to pay 15KD for the taxi for the whole month. Then the other girls backed out, so Farweez said it was better for me not to continue going by myself. Then I stitched bags for a month, KD100. The next month, I worked in a house. I received 100KD ... Then one day my sister came out of her house. They were keeping her in the agency. I was late for work that day, and after that, madam told me not to come back.

After my sister came out, I had to find another place for us to stay. My daughter had also started living out at that time. She had met a Tamil boy, and decided to come out and live with him, here in Abbasiyya. I did not approve at all. But at least this boy knew the area and he helped to look for a room for us to rent near where they lived. Farweez went to meet him, and together they found a place for us. Only after that did I leave my friends place.

We [her and her sister] now work as cleaners in a school for KD150/month ... I leave home at 5.30 in the morning and return at 3.30. I come home to drop my bag off before going out again for part-time work in the house of a teacher. I get paid 3KD for four hours. We need to pay KD50 each month for this room, so we have to do this extra work ...

It was hard at first getting used to living like this. In Assabiyya, we shared the flat with two other men. We did not get bothered when we were there. But here [in Abbasiyya], we live on our own. The Egyptian men who live in the building, they think we are bad women [who work for sex]. At night, they used to constantly bang on our door, shouting, saying all kinds of vulgar things. Only after Farweez started coming to stay with us on the weekends, and after he went and shouted at them several times, they don't do it as much.

While her new friends helped her navigate her new, daily terrain, her male friend Farweez, despite being almost two decades younger to her, became her male guardian of sorts. Naziha had lived with fewer disturbances from neighbours when she had flat-shared with female friends and male migrants near the city centre, but once she chose to live alone with her sister in a more precarious immigrant

suburb, she had to adapt her *nathamurai* and create her own form of *wasta* with Farweez. Farweez posed as her nephew and stayed with her and her sister every other weekend to assert a male presence in their flat. By doing so, he provided them with a form of male attachment that may have partially legitimated their presence in Abbasiyya. Osella and Osella (2012) explain how migrant women are able to use *wasta* least expediently in Arab Gulf society, and as the Arab Gulf economy is contingent and embedded in the wider imperative of the illicit economy, wherein cheating, lying and aggressive behaviour are rampant, negotiating *wasta* is crucial to getting by.⁹¹ Naziha's dependency on Farweez indicates how the moral stigmatization of single, migrant women creates a more urgent dimension of *wasta* that is overlooked by many existing studies on *wasta*. Smith and Frantz do address the sexual stigmatization of Sri Lankan women, but they assert that these women have no *wasta* at all, being female and unattached to local male kin. What Naziha's example demonstrates here is the dynamic possibility of creating *wasta*, even if women like her live at the bottom of hierarchies of power, and the moral role that Farweez played in her life.

Farweez's presence in her story both satisfies and contradicts one of the popular tropes regarding migrant domestic workers in the Arab Gulf that brings the issue of sexuality squarely into this discussion of *wasta*. The trope states that: 'women cannot live on their own outside, they must have a man', and it largely underlines the sexual, affective and financial values of single women being attached to men. Within popular discussions of these concerns, the cultural politics surrounding the operation of *wasta* and how it enables cultural-political survival of all migrants regardless of gender is grossly simplified to issues of sexuality and female dependency. More importantly, the trope ignores the wholly unequal position that low-wage migrant women occupy that necessitates at least partial dependency on men. Naziha was not financially reliant on Farweez, but she was morally dependent on him. As such, she contradicts the trope's key assumption of sexual and financial dependency while still reinforcing an assumption of dependency.

⁹¹ The Osellas explain the differences in relations of power among migrants in Dubai, for example, between the more wealthy and the wealthy, male versus female, among Indians—Keralites versus non-Keralites, and Indians versus Sri Lankans (2012).

However, the experience of other informants did correlate more clearly with the trope's assumptions of women's dependency on men. For example, Naziha's daughter Rizana was living intimately with a male partner who financially supported her. Smith (2010) has extensively researched Sri Lankan women's intimate relations with men in Beirut, Lebanon, and while her work does loosely support the trope's assumption of women's affective-sexual dependence on men, she argues that women negotiated these relationships to their own advantage, and that they were in fact "having the time of their lives". She found that many women who coupled and lived with Arab male citizens did so to facilitate co-habitation, protection as well as financial saving, as lovers and/or spouses maintained these women through the provision of gifts, clothes and everyday household expenses so that women could send their entire savings home to families back home who assumed they were still inside employers' homes (Smith 2010).⁹²

I had also met women in Kuwait on 'free visas' who shared similarities with some of Smith's informants. They were emotionally involved with men within intimate and/or sexual relations, but they differed in flat sharing with other women and being financially independent from men. Sugandhani was a Sinhala-Buddhist and a fourth-time migrant in her mid-30s whom I had met one evening at a Sri Lankan rock concert. Sugandhani had previously lived with her Sinhala male boyfriend on her previous stint in Kuwait, but after finding out that he had been unfaithful to her, she had ended the relationship and returned back to Sri Lanka. In resuming her working life in Kuwait under a new free visa, she had chosen to live with a group of female friends instead, but she described how she still had feelings for her ex-lover. I spent a good part of our evening accompanying Sugandhani observe her ex-boyfriend together with his new girlfriend, consoling her as she broke down throughout the night. She explained through her tears, "My life is not the same without him. I can earn alone easily, and I love living with my friends now. But it's still so hard to be without him. I really miss him." My driver Farook, a close friend of Sugandhani's, said to me later as we were driving back, "Even if women somehow live on their own outside without men, it's very complicated. They can't be alone. They just can't do it. They need to be with a man." Farook's sentiment

⁹² While women's co-habitation with men is known to be a more common practice in Beirut due to the more relaxed gendered norms there relative to the Gulf, it is still unclear how extensive this practice is there.

was shared by many of my secondary informants in Kuwait and Sri Lanka, by men, embassy staff, middle class South Asian migrants, Kuwaitis, and the families of women back in the ur.

Farook echoes the entrenched notion regarding women's emotional and sexual dependency on men, which fuels a prevailing resistance towards women living outside of Arab Gulf households that I argue is clearly misunderstood and exaggerated. As Naziha's ethnography demonstrates, such tropes do not follow the daily realities of many migrant women, whose experiences are far more complex. In addition to her, I came across many women who stated their preference to live unattached to and financially independent from men due to the complications that it involved. Mary, a returnee from Kurunegala town (introduced in Section 7.2.) was one of the Beirut returnees who I had interviewed in Sri Lanka:

In my first house in Beirut, I worked in a 'contract house'. I worked there for two years and six months ... When I went the second time, I moved out and did part-time work. I earned US\$20 for six hours of work. I worked around eight hours a day, five to six days a week. Sundays I had off. Some months I earned up to Rs.50,000 (US\$455) ... I met many friends who lived out with many problems. One of them had an Egyptian man. Getting involved with men brings lots of problems. No, that was not for me. Living alone and working non-stop, I could save a lot. I returned home after two years.

Lakshmi was another women who managed to live as a single woman in Kuwait, though she was enjoyed less lucrative work than Mary and worked for only one household. Her Malyaali employers, whose neighbour was her landlady, had set her up in a rented cubicle that was part of a shared flat. While her employers watched out for Lakshmi during the day, the landlady kept an eye on her after work. Lakshmi said she had no male friends. Though one of her flat mates was a Bihari Indian male occupying a bed space in the entrance room of the flat, she was perturbed by his presence. So even though she was managing to survive outside without male *wasta* in conditions far more preferable to those she had living in, she still lived with fear, as she explains:

Now I work only from 8am to 4.30pm. I get paid KD150 per month. The couple treat me kindly. The children are easy to care for, and their food is similar to ours, so I learnt to cook to their needs easily. I can eat their food. I am very happy there. I just feel so scared living like this ... Him [whispering silently and pointing to her flatmates living space], I try to barely ever talk to him. He's very quiet and harmless. But still, Auntie [her landlady] suggested that I don't interact with him. Auntie checks on me constantly. If I need to get home later than normal in the evening, I have to call her ... I can't tell my husband or my parents that I am outside. They would be too worried.

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In presenting Naziha's living of her life unauthorized in Kuwait, along with some mere fragments of the lives of other women, I attempt to illustrate how easily daily stories and experiences can be ignored to build an exaggerated trope. Women who had been within the *kafala* initially had partially legitimated presence and *wasta* by virtue of their connection to a *kafeel*. But once they had left their *kafeels*, or they needed to extract claims from them, they lost their *wasta*. I suggest that migrant women who come out of employers' homes were not simply learning to use *wasta* more advantageously, as Osella & Osella (2012) suggest of male migrants. Instead, they had to create *wasta* from scratch—an ability that was integral to physical survival and existence within the illicit and moral economies of the Arab Gulf. As these vignettes demonstrate, women must effectively mobilize other men to help without depending entirely upon them—as Naziha does with Farweez, the policeman and recruitment agent, and Lakshmi does with her male Malyaali employer. Despite being foreign themselves, these men exert whatever *wasta* they hold to help unattached migrant women resolve specific issues, for example, to help them rent a room.

7.6. Health, Self and the Politics of Life: Life in Poverty, Life Inside Houses, and Life Outside

To surmise Naziha's story and convey the core themes that it brings to light, I am compelled to share the reflections she expressed during our last meeting in her tiny flat in Abbasiyya. Though we had only met five times over the course of three weeks, we had had intensive and fervent exchanges, driven in part by Naziha's desire to share her story in as much detail as she could, and in part by the brevity of my time in Kuwait. The finality of our meeting hung between us during this last discussion we shared. I was to leave for Sri Lanka the next day and then onwards to Hong Kong, and Naziha would return to Sri Lanka in a month. We exchanged our home addresses and phone numbers, and Naziha encouraged me to visit her children and grandchildren during my next visit to Sri Lanka, but we were unsure if and when we would meet again. To convey the reflective quality of her final

assessment of her migratory life, I must dwell awhile with them in more expanded form.

Only after coming out do I feel a little healthier. I am scared, but I have balance (*nidaanam*) ...

After coming out, my leg pain is better and I am not so tired. I don't have much abdominal pain. I don't get dizzy anymore. But now my head hurts a lot when I get colds. Before, I would not get colds very much, but now I get them more often. I have also developed long-sightedness.

You know Sajida, I've constantly asked myself why I am still here, living/being like this. My daughter tells me to go back to Sri Lanka to get an X-ray and rest. But for my mouth to receive, my hands need to earn! If I can't work and sleep, who would look after me? What would happen to my family? ... When we first started talking, I thought, why is it so important to keep wondering why I came out? Isn't it enough to write down in your book the problems I've had with these Kuwaitis and thug (*kallan*) agents? They are the ones that need to change. But now I am realizing that, you know [she pauses and sighs], there *is* a purpose (*karanam*) for me to be here. I had lost my *suham*. I have gone through many difficulties. But I have also gained. *Here* is where I need to be. *I* don't have the desire to be in Sri Lanka now [emphases hers]

The most important thing about coming out is that I have time to pray. At home I used to pray five times a day. But these Kuwaitis, they need to have some respect (*kunja maDippa irrakkanu*). I could only pray at night in most houses here, but I only had five minutes. Now I miss my *dhur* and *asr* prayers [the noon and afternoon prayers], but after I come home from part-time work in the evening, at six or seven, I can pray. Whatever problem I have, I talk to Allah. It's only through prayer that I have *nimadhi* ...

A lot of good came from coming abroad. I was able to improve my life. I had money and I was able to feed my children, make them go to school. For my young son, I was able to do a *sunnat* [ritual circumcision].⁹³ I managed to set up all those *tolils* [small businesses]. Allah gave me all those things. But then He took those things back ...

I need to continue working because I must help my grandchildren. I will help set up a *tolil* for my eldest grandson. I need another two lakh to finish off work on my new house. I had helped build my daughter's house, but they ran into problems, and they gave away the house as a receipt for Rs.50,000. In ten months, one lakh of interest has come. What to do? If I have a way to keep working, it's not a problem to save the money ...

When I was small, I used to beg at bus stops. We did not have money for clothes. We used to get leftover food from the bus stops. I was six years old, and I worked at a rich women's house. In one month, I would get Rs.30 to 40. I would not be given proper food to eat there—they would just ask me to bring my plate after they had finished eating. I was a growing child, but they did not understand how to help me improve my life. That difficulty should not come to my children—I made this resolution.

It's through faith (*imaan*) alone that I find *nimadhi*. Life like this is easier than being inside houses. It is only hard when I think about my life. Why does everyone have one condition, and I have another? Everything I built was lost. My husband, I don't worry about him anymore. But my children, I just think, why can't I depend on them? Farzana went off with this boy, and now she's staying with him. After I trusted them,

⁹³ The word *sunnat* generally refers to the Islamic traditions and practices of the Prophet Mohammad, though it is used to refer to specific, prevalent practices. One knows which practice is being referred to depending on the context in which it is discussed.

they only did wrong to me. I don't listen to anyone now. After all I've done for them in my life, I still can't depend on them. I just cry and cry, not talking to anyone about it.

But Allah is there. Allah is always there.

Through her final reflections, Naziha enables us to understand her lifeworld more a bit more clearly, enabling us to draw closer to the different kinds of lives that she had experienced—in poverty as a child, inside employers' homes, and outside of these homes. Her experiences were grounded in the reality of her body, and these commanded the decisions she made regarding how best to earn and aspire for a better working life. She wanted to be a good mother and grandmother. To do this, she required the physical capacity to work and a reasonable means to earn. Her embodied experiences were, therefore, grounded in affective-moral, biological and economic activities. To find a better way to earn and preserve her health and self, she “comes out”. But to succeed in this endeavour, she needed to learn how to survive outside, to create her own *wasta* and deploy herself according to new gendered norms of behaviour—activities that were essentially political. Her health began to improve after she had started to live outside, and slowly, she had felt her balance being restored. She had time to engage in prayer—the one activity that restored her faith in life and gave her deep contentment. But she continued to face difficulties in living unauthorized—materially and politically—difficulties that made her question why she was still there in Kuwait, living as she was, with fear. Naziha contemplates the moral contradictions of her life: the imperative she feels to support her family and so to remain in Kuwait, weighed against the accumulating effects of her labour upon her *suham*, and the loss of her past gains in her tsunami (her home and businesses). Her sense of betrayal by her husband and daughter and feeling of non-belonging to Sri Lanka, exacerbates these losses. She failed to verbalize the specific meaning of these and *why* she was living unauthorized. Yet her sadness was apparent in the silent pauses between her words. She conveyed some sense of resolve through her faith, and that ultimately, “Allah is always there”. Though she could not make sense of her difficulties, Allah perhaps could. At the very least, Allah was *there* for her in a way physical-social beings seemed to evade her. Naziha's making of meaning in these ways thereby

communicates the inseparability of the biological, economic, social, political, and moral-existential activities of her life.

7.7. Conclusion

This chapter demonstrates that whether or not low-wage Sri Lankan migrant women found greater balance, contentment or “a better working life” in “coming out” of Arab Gulf households, health played an important role in their movement and often served to legitimate their actions. Through the experience of physical pain or discomfort, my informants conveyed how “being outside” of households was a means not only to carve spaces to exist within, but it was also a way for migrant women to affirm their biological needs and to extract moral obligations from agents, *kafeels* and Kuwaiti society at large. While some women managed to make things work within houses by manoeuvring affective-moral relationships within their host households to access medical care, time off to recover, or legal permission to terminate contractual bonds, others endured difficulties until their bodies could no longer tolerate them, struggling further when the ties of trust with their own embassy and recruitment agents went awry. By highlighting the experience of migrant women who choose to come out to live unauthorized, the ethnographies of this chapter points to what it entails and means for women to assert their biological and moral worth as they lived through a different migration trajectory.

My reading of this material leads me to suggest that migrant women are unsettling local configurations of power in engaging in everyday life outside of Arab Gulf households as mobile, racialized women, and in simply being there without male kin. Within these processes, women’s accumulating knowledge of discursive practices of gendered bodily comportment and the market demanding their labour played a key role in guiding their movements between the illicit economy of *kafeel* trading and the moral economies of kinship and non-citizenship. While the political and moral unease created by their unattached presence is tolerated because of their role within the lucrative trade of visas and labour, women demonstrate how they claim spaces to exist—spaces that are meant for men or attached, non-citizen women. Notwithstanding these challenges, unauthorized

women build relations with friends or ‘new kin’ to create feelings of safety and grounding amid their tenuous, new terrain.

Despite their constrained understanding of Arab Gulf polity and the absence of articulations of “rights” and “citizenship”, women do express a felt sense of entitlement for “a better working life”. Almost all women living out had experienced unpaid wages or un-compensated injuries, and while a handful of these women were partially reimbursed through settlements arranged by Sri Lankan state officials or recruitment agents, most found it difficult to pursue redress. Living outside, as such, became a way for women to continue having the means to work and to re-claim part of what they had lost without the support of state or other agencies. I suggest that they may be taking their first step in the process of creating ‘rights’, following Balibar (2004) who describes the partial but direct expression of creating rights as a form of ‘popular sovereignty’. These dimensions contrast academic readings that emphasize migrant women’s “nonbeing” in the face of “housebound, labour incarceration”⁹⁴ and those of “exploited labour” proposed by the media and NGOs.

Naziha’s enacting of ‘popular sovereignty’ through the way she takes charge of her life also illustrates Jackson’s idea of the existential imperative to convert givenness into choice (Jackson 2005, Willen 2014). Her will to make meaning out of her life, especially as her lifeworld had become fragmented was channelled into particular forms of social praxis in surviving outside. Her course of action differed from that undertaken by many of my informants in Kalpitiya as she demonstrated a capacity to question and assert moral and biological welfare in ways that these other women did not. In doing so, Naziha explores the relationship between self, others and society (Parish 2014: 49) and explicitly states how she could care for her closest kin. Yet while her account illustrates a migrant woman taking charge of her life, it also exemplifies the limits of self-deployment and the uncertainty and stress that migrant women undergo in deciding whether or not to leave. These findings point to the need for state agencies to expand their role in supporting women’s self-preserving actions so that women are enabled to leave their contractual places of work before the late stages of disease set in.

⁹⁴ This has been argued by Ong (2006) and Moukarbel (2009a).

Chapter Eight: Conclusion—The Politics of Sri Lankan Migrant Women’s Wellness and Health

8.1. Introduction

This thesis has demonstrated the value of narrative accounts of wellness and health, and in doing so, it has deepened understandings of low-wage migrant women’s lives and the central role of morality within these. Through a critical phenomenological approach, it has highlighted the limitations of simplistic explanatory frameworks that posit migrants as ‘traumatised’, ‘immoral’, ‘exploited labour’, ‘carriers of disease’, or their opposite. Each successive chapter has explained how low-wage migrant women’s wellness is far more complex than what *ur* members, media, health professionals and state officials make it out to be, as migrants’ aspirations for better wellness are entangled into and obscured by social, political, economic and epidemiological realities. I offer this conclusion with two goals in mind. The first is to synthesise and present the core contributions of this thesis. The second is to highlight the applied and policy-oriented aspects of my findings.

8.2. Core Contributions of Thesis: Wellness (*Suham*) and the Re-Construction of ‘Migrants’ Health’

The core contribution of this thesis lies in five key ideas.

1. ‘Wellness (*Suham*)’ as a Framework to Understand ‘Health’ and ‘Wellbeing’

This thesis has illustrated the complexity of what ‘wellness’ means to transnational Sri Lankan Muslim women through the Tamil notion of *suham*. In doing so, it has brought to the fore a working framework and a set of tropes to understand health and migration. *Suham*’s complexity, first and foremost, involves its inseparability from ideas of ‘health’ and ‘wellbeing’ and its distinct inclusion of the moral, existential, spiritual and metaphysical dimensions of health experience. These dimensions are layered upon physical, mental and social dimensions that are already encompassed by prevalent conceptions of ‘health’ and/or ‘wellbeing’

within medical anthropology. *Suham* does not only involve objectifiable physical dispositions, but also, the less determinate phenomena of thoughts, affects, emotions and spirit (*ruhu*).

In comparing wellness to other notions of ‘health’ or ‘wellbeing’, what distinguishes *suham* is the way it is used by people to make moral meaning out of embodied realities—meanings that are generated in connection to larger cosmological entities of Allah, faith (*imaan*), afterlife (*qiyamath*) and “Allah’s justice (*Allah-da aadil*)”. These realities elucidate and magnify the existential dimensions of wellness, as women undergo uncertainty and resolve, tension and equanimity, sadness and joy, and physical disease and health, as part of their navigation of the abjections and rewards of transnational migration.

As such, wellness is further complicated by the fact that it involves both an optimal state of health and wellness and its opposite: wellness and illness, health and disease. This dual dimension of *suham* highlights tensions, contradictions and nuances that vary according to the migrant woman, who navigates the continuum between illness and wellness through imbricating notions of contentment (*nimadhi*) and balance (*nidhaanam*), pain (*vartham*) and difficulty (*kashTam*). Such nuances and contradictions of wellness are expressed through two broad patterns of lived experiences—implicit and explicit ones.

I suggest that approaching and re-framing ‘health’ and ‘wellbeing’ through such a fluid definition of wellness offers a framework that is based on the everyday practices, meanings and ways of being of a specific group of people—Sri Lankan Muslims, a subaltern group that has not been prioritised within the generation of knowledge on ‘global health’—rather than on distorted biomedical accounts that are disseminated widely in Sri Lanka through policy and medical discourse and practice. The new knowledge this thesis offers deepens understandings of both health and migration within Sri Lankan society, but more crucially, it challenges strongly held conceptions of the separation of body, mind and immaterial realities.

On a political level, what is significant about this framework of wellness that is being offered in this thesis, is that it has enabled the location of certain facts about low-wage migrant women's health. Contrary to the portrayals made by others, women *do* experience pervasive physical health conditions, not just 'psychosocial' ones. Idioms of wellness/*suham* are a distinctive mode of lived health experience among Sri Lankan Muslim migrants that enables us to identify and understand the variations that exist in the expression and experience of health across person and within the same person across time and place. Idioms of wellness are neither mere "reports of experience" nor "governed by a typical cultural form or narrative structure" (Good 1994: 138). They are dynamically shaped by the sociomoral, political, physical and metaphysical conditions that give lived experience their sense.

2. Moral Self and Wellness

Throughout this thesis, I have underlined how wellness for transnational migrant women is most fundamentally shaped by notions of morality—defined as the practices through which value is realized or assessed and the process of agentive self-making through the 'moral self'. Half of my close informants assessed their *suham* as being "not bad" (*parawaa-ille*). They honed the ability to analyse which capacities to suppress and which to develop in order to achieve a more valuable existence and "a better working life" (*oru nalladha valkay*). I suggest that migrant women developed a stronger capacity to deemphasize pain and discomfort, consciously or unconsciously, largely because the pressures that were placed on them to succeed and 'be good' were so great.

This capacity was inconsistently maintained across life and migration trajectories: it strengthened during periods of reflection; and it cracked when surrounding conditions spiralled out of their control and the limits of their tolerance were reached. When women's lifeworlds were unmade, the pressures they underwent enabled them to more clearly assess how they would meet their aspirations while maintaining the integrity of body, self and spirit. Consequently, wellness and health was an intrinsic dimension of women's abilities to reflect: it provided the existential grounds for their engagement in the world.

Migrant women's moral self is experienced through actions, thoughts, affects and physical and spiritual states, which also convey how wellness is experienced and how it is constructed and presented to others. It is a way of being-in-the-world and also a way of engaging with subordinated conditions of rural Muslim life in Sri Lanka and transnational, low-wage migration. These experiences and constructions of wellness enrich existing ideas of the "moral self" (Simon 2009: 259) and of people engaging with their "ultimate terms of existence" (Parish 2014; Jackson 2013a) by elucidating the moral and spiritual inflections that are specific to *suhām*.

3. Kinship as a Site for Understanding Wellness

This thesis has highlighted the centrality of kinship ties, especially spousal relations, within migrant women's wellness and how they operate as the key sites or interfaces through which women construct health. Kin support initiated and maintained women's ideas to migrate and strongly influenced their agentic self-care or neglect. At times, kin served to exacerbate women's guilt and distress, as they discouraged migrant women from leaving arduous or even abusive conditions due to their material dependence on remittance earnings. While the supposedly 'lazy husbands' and consumerist, dysfunctional families 'left behind' by migrant women are part of Sri Lanka's national imaginary on migrant women, my own conversations with kin point to their shared suffering from the effects of such stereotypes, which led to a deep sense of emasculation among male kin especially.

Combined with their weakening affective ties with spouses, the pressures placed on women to continue earning took a toll on women's health. These pressures were felt differently across generations. Younger and unmarried women were often trying to balance their support for kin with efforts to save for their dowries, while the demands placed on them to return home 'before it was too late' to get married were significant. Older women faced even greater pressures of needing to provide for more numerous dependents—ailing parents, spouses and children, in addition to their daughters' dowries—while they felt the effects of prolonged overwork more acutely and had to work hard to meet the sexual and intimate

demands of their distant husbands to safeguard transnational marriages. While the combined pressures took a toll on women's conscience and bodies, the re-shaping of moral self was as a way for them to make meaning out of difficulty, ill health, wellness and migration.

4. 'Rights' and Political Subjectivities Within Wellness

This thesis has also brought to the fore the ways in which migrant women's subjectivities in wellness intersect political subjectivities that arise from abjection. To provide materially for themselves and their kin, women migrated to the Arab Gulf for work and in doing so they unsettled political moralities—not only in their *urs* of origin but also in their societies of work—including those relating to gender, migration regimes, non-citizenship and privilege. Women's migration was not just about embracing a "chance" to migrate, but it was something that they had to actively claim because of surrounding stigma. Their actions to safeguard wellness and health, for example in leaving their employers' home, seeking to live on their own "outside", or simply negotiating better working conditions, were perceived as further threats to the socio-moral fabric of host and *ur* societies. Such actions to safeguard health and biological and material wellbeing can be viewed as 'political action' precisely because migrants' wellbeing cannot be assumed, but it needs to be actively claimed.

The experiences and constructions of migrant women's wellness, therefore, encompass intersubjectivities relating to the sociopolitical and juridical conditions of migration. This thesis has demonstrated how migrant women exist as an agentive moral category that contrasts categories predicated solely on violence, suffering, stigmatisation and exclusion, even if these conditions are an integral part of their daily lives. Intersubjective health experiences underline a different form of political subjectivity than accounts of migrant women's emancipation do, for example, through union and collective organising or new sexual or romantic relationships. At the same time, they provide an alternative reading of migrant women's health: one that is politically constructed as well as biological.

Contrary to the framings of the Sri Lankan state and NGOs who use the legal language of 'human rights', my informants were not familiar with the language of

“what the state owes them” (Unnithan-Kumar 2003: 183). They articulated instead a notion of moral claim that arises from their efforts to safeguard their bodies and health, which are integrally connected to their responsibilities to kin, spouses, marriages and the afterlife (*qiyaamath*). Following Balibar (2004), women’s articulations can be viewed as the first step in the claiming of ‘rights’, wherein the ‘political’ action of agency is inseparable from its moral action. The experience of moral, self-conscious identity and personal value relates to “political subjectification” or the production of subjectivities that hold political significance within the framework of social interaction (Fassin and Rechtman 2009; Butler 1997).

Migrant women rarely articulated their disillusionment with the state. They tended to search for solutions to problems by manoeuvring their affective, moral relationships with kin, employers and recruitment agents. They were reluctant to seek legal, health and welfare services from Sri Lankan agencies, but they expressed a desire to find “help” and a “better working life”. Unintentionally, migrant women’s actions to safeguard wellness and health by seeking to live “outside” enmeshed political moralities. To mitigate the negative effects of these, they modified their gendered bodily comportment (*nathamurai*) and their seeking of their own *wasta* (social connection). Consequently, the ways in which migrant women inhabited and transformed norms and discourses conveys yet another dimension of embodied moral experience that also uncovers the connections between physical life and political life.

5. Wellness and Re-constructions of ‘Migrants’ Health’

In allowing migrants’ narratives to speak for themselves as far as possible, the new knowledge that has been produced in this thesis is a coproduction of sorts, wherein the migrant women whom I have researched have crucially contributed to a re-construction of their health. Migrant women’s ways of making meaning out of their health and migratory experiences forms, by and large, the bulk of the empirical material presented. I have sought to identify and convey what has ultimately been most at stake for them. That said, the direction and analyses of this thesis have also been shaped by my positioning, which has influenced my

highlighting throughout of the omissions or censorship that occur within women's stories of health through their presentations of themselves as "healthy out-country women".

Consequently, my final contribution lies in my offering of a 're-constructed' and integrated reading of migrant women's wellness and health. I have built the case that wellness and health is intersubjectively experienced *and also* co-constructed by migrant women and the individuals and institutions that surround them. Shared classifications of 'migrants' health'—or some would say, 'non-health'—are co-created through at least six different interfaces, of: kin relations, *ur*, employers, recruitment agents, state and/or policy professionals, and health care professionals. This thesis' re-construction of 'migrants' health' encompasses: the everyday lived experiences in wellness; the meanings migrant women generate on optimal *suham*; and the critical analyses of *how* and *why* health and wellness remain marginal within individual self cultivation, discourse and interventions.

Such a re-construction has been necessitated by the lapses in understandings of migrant women's health that I found consistently being presented by institutional agents, kin, as well as migrant women themselves. These understandings contradicted women's aspirations for optimal *suham*. Implicit in this thesis' re-framing of migrant women's health is my positioned critique of the existing discourse on low-wage female migrant labour in Sri Lanka: a discourse that fails to valorise their lives and labour, that has nonetheless come to be accepted as 'common sense'.

8.3. Moving Research Findings into the Public

As an anthropologist, it is my task not only to map out and explain such complexities in this thesis, but also, as Willen and Hirsch suggest, "to reflect on the political implications of the knowledge we produce" (Hirsch 2003, cited by Willen 2012). Given the vast tracks of already existing research on migrant domestic workers, Sri Lankans included, simply presenting more research on these women's lives and health may not suffice. What I seek to offer with this thesis is a 'political anthropology of migrants' health and wellness' that not only explains how migrant

women experience and construct health in connection to morals, affects, kin relations and institutional classifications of their health, but also, how these understandings could potentially intervene in the public debate on low-wage migrant women in Sri Lanka.

I hope that this research will contribute towards incremental shifts in attitudes in what I see as the moral neglect of low-wage migrant women and their health, so that women's health could be recognised as a valid concern. Such shifts are already underway in Sri Lanka, including at the *ur* level where Muslim healers and *maulavis* have started to diverge on their views on women migrating. While I do not task myself to change people's minds, I feel obliged to 'do anthropology' by making my findings available and 'of use' to my informants and other audiences in simplified terms. Moral prejudice rarely shifts with the indignant giving of advice. Yet it is a discrete and deeply personal entity that *could* be shifted through the reading of complex, subjective descriptions of women's emotions and aspirations—that said, *if only* these are eventually made more understandable.

At the level of scholarly and policy conversation, my critical phenomenological work could play a modest role in generating questions on the lenses and frames that are used to view female migrants and their health. Combined with my positioning in having been in the past at the forefront of public and policy conversations about Asian domestic workers, the potential and imperative exists for me to be engaged once again in these processes.



Figure 21 – A celebration of women’s rights by the Women and Media Collective, Colombo, Sri Lanka

The most important idea of this thesis that could be made ‘of use’ to changing ideas and policy discourse on low-wage migrant women is the fact that the related socio-moral discourse in Sri Lanka affects women’s wellness detrimentally, and hence, it needs to shift to one in which the migrant woman is respected as a mother, daughter, sister and valued citizen of the Sri Lankan state before women’s biological, material and political conditions could transform more significantly.

The second applied dimension of this thesis is the recognition and understanding it brings of migrant women’s physical health conditions and their aspirations for wellness. Contrary to the portrayals made by policy and health professionals, women do not only have ‘psychosocial health’ needs, but they also experience pervasive and exacerbating physical conditions. Policy and humanitarian interventions need to respond to the documented experiences of migrant women rather than to skewed media images of their ‘trauma’, so that migrant women’s physical health and wellness is specifically targeted and adequately responded to.

Finally, transnational women’s efforts in caring for health and wellness require far more sustained and effective policy interventions that respond to the aspirations and need for “a good and sustainable working life” expressed in this thesis. Such intervention needs to seek to enforce reasonable working hours and health insurance while migrant women are working in the Arab Gulf, as well as legal

provisions for them to leave difficult or abusive workplaces to access safe houses and legal redress.

To make my findings more comprehensible and applicable to broader publics, they could be simplified through these and other 'central messages' that arise from the narratives of this thesis and disseminated to varied audiences in Sri Lanka. *At the level of the Ur and Kalpitiya*, a 'primer' or graphic novel in Tamil could be created and disseminated on migrants' everyday concerns and health conditions that could be released during a planned press conference to target ur leaders, migrant women, their kin and ordinary ur members. *At the level of Colombo and national media*, print media articles, Op Eds and social media could target the Sri Lankan middle class working as health, social welfare and policy professionals. And at the *level of national migration policy* (the SLBFE and MFEW), a 'policy brief' could be disseminated electronically, followed up by a 'roundtable meeting' with key officials.

Appendices

Appendix 1 – Glossary

Key for the language of the words: Tamil (T); Arabic (A); and Sinhala (S). The phonetic system that I used for the Tamil and Sinhala language words are based on a system devised by Michael Meyler of the British Council in Sri Lanka. However, I have made modifications to suit Kalpitiyan variations in dialect, and I have not used the specific font (Sinfonetic) developed by Meyler.

<i>Barakat</i>	Blessing (A).
<i>Bayyam</i>	Fear (T).
<i>Grama Niladhari (G.N.)</i>	Sub-divisional government representative; the most local unit of government administration in Sri Lanka (T/S).
<i>G.N. division</i>	The geographic area covered by one <i>grama niladhari</i> .
<i>Imaan</i>	Faith (A).
<i>Kafala</i>	The sponsorship system in West Asian destination countries of labour migrants (A).
<i>Kafeel</i>	Sponsor. Person who signs the employment contract of labour migrants, who is responsible for safeguarding the migrant. A valid <i>kafeel</i> in turn ensures legal immigration status (A).
<i>KashTam</i>	Difficulty (T).
<i>Kavale</i>	Worry (T).
<i>KeTTa</i>	Bad or spoiled (T).
<i>Mana</i>	Spiritual heart or being (T).
<i>Mana vartham</i>	Deep distress or sadness; ‘pain in one’s heart or being’ (T).
<i>Muhaam</i>	Camp. The place where Sri Lankan Muslim internally displaced persons live.
<i>Muhaam aalkal</i>	Those who have been displaced and who live in a <i>muhaam</i> . Literally translates to ‘camp people’. Also referred to as ‘ <i>ahadi</i> ’ (refugee), IDPs or displaced persons (T).
<i>Nalladha (nallam)</i>	Good or to be good. The second term is colloquial (T).
<i>Nathamurai</i>	Bodily conduct or comportment. Literally translates as ‘the way (<i>murai</i>) of walking (<i>natha</i>) in the world’ (T).

<i>Nidhaanam</i>	Balance between one's mental, emotional and physical state; also used to convey a sense of being in control of one's body and mind (T).
<i>Nimadhi</i>	Contentment or being content; having a sense of calm (T).
<i>Nirandharama</i>	Definite, stable, long-term, sustainable (T)
<i>Nirandharama valkay</i>	Stable working life (T)
<i>Oru nalladha valkay</i>	A good working life (T)
<i>Paasam</i>	Deep affection or love (T).
<i>Sub aala</i>	Sub-person, sub-agent (E/T)
<i>Suham</i>	Wellness, defined as an optimal state of physical, mental, emotional and spiritual wellbeing. Used in connection with its opposite sense ' <i>suham ille</i> ', which is the absence of wellness or 'feeling unwell and/or ill' (T).
<i>Suhamā</i>	To be well (T).
<i>Qiyaamath</i>	Used to refer to the notion of 'the hereafter', though it comes from ' <i>yowm al-qiyaamath</i> ', which means 'the day of judgement' (A).
<i>Valkay</i>	Life or working life or way of life (T).
<i>Velli naaTa</i>	Abroad or foreign. Literally translates to 'out (<i>veli</i>) country (<i>naaTa</i>)' (A).
<i>Ur</i>	Community, homeland, place of belonging or where one lives. The meaning varies depending on the context (T).
<i>Ur aalkal</i>	Those native to the <i>ur</i> (a specific locality). Also referred to in English as 'host-community' (T).

Appendix 2 - Abbreviations

ACTFORM	Action Network for Migrant Workers
AGA	Additional Government Agent, the highest state representative at the district level
DS	Divisional secretary
FGD	Focus-group discussion
GCC	Gulf Cooperation Council
GN	<i>Grama niladhari</i> , the most 'local' state representative at the sub-divisional level
IDP	Internally displaced person
ILO	International Labour Organization
I-INGO	International non-governmental organization
IOM	International Organization for Migration
MSC	Migrant Services Centre
MFEW	Ministry of Foreign Employment Promotion and Welfare
NCPA	National Child Protection Authority
SLBFE	Sri Lanka Bureau of Foreign Employment
WHO	World Health Organization

**Appendix 3 - Departures for Foreign Employment by Sex
1986-2012***

Year	Male %	Female %
1986	66.98	33.02
1987	66.02	33.98
1988	45.09	54.91
1989	35.11	64.89
1990	36.08	63.92
1991	32.97	67.03
1992	28.00	72.00
1993	25.00	75.00
1994	27.22	72.78
1995	26.68	73.32
1996	26.52	73.48
1997	24.99	75.01
1998	33.71	66.29
1999	35.45	64.55
2000	32.82	67.18
2001	32.50	67.50
2002	34.61	65.39
2003	35.51	64.49
2004	37.59	62.41
2005	40.60	59.40
2006	44.65	55.35
2007	47.37	52.63
2008*	51.19	48.81
2009	48.31	51.69
2010	51.16	48.84
2011	51.84	48.16
2012*	50.93	49.07

*Provisional. Source: Information Technology Division-SLBFE 2012

Appendix 4 – Sri Lankan Migrant Domestic Worker Departures
By Country in 2012

Country	Year 2012	Percentage
Saudi Arabia	58,299	49,97
Kuwait	29,460	24,75
UAE	8,294	6,97
Jordan	5,955	5,00
Qatar	5,306	4,46
Lebanon	3,499	2,94
Bahrain	2,249	1,89
Oman	2,023	1,70
Cyprus	1,713	1,44
Malaysia	938	0,79
Singapore	535	0,45
Hong Kong	314	0,26
Maldives	151	0,13
Israel	232	0,10
Others ⁹⁵	83	0,07
Total	119,052	100

Source: Information Technology Division-SLBFE 2012

⁹⁵ South Korea, Mauritius, Egypt, Libya, Iraq, Greece, South Yemen, United Kingdom, Pakistan, Australia, Sudan, Italy, Brunei, United States.

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