



Dr. Reni Sebastian

International Migration of Nurses from Kerala:

Impact on Kerala Economy

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By:

Reni Sebastian

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Chapter **1**

INTRODUCTION

1.1. Migration: Concept, Origin and Growth

In economics literature, migration is traditionally associated with differentials in wages and employment conditions between countries, and on costs of migration. Accordingly, migration connotes movement as an individual decision for income maximization. In contrast, the more recent 'new economics of migration' seeks to look into migration in a variety of markets, and not simply the labour markets alone. It considers migration as a decision made at household level with a view to minimize risks to family income or to overcome capital constraints on family production activities. Migration theories like Dual labour market theory and World systems theory often ignore micro-level decision making processes as above. Rather, they concentrate on forces occurring at much higher levels of aggregation. Thus, it may be noted that while the former seeks to link immigration to the structural requirements of modern industrial economies, the latter seeks to look into immigration as a natural outcome of the economic globalization and market penetration activities taking place across national borders (Massey , Arango , Hugol, Kouaouci, Pellegrino, & Taylor, 1993). International migration was developed originally to explain labour migration in the process of economic development (Lewis, 1954). According to this theory and its extensions, analogous to domestic migration international migration too is caused primarily because of geographic differences in the supply of and demand for labour (Ranis & Fei, 1961)(Haris & Todaro, 1970)(Todaro M. P., 1976). Migration involves the movement of people from one part of the world to another, in search of a permanent or semi-permanent residence, often across a political boundary. In fact, the process of migration has been taking place throughout human history, beginning with the movements of the first human groups from their origins in Africa across Eurasia about a million years ago (New World Encyclopaedia, 2016)¹.

Of the total 200 international migrants, over one-third (i.e. 70 million) people, out of their desire to live in an advanced nation, have moved from

¹ *New World Encyclopedia*, Human Migration, Sept. 2016. (www.newworldencyclopedia.org)

developing nations to developed nations. (UNDP, 2009)²The world in which we live provides lots of opportunities; however, these opportunities are extremely unequal. Inequality in opportunities remains a key driver for human movement with huge potential in human development. Here, it is worth noting that migration has never been a pure expression of choice; rather people often migrate under many severe constraints, and the gains from migration are unequally distributed. Migration can promote development by enabling the freedom of people to lead the lives of their choice, as mobility is widely recognised as a key ingredient of freedom. Despite this, migration involves trade-offs for both migrants and stayers. So, understanding of such trade-offs is vital for policy formulation on migration since its gains are unequally distributed, as already noted. (UNDP, 2009)³.

From the perspective of the migrants, migration is a journey that entails sacrifices and uncertainty. The costs which are likely to be incurred range from the emotional cost of separation from families and friends to high monetary fees. The risks include, inter alia, the physical dangers involved while working in dangerous occupations. In certain situations like those of illegal border crossings, migrants face even the risk of death. Yet, millions of people are agreeable to bear such costs or risks with a view to improve their standards of living of themselves and their families. Thus migration occurs on account of two main factors the push factor and the pull factor. The former encircles on the reason for leaving (emigration) on account of the difficulty in a particular condition of origin such as war, flood, food shortage, lack of job or unemployment, lack of infrastructure etc. The latter delves on the reason of immigration as desirable climatic factors, food supply, better infrastructure, more income etc. The more optimistic approaches to migration have been criticised on their tendency to study causes and impacts of migration separately. Unfortunately the developing factors that influence the migratory decisions can probably shape

² UNDP. (2009). *Human Development Report 2009 Overcoming Barriers: Human Mobility and Development*. New York: United Nations Development Programme (UNDP). p.5

³ Ibid, p.6.

developmental outcomes in sending communities and countries (Taylor, 1999).

The separation of development causes (determinants) and effects (impact) of migration artificially from the general transformation or economic, social or political change has failed to clearly the developmental paradigm. In the early 1970s, the posture of migration was embodied as the capital and knowledge transfer that would usher in development take-off. In the subsequent years till the 1990s, there was scepticism on account of migration being major cause of brain drain and linked to dependency. However, in the post-1990s period till the 2000s, a viewpoint on tightening migration and transnationalism was emerging as one of the key development opportunities. In the present days i.e. the early 2010s, there has been the resurgence of migration and development optimism under the influence of a boom in remittances from migrants. This shift has widely been recognized as a general shift away from the grand structuralism or functionalism, but towards more pluralist and hybrid approaches of neoliberal paradigms in developmental policies. The nature and extent of migration depend on many factors such as who moves, how they fare abroad and their proclivity to stay connected, which may find expression inflows of money, knowledge and ideas, the stated objective to return at some future point of time, etc. As migrants tend to come in large numbers from specific places, community-level impacts of migration have been more pronounced than national impacts; like, Kerala in India and Fijian province in China. (UNDP, 2009)⁴ People are motivated to migrate by sheer prospect of improved access to work, education, civil and political rights, security and health care. Majority of movers end up much better off than before they moved. The gains are potentially the highest for people who move from the poor to the wealthiest nations; but this type of flow is only a small share of the total. Available evidence shows that people migrating to the emerging and developing countries and within such countries, also tend to gain from migration.

⁴ UNDP. (2009). *Human Development Report 2009 Overcoming Barriers: Human Mobility and Development*. New York: United Nations Development Programme (UNDP).p.7.

1.2. Migration and Its Impact on the National Economy

The impact of migration are cited in many studies like the skilled people abroad often bring benefits to their countries of origin, through remittances and the development of networks. There is evidence to suggest that there is an absolute gain in income from migration even if only a fraction of the difference is remitted, the benefits to the home country can be considerable. (UNDP, 2009). Some research has even suggested that the share of foreign direct investment in a developing country is positively correlated with the number of that country's graduates present in the investing country. Other studies have revealed that the more high-skilled emigrants from a country live in another, the greater trade occurs between the two countries. Last but not least, significant numbers of skilled emigrants do return – some estimate have suggested that about half do so, usually after about five years. Recent literature has also emphasized the increasing importance of circular movement as transnational networks grow (Findlay & Lowell, 2001) (Skeldon, 2005)⁵.

Migration can bring about radical changes in social, class and ethnic hierarchies in origin communities, because migration can facilitate groups in lower status to gain access to substantially higher income streams. The cases of the 'Maya', in Guatemala and the Haratin, a group of mainly black sharecroppers, in Morocco. Such welcome changes can disrupt traditional, caste-like forms of hereditary inequality arising from factors like kinship, skin colour, ethnic group or religion, which are associated with unequal access to land and other resources. Accordingly, 'Social Remittances' arise from ideas, practices, identities and social capital that flow back to families and communities at origin. Visits and rapidly improving communications give rise to such remittances. An area wherein social remittances greatly influence is health. As an outcome of the exposure abroad, visiting or returning migrants often bring back good practices on drinking safe water, keeping animals out of living spaces, or going for annual medical check-ups.

⁵ Skeldon, R. (2005). *Globalisation, Skilled Migration and Poverty Alleviation: Brain Drains in Context*. Sussex: Development Research Centre on Migration, Globalisation and Poverty.

Migration is also a process of economic development (Lewis, 1954). This theory as well as its extensions argue that just like domestic migration international migration too results from geographic differences in the supply of and demand for labour (Ranis & Fei, 1961)(Haris & Todaro, 1970)(Todaro, 1976). Accordingly, international migration is viewed essentially as a natural consequence of economic globalization and market penetration that take place across national boundaries (Massey , Arango , Hugol, Kouaouci, Pellegrino, & Taylor, 1993).

1.3. Migration from India and Its Consequences

Some studies even deduce that the volume and flow of international migration is no longer mainly associated with population growth or demographic pressure. In contrast to the 1960s and 1970s when international immigrants used to be from the poorest and least developed countries, immigrants of later years are growingly from more developed countries. Voluntary international movements often relate to people in countries with rapidly growing economies and falling fertility rates, intention for migration being higher earnings and better standard of living etc. It is in this context that the observation of the World Bank, 'Emigration today is the outcome less of desperation and more of integration' becomes relevant (World Bank, 2009)⁶. This has brought about a shift in view from a pessimist to an optimist view on migration (Hass, 2008). However, the above radical shift towards optimistic views on migration needs to be empirically tested, particularly with respect to the real development potential of migration. India holds the distinction of being the largest remitter, in absolute terms, one of the highest remittances receiving country in the world. There has been a high growth in private transfers to India from about USD 2 billion in 1989-00 to about USD 63 billion in 2011-12. The enormous size of these transfers could be understood from the fact that even in 2007-08 when India had record net FDI inflows, private transfers still accounted for over 1.2 times the Net FDI to India. Further, remittances now account for about 5.63 per cent of India's GDP as against just 0.8 per cent in 1991.

⁶ WorldBank.(2009).*World Development Report 2009: Shaping Economic Geography*. Washington D.C.: The World Bank.

Inward remittances from the migrants from India staying in other countries could, to a large extent, offset India's merchandise trade deficit over the years thereby keeping the current account deficits modest through the 1990s. Remittances are also one of the least volatile inflows in either the current or capital accounts of India's BOP (Singh & Hari, 2006). Even the present inflow through the NRI deposits sums up to about USD12 billion. Official statistics of World Bank (2011)⁷ and World Bank (2016)⁸ show that India has long been in the top(first) slot among all remittance-receiving countries worldwide. (Table 1.1)

Table No. 1.1: Top Ten Remittance-receiving Countries of the World (Figures in U.S. Dollar Billions)

Rank (2015)	Country	Remittances received in 2015 (in 2010, Rank)
1	India	72.20 (55.0; First)
2	China	63.9 (51.0; Second)
3	Philippines	29.7 (21.3; Fourth)
4	Mexico	25.7 (22.6; Third)
5	France	24.6 (15.9; Fifth)
6	Nigeria	20.8 (10.0; Tenth)
7	Egypt	20.4 (7.7; Fourteenth)
8	Pakistan	20.1 (9.4; Eleventh)
9	Germany	17.5 (11.6; Sixth)
10	Bangladesh	15.8 (11.1; Seventh)

Source: World Bank Group, *Migration and Remittances Fact Book 2016* and *Migration and Remittances Fact Book 2011*

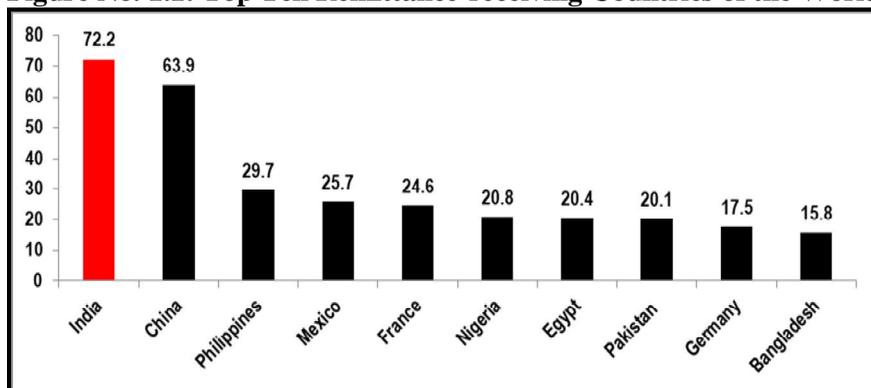
Similar to the case of India which is in the first position in respect of remittances received from other nations, China has been in the second

⁷ WorldBank. (2011). *Migration and Remittances Fact Book 2011*. Second Edition. Washington D.C.: The World Bank. (Contains data on remittances data as of 2010).

⁸ WorldBank. (2016). *Migration and Remittances Fact Book 2016*. Third Edition. Washington D.C.: The World Bank. (Contains data on remittances as of 2015).

position over the years. Hence, developing nations like India and China have definite benefits in the form of huge inward remittances arising because of the international migration of professionals. (Table 1.1). As is evident from Table 1.1, India ranks first among the remittance-receiving countries in the world and is followed by China. As per the latest statistics available, inward remittance to India is US Dollar 72.2 Billion and is followed by China (second position) with US Dollar 63.9 Billion (Figure 1.1). It is noted that India is in the twentieth position among the remittance-sending nations in the world as of 2014 (World Bank, 2016)⁹ and was in the nineteenth position as of 2009 (World Bank Group, 2011)¹⁰.

Figure No. 1.1: Top Ten Remittance-receiving Countries of the World



Source: World Bank Group, *Migration and Remittances Fact Book 2016*, p.13.

As discussed above, from the perspective of remittances received India has been ranked first over the years (Table 1.1 & Figure 1.1). In respect of

⁹ WorldBank. (2016). *Migration and Remittances Fact Book 2016*. Third Edition. Washington D.C.: The World Bank. (Data on remittance-receiving nations as of 2014).

¹⁰ WorldBank. (2011). *Migration and Remittances Fact Book 2011*. Second Edition. Washington D.C.: The World Bank. (Data on remittance-receiving nations as of 2009).

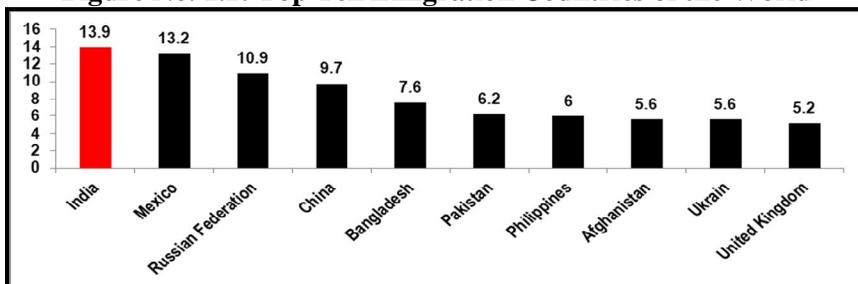
the emigrations too, India is in the first position as of 2013 (World Bank, 2016). In fact, India has improved from its second position (as of 2010, as per World Bank, 2011) to first position (2013). During the above period India has witnessed increase in emigrations, from 11.4 million (2010) to as high as 13.9 million (2013) thus enabling it to move to the first position by pushing Mexico to the second slot. Since 2013, India has been in the forefront of inward remittances and emigrations (Table 1.1&Table 1.2).

**Table No. 1.2: Top Ten Emigration Countries of the World
(Figures in Millions)**

Rank (2013)	Country	Emigrants in 2013 (in 2010, Rank)
1	India	13.9 (11.4; Second)
2	Mexico	13.2 (11.9; First)
3	Russian Federation	10.9 (11.1; Third)
4	China	9.7 (8.3; Fourth)
5	Bangladesh	7.6 (5.4; Sixth)
6	Pakistan	6.2 (4.7; Eighth)
7	Philippines	6.0 (4.3; Ninth)
8	Afghanistan	5.6 (2.3; Twenty-first)
9	Ukrain	5.6 (6.6; Fifth)
10	United Kingdom	5.2 (4.7; Eighth)

Source: World Bank Group, *Migration and Remittances Fact Book 2016*, and *Migration and Remittances Fact Book 2011*

Figure No. 1.2: Top Ten Emigration Countries of the World



Source: World Bank Group, *Migration and Remittances Fact Book 2016*, p.3.

1.4. Globalization and Migration of Health Workers from India

The liberalization of trade in health services in many countries has facilitated an increase in international migration of health professionals from developing to developed countries. International migration of health professionals can be beneficial in the following ways: a) remittances from health professionals who migrate abroad can help nurture the economic growth of the home country; b) health professionals can acquire advanced skills by migrating abroad and bring back those skill sets and disseminate the same in their home country. From a public health perspective, one can think that the latter benefit may compensate for the temporary loss of health workers by enhancing the quality of healthcare in the long term. However, a sudden outflow of health professionals in the short run can lead to serious deficiencies in the domestic health sector of the home country, where public health institutions may not have adequate support staff to handle the voluminous workload. Migration of health professionals can reduce the quality of health services unless it is compensated for by the production of equally or better-skilled health professionals in the country. This is particularly significant for India where a large number of people are dependent on the public health service system. Moreover, since medical education including training of paramedics and nurses in India is subsidized, migration of these professionals effectively passes on the benefits of such subsidy to the foreign country and its health services consumers.

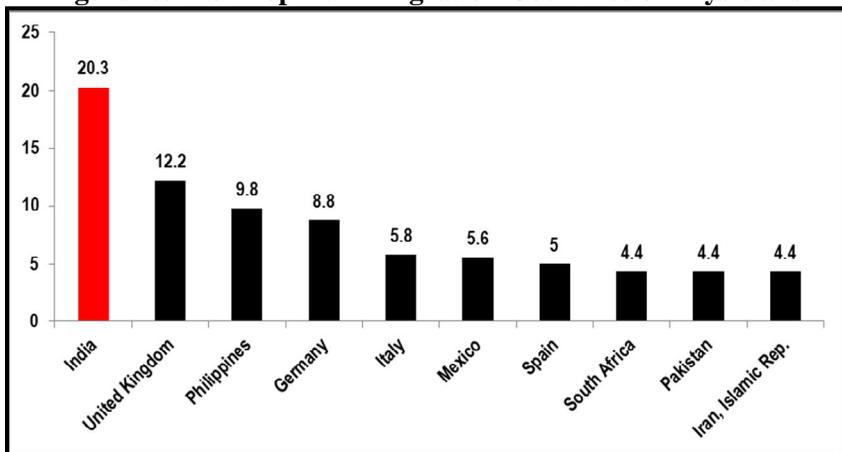
India is seeking market access commitments from developed countries for allowing Indian health professionals to migrate to these countries on a temporary basis under GATS Mode 4 Negotiations. India was the largest source country of physicians for the US and the UK in the 1970s (Mejia et al., 1979). Doctors trained in India accounted for as high as 18.3 percent of the total foreign physicians (doctors) in the UK in the year 2001 (OECD, 2006). Globally, India has been in the first position in respect of emigration of physicians as of 2010 (World Bank Group 2011). (Table 1.3 & Figure 1.3).

**Table No. 1.3: Top Ten Emigration Countries of Physicians
(Figures in Thousands)**

Sl. No.	Country	Number of Migrants
1	India	20.3
2	United Kingdom	12.2
3	Philippines	9.8
4	Germany	8.8
5	Italy	5.8
6	Mexico	5.6
7	Spain	5.0
8	South Africa	4.4
9	Pakistan	4.4
10	Iran, Islamic Rep.	4.4

Source: World Bank Group, *Migration and Remittances Fact Book 2011*, p.10.

Figure No. 1.3: Top Ten Emigration Countries of Physicians



Source: World Bank Group, *Migration and Remittances Fact Book 2011*, p.10.

India is the second largest source of foreign nurses who have qualified the US certification programme with about 6,962 nurses passing this requirement in 2004. India has been actively persuading the US to

increase such facilities in that country. But there is little focus on the implications for the migration of health workforce on the home country.

1.5. International Migration from India: The Unique Case of Kerala

In the context of Kerala state in Indian union in particular, very large scale migration to other countries and its favourable impact on Kerala's economy has been one of the most prominent positive aspects, in the otherwise dull development scenario of Kerala ever since the last quarter of the 20th century. Migration could facilitate faster poverty alleviation as well as reduction in unemployment in Kerala, than any other factor. Because of migration, the proportion of population below the poverty line (BPL) in Kerala has fallen by 12 per cent (Zachariah, Mathew, & Rajan, 2000)¹¹.

The trend of migration from Kerala to other nations (and also within India) continues to be high, and Kerala has been maintaining its first position among the states in India with regard to the number of migrants and amount of remittances from abroad to India. The inflow of huge remittances from the migrants from Kerala in other countries of the world (particularly the Gulf nations) when juxtaposed with the relatively low industrial activity in the state has made Kerala truly a 'Money Order Economy' – an economy with high financial flows but with very little industrial production or other economic activities. Kerala stands out among the states in India in respect of the migration of health workers like nurses to other countries of the world as well as other states in India. Nurses from Kerala often migrate to advanced nations like the UK, US etc. in search of higher earnings, better standard of living etc. They have huge potential for inward remittances which in turn can be channelled for the development of the home state viz. Kerala.

It may be pointed out that Kerala state in Indian union has a share of 38.4 per cent of the medically qualified nurses in India whereas the state's share of the population of the country is only 3.1 per cent. (WHO,

¹¹ Zachariah, K., Mathew, E. T., & Rajan, S. I. (2000). *Socio-Economic and Demographic Consequences of Migration in Kerala*. Thiruvanthapuram: Centre for Development Studies

2016)¹². Similarly, while the percentage of female health workers in India as a whole is 38 per cent, in Kerala the share is as high as 64.5 per cent (WHO, 2016)¹³. Besides, among the 30 districts with the highest density of nurses in India, 7 districts are in Kerala state whereas 13 districts correspond to the state capitals or the national capital region. Moreover, of these 7 districts in Kerala with the highest density of nurses, six are the topmost districts (i.e. ranks 1 to 6) in terms of the density of nurses in India (WHO, 2016)¹⁴. Kerala is the state with the highest concentration of nurses in the whole of India. As of 2014, corresponding to 100 nurses or nursing assistants working in Kerala there were as many as 85 (Kerala-based) nurses or nursing assistants working in other countries (i.e. outside India). Hence, there is high level of migration of nurses from Kerala to other countries. (Zacharia, and Rajan, 2015)¹⁵. That is, nearly half (45.95 per cent, to be specific) of the nursing professionals of Kerala leave the state and migrate to other countries, like, US, UK, etc.

1.6. Relevance and Significance of the Study

From the migration data for two centuries in respect of USA and Western Europe (Table 1.4) it may be understood that labour mobility is a highly significant development factor for many a nation of the world. In fact, it may be noted that more than 3 percent of the world population has the status of migrants that are not merely opportune movers. This figure is a stock accumulated in time. It is therefore evident that the openness to annual labour flows, if compared to the flows of commodities, is generally quite small. For instance, nearly 30 percent of the GDP of the world is exchanged by way of exports and imports, whereas annual “trade” with

¹² WHO. (2016), *The Health Workforce in India*, Geneva, Switzerland. World Health Organization (WHO), p.9.

¹³ Ibid. p. 10.

¹⁴ Ibid. p. 11.

¹⁵ Zacharia, K.C., Rajan, S Irudaya (2015), *Dynamics of Emigration and Remittances in Kerala: Results from the Kerala Migration Survey 2014*, Working Paper No. 463, Centre for Development Studies (CDS), Thiruvananthapuram, Kerala, Sept., p.16.

workers in the world is as low as below 1 percent of the population. It is the outcome of the belief in free trade among nations, so fashionable among the economists in the past 6 decades or more that policies of specialization and exchange of commodities based on comparative advantages is considered one of the most essential factors of prosperity and growth in the world. The policies of trade openness among developed countries reflect the consensus that trade is a typical win-win strategy of development where both parties gain in welfare. Migration is an example of this win-win strategy. (Table 1.4).

Table No. 1.4: Migration Development in Two Centuries

Period	Net migration in the USA	Net migration in the Western Europe
1820-1913	+ 5.0 percent	- 2.0 percent
1914-1949	+ 1.5 percent	- 0.7 percent
1950-2000	+ 3.0 percent	+ 1.5 percent

Source: Maddison (2001 and 2003).

A similar viewpoint has gradually progressed in assessing the free movement of capital (notwithstanding the scourge of financial contagion and continued world-wide financial breakdowns). Nevertheless, there are hardly any economic reasons why the same economic logic should not be applied to the real flows of labour. However, such views are not a part of common wisdom, which instead is dominated by political suspicion that trading with labour has no parallel with commodities or capital. A global perspective would reveal that only in EU where internal economic migration could attain a guaranteed undeniable economic freedom (and even supported) by the economic policies. These policies were believed to seek a common prosperity. But, the EU’s external barriers to immigration indicate that it need not always be so beneficial. Except for cultural, religious or social objections, there may be major economic reasons that restrain immigration. It is important that we must know much more about such phenomena.

The topic of labour movement does not have such a long tradition in economics as the trade in goods does, and quantitative studies of migration—breaking down industries or skills—are still in their infancy. As the liberalization of labour markets widens the free movement of

labour and as the coverage of cross-country migration statistics increases, broken-down by skills, the number of niches for research to be filled by this research grows. As we have been stressing throughout this article, international economics offers a highly inspirational methodology for approaching the problems of labour migration. While economics can serve the role of an excellent servant to anybody, including the non-economists, it can become a bad master as well if its users rely rigidly on its cues. Hence, no economic model can benefit the users if it uses unreliable data, or if constraints are built (often implicitly and unconsciously) into its space for feasible solutions. Equally important is the need for skills for interpreting the results, as lack of skill may lead it to become more an art than a mechanical description. Besides, economics is just a part of the social reality; it is a means rather than an end of human existence. In their decision making, real people add their selfish economic objectives (e.g. being rich in a short-run) with broader social and cultural aspects of their life. While working in certain town, industry or enterprise with a given group of colleagues, people may not often want to change their job all of a sudden, rather they may prefer to maintain status quo. In this regard, the Europeans are noted to be relatively more sensitive to the non-economic aspects of life. Their space for manoeuvring is rooted in the very long term expectations of individuals and it is subordinated to family considerations and also being subject to the constraints of the existing system of education, traditions, prejudices, institutional regulations (e.g. legal or procedural) or religious and moral codes. So, understanding the migration trends requires a really comprehensive approach to its study.

Migration is also now intertwined in the framework of international trade theory wherein the liberalization of trade in health services in many countries has facilitated a growth in international migration of health professionals from developing nations like India to the developed nations like US and UK. International migration of health professionals has helped the development perspective by nurturing the economic growth of the home country at the same time it helps acquire advanced skills by migrating abroad and bring back those skill sets and disseminate the same in their home country. Thus migration is bringing about an overall increase in standards and greater interdependence. However, migration also exposes countries or the domestic health sector with a serious crunch

in manpower. Migration of health professionals reduces the quality of health services unless it is compensated by the inflow of equally or better-skilled health professionals in the country. This is particularly significant for India where most of the burden for providing health services falls on the public sector in spite of the fact that the majority of capacity to supply such services are in the private sector. Moreover, since medical education including training of paramedics and nurses in India is subsidized, migration of these professionals effectively passes on the benefits of such subsidy to the foreign country and its health services consumers. There is a greater need to study the reason contributing to the migration of health workers at the same time understand how the migration actually influence the international, national economy and polity.

In India, the health service system is affected severely by the shortage of staff and other resources. While the WHO recommends a minimum of 100 nurses per 100,000 people, India had 62 nurses per 100,000 people in 2004. The National Commission on Macroeconomics and Health estimates that only 40 percent of the nearly 1.4 million registered nurses is currently active in the country because of low recruitment, migration, attrition, and drop-outs owing to poor working conditions (NCMH, 2005). There is a much higher density of qualified providers in urban areas than in rural areas. The other issue of import is the presence of unqualified and illegal private providers catering to the rural and urban poor (Gautham, 2006). Despite 229 medical colleges with an annual admission capacity of 25,600 in India, nearly 700 primary health centres (PHCs) in the country do not have even a single doctor (Rural Health Statistics, 2005). Despite such and other documented evidence of deficiencies in human resources afflicting the public health service system in India the policy thrust appears to encourage international migration and removes barriers to the same. There is no indication of any requirement to ensure the return of health care professionals or any policy to ensure an adequate supply of workforce to counter this exodus. The degree of migration is unlikely to decrease in the future because of increasing demand for healthcare professionals in many of the developed nations. The changing epidemiological profiles of developing countries characterized by the emergences of new diseases, the resurfacing of epidemics that had been previously controlled and the changing demographic patterns pose serious

health challenges for their governments. These have to be tackled by the health workers in an environment of meagre public resources and resultantly limited incentives that can be offered to retain health workers. The asymmetries between host and source countries justify the need for interventions on this front. A study on the international migration of nurses from India with a focus on Kerala – the Indian state with the highest share of nurses who migrated – is relevant in the above context.

1.7. Statement of the Research Problem

In view of the foregoing discussions, it may be noted that there is a need to understand how international and domestic policies are factoring this movement of people as both a source of exchange of services at the same time balance the healthcare priorities of the country. In this context, a study that re-visits the theories of migration with special reference to India is advisable, particularly if it focuses on Kerala state – the state representing the highest share of migrant nurses from the whole of India.

The present study seeks to understand the trend of migration, the socio-economic and political implications of migration and also to identify the factors contributing to the migration of nurses from Kerala state in India. It seeks to study the implications of migration on the development parameters of Kerala, focusing on the nurses migrating from Kerala to UK. The exact research problem for this study can be spelt out as follows:

“Examining the trend over the years in respect of the migration of nurses from India to other nations, with a focus on nurses from Kerala state migrating to UK, to study the profile of the migrant nurses, the implications of migration from the social, economic and political dimensions and on the development parameters of Kerala, and to assimilate the migration phenomenon with the domestic and international policies with a view to suggest strategies for its effective use for the betterment of the regional economic development”.

1.8. Research Questions

- (i) What is the trend of migration of nurses from India to other parts of the world, particularly that of nurses from Kerala to UK?
- (ii) What are the socio-economic and other impacts of migration?
- (iii) Can migration be regulated in the current framework of domestic and

international policy, and how to use it for regional economic growth?

1.9. Objectives of the Study

- (i) To make an overall study of the development theories of migration in the economic, political and social context;
- (ii) To study the trend in the migration of nurses from India, with special reference to migration of nurses from Kerala state to other countries;
- (iii) To study the profile of nurses who have migrated from Kerala to UK, the socio-economic and other impacts of migration on state economy, and the factors contributing to their migration from Kerala to UK;
- (iv) To assimilate the migration phenomenon with the existing domestic and international policies and to suggest strategies for the effective use of the migration process for the betterment of the Kerala economy.

1.10. Hypothesis of the Study

Null Hypothesis (H_0): There is no association between the amount of remittances of the migrant nurses and their investments in India.

Alternative Hypothesis (H_a): There is a positive association between the remittances of the migrant nurses and their investments in India.

1.11. Design of the Study in Brief

The study involves theoretical analysis of the factors contributing to the migration of health workers in Kerala. Firstly, a scoping exercise involving an elaborate review of literature on migration is undertaken to interconnect the internal and external migration, and further to study the development theories of migration. Secondly, it analyses the trend pattern of health care professionals migrating out of India with a focus on nurses from the state of Kerala in the Indian union. Thirdly, an empirical study is carried out by means of a field survey of migrating nurses from Kerala to UK using a carefully drafted, pre-tested Questionnaire; with a view to draw inferences on the factors contributing to their migration from Kerala to UK, and the broad outcomes and socio-economic implications of such migration. Fourthly, an examination of the international and domestic policies that contribute to the present pattern of migration is done; and the need for a policy framework that is conducive for the sustained growth of

all stakeholders and the economy of Kerala state as a whole is probed. Lastly, based on the findings of the study and relevant discussions made in this regard, suitable suggestions are made relating to the measures required for faster and sustained growth of the Kerala economy by way of the promotion of international migration of nurses from Kerala.

The study is designed as descriptive-analytical and exploratory. Because of the exploratory nature of the major part of this study, specific hypotheses have not been formulated; rather the study is based on the research questions that are already noted. Common statistical tools are used for data analysis and the statistical package SPSS is used for analysis.

1.12. Chapter Scheme

Chapter I (Introduction) covers the introduction of the concepts of migration. It briefly discusses the theoretical aspects underlying the concept of migration, and then proceeds with the impact of migration on the national economy, migration of health workers from India with a focus on Kerala state including the causes and consequences thereof. Besides, this chapter discusses the relevance and significance of the study, the research problem, research questions, objectives of the study, and the also a brief discussion on the design (methodology) part of the study. It ends with chapter scheme.

Chapter II (Literature Review) gives a comprehensive review of the previous studies in the area of migration with a focus on the Indian scenario and that too with a focus on Kerala state. Afterwards, the research gap that is identified based on literature review is pointed out in this chapter, i.e. whatever the present study seeks to bridge.

Chapter III (Theoretical Framework and Research Design) discusses the different perspectives and theories underlying migration, particularly international migration, with special reference to migration from India to other countries and that with a focus on migration of health professionals like nurses from Kerala state in India to countries like UK. Based on the conceptual and theoretical background as above, the chapter proceeds with developing a conceptual model based on which the present study is designed. The model so developed is explained. Then the research design of the study is discussed, which includes, inter alia, the methodology of

the study, including aspects like sample design, data collection, analysis and interpretation etc.

Chapter IV (Nursing Sector in Kerala and the Trend in International Migration of Nurses) discusses the profile of nursing sector in Kerala as well as the broad trend in the international migration of nurses from the state, to other countries like the US, UK, Gulf Countries etc. The case of circular migration, its costs and benefits, etc.; and the political economy of remittances and that of opportunities are also discussed in this chapter.

Chapter V (Migration of Nurses from Kerala to UK: An Empirical Study) gives a detailed account of the demographic and socio-economic profile of a sample of nurses who have migrated from Kerala to UK, factors leading to their migration from Kerala to UK, their remittances to Kerala – the home state, their savings and investments and impact of the same on their family's assets, financial security etc. and implications on the society, and so on. The analysis and interpretation of the data collected for this study, both primary and secondary, are done in this chapter, including the testing of the hypotheses.

Chapter VI (Need for a New Policy Paradigm for the Migrant Nurses from Kerala: A Study) seeks to delve further into the need for a suitable policy framework that can address the issues of migrant nurses working abroad on the one hand and also ensure that they continue to contribute further for the economic development of Kerala on the other hand. Accordingly, a policy framework that ensures the sustained development of the state of Kerala side by side with the welfare of the migrant nurses working abroad and their families in Kerala, is sought to be developed based on the major findings of this study.

Chapter VII (Summary of Findings and Suggestions) gives the summary of the findings of the study. Besides, based on the findings of this study, policy suggestions are made for the effective utilization of the remittances and other contributions of the migrant nurses for the faster economic development of Kerala – their home state, necessary governmental interventions required, etc.

[Chapter VII is followed by Bibliography, Appendices containing the Questionnaire used for the study, details the relevant Governmental

initiatives relating to migration of professionals from Kerala; relevant Maps, Charts etc.].

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Chapter **2**

**LITERATURE
REVIEW**

2.1. Theoretical and Conceptual Studies

In fact, migration denotes a phenomenon the causes and consequences of which are highly diversified and complex. Hence, formation of some general theory on migration is very difficult. Efforts directed in the above direction over the years have not been very conclusive or converging. Till 1980, there were only polarized opinions regarding the concept and theory of migration. The advent of post-modernism into the debate on migration made it less polarized and more converging. Over the years, migration has drawn inputs from several disciplines and the term is used in connection with the overall process of development. Migration theories can be broadly classified into following six major groups viz. (i) Theories based on the Neo-Classical Equilibrium Perspective, (ii) Historical–structural theory and asymmetric growth, (iii) Theories based on Push pull model, (iv) World systems theory, (v) Network theory, and (vi) Institutional theory. Many theoretical models have been put forward explain as to why, where and how the question of migration arises. Neoclassical economists stressed on the differences in wages, those in employment conditions, and on migration cost. On the other hand, the new economics of migration view migration as the household decision that focuses on production activities of the family.

Dual labour market theory as well as world systems theory concentrate on the forces that act at macro level and ignore all micro level decision processes. For the former emigration is seen as a structural requirement. But, for the latter it is a natural consequence of economic globalization. Since theories cannot be assumed as inherently compatible, it is quite natural that decisions made at individual level is not good at the national or international levels. Ravenstein (1985)¹⁶, a geographer, was the first to formulate the first law on migration. Ravenstein perceived migration as integral to the development process and treated economic reasons as the main causes of migration. He considered factors like population density and distance in his analysis on migration. This school of thought expects

¹⁶ Ravenstein, E. G. (1885). The laws of migration. *Journal of the Statistical Society of London*, 167–235. [Available online at: www.jstor.org/stable/pdf/2979181.pdf, and also at www.onlinelibrary.wiley.com].

that low income people to move from areas that offer low income to those that offer higher income, and that people move from densely populated areas to move to scarcely populated areas. It is widely believed that the above is the underlying assumption of the push and pull theories of migration. In spite of the absence of enough importance given to migration in the basic theories in economics, it is very obvious that economic explanations exist in migration studies. Neo classical theory explains migration at the macro level based on geographic difference. So, wage differentials cause workers to move from low wage areas (surplus regions) to high wage labour (scarce regions).

As migration takes the labour from one area to another, capital moves in the reverse direction. As per the neo classical theory, this process of factor price equalization will eventually lead to the convergence between wages in both countries. (Rains and Fei 1961; Schiff 1994; Harris and Todaro 1970). It may be noted that neo classical theory considers migrants as an individual actor who is rational and they make their movements based on a careful cost benefit analysis of the situation. This theory assumes that rural-urban migration as an inevitable part of development. So, surplus labour prevalent in rural areas shift to urban industrial economy (Lewis, 1954)¹⁷. Neo classical migration theory firmly believes in development through modernization and technical changes.

Harris-Todaro model forms the basis of Neo classical migration theory. The original model of Harris and Todaro (1970)¹⁸, in fact, contradicts with rural urban migration. The authors argue that so as to know the migration phenomenon it is essential to modify and extend the simple wage differential approach. Sometimes, over and above the then existing income differentials, it is the anticipated income differentials that are

¹⁷ Lewis, W.A. (1954). Economic Development with Unlimited Supplies of Labour. The Manchester School, May, 139–169. [Available at: www.onlinelibrary.wiley.com, and also at <https://la.utexas.edu/users/hcleaver/368/368lewistable.pdf>.]

¹⁸ Harris, J. R. and Todaro, M. P. (1970). Migration, Unemployment and Development: A Two Sector Analysis. The American Economic Review. 60,1, 126-142. [Available online at www.jstor.org].

significant to find a job in the urban areas (Todaro 1969:138). The expected incomes in destination areas depend on the actual earning in those destinations and also on the probability of employment. As long as the income difference is high, there will be constant rural to urban kind of migration. Later on, Harris-Todaro model was refined and modified so as to include other factors such as travel cost, opportunity cost of migration, and physiological cost with a view to give more clarity to the original model in explaining as to why the poorest people do not migrate and why social networks are very crucial in reducing material and physiological thresholds to migration. Although the Harris-Todaro model was developed first as an internal migration model, subsequent works by Harris and Maruszko (1987)¹⁹ have re-made this original model into a model that could be used in international migration context as well. Further extension of the model can be made by interpreting this model within a human capital framework. This will consider migration as an investment decision. In the present day economic theory human capital is gaining recognition; this human capital theory also helps us to explain theoretically the selectivity of migration beyond cost. As a person from diverse background do migration it is expected to have diverging returns on their migration investment.

According to Bauer and Zimmermann (1998:99)²⁰ differences in returns on investment is partly due to diverging inter individual propensities to migrate. Migrants select job according to their skill but it is very essential for researchers to consider other causes of wage difference taking into

¹⁹ Todaro MP, Maruszko L(1987). Illegal migration and US immigration reform: A conceptual framework. *Population and development review* 13:101-14.[Available at: www.jstor.org/stable/pdf/1972122.pdf?refreqid=excelsior%3Afe82b2cc1e5e99a15327e19b04844a09

²⁰ Bauer, T. K. and Zimmermann, K. F. (1999). Assessment of Possible Migration Pressure and its Labour Market Impact Following EU Enlargement to Central and Eastern Europe. IZA Research Report No. 3, Department of Education and Environment, U.K.[Available at: <https://pdfs.semanticscholar.org/74a9/44e045d4cf2da18e7108a710214fd98aad9f.pdf>].

account internal structure and segmentation of labour markets. Many of the refinements of neo classical migration theory mainly related to selectivity of migration. It was agreed that wage differentials do play an important role in emigration but the costs and risks of migration and individual human capital characteristics are also play an important role in deciding migration. The combination of such factors may explain the heterogeneity and dynamism of migration. In most of the developing countries, factor markets are typically far from perfect making access to financial services and capital difficult for marginalized groups. This makes actual migration pattern difficult to explain under the frame work of Neo classical theory. This theory fails to deal with constraints like government restrictions. Other main criticism of this theory is because of its Euro-centric nature. This theory has failed to explain the contemporary migration in and from developing countries (Skeldon, 1997)²¹.

Contemporary historical-structural theory has emerged in response to neo classical theory. It has its roots in Marxists political economy. This theory postulates that economic and political power is unequally distributed among developed and underdeveloped countries. Instead of modernizing, underdeveloped countries were trapped by their disadvantaged position within the geo political structure. This research which took place between 1970 and 80s was actually not a theory on migration but considers migration as a natural outgrowth of dispersion and dislocation that are intrinsic to the process of accumulation of capital. They treat migration as one of the ways of capitalists to penetrate and increase unequal terms of trade between developed and developing countries (Massey et al 1998)²².

²¹ Skeldon, R. (1997). Migration and Development. United Nations Economic and Social Commission for Asia and the Pacific Population Division, Department of Economic and Social Affairs Bangkok, Thailand. [This paper is available in the Official site of UN; Link: www.un.org/en/development/desa/population/events/pdf/expert/14/P04_Skeldon.pdf]

²² Massey, et. al. (1998). Worlds in Motion: Understanding International Migration at the End of the Millennium. Oxford: Clarendon Press.

Another important theory namely dependency theory was given by one of the earliest dependency theorists, Andre Gunder Frank²³. This theory considers capitalism as the main cause of classifying the countries into developed and underdeveloped. This theory treats migration not just detrimental to the economies of underdeveloped countries, but also as cause of underdevelopment. According to this view migration spoiled the peasant economy to the core.

World system theory given by Emmanuel Wallerstein (1974)²⁴ classified countries as capitalist, core, semi peripheral and isolated areas as external areas. In this perspective the incorporation of peripheral into the capitalist economy is associated with migration. Exactly the opposite presumed by neo classical theory. Wallerstein has attempted to develop a theoretical framework to explain the historical changes involved in the rise of the modern world, the case of migration being a part and parcel of the above elaborate change process.

Historical structuralists have criticized neo classical migration theory stating that individuals do not have a free choice and they are constrained by structural forces. Through this process rural population become increasingly deprived of their traditional livelihood. People are increasingly becoming aware of the fact that capitalism is not responsible for under development. Incorporation into global capitalism can have both positive and negative effects. So, migration cannot be interpreted as a desperate flight from misery. Spatial models are relevant in explaining a few crucial questions, like, why some people migrate and others do not, why migration is clustered typically in non-random ways etc. These issues are unanswered by both neoclassical and historical structural theories.

²³ Andre Gunder Frank, "The Development of Underdevelopment," in James D. Cockcroft, Andre Gunder Frank, and Dale Johnson, eds., Dependence and Underdevelopment. Garden City, New York: Anchor Books, 1972, p. 3

²⁴ Immanuel Wallerstein (1974). The Modern World System: Capitalist Agriculture and the Origins of the European World Economy in the Sixteenth Century, New York, Academic Press.

Lee (1996)²⁵ revised the nineteenth century laws of migration put forth by Ravenstein and proposed a new analytical frame work for migration. He listed out many factors responsible for migration and argues migration tends to take place within well-defined streams from specific places at origin to specific places at destinations. He also states that migration is selective and depends on individual characteristics. Therefore according to him migrants are rarely representatives of their community of origin. Though Lee did not invent the term Push Pull models himself his analytical framework is commonly referred as Push-Pull model. The push pull models are basically an individual choice and individual equilibrium model. It gains enormous popularity and become one of the dominant migration models. Many researchers have applied push pull framework and they come out with good results.

Since the sixteenth century the world market has developed and expanded influenced by Wallerstein (1974). Many sociologists started to link migration to the structure of the world rather than bifurcation of labour market within the national economies. (Hein de Haas 2008)²⁶. According to this no capitalist society creates mobile population that is prone to migrate but driven by desire for higher wage and greater wealth. Capitalist firms enter poor countries of the world economy, in search for cheap land, raw material and new consumers in these countries. In olden days this market penetration was done by colonial regimes, but now the neo colonial governments multinational companies do this work for profit. According to world system theory it is a natural outgrowth of disruption and dislocation that inevitably occurs in the process of capitalist development. World system thus argues that international migration

²⁵ Lee, E.S. (1996). A Theory of Migration. *Demography*. 3:1:47-57. [Online at: www.emigratecaportuguesa.files.wordpress.com/2015/04/1966-a-theory-of-migration.pdf].

²⁶ Hien de Haas (2008). *Migration and Development: A Theoretical Perspective*. International Migration Institute. University of Oxford. (Available online at: www.imi.ox.ac.uk)

follows political and economic organization of an expanding global market.

World systems theory hypothesizes global migration as a natural consequence of capitalist market formation. It claims that once the goods and capital are exchanged internationally labour follows them and that international migration might have happened during the post-colonial period which has led to the formation of specific transnational markets. It declares that only by governmental activities and policies, it is possible to control international migration. At the end, it tells that international migration has little to do with wage rate or employment differentials, as it follows from dynamics of market creation and structure of global economy.

Network theory highlights significance of social networking based on interpersonal relation which acts as crucial factors in deciding international migration. The former migrants and non-migrants in origin country through the ties of kinship, friendship and shared community origin have a tendency to migrate internationally with lower cost and risks and increased expected net returns. Once the number of migrants reached the critical threshold, the expansion of network costs and risks of movements causing the probability of migration to rise (Hugo, 1981; Taylor, 1986, Massey and Garcia Eapana, 1987). The first migrants who leave for new destination have relatively higher cost of migration because they have no one in the destination countries to support. But for the one who follows them with network all these costs will reduce. Once number of network connections in an origin country reaches a critical threshold migration becomes self-perpetuating. Network also makes international migration risk free when a migrant's network is well developed. He will become aware of the situation abroad and get prepared to face the situation. Every new migrant expand the network reduces the risks of movements all those who follow him. This dynamic theory treats international migration as an individual decision. To conceptualize migration is a self- sustaining diffusion process and its implications are

quite different from those derived from general equilibrium analyses. Massey et.al (1993)²⁷

To treat the legal and undocumented migrants who are conducive to exploitation and victimization, voluntary humanitarian organizations arising their heads in developed countries in the origin countries. There are good number of voluntary organizations and private institutions arising to satisfy the demand created by an imbalance created between large number of potential emigrants to capital rich countries and limited number of emigrant visa these countries offer. There are profits making organizations which extend their services to migrants in exchange for fee set on underground market, whereas humanitarian groups help migrants by providing counseling, social service, shelter, legal advice and whatever required for migration. With this organized support and help international labour migration is becoming more and more institutionalized and independent.

In addition to the growth of networking and developing of voluntary organization who are the supporters of migrant's international migration sustain itself in many other ways which makes additional movements progressively over the years. This process is what Myrdal called cumulative causation. "Causation is cumulative in that each act of migration alters the social context within which subsequent migration decision are made." The distribution of income land organization of agriculture, culture, regional distribution of human capital and social meaning of work are some of the socio economic factors listed as potential factors which affect migration in a cumulative way. (Stark, Taylor and Yitzhaki, 1988)²⁸.

²⁷ Massey, D. J. et. al. (1993). Theories of International Migration: A Review and Appraisal. *Population and Development Review*, 19:3:431-466. (www.jstor.org/stable/2938462)

²⁸ Stark, O. et. al. (1988). Migration, remittances and inequality: A sensitivity analysis using extended Gini index. *Journal of Development Economics*, 28:3: May. 309-322. [Available at: <https://www.sciencedirect.com/science/article/pii/0304387888900028>]

Most of the time, migration is motivated by not only increase in absolute income but also improve their income relatively. In a household or community income disparity will be visible and remittance influences their income in such a way that their income status drastically improves in comparison with others. This improvement some time influences the others in the community to take up the migration. People with rural background mainly spend that money in purchase of land. More the out migration more will be the people having access to the fund necessary to buy land. Once they purchase the land, it is likely that families tend to use capital intensive methods, since they have access to capital to finance these inputs. Higher the migration, greater will be the capitalization of agriculture and greater will be the displacement of agrarian labourers leading to still greater migration.

As migration grows, it changes values and cultural perceptions of the migrants settled in industrialized countries, causing big change in their taste and motivations. At community level too this brings a change in their behavior, as values associated with migration become a part of community value. Migration is a selective process that tends to draw relatively well educated, skilled, productive, and highly motivated people. Sustained out migration thus leads to the depletion of human capital in sending countries and accumulation in receiving countries. Educational expansion in turn helps the sending areas reinforce this cumulative migration process. Once the emigrants are recruited into a particular occupation in significant number these jobs are culturally labeled as emigrants' jobs. The native workers become reluctant to fill these jobs leading to social labeling (Bohning, 1972)²⁹ (Piore, 1979)³⁰. This stigmatization comes from the presence of emigrants not with the features of the job. Looking at international migration from a dynamic view, as a cumulative social process fetches a number of propositions broadly

²⁹ Bohning, Wolf R. 1972. *The Migration of Workers in the United Kingdom and the European Community*. London: Oxford University Press.

³⁰ Piore, Michael J. 1979. *Birds of Passage: Migrant Workers and Industrial Society*. New York: Cambridge University Press.

consistent with those derived from network theory. Social, economic, and cultural changes brought about in sending and receiving countries by international migration give the movement of people a powerful internal momentum resistant to easy control; as the feedback machinery of the cumulative causation, is largely lie outside the span of governmental reach.

2.2. Empirical Studies, Field Surveys and Reports

The review of literature is a prime and significant part of any research work, which helps in formulating the objectives of the study. Hence, it was considered desirable to make a study of the findings of some of the earlier research studies and the methods adopted there in. Therefore, in this chapter an extensive review of literature is made of the previous studies on migration and related issues. The forgoing review makes an effort to throw sufficient light on various aspects of migration. The review of literature has been classified into four groups, based on themes.

Studies on Trends, Flows and Composition of International Migration

Gary D. Sandefur (1986) examines interstate migration and labour force participation among white American Indians and intermarried Indian white couples. This result shows that endogenous American Indian couples are much less to change states of residence than are the other two groups of couples. The effects of inter-state migration on labour force participation does not vary across the three groups of couples. The author has discussed the implications of the above effects for the assimilation and internal colonial models of race relations and for federal Indian policy.

Allan Findlay, (1989) examines two important mechanisms governing skilled international migration and identifies the problems of studying these mechanisms using available secondary data sources. Policy implications and geographical impacts of the shift from settler to skilled transient migration are explored. Finally a list of specific research problems related to skilled international migration is presented.

Borjas (1995) finds that the level of migration generated economic surplus enjoyed by the native population (immigration surplus) is proportion to the elasticity of factor price for labour. Theoretically, He finds that, if the increases in labour supply greatly reduces the wages (relatively large elasticity of factors prices), the immigration surplus is large but, if the

native wage rate is not very sensitive to immigration. (Relatively low elasticity of factors price), the immigration surplus is nearly zero. The elasticity of factors price is greater for skilled workers than for unskilled. And therefore, immigration surplus is larger and the native population has more to gain, with the immigration of skilled workers. This result rests on the complimentary relationship between skilled immigrant labour and native owned capital and is reinforced when the total gains of immigration to the native population are relatively small. There is a sizeable redistribution of native wealth between labour and capital.

Coleman (1995) asserts that, as the age structure of immigrants is often younger than that of the host population, there is a popular belief that a large influx of immigrants makes the population of the host country significantly increase the size of the working age population and helps to reduce markedly the dependency costs of the elderly. But, reviews of the migration flows of the recent decades in the advanced nations have given only scant evidence to support these conclusions. In the UK, ever since the World War II, immigration has neutralized the dominant pattern of emigration that prevailed since then. Thus, without new commonwealth immigration and the contribution of births from immigrations, the population of the country would have been smaller by three million than what it was in the early 1990s. However, the cumulative effects of migration alone on the age structures of the country have been limited, because the age structures of immigration and emigration flows are similar and the pace of migration is relatively low in relation to natural change.

Ian Gordon (1995), analyses patterns of labour migration within Great Britain in the context of labour market processes. This paper has sought to go rather further in linking the empirical analyses more explicitly to labour-market theories, particularly through the use of theoretically grounded disaggregation of survey data on job-related movers. Although the empirical focus in this paper has been on examining ways in which segmentation conditions labour mobility, the relationship between labour market structuring and processes of spatial-mobility processes ought to be seen as interactive.

Borjas, (1996) reveals that, the effect of the increasing demand for foreign work force can also be seen in migration policies. The American migration policy is based on quota system that based on national origin essence. It was differentiating those hailing from Germany and United Kingdom, and was applying quota to other migrants. This system was cancelled in 1965. A few changes were brought in and family unions were facilitated.

Yeoh et al (1999) study the perceptions which are negative about the foreigners which prevalent in Singapore and the public blame them for the adverse consequence of social and moral values. The locals always treat immigrants as the other and feel uncomfortable about their presences. In a country like Singapore more than one third regards these emigrants as social nuisance. This report brings about the basic resentment which is expressed by the natives about the migrants but also gives a clue about the sensitive situation in which the emigrants live in destination country.

Straubhaar, (2000) writes that, “with regard to highly skilled human migrations, with a comparison of EU (European Union) countries to US, the EU countries stayed behind in this competition. It can be stated as causes of this situation that the EU countries have rigid migration policies and their universities are restrictive to students who come from outside. The EU nations often received the huge levels of brain drain”. Sidiqqi (2001) in his work on female migration came out with a positive result showing an improvement in the economic status (56%) of the female migration.

Acemoglu, Daron and Angrist (2001), revealed that, it has even been hypothesized that the concentration of highly-skilled persons in one location may enhance the productivity and pay of each worker, thus, immigration of highly-skilled professionals could improve the productivity of their native counterparts too. However, we do not have any solid evidence to substantiate positive spillover effects as noted above.

Manon Domingues, Dos Santos and Fabien Postel-Vinay (2001) analyses the process of migratory flows as well as growth of migration in developing countries. According to him workers who choose their

location freely will accumulate certain amount of knowledge. The paper highlights the expansionary effect of labour mobility on developing economies.

Rebeca Raijman and Silvinas Chammah-Gesse (2003) delineates the major dilemma and costs undocumented Latin America migrants face as they cross international borders looking for better economic opportunities that eluded them in their homelands, as well as the strategies they develop to cope with these dilemmas. Also states the migrant women role in personal and social life.

Abdurrahman Aydemir, and George J. Borjas (2005) studies the labour migration with reference to North America, which is unique compare to rest of the world using micro data drawn from the documents of different countries. He has tried to examine the impact of international labour migration on the labour market. He also came out with the result showing an inverse relationship between emigrations induce shift in labour supply and wages which is statistically significant. International migration is greatly influence wages in the middle of Mexican skill distribution and lower relative wages at the extremes.

Bridge, (2005) reports that, although the overwhelming majority of movements in search of work across the world continue to be internal, there has been a systematic rise in the actual numbers associated with international migration to an unprecedented scale from a historical view, making migration one of the vital drivers of globalization today. The number of people counted as living outside their country of birth has almost doubled in the last 50 years-increasing to around 191 million in 2005. One in every 35 persons was an international migrant in 2000.

Prakash Bhattarai (2005) evaluates Nepalese government policies and programmes related to emigrants professionals in Nepal. This study also takes into consideration issues and challenges, labour migration trend, socio-economic and demographic aspects related to migrants. The study concludes that the foreign labour migration needs proper management and regulation and proper implementation of government policies can rectify the mistakes and streamlines the immigration.

Ravi Srivastava and S K Shashi Kumar (2005), in their paper deals with some of the fundamental issues related to internal labour migration as well as international labour migration. It studies the trend and nature of overall labour migration and reviews the existing governmental and nongovernmental policies

Radu Musetescu (2006) reveals in his work which deals the human rights for migrants and also the migrant policies. He declares that temporary work migration is a reflection of a failure of political governance both in destination and home country.

Irudaya Rajan S. and U. S. Mishra (2007) reveals the significance of international labour migration in the Philippines economy and society. Paper highlights the lessons that India might learn from the Philippines experience and discusses the supportive role that the government of the Philippines plays in promoting labour migration. Author list out the benefits of international labourers received from the government of Philippines. Paper suggests India has several lessons to draw from the Philippines experiment in order to organize systematic flows of emigrants from India.

S. K. Shashi Kumar and Zakir Hussian (2008) reveal that the labour migration flows from India since 1990s. The paper not only addresses issues related to international labour migration from India. How to promote and sustain the same, but also deals with protection policies of migrant workers. This paper properly makes an effort to do a detail evaluation of Emigration Act 1983. It also makes an effort how the IT enabled industry in Indian is expanding during the previous decades. This paper makes a strong note on the need to strengthen multilateral cooperation to transform migration to efficient process.

Thimothy Rakkee and S K Shashi Kumar (2010) attempted to understand the gaps and challenges of existing policies and practices that influence regular and irregular labour migration process from the source country perspective of Bangladesh and Nepal. This study highlights the role of informal intermediaries who play vital yet unrecognized role in the migration process. The study found that the most productive years of labour migrant's life is spent in the destination countries as relatively younger people, in both Bangladesh and Nepal tend to migrate for jobs

abroad, and also shed light on migration decision-making process of skilled and unskilled labourers from Nepal and Bangladesh.

Erik Von Uexkull (2012) in his work made a study on the impact of regional trade in ECOWAS region, the finding of the paper suggests that exporting firm are larger relatively more productive and pay better wages. These findings stimulate the regional exporters to create more productive job.

Vinay Fabien, Manon Domingues and Dos Santos (2012) in their research researchers speak about dynamics of migration in a developing economy. They pointed out that worker mobility can have an expansionary effect on developing economy. It shows that in the long run with the growth of sending economies native prefer to stay back and work domestically reducing the likely number of emigrants.

Adrian Otoi, Emilia Titan and Remus Dumitrescu (2013) attempts to seek out what are the theoretical and empirical relationships between domestic and international labour migration, and lays the foundations of unified based on the similarities of both domestic and international migratory phenomena. A review of the contributions that discussed the existing dichotomy between the two types of migration attempted to carry out integrated analysis is complemented with a review of the most common research approaches for both types. An empirical analysis of net internal and international migration that was carried out for several OECD nations validated this approach, and also assessed both similarities and divergences between these countries.

Studies on Push Pull Factors of International Labour Migration:

Herrick, Kindleberger, (1983) has noted that migration of highly skilled people brings about loss of productive capacity. Their migration to other countries, thus avoiding consumption in their home countries may bring more loss to the home countries. Thus, the adverse effects of international migration is pointed out in this study.

Greenwood and hunt (1984) make the observation that migration to cities has probably been a self-reinforcing and cumulative phenomenon, and they use time series data on employment growth for 171 U.S .regions ,that is from 1957-1975, to measure the “migrant attractive power of another

job and the number of local jobs attributable of another migrant.” They find that for the country’s 57 metropolitan areas, an average of 0.451 employed net migrants are directly attracted by one additional job and that for two-thirds of the nation’s major metropolitan areas, one more employed in migrant results in one additional job while, for the other one-third of the major metropolitan areas, an additional employed migrant results in approximately 1.259 jobs.

Lawrence A. Brown and Victoria A. Lawson (1985) examine how migration process is going to be affected by an areas development. Author has done the study for the whole country and then compared to streams of migration between urban and rural. They have employed conventional statistical model and try to understand a movement among Costa Rican cantons during a five-year period (1968-73). The results got for rural urban migration shows that the models give a clear picture of urban based migration than rural based one and also came out with the result that spatial pattern of variation in migration process is consistent with core periphery development models.

Oded Stark and J. Edward Taylor (1989) examine the impact of absolute income and relative income consideration in international labour migration. The findings of the report provide an empirical support to the hypothesis which made Mexico to U.S. migration decision that is relative deprivation of income.

Veronique Dupont (1992) “Impact of In-Migration on Industrial Development-Case Study of Jetpur in Gujarat”, this work mainly takes into consideration urbanization and industrialization as the dynamic agents who influence migration. To attract the migrants according to the requirements the implementation of labour legislation security of employment appreciation in the working condition were also made. This paper takes into consideration the impact of migration on the industrialization process particularly in middle sized towns.

J. Edward Taylor et. al. (1996) in their paper analyses the macroeconomic relationship between international migration and national development. The paper unfold the truth that present day international migration has become multifaceted and complex and the olden theories have fail to appreciate these relationships. Given the proper support of

macroeconomic policies and infrastructure they declare that it works as a dynamic force in promoting economic growth.

Damien Gaumont and Alice Mesnard (2000) in their paper have investigated into the effect of altruism on the pattern of labour migration. The authors have characterized the unique study state equilibrium where both countries are populated.

Per A. H. Lundborg and Paul Segerstrom (2000) in their study shows that free international migration raise the overall growth of the world. Other things being equal workers want to migrate to less populated countries, Countries with subsidized RandD and wealthy consumers.

Barry R Chiswick and Timothy Hatton (2001) “International Migration and the Integration of Labor Markets”, in this work determinants and consequences of international migration over the past four centuries were looked into. This paper explores the reasons for international migration and also identifies the reasons for international labour migration in the context of two factors and three factors aggregate production functions. Long run relationship between globalization and international labour migration is also explored.

Doris Geide-Stevenson (2003) numerically simulate two country overlapping generations model has been used by this group to study international labour migration. The most important result is the dynamically efficient and inefficient economies in autarkic study state experience temporary welfare laws when migration occurs.

Prem Bhandari (2004) examines the relative deprivation hypothesis of migration, using primary data from a rural agricultural setting in the Chitwan Valley of Nepal. He tested the hypothesis that relatively deprived households are more likely to send away their member(s) for work reasons than from relatively less deprived households. This study is useful in understanding the influence of relative deprivation, including other factors in migration decisions at the household level. Overall, the findings provide indications that relatively deprived households require attention in order to regulate or control migration. Arrangement of employment opportunities or income- generating activities in the source as well as destination place might be an important policy for improving the

economic status of such relatively 'land' deprived households as relatively deprived people are more likely to move to search for jobs.

Muhammad Shariat Ullah (2006) reveals that the determinants of international migration by applying gravity model to investigate panel data of emigrants. The paper is prepared during the period 1995-2009 taking the example of Bangladesh. The results show that economic demographic and cultural factors significantly influence immigration decision.

Francesca Castellani (2007) argues that the strong relationship between remittance and emigration flows has stimulated further research on their potential implications for origin countries. Migration from the Caribbean is concentrated by destination and skills and Policy-making by developing countries contributes to shape migration decisions.

L.T Lyons and M. Ford (2007) in their work "Where Internal and International Migration Intersect: Mobility and the Formation of Multiethnic Communities in the Riau Islands Transit Zone". Mainly deals with migration flow in one of the Indonesia's key transit -Riau islands. The study found that the demographic profiles are strongly influenced by the fact that everyone who comes to island has the intention of moving on. It demonstrates that international migration cannot be explained exclusively by push and pull factors in both the countries.

Naresh Kumar Malhotra and A. S. Sindu, (2007) made an attempt to identify push – pull factors which influence migrants. The study found that better job opportunities, higher wage, better living conditions, emerge as the most important pull factors and lack of development, poverty and other inconvenience as push factors. It also suggests that there were proper implementation of policies to reduce the difference between two regions within the country.

Sruti Chaganti (2004) stresses in her work on the fact that creation of cheap labour economies in the third world, result in the creation of cheap labour economies in the first world. The increased concentration of income and wealth in the hands of a social minority has led to the dynamic growth of the luxury-goods economy. It was recognize that

labour migration is responsible as predetermined factor in reducing the wage rate.

Satu Nivalainen (2004) takes into consideration issues related to family migration. These empirical analyses used multinomial Logit modeling. The results showed that there is a strong negative association between family life cycle and migration. Significance of distance in migration was also revealed in their studies.

Shigemi Yabuuchi A, Sarbajit Chaudhuri (2005). He analyses the consequences of international mobility of labourers on wage inequality in developing countries. The paper finds that both skilled and unskilled labour migration influence wage.

R. Lusome (2006) in his work “Labor Migration in India” analyses the extent of employment oriented migration in India. It also explains the difference taking into account educational level and the results shows that education has greater role in explaining the difference in employment.

Stephen Castles (2007) states that Mexican has great link of association which acts as an important role in taking the money back and invest in home town. The Mexican migrants in U.S.A have dominated in such a way in 2006 that U.S made legislative designs to reduce their migration.

Studies on Remittance and Migration:

Riccardo Faini (1994) “Remittances and the Brain Drain”, this paper tries to study the extent of responsiveness of workers remittance to key macroeconomic variables. This paper gives strong evidence to support the claim that remittances are altruistically motivated by recipient’s income.

Sunny Kumar Singh and Dr. K. S. Hari (1994) “International Migration, Remittances and its Macroeconomic Impact on Indian Economy”, this paper analyses the impact of remittances on various macroeconomic and development aspects of Indian economy. The paper studies the impact of macroeconomic and development aspects on Indian economy. The dates use for this analyses were for period 1971- 2008. And the results show that there is a continuous increase in remittance for the past fifteen years. Finally authors have also been disused the regulatory framework for governing the flow of the remittance.

David Ellerman's (2005) in his study entitled, "Labour migration: A developmental path or a low-level trap?" has mainly focused on the debate about development impact of migration on the sending countries. After the World War II temporary labour migration increased and remittances rose. But, this could not result in a consistent sustainable progress in the future. The temporary nature may cause hindrance for the development.

Dr S. Irudaya Rajan, and Dr K C Zachariah (2005) analyses the magnitude of emigration from India throughout the world and Gulf countries in 2003 and Remittance inflow and its share in Gross Domestic Product of India. It reviews the migration and labour policies of oil rich countries in Gulf and its impact on the economy and society of developing countries such as India, this paper is likely to address the macro dimension of the issue using many published and unpublished data.

Giuliano and Marta Ruiz-Arranz (2005) "Remittances, Financial Development, and Growth", This study which is on the relation between the remittance and growth uses cross country data series for remittance mainly of developing countries. The empirical analyses shows that remittance can bring about a less financially developed countries.

Richard H. Adams J. R. and John Page (2005) taking into consideration

71 developing countries try to study many issues related to migration. The results show that both international migration and remittance significantly reduce the severity of poverty in these countries. The empirical results have clearly showed the inverse relationship between the two. That is, increase in remittance leads to decrease in poverty and decrease in remittances results in increase in poverty.

Binod Khadria (2006) analyses the skilled and unskilled labour migration from India to Middle East. The paper analyses the flows and shifts in labour migration decade wise. The study found that the migrants to this area are responsible for swelling foreign exchange reserves in India taking into consideration Kerala. The study analyses the socio economic impact of remittance. He also analyses the measures and initiative taken by government of India regarding these migration

Khadria (2006) states that, to satisfy the sufficient conditions of India deriving significant gains from geo-economic presence of the Indian migrants, the flows of remittances, transfer of technology, and return migration must all be directed not bottom up-not towards trade and business but towards the removal of two kinds of poverty in India- the poverty of education and the poverty of health- areas where migrants has so far failed to change the society in this country of origin by contributing to its economic and social development . What is required, however, is a long term policy that is aimed at establishing India's links with the Indian diaspora for sustainable socio-economic development in the country. To arrive though at a proverbial win-win situation in international relations for all the three stakeholders India as a southern country of origin, the Indian migrants as part of its diaspora, and the host destination countries of the north, two specific conditions must be met: a necessary conditions of dominant or significant global geo-economic presence of the Indian workers: and a sufficient conditions of India deriving sustainable benefits from that global-economic presence.

Poonam Gupta (2006) in her study entitled as "Foreign Banks in Poor Countries: Theory and Evidence" has analysed the remittance trend in post globalization era. She found that remittances to India have been growing rapidly since 1991, making the country the largest recipient of remittance in the developing world. This paper analyses the determinants of remittance and their growth influencing the total earnings of migrants. It also deals with the variables for determinants of remittances flows to India.

Rolando Avendano et. al. (2009) reveals the importance of remittance for developing countries. The study covers the period 1993-2006 taking the examples of developing countries. They analyses the impact of workers remittance on sovereign rating assessment. The study also derives policy implications and recommendations from their findings.

Aminul Arifeen (2013) reveals that migrants' foreign remittances are the single most important source of foreign exchange, especially for labour exporting countries like Bangladesh. The study found that remittances could ease foreign exchange bottlenecks, mitigate development finance, improve balance of payments and alleviate pressures on external

borrowing and supplement to household consumption and investment. In fact, a number of macro and micro factors have influenced the inflow of remittances to Bangladesh.

Studies on Globalization and International Labour Migration:

Ramon Lopezm and Maurice Schiff (1998) “Migration and the Skill Composition of the Labour Force: The Impact of Trade Liberalization in LDCs”. In this paper authors uses four features of Heckscher-Ohlin model, showing that the migration of unskilled financially constrained workers increased while migration of skilled workers is unaffected by trade liberalization in developing countries. It was found that countries with lower tariffs have larger emigration of unskilled workers and the smaller emigration of skilled workers.

Gary Craig (2004) has examined migration in the globalised regime and has noted that globalization has created a situation that promotes large scale migration from poor to rich countries. The author has concluded the paper by observing that community development has played an important role in eradicating discrimination.

Vinay Gidwani and K. Sivaramakrishnan (2003) deals with cultural dynamics of migration. They examine the linkage between cultural space and labour mobility. They advocate an approach that provincializes the euro west.

Mathias Czaika and Hein de Haas (2013) in his paper aim to fill the gap by mapping shifts in global migration between 1960 and 2000. This paper elaborates indices for emigration, immigration, dispersion etc. The results show that there is a global increase in migration. It reflects the asymmetric nature of globalization process.

Edward Anderson (2001) made the analyses of effect of globalization an wage inequality in a group of eight developed countries in 1970s. The result suggests that impact of globalization on wage inequality before 1970 was highly confined.

George Vobruba (2004) in his paper reveals that both the economic mainstream and the public debate address globalization and welfare states as strictly contradictory to one other. In contrast to this view the article points out that there exists a globalization dilemma: globalization both

endangers and requires the welfare state. How can this dilemma be solved? This question leads to an assessment of the degree to which globalizations in fact undermines the welfare state and to the question of what strategies for social policy might alleviate the social costs of globalizations, hence absorbing the opposition to it.

Marta Kolarova (2006) focuses on gender aspects globalization; it highlights how the mainstream theories of globalization are male oriented. And says global production is dependent on cheap women labour in factories and multinational companies. The article also analyses the domestic work performed in U.S and Europe by developing countries female migrants.

Piyasiri Wickramasekara (2008) in his paper highlights the gap between policy and practice, the paper address the denial of labour demand consequent exploitation and violation of rights of migrants. There is an imperative need for fresh approach and bold initiative to promote international labour mobility.

Martin Kahanec and Klaus F. Zimmermann (2008) analyses the difficulties of research in globalization and migration. They discussed the availability of data set for international labour migration in globalized era. He suggests some measurers for the alleviation for those difficulties.

Peter S. Li (2008) examines the transformation process of migration in globalized era. He analyses the trends and composition of international labour migration. He found that decline in fertility and ageing population are responsible for industrialized countries to depend on immigrant labour force which is one of the fundamental features of economic globalization. But the preference is for highly skilled and educated professionals. He also deals with the issues of immigration policies, competition for highly skilled immigrants labour is increasing.

2.3 Research Gap

Migration is an area of study which permits multi-disciplinary approach in social sciences, including as it does social demography, sociology, and cultural anthropology and Economics. Migration helps in the socio-economic development of the family of migrants in particular and development of country in general. As the people migrate from one

geographical area to others, they lessen the population pressures and influence the demographic structure of the place of origin, in the same way migration affect origin and host countries government policies of migration and trade. Study of human migration is one of the most important subjects because of the complexity of human life and rapidly changing socio economic conditions.

The forgoing review of literature helps in identifying some important research gaps or issues for examination in the present study. Most of the studies highlighted and concluded that migration has positive impact on development of country by generating remittance (Acemoglu, et al 2001,

Borjas 1995, Ian Gordon 1995). Many studies have been done on magnitude, trends and composition of migration flow from different areas (Borjas 1996, Bridge 2005, Coleman 1995, Gary D. Sandefur 1986); some studies try to identify the effect of globalization on internal and international labour migration (Ramon Lopezm 1984, Gary Craig 2002, Marta Kolarova 2006). Many of the studies try to find out the influence of push and pull factors on international labour migration in different time period and different regions (Barry R Chiswick, et. al. 2001, Francesca Castellani 2007, Greenwood and hunt 1984), many studies are on effect of skilled and unskilled migration on origin and destination countries, policies on internal and international labour migration related to different countries (S K Shashi kumar et. al. 2008, Straubhaar, 2000).

Most of the studies have focused on migration from a particular area in India to specific destination abroad, or they focus on specific issues associated with migration. No empirical study has been done in the Kerala context, focusing on he international migration of health workers like nurses from the state to advanced nations like the US or UK, particularly migration of nurses from Kerala to UK – a fast growing destination abroad for nurses in Kerala. Hence this study seeks to bridge this research gap by making an empirical study of nurses migrating from Kerala to UK.

Chapter **3**

**THEORETICAL
FRAMEWORK AND
RESEARCH DESIGN**

3.1. Migration Theories and Their Evolution

Many theoretical models have been proposed over the years to explain the underlying for international migration. Each such model could explain migration, its causes etc., every model has used radically different concepts, assumptions, and frames of reference. For instance, differentials in wages and employment conditions between countries causing migration according to neo classical economics, migration being conceived as the movement arising from an individual decision for income maximization. However, 'new economics of migration,' in contrast, considers conditions in a variety of markets, not just labour markets. It considers migration as a household decision that is taken so as to minimize risks to family income or to overcome capital constraints on family's production activities. Two other theories viz. Dual labour market theory and world systems theory have sought to ignore micro-level decision processes, and instead focus on forces that operate at much higher levels of aggregation. While the former seeks to connect immigration to the structural requirements of modern industrial economies, the latter consider it as the natural consequence of economic globalization and market penetration across national boundaries. Given that theories conceptualize causal processes at such different levels of analysis – the individual, the household, the national, and the international – their approach and explanation being different they cannot be compatible. It is quite possible, for example, that individuals act to maximize income while families minimize risk, and that the context within which both decisions are made is shaped by structural forces functioning both at the national and global levels. But, various models reflect different research objectives, focuses, interests, and ways of decomposing an enormously complex subject into analytically manageable parts; and a firm basis for judging their consistency necessitates that underlying logic, propositions, assumptions, and hypotheses of every theory are clearly specified and well-understood.

Neo Classical Macro Theory

Regarding international migration, the oldest and most well-known theory of was originally propounded to explain labour migration in the process of economic development (Lewis, 1954; Ranis and Fei, 1961; Harris and Todaro, 1970; Todaro, 1976). Those initial theories on international migration as well as their extensions, like identical theories on domestic

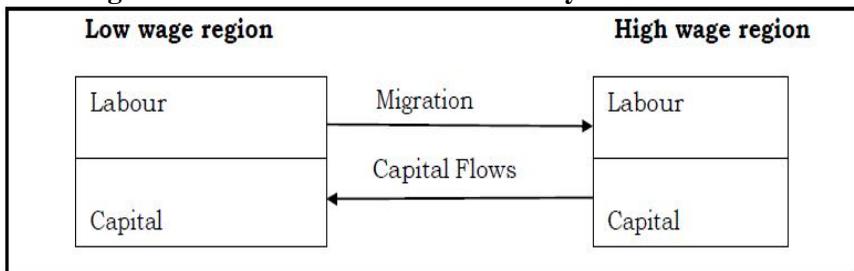
migration, have suggested geographic differences in the supply of and demand for labour as the cause for migration. Countries endowed with abundant labour relative to capital have low equilibrium market wage, while countries with a limited endowment of labour relative to capital are characterized by high market wage. The resulting wage differential prompts workers from a low-wage country to migrate to a high-wage country. As a result of this movement, the supply of labour decreases and wages rise in the capital-poor country, while the supply of labour increases and wages fall in the capital-rich country, leading, at equilibrium, to an international wage differential that reflects only the costs of international movement and the economic factors thereof. The main features of the macro theory entails on the concept that the migration occurs as long as the wage differential persists and will cease to exist based on the absence of the differentials. International flows of human capital varies with the level of skill and highly skilled workers – respond to differences in the rate of return to human capital, which will be dissimilar to the overall wage rate, leading to a distinct pattern of migration that may be opposite that of unskilled workers. While the labour markets are the primary mechanisms by which international flows of labour are induced the other kinds of markets do not have important effects on international migration. And the way governments can control migration flows is to regulate or influence labour markets in sending and/or receiving countries.

Neo Classical Micro Theory

Analogous to the macroeconomic model as noted above there exists a microeconomic model of individual choice ((Sjaastad, 1962); (Todaro M. P., 1976), (Todaro M. P., 1989); (Todaro & Maruszko, 1987)). In micro approach, migration occurs when individual actors choose to migrate as they expect a net return on migration based on a cost-benefit analysis. International migration remains a form of investment in human capital, people choose to move to where they can be most productive, given their skills; but before they can capture the higher wages associated with greater labour productivity they must undertake certain investments which include the material costs of travelling, the costs of maintenance while moving and looking for work, the effort associated with learning an alien language and culture, the hardships involved in adjusting with a new

labour market, and the psychological costs of cutting old ties and forging new ones. The potential cost and benefits are estimated based on the expected returns for a future period multiplied by the probability of finding a job, which technically means the ‘expected destination earnings.’ This is further subtracted from the expected learning from the origin country multiplied by the probability of getting the job over a time period horizon. This is further discounted by the utility of money in the present over the future. Here the individual skill set and the environment determine the proclivities to migrate. Thus the social, political and psychology determines the migration cost which in term determines the migration between countries. Government can control the migration through many mechanisms like the lowering the likelihood for employment or raise the risk of employment through sanctions or increase the cost via psychology or material costs of migration.

Figure-3.1: Neo-Classical Micro Theory: An Illustration



As shown in Figure 3.1, there is a definite benefit for low wage regions (eg. countries like India) as skilled professionals like nurses migrate to high wage regions (eg. advanced nations like US, UK, etc.) in the form of inward remittances from the migrated professionals to the home country viz. India.

Neo Economics of Migration

Challenging the basic assumptions and conclusions underlying the neoclassical theory the ‘new economics of migration’ has emerged (Stark & Bloom, 1985). A vital insight of this perspective is that decisions on migration are not taken by isolated individual actors, rather such decisions emerge from larger units of related people – typically families or households

– wherein people work collectively not only to maximize expected income, but also to minimize risks and to loosen constraints associated with a variety of market failures, apart from those in the labour market (Stark and Levhari, 1982; Stark, 1984; Katz and Stark, 1986; Lauby and Stark, 1988; Taylor, 1986; Stark, 1991).

As already noted, one of the oldest and most well-known theory of international migration was the one originally put forward to explain labour migration in the process of economic growth (Lewis, 1954; Ranis and Fei, 1961; Harris and Todaro, 1970; Todaro, 1976). Accordingly, migration results from geographic differences in the supply of and demand for labour, and wage differentials cause workers from the low-wage country to move to the high-wage country. As a result of this movement, while the supply of labour decreases and wages rise in the capital-poor country the reverse is the case in capital-rich country, i.e. supply of labour increases and wages fall. This process leads to an equilibrium wherein the international wage differential is limited to the costs of international movement, pecuniary and psychic. In fact, the flow of workers from labour-abundant to labour-scarce countries truly reflects the flow of investment capital from capital-rich to capital-poor countries.

The comparatively low of capital in poor countries ensures a rate of return which is high by global standards, thereby attracting investment. Here, capital movement includes human capital as well, with highly skilled workers moving from capital-rich to capital-poor countries so as to reap high returns on their skills in a human capital-scarce environment, resulting in a parallel movement of managers, technicians, skilled workers, etc. The international flow of labour, therefore, must be kept conceptually distinct from the associated international flow of human capital. Even in the most aggregated macro-level models, the heterogeneity of immigrants along skill lines must be clearly recognized. The movement of skilled manpower from India to advanced countries like US, UK etc. can be explained using this theory. The migration of health workers, like, doctors, nurses etc., from India to capital-rich nations like US or UK is a classic example for the above theory on migration.

Migration and Health Workers

The liberalization of trade in health services in many countries has facilitated an increase in international migration of health professionals

from developing to developed countries. International migration of health professionals can be beneficial in the following ways: a) remittances from health professionals who migrate abroad can help nurture the economic growth of the home country; b) health professionals can acquire advanced skills by migrating abroad and bring back those skill sets and disseminate the same in their home country. From a public health perspective, one can think that the latter benefit may compensate for the temporary loss of health workers by enhancing the quality of health care in the long term. However, a sudden outflow of health professionals in the short run can lead to serious deficiencies in the domestic health sector of the home country, where public health institutions may not have adequate support staff to handle the voluminous work load.

Migration of health professionals can reduce the quality of health services unless it is compensated for by the production of equally or better- skilled health professionals in the country. This is particularly significant for India where a large number of people are dependent on the public health service system. Moreover, since medical education including training of paramedics and nurses in India is subsidized, migration of these professionals effectively passes on the benefits of such subsidy to the foreign country and its health services consumers.

India is seeking market access commitments from developed countries for allowing Indian health professionals to migrate to these countries on a temporary basis under GATS Mode 4 Negotiations. India was the largest source country of physicians for the US and the UK in the 1970s (Mejia et al., 1979). The share of Doctors trained in India was as high as 18.3 percent of the total foreign physicians (doctors) in the UK as of year 2001 (OECD, 2006). India is the second largest source of foreign nurses who have qualified the US certification programme with about 6,962 nurses passing this requirement in 2004. It has been actively persuading the US to increase such facilities in the country. But there is little focus on the implications for the migration of health workforce on the home country.

In India, the health service system is affected severely by the shortage of staff and other resources. While the WHO recommends a minimum of 100 nurses per 100,000 people, India had 62 nurses per 100,000 people in 2004. The National Commission on Macroeconomics and Health

estimates that only 40 per cent of the nearly 1.4 million registered nurses are currently active in the country because of low recruitment, migration, attrition and drop-outs owing to poor working conditions (NCMH, 2005). There is a much higher density of qualified providers in urban areas than in rural areas. The other issue of import is the presence of unqualified and illegal private providers catering to the rural and urban poor (Gautham, 2006). Despite 229 medical colleges with an annual admission capacity of 25,600, nearly 700 primary health centres are without a doctor (Rural Health Statistics, 2005).

Despite such and other documented evidence of deficiencies in human resources afflicting the public health service system in India the policy thrust appears to encourage international migration and removes barriers to the same. There is no indication of any requirement to ensure the return of health care professionals or any policy to ensure an adequate supply of workforce to counter this exodus. The degree of migration is unlikely to decrease in the future because of increasing demand for health care professionals in many of the developed nations. The changing epidemiological profiles of developing countries characterised by the emergences of new diseases, the resurfacing of epidemics that had been previously controlled and the changing demographic patterns pose serious health challenges for their governments. These have to be tackled by the health workforce in an environment of meagre public resources and resultantly limited incentives that can be offered to retain health-workers. These asymmetries between host and source countries justify the need for interventions on this front.

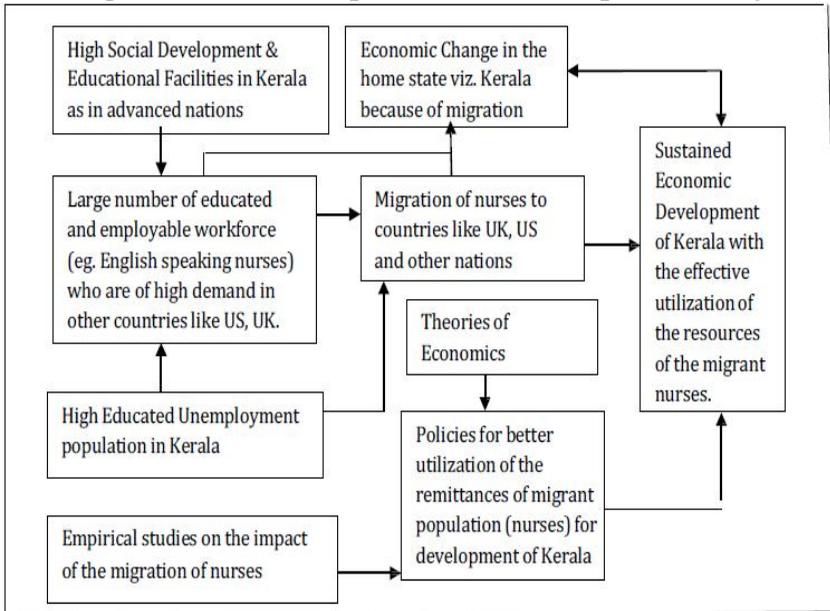
Migration is also a process of economic development (Lewis, 1954). This theory suggests that analogous to internal (intra-nation) migration, international migration too arises due to geographic differences in the supply of and demand for labour (Ranis & Fei, 1961)(Haris & Todaro, 1970)(Todaro, 1976). Thus, migration is conceived as a natural outcome of the economic globalization and market penetration activities that take place across the nations worldwide (Massey , Arango , Hugol, Kouaouci, Pellegrino, & Taylor, 1993). Migration is also now intertwined in the framework of international trade theory wherein the liberalization of trade in health services in many countries has facilitated increase in international migration of health professionals from developing to

developed countries. International migration of health professionals has helped the development perspective by nurturing the economic growth of the home country at the same time it helps acquire advanced skills by migrating abroad and bring back those skill sets and disseminate the same in their home country. Thus migration is bringing about overall increase in standards and greater interdependence. However, migration also exposes countries or the domestic health sector with serious crunch in manpower. Migration of health professionals reduces the quality of health services unless it is compensated by the inflow of equally or better-skilled health professionals in the country. This is particularly significant for India where most of the burden for providing health services falls on the public sector in spite of the fact that the majority of capacity to supply such services are in the private sector. Also, as medical education including training of paramedics and nurses in India is subsidized, migration of the professionals effectively passes on the benefits of subsidy to the foreign country and its health services consumers.

3.2. Conceptual Model for the Study

In view of the foregoing, it may be noted that there is a greater need to understand reason contributing to the migration of health workers at the same time understand how the migration actually influence the international, national economy and polity. There is a need to understand how international and domestic policies are factoring this movement of people as both a source of exchange of services at the same time balance the health care priorities of the country. There is a need to channel the resources like inward remittances by the migrant nurses for the sustained development of the home state viz. Kerala. Hence, the conceptual model for the present study could be developed as shown in Figure 3.3.

Figure No. 3.2: Conceptual Model for the present study



Source: Developed by the Researcher based on the available literature

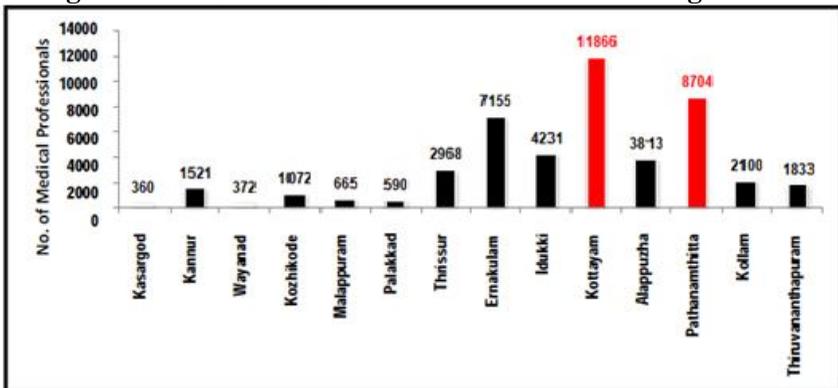
As shown in the conceptual model (Figure 3.3), the present study seeks to make suitable policy suggestions for the effective use of the educated and trained healthcare workers like nurses from Kerala who migrate to countries like UK. Their remittances need to be suitably channelized for the faster yet balanced and sustained economic development of the state. The findings of an empirical study like this could throw light on the practical aspects in this regard. The suitability of the extant governmental policies in this regard needs to be critically studied so that the desired changes in the above direction could be effectively formulated. This study, relying on the Neo-Classical Micro migration theory (Figure 3.1), uses the variables (i) Remittances by nurses migrated from Kerala working in UK, and (ii) Investments made by them in Kerala, India.

3.3. Methodology of the Study

As part of this research study, a field study was conducted among the households of international health workers (nurses) in Kerala. The

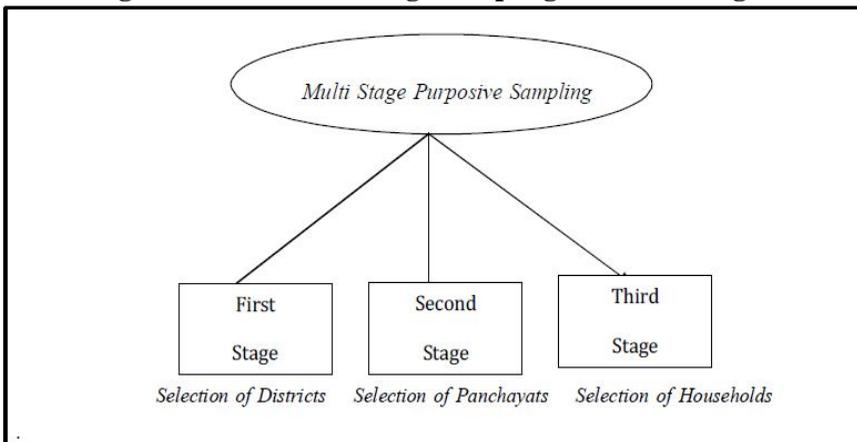
methodology adopted has been a multi-stage sampling. In the first stage, two districts in Kerala with the highest concentration of nurses viz. Kottayam (11866 nurses) and Pathanamthitta (8704 nurses) were selected using Purposive (Deliberate) sampling, based on the statistics on the number of nurses published by Department of Economics and Statistics, Government of Kerala as of 2013 (Figures 3.3).

Figure-3.3: District-wise Number of Nurses Working Abroad



Source: Directorate of Economics and Statistics, Government of Kerala, 2013

Figure No. 3.4: Multi-Stage Sampling – Various Stages



Source: Researcher, based on the methodology being used in the study.

In the second stage, from these two selected districts (viz. Kottayam and Pathanamthitta) a total number of 600 nurses were selected on a pro-rata basis, based on the relative concentration of the nurses in these districts. Accordingly, 350 nurses and 250 nurses respectively were selected from Kottayam and Pathanamthitta districts. In the third stage, 350 households corresponding to the 350 sample nurses in Kottayam district and another 250 households corresponding to the rest 250 sample nurses in Pathanamthitta district were selected. Here also, suitable number of households from the various Panchayats and Municipalities in the respective districts were selected on a pro-rata basis, using the statistics (Government of Kerala) relating to the distribution of migrant nurses. Random sampling (Lottery method) was used. (Table 3.1). The adequacy of the sample size (n) of 600 is ensured using the formula suggested by Israel (2009) which is as follows:

$$n = (ZS/E)^2 \text{ where,}$$

Z = Standardized value corresponding to confidence level of 95 per cent

S = Sample SD from the Pilot Study of 50 sample = 0.62

E = Acceptable Error = 5 per cent = 0.05

For this study, $n = (ZS/E)^2 = (1.96*0.62)^2 = 590.68 \sim 591$. For the sake of convenience 591 is suitably rounded off to 600, and this is the way the adequacy of the sample size of 600 is ensured for this study.

As per 2011 Census, the total population in Kottayam is 1.97 million. The male population is 0.97 million and the female population is 1.01 million. The total working population in the district is 0.74 million. The literacy rate of the Kottayam is 97.21. The total population in Pathanamthitta is 1.20 million in 2011. The male and female population is

0.56 and 0.64 million respectively. The total working population is 0.39 million, and the literacy rate of the district is 96.55. As already noted, the two districts of Kottayam and Pathanamthitta were selected deliberately because the chunk of nursing professionals in Kerala

is migrated from these two districts. As per the statistics available of the Department of Economics and Statistics, Government of Kerala as of 2013, as high as 25 per cent of the nursing professionals working abroad are from Kottayam district, and the Pathanamthitta district records the second position with 18 per cent share of migrant nurses. Together these two districts account for 43 per cent of the total migrant nurses from Kerala. Besides, the statistics indicate that

16 per cent of the total international migrants from Kottayam district are from the medical field and for Pathanamthitta district it is 8 per cent.

As already noted 600 households with international migrant nurses were surveyed. A total of 350 households were chosen randomly from Kottayam district using lottery method and similarly 250 households were chosen from Pathanamthitta district also. Representation of rural, semi urban and urban areas of both Kottayam and Pathanamthitta districts was ensured by adopting a pro-rata approach for sample selection. The sample of 350 from Kottayam represented 5 Taluks and 21 City or Panchayat areas of this district. The 250 sample from Pathanamthitta district represented 45 households from 3 Taluks and 15 City or Panchayat areas. The field survey was conducted during vacation time of migrants. So, face to face discussion with the sample migrant nurses was possible in 54 per cent of the cases. The present study focused nurses migrated to UK.

Table No. 3.1: Details of the Distribution of the Sample

District	City/Panchayat	No. of Sample	Percent
	Athirampuzha	114	32.57
	Athirapala	6	1.71
	Changanassery	14	4.00
	Chotty	6	1.71
	Ettumanur	6	1.71
	Kakkaplamattam	6	1.71
	Kallara	20	5.71
	Kanakkari	38	10.86
	Kanjirapalli	6	1.71

International Migration of Nurses from Kerala: Impact on Kerala Economy

Kottayam	Kozha	6	1.71
	Manjoor	20	5.71
	Marangatupalli	13	3.71
	MevadaKozhuvan	6	1.71
	Mutholy	6	1.71
	Neendoor	26	7.43
	Pallam	6	1.71
	Parathodu	6	1.71
	Thalayazham	13	3.71
	Uzhavoor	6	1.71
	Vakathanam	6	1.71
	Vechoor	20	5.71
	Total	350	100.0
Pathanamthitta	Anikadu	6	2.2
	Changapara	6	2.2
	Chengaroor	10	4.4
	Eraviperur	10	4.4
	Kaippuram	6	2.2
	Kallopara	57	22.2
	Koippuram	6	2.2
	Kunnathanam	23	8.9
	Kuttipuzha	16	6.7
	Kuttor	16	6.7
	Mullapalli	6	2.2
	Muthoor	16	6.7
	Pazhavangadi	50	20
	Ranni	6	2.2
	Tiruvalla	16	6.7
Total	250	100.0	

Source: Based on the Research Design for the present study

Popular statistical tools are used for data analysis and interpretation, and for drawing logical inferences on the study. Data analysis is done with the help of commonly used statistical package viz. Statistical Package for Social Sciences (SPSS).

Chapter **4**

**NURSING SECTOR IN
KERALA AND THE
TREND IN
INTERNATIONAL
MIGRATION OF
NURSES**

4.1. Introduction

Literate Keralites are never been reluctant to migrate to various parts of the country as well as abroad where there is a demand of educated professionals like teachers, health sector workers, accountants and other. With the oil boom in Gulf, people from Kerala started migrating to Gulf areas too. The trend of migration continued and migrants started exploring other terrains in developed nations like United States (US), United Kingdom (UK), Canada, etc. Till the formation of Kerala state on 01st Nov. 1956, Kerala used to be, by and large, an in-migrating state, but gradually it became an out-migrating state. It may be noted that ever since 1961, the state has been a classic example of an out-migrating state in the whole of India, till date; and moreover, it has been ahead of India in terms of migration. As per Kerala Migration Survey 2003, number of emigrants (EMI) in 1999 was 13.6 lakhs and in 2004 it was 18.4 lakhs. Number of return emigrants (REM) in the year 1999 was 7.4 Lakhs and in 2004 it was 8.9 lakhs³¹. Migration of nurses affects different countries in different ways and there is a troubling pattern of growing disparity in which poor nations with the fewest nurses are losing them to wealthy countries with the most nurses. The migration of nurses also brings into focus an issue of fair treatment to the migrated health personnel in the destination country. The case of Signal International in 2005, although not related to health personnel, busted the myth of fair and lawful treatment of migrants in the developed OECD countries including the United States of America. This case has underlined the necessity of understanding and reviewing the migration laws, processes, routes and treatment of migrants in the destination country³².

Historically speaking, Kerala is a land of migration. Remittances from migration have substantially contributed to reduce unemployment and

³¹ 405, Working Paper No: International Mobility of Nurses from Kerala (India) to the EU: Prospects and Challenges with Special Reference to the Netherlands and Denmark.

³² "A Study on Migration of Indian Nurses to the OECD Countries: Trends and Challenges Society for Labour and Development Acknowledgement." A Study on Migration of Indian

poverty in the state. Remittances made up nearly 10 per cent of the State's GDP, which is twice the amount that the state receives from central government by way of budget support. Nurses constitute one of the most important components of the migrant community in the state³³. Meanwhile, three major recruiting hubs have emerged in India, i.e. one in North India at New Delhi, and the other two in South India viz. at Bangalore in Karnataka state, and Kochi (Ernakulam) in Kerala state. While the Delhi-based recruitment agencies for nurses concentrate mainly on the United States (US) market, agencies based in Kochi and Bangalore are basically engaged in facilitating their nurses to other destinations like the Gulf countries, Australia, New Zealand, Singapore, Ireland, and the United Kingdom (UK). In Delhi, more than half of the migrating nurses are also originally from the south of the country, including Kerala. Indian recruiting agencies that partner with the U.S. recruiters have mushroomed in Delhi since 2003.

The number of Kerala emigrants (EMI) living abroad in 2011 is estimated to be 2.28 million, up from 2.19 million in 2008, 1.84 million in 2003 and 1.36 million in 1998. The increase during inter-survey periods shows a decreasing trend. The increase could disappear by about 2018 or so as the trend in migration could clearly slope downward. It is estimated that as of 2011, the number of Kerala emigrants who have returned to Kerala and are living in this state (REM) is as high as 1.15 million. There was a small decrease in the number of return emigrants during 2008-11. It was 1.16 million in 2008. Kerala migrants living in other states in India (OMI) in 2011 is estimated to be 931,000, up from 914,000 in 2008. The increase was not very high, being less than 2 percent. Kerala out-migrants who returned and now living in Kerala (return out-migrants) are estimated at 511,000 in 2011. The respective numbers were 686,000 in 2008, 994,000 in 2003 and 959,000

Nurses to the OECD Countries: Trends and Challenges Society for Labour and Development Acknowledgement. N.p., n.d. Web. 06 May 2015. in

³³ "Nurse Emigration from Kerala: 'Brain Circulation' or 'trap'?" "Nurse Emigration from Kerala: 'Brain Circulation' or 'trap'?" N.p., n.d. Web. 22 Apr. 2015.

1998. There was a consistent fall in the number of return out-migrants. More and more Kerala migrants in the other states in India tend to stay back in the host state or move abroad instead of returning to their home state.

4.2. Profile of Nursing Sector in Kerala

The average age of nurses working in India and aspiring to migrate to Organisation for Economic Cooperation and Development (OECD) countries is

26.25 years with minimum age of 24 years and maximum age of 29 years. Their average work experience is 3.75 years. 21.5% of them are male nurse. 78.5% of the aspiring nurses are unmarried (Society for labour and development, New Delhi). Among them married nurses in this category, everyone's spouse is earning with a job. This suggests two inferences; one, the nurses prefer to get marry after migration as it promises a spouse from better economic and social background and two, in the case of those who marry before migration, both need to be working to sustain themselves.

It was in the 1970s that a push of Malayali nurses, mostly from the central Travancore belt of Tiruvalla-Kottayam, to overseas destinations became visible. The first few years saw them target cities and small towns in Germany, the UK, Italy, Belgium and France. The second wave that followed found nurses heading for the shores of the US, Canada and Australia, and simultaneously a swell began to target Kuwait, Iraq, Qatar, Oman, the UAE and Saudi Arabia. What was initially frowned upon by society soon became a fad when the foreign remittances dramatically transformed the ways and means of hundreds of families where nurses became principal bread-winners.

If the European and American nurses of Indian origin began by earning the equivalent of a few lakh rupees a month, among those in the Gulf countries, the better off are those in Kuwait, Qatar, UAE and Oman in excess of Rs 1 lakh, followed by Saudi Arabia with around Rs 60,000, while fetching up close behind with around Rs 30,000-40,000 were

those in Iraq and Libya³⁴. Non Resident Keralites Affairs (NORKA) Department plays a vital role in dealing with the grievance redressal and safeguarding the rights of migrants. NORKA has been functioning as a full-fledged department of the Kerala government since 1996 with a full-fledged minister seems to have a proper handle on the number of Indians/Keralites working abroad.

4.3. Migration of Nurses from Kerala

It is estimated that today over 10% of the population of Kerala lives outside the state, in various parts of India, in the Gulf countries, US, UK and other countries across the world. Despite various estimates, there is no consensus among the researchers regarding the exact number of People of Kerala Origin (or, PKOs, in short) living in various states of India, and the world. These estimates vary between 3 to 4 million. Difficulty in estimating PKOs arises partly because it is not easy to count second and third-generation Keralites living in various parts of India or elsewhere in the world, over the years.

However, there is higher clarity regarding the number of migrants living in the Gulf countries and also on the pattern of their migration to those countries over the past four decades or more. Over the last four decades, migration has been playing a major role in reducing the poverty, controlling unemployment and minimising relative deprivation in the state of Kerala. For more than 30 years there has been stable and constant migration from Kerala to the Gulf countries as well as other parts of India or elsewhere in the world. A study by the Centre for Development Studies, Trivandrum ('Migration and Development: Kerala Experience', S Irudaya Rajan, K C Zacharia, CDS, 2007) points out that there are around 2.27-3 million non-resident workers from Kerala. The proportion of migrant workers to the Gulf has declined from 95 percent in 1998 to 89 percent in 2007³⁵. Kerala has a long history of the migration of nurses. In

³⁴ "Infochange India." Migration from Kerala: The End of an Era? N.p., n.d. Web. 017 May 2015. www.infochangeindia.org is an online repository of information and analysis on social justice and sustainable development in India.

³⁵ K C, Zachariah, and IrudayaRajan S. "Inflexion in Kerala's Gulf Connection - Report on Kerala Migration Survey 2011." Working

fact, Kerala’s strengths in respect of higher education and health sector and many achievements in this regard provides the requisite rationale for more detailed research into the prospects of the mobility of nurses trained in this state. Though studies on the emigration of nurses from Kerala to Australia, USA and to the Gulf region have been done over the years, studies on the migration of nurses to UK are rather scarce.

Studies done so far indicate that emigration of nurses from Kerala to European countries is by and large personal and network-driven (Walten-Roberts, 2010)³⁶. A study of the major enablers as well as barriers to mobility of nurses from India (particularly from Kerala state in the Indian union) to UK from a broader perspective appears quite logical and timely in the above context, in the light of the growing crisis of healthcare workers abroad.

Table No. 4.1: Training Institutes for Nurses in South India

States	2004		2007		2010	
	BSc	GNM	BSc	GNM	BSc	GNM
Karnataka	67	154	285	458	311	520
Andhra Pradesh	39	91	167	222	211	244
Tamil Nadu	36	54	80	122	131	164
Kerala	5	74	83	172	97	218
Total	147	423	615	974	750	1146
All India Total	187	684	833	1597	1244	2028
South India’s share	78%	62%	74%	62%	60%	57%

Source: European University Institute/CARIM India – Developing a Knowledge Base for Policymaking on India-EU Migration³⁷

Paper.N.450, 2012. [Available online at www.cds.edu, in the menu of Working papers, as WP No. 450].

³⁶ Walton-Roberts, M. 2010. “Student Nurses and Their Post Graduation Migration Plans: A Kerala Case Study.” In *India Migration Report 2010*, edited by S. Irudaya Rajan, 196–216. London: Rutledge. [The paper is available online at www.academia.edu/3051622].

³⁷ Available at: <http://cadmus.eui.eu/bitstream/handle/1814/29481/CARIM-India-2013%20-%202019.pdf?sequence=1>

Empirical studies done recently have underscored the predominance of Kerala-based nurses among the nurses from India who have migrated abroad.

Nurses from Kerala ('Keralite' or 'Malayalee' nurses) working abroad are mostly Christian women. But, the community of nursing students today in Kerala is much more diverse in composition than it was previously. Today, Hindus and Muslims together comprise almost 50 percent of the total in one large sample of nursing students, the share of Hindus intending to migrate was only a little less than that of the Christians (Walton Roberts, 2010)³⁸. The social composition of aspiring nurses from India who intend to migrate to foreign countries like UK also is becoming more diverse.

The intention to migrate is quite prominent among the Punjabi nurses. Widely known for their strong migratory disposition, the Punjabis have built social networks across Europe and North America. Unlike the migrants from Kerala, Punjabi migrants are led by men, and recently women nurses too have entered into the OECD countries (Sharma, *The Sunday Tribune*, 2005).

At present, the major destinations for Indian nurses are Gulf countries and the OECD nations. Nurses from Kerala dominated an estimated number of 60,000 Indian nurses working abroad in the Gulf countries (Percot, 2006)³⁹. Though the programmes of nationalization of the workforces is being pursued since the 1980s these have not stemmed the flow in any serious way.

A notable trend that there is an increasing trend in respect of the nurses from Kerala in the OECD countries. Majority of the nurses under the jurisdiction of the Kerala Nursing Council prefer the English-speaking destinations; as high as 38 percent of nurses from Kerala work in the US alone, another whopping 30 percent work in the UK, 15 percent in Australia, and 12 percent in the Gulf countries (Lum, 2012). Outflows in a single year may be quite large when as in the past decade there was

³⁸ Walton-Roberts, M. 2010. Details as in [6] given above.

³⁹ Percot, Marie. 2006. "Indian Nurses in the Gulf: Two Generations of Female Migration", *South Asia Research*. Sage Journals, 26, 1, 41-62.

significant global demand for nurses and also co-ordination of movements. The office of the Registrar of the Kerala State Medical Council had reported in 2003 that more than 14,000 qualified nurses from Kerala state cleared their certificates to leave for the U.S., UK, Canada, and Australia⁴⁰.

Trend in respect of the recent outflow of nurses from India to the Gulf and some OECD nations, being sent through the major recruiting hubs in the country shows an increasing pattern. Nurses from India have been a growing presence in the OECD nations during the last one decade or more. In 2000, India, with 22,786 nurses in the OECD region, was ranked sixth in terms of the origin countries of nurses in the OECD region. India was far below the Philippines - the leader among the exporters of nurses (Dumont and Zurn, 2007). But, since 1999-2000 India has gradually become the principal supplier of nurses to the UK and Ireland, the third largest source of IENs(Internationally Educated Nurses) in the US, and also the third and fourth largest supplier of nurses to New Zealand and Canada, respectively. India accounted for 10 percent of the IENs in the US in 2008 (US Human Resources and Service Administration, 2010) and 5.3 percent of the foreign trained workforce in Canada in 2005 (as against 30.3 percent from the Philippines) (Kumar and Simi, 2007). Besides, Australia is also becoming a destination with growing number of nurses from India during the last decade. Since 2003-04, India has been ranked third among the top source countries of foreign nurses migrating to the New Zealand, after the UK and the Philippines. The annual registration of nurses trained in India increased from virtually nil in 2000 to as high as 100 in 2005 (Zurn and Dumont, 2008). Over the last three years alone, as high as 1003 Indian nurses have registered in New Zealand alone; thus showing a fast growing presence in that country.

⁴⁰ "A Study on Migration of Indian Nurses to the OECD Countries: Trends and Challenges Society for Labour and Development Acknowledgement." A Study on Migration of Indian Nurses to the OECD Countries: Trends and Challenges Society for Labour and Development Acknowledgement. Academia.edu, n.d. Web. 20 Apr. 2015. [Available online at www.academia.edu/8304278].

4.4. Factors Leading to Migration

Lee's behavioural model analyzed push - pull factors in migration. Push factors are those which prompt people to migrate to other destinations whereas pull factors attract migrants from other source destinations. Lee also explained patterns of migration. According to Lee, migration depends upon characteristics of origin and destination, intervening factors like cost, borders etc and nature of the people. Economic aspect of migration is the key factor in Push-Pull model. The push factors include absence of enough jobs, few opportunities, inadequate conditions, desertification, famine or drought, political fear or persecution, slavery or forced labour, poor medical care, loss of wealth, natural disasters, death threats, desire for more political or religious freedom, pollution, poor housing, landlord/tenant issues, bullying, discrimination, poor chances of marrying, condemned housing (radon gas, etc.), and war. The 'pull' factors are better job opportunities, better living conditions, feeling of having more political and/or religious freedom, enjoyment, education, better medical care, attractive climates, security, family links, industry, better chances of marrying. (Table 4.2)

Table No. 4.2: General factors affecting migration

Migrants (Type)	Demand pull factors	Supply push factors	Network or other factors
Economic	Labour recruitment	Unemployment or underemployment issues such as wages	Jobs and wage information flow
Non economic	Family unification	Fleeing war/civil unrest	Communications, transportation, assistance organizations, desire for new experience

Source: Martin & Zurcher (2008). Managing Migration: The Global Challenge.

Supply Push factors

Migration has been a prime mover for social, economic, cultural and political change in Kerala over the last three decades or more. Naturally,

the patterns of migration from Kerala along with their socio-economic impacts on society could significantly influence the culture and political process of this state. High levels of remittances from the migrants could reduce the unemployment and poverty in the state on the one hand. Quite paradoxically, it has given rise to a consumerist culture and commoditisation of public services like education and health, on the other hand.

Inward remittances from more than 20 lacs migrant workers could provide indirect employment to about 40 to 50 lakh people in the state, as per the various estimates of the Government of Kerala. Besides, the remittance economy in Kerala changed the patterns of land ownership and agriculture. It had impact on the environment and ecology too, owing to an unprecedented boom in the construction sector and hence exerting pressure on the land and paddy fields for the sake of new construction activities.

The factors that motivate young professionals to opt for migration include: individual concerns such as the lack of opportunities for professional growth and skill development; organisational aspects such as low salaries, poor working conditions, excessive workload and poor quality of training or education; and contextual factors such as good lifestyle and freer society. Some systemic issues have been cited as factors that have inspired health personnel to migrate to international destinations. These include lack of public investment in the health system, absence of effective human resource planning and deteriorating work conditions. Low remunerations and overwhelming workload appear to be major grievances of health professionals, who were until recently among the lowest paid cadres of Indian public services. Though remuneration has improved with the implementation of the recommendations of the Sixth Pay Commission in 2008, the salaries and allowances are still much lower than those offered in developed countries⁴¹. The government apathy towards rural working and living conditions, with poor infrastructure and equipment

⁴¹ A Study on Migration of Indian Nurses to the OECD Countries: Trends and Challenges Society for Labour and Development Acknowledgement. [www.academia.edu/8304278.]

has resulted in increasing vacancies of health care workers in rural areas. It appears that migration becomes a much more appealing option as compared to joining the public health workforce. The major push factor for migration to the OECD countries is lack of availability of jobs with decent salaries in Kerala as well as elsewhere in India. The nurses are paid in the range of Rs. 3000 to Rs. 8000 per month, which is not sufficient to pay back their monthly instalment for loans. The prospect of going abroad on a good salary is one of the key factors influencing youngsters' decision to choose nursing profession. However, the meager salary they receive in this profession in India compels them to keep on exploring ways to get a job abroad. Those who prefer to go to OECD countries are also fascinated by the lifestyle there as well as the dignified working conditions in those countries.

There is an enlarged pace of unemployment among the health professionals because of the high annual turnover of doctors and nurses from the growing number of public and private medical schools in the EMEs. In addition, the structural adjustment policies (of the World Bank) adopted by most EMEs resulted in the reduction of jobs and inadequate investment in the healthcare sector, particularly the primary healthcare infrastructure in the rural areas. Apart from unemployment, studies have emphasized 'wage' both as push and pull factors. The increased demand for nurses and better wage opportunity have led Filipino doctors to retrain as nurses.

Health professionals who do not have proper work environments or are victims of bureaucracy and politics in the home country often go to other countries in search of opportunities. The level of stress related to responsibility and poor compensation has led to mental and physical exhaustion among young nurses in China. Studies in several EMEs have identified better wages, job opportunities and work environment as the major reasons for migration. Other factors include poor living conditions for the healthcare workers and their families, and lack of proper educational institutions for their children in rural areas.

Further, the political climate and policies in some countries promote migration. For example, countries like the Philippines, Turkey and Mexico have developed policies for migrant health professionals to remit

money to the home country in the form of taxes. The growing number of nursing schools in Philippines produce a large workforce that provides high remittances to the country, although their migration is crippling the country's own health system. Apart from the benefits of remittances, these countries also do not have to create employment opportunities for the growing number of health professionals. The economic benefits from remittances on reducing poverty in the donor countries have been empirically demonstrated by various studies, but a study by Chauvetet.al. showed that the net benefits of remittances on child health and reducing infant mortality is reduced when expatriation of doctors are considered in the econometric models.

The growing number of medical and nursing schools and the mismatch between the curriculum and health system requirements also encourage migration. In order to maintain global competency, the medical education curriculum in many EMEs are highly technical and scientific, but the health system infrastructure and medical technologies available in these countries are not as advanced. Thus, the opportunities available to practice the advanced technical skills acquired by the health professionals are inadequate. This results in dissatisfaction and encourages migration. However, migrating in search of better opportunities may not always be favourable as many professionals are underutilized in the recipient country contributing to 'brain waste'. The immigrants often encounter challenges in meeting the professional accreditation needs of the recipient countries and are known to face discrimination with regard to employment and promotions. As a result many skilled immigrants end up in jobs for which they are over-qualified leading to brain waste or 'talent waste' which is suggested to be detrimental to the physical and mental health of such immigrants. This loss of 'human talent' is a universal loss, because the skills are not utilized by either the donor or the recipient country.⁴²

Demand Pull factors

Demand-pull factors are the conditions in destination countries are same for across the globe. As in the case of push factors, pull factors cause workers in a particular developed country to move to another developed

⁴² Available at: <http://jpubhealth.oxfordjournals.org/content/35/1/157.full>

country. However, the pull factors present in developed countries are a more powerful influence on individuals in developing countries. For example, after adjustment for the cost of living, nurses' salaries in Australia and Canada are double those of nurses in South Africa, 14 times those in Ghana, and 25 times those in Zambia.²³ As with push factors, healthcare professionals are unlikely to migrate to a destination country unless they perceive conditions there (the pull factors) as superior to those at home.

The desired opportunities (better wage, job opportunities and work environment) are usually provided by most high-income countries such as the USA, Canada, Australia and countries in the Western Europe to meet their increasing healthcare demands resulting from demographic transition. The current policies of investment in education of health professionals in these countries are insufficient to meet the demands of their growing healthcare market which they try to meet by recruiting health professionals from resource poor countries and from the EMEs. The necessity to address the increasing demand for health workers in these countries outweighs their commitment to human rights and ethics of recruiting health professionals from resource poor countries⁴³.

The Role of Historical ties

Nurses trained in Kerala have been pioneers in launching a new avenue for employment for migrants in US, UK and Gulf countries. They take up such positions and become the key breadwinners of their families. Since their spouses and family members begin to follow them abroad, they could reverse the gender pattern of migration too. In the initial phase, Bombay (today's Mumbai) was the launching pad for nurses trying to go abroad viz. the Gulf countries, US, UK and the East Africa. Migration of nurses to Gulf countries since the early 1950s was linked to the relative ease in getting jobs since in those days the process did not include sponsorships and tests, and typically the recruiters from nations like Kuwait and Saudi Arabia used to conduct interviews in India and even pay the travel expenses of the selected nurses (George, 2005). Even

⁴³ Health professionals' migration in emerging market economies: patterns, causes and possible solutions, oxford medical journal

though the Gulf countries did not offer any permanent residence, the high remunerations made the nurses satisfied with their offers. Since 1965, the US too has become an attractive destination for nurses as they opened their doors to foreign nurses by relaxing their immigration laws. The US hospitals held recruitment campaigns for nurses in Philippines and in India because of critical shortages of nurses during the 1960s and 1970s resulting from the expansion of medical coverage and the fall in the number of women attending nursing schools in America (Williams, 1996). But, India remained as one of the smaller source countries of those days. Of the nurses from abroad who got new registration in the US in 1972, the total share of India, Korea, Thailand and the Caribbean was 14 percent. (Mejia, 1978).

Nurses of Kerala origin have been working in the European countries since the 1960s. But, except in respect of the UK and Ireland, literature available on their migration is very scarce. Nearly 6000 Indian nurses, most of them being Kerala-based Catholic women took up nursing jobs in Germany during the 1960s to make up their scarcity of health workers (Gottschlich, 2012). Most of these nurses worked in Catholic hospitals and old age homes in Germany. In the early 1970s, hospitals in Vienna recruited nurses from Kerala by means of a Catholic order viz. ‘the Queen of the Apostles’ – a Vienna based order that was founded 1923 for missionising in India (Hintermann and Reegar, 2005). Since at least the late 1960s, Christian nurses of Kerala origin have been working in Italy (Gallo, 2005). Christian nurses from Kerala had their presence in Switzerland too. In initiating and sustaining the migration as above, the network of the Catholic Church and the personal and social networks had played a vital role. Recently also, in the backdrop of the falling pace of migration resulting from the economic slump, the Catholic Church constituted a help desk to assist trained nurses trying to migrate to the European countries (UCA News dt. 11.01.2013). Besides, individual initiatives were also vital in opening up channels of migration. A classic example is that of a Malayalee student in Vienna, Mr. Kizhakkekara, who got a ‘letter of goodwill’ signed by the former Vienna town Councillor for Public Health declaring that the city of Vienna ‘will employ Indian nurses as far as possible’ (Hintermann and Reegar, 2005). Networks of family, community and nursing schools could effectively disseminate information

and also ensure a security feeling to the potential migrants. The emergence of social networks enabled Kerala-based nurses to respond to recruiting drives with alacrity, where women from other states may have been more circumspect.

The political leadership of Kerala witnessed a high prominence of people from a few selected communities. Till the 1970s, there were fewer Muslims among the political leaders of Kerala. But, by the end of 1990s, the economic status, educational profile, land ownership status etc. of Muslims in Kerala improved significantly, leading to a new understanding and assertion of the Muslim community in the political process. The new politicisation and also the revival of identity of Muslims had had a direct impact on the pattern of migration from Kerala. The outcome of this change was a strange mix of the mainstream reformist politics and a more radical politics that combined a critique of imperialism and assertion of a new pan-Islamist political process.

Christians in Kerala were part of the first three waves of migration from the state, because they had better access to information, money and also network resources. Hence the next generation of these migrants climbed up into the upper middle class elite segments of society. Because many of them were relatively more educated and skilled (mostly nurses) they migrated to the US and other European countries. The politics of these sections was partly shaped by the above migration process, they being less politically conscious and largely had a non-left political inclination. They inadvertently promoted the so called 'painkilivalkaram' - a new, popular titillating consumer culture which began in the central Travancore and later spread throughout Kerala. Diverse patterns of migration corresponding to different communities in Kerala shaped the political sociology and also sociology of political leaders.

Migration influenced the film industry also since remittance money as well as earnings of Gulf-based businessmen began to be growingly invested in the film industry. 'Painkilivalkaram' or popularisation process can be noticed as the dissolution of the feudal relationships that existed in Kerala – a relationship that was radically challenged by the fourth wave of the migration process in the state and the resultant patterns of NRI remittances. But though feudal relationships changed, the feudal mind-set

did not. This, along with the consumerist status-quo and the vanities of the neo-rich, created a conducive environment for 'painkilivalkaram', which can partly be seen in the popularisation and democratisation of literature from the elite or high-class 'culture' to the products of mass consumption.

Of course, individuals and employers were not the sole agents that shaped the patterns of migration of health workers from Kerala. Relationships among the governments had clearly constrained the limits upto which the free-market forces could operate and individual contracts were executed. Many critics of the prevailing trends in migration from Kerala observe the migration patterns simply as another manifestation of systemic neo-colonial exploitation. This view stresses that the migration of healthcare professionals often serves the interests of former colonial powers. Further, this criticism points out that arrangements are largely being agreed to by the elite in the former colonies who in turn are mostly insulated from the outcomes of their own decisions. Actually, in countries having both public and private healthcare systems, the elites can strictly avoid the public healthcare system. In some cases the former colonial powers are very much engaged in setting standards for education and training in their own former colonies. They try to ensure that the type of training imparted is relatively compatible with the needs of the respective destination countries. But, these workers have little bargaining power in negotiating their compensation and working conditions, leading to lower pay and less favourable working conditions than exist for domestic workers. Often, health professionals are compelled to take up positions that are one or more steps lower than their positions in their home countries. Examples to such embarrassing situations include RNs who accept the position of less skilled practical nurses and physicians working as RNs.

Most emigrating healthcare professionals move to the nation that formerly exercised colonial control over their country of origin. Except for the nurses from Philippines, most of the nurses and physicians employed in UK are the one ones who have migrated to UK from countries formerly formed part of the British Empire. Also, a significant number of the RNs and MDs in Portugal are migrants from former Portuguese colonies, such as Angola, Mozambique and Cape Verde. Philippines, a former American colony, is the leading nation that supplies foreign nurses to the healthcare system in US. Recent migration streams from Kerala have been

predominately oriented to the Middle East. For example since the Kuwait war of 1990-91 Kerala emigration has more than doubled (Kerala State Report on Migration). Over the last 25 years the state of Kerala in India has accounted for 40-60% of India's contract labour emigration to the Gulf (Nair, 1999).

In 2004 the number of emigrants from the state was equivalent to 27 per 100 households, and researchers suggest that emigration, more than any other single factor, has made the most significant contribution to poverty alleviation in the state (Zachariah, Mathew and Rajan, 2001a). The 2007 Kerala migration survey indicates stasis in terms of emigration numbers from Kerala overall and a decline in the percentage share of female immigrants from 16.8 percent in 2003 to 14.4 percent in 2007 (Zachariah and Irudaya, 2007). Despite this decline, female migration continues to be of importance to the state, since the majority of female migrants from Kerala tend to be skilled nurses, and researchers maintain that 90 percent of migrant nurses both across India and in the Gulf are from Kerala (Nair and Percot, 2007).

As the international demand for this sector of health workers continues to increase (Brush, 2008), the global migration of nurses will continue to be of importance to Kerala's economic, social and cultural development, despite the temporary variations in international demand. Kerala is clearly an important site to explore female migration related to the health care sector, and as such it stands in contrast to India as a whole, which has generally been perceived as a non-sending region when it comes to female migrants (Oishi, 2005). While much of the focus on females and migration in Kerala has been linked to women being left behind (Sekhar, 1996; Gulati, 1993), a growing body of literature has explored the migration of female nurses from Kerala to the USA (George, 2005; Williams, 2000), Australia and UK (Healey, 2006), Germany (Goel, 2008), and the Gulf Region (Percot, 2006). Kerala is therefore somewhat distinct from many other states in India because it has along tradition of female education, nurse training and nurse emigration rooted in the state's history of Christianity (Simon, 2009; Ambraham, 2004), and missionary and colonial health care development (Kutty, 2000; Kawashima, 1998). As missionary and colonial medical systems developed in India in the late nineteenth and early twentieth century, Christian women were important

recruits who did not face the same caste prohibitions that Hindu women did with regard to patient care (Jeffrey, 1988). High caste Hindu women were reluctant to enter nursing, and despite the higher status, none qualified even as medical doctors before 1914 (Arnold, 2000).

Nursing continued to be viewed as a poor occupation reserved only for low caste women. By the time of independence the Bhore Committee reported on the very poor working conditions still present in the sector (Jeffrey, 1988). While female doctors in India do have high status, Jeffrey argues that nurses suffer from lower status due on part to the connotations of pollution linked to their work and the fact that the nursing profession was divided into several different educational categories (Jeffrey, 1988: 242).

In the current period the legacy of poor status is still felt by many in the nursing profession (George, 2005; Nair and Healey, 2006). More recently there has an argument that the profession has seen an increase in status, especially in light of the opportunity it presents with regard to international migration (Percot, 2006). This transition reflects the intersections between the changing social acceptance of the nursing profession within India, the changing international demand for nurses, and changes in state and society perceptions of female migration. The idea that these transitions are somehow synchronized in their progress is, however, misplaced. For example, one of the major push factors for nursing students to consider taking up international opportunities overseas is linked to low wages in India (Khadria, 2009), but also as a response to what this pay discrepancy communicates to them about the relative devaluation of nurses within the Indian medical system and society more generally (Walton-Roberts, forthcoming; Nair and Healey, 2006). Under these conditions the opportunity to emigrate has been widely embraced by Indian trained nurses, especially those from Kerala.

India cannot claim that the emigration of trained nurses is not a problem, since the number of nurses per thousand persons in India was 0.9 in 2006 compared to a world average of 1.2 (WHO, India office n.d). Recently there has been a shortage of nurses experienced in India (some teaching hospitals we interviewed at in Kerala told us they were running with only half of their nursing positions filled), and nursing programs have come

through a phase of expansion in the early 2000s (personal interview Department of Nursing Education, Kerala, October 2008). In 2008 there were over 2,300 nursing programs in recognized educational institutions across India, yet this capacity was again being increased. Kerala has been seen as one of the most important regions in India for the training of nurses, and there has been a concerted effort to raise the annual number of graduates in all programs from 2,000 in 2002 to over 14,000 in 2008, with a future target of over 20,000 (Personal interview, Kerala Department of Nursing Education, Trivandrum, October, 2008). Recently the Indian Nursing Council (INC) has implemented a number of changes to increase the number of institutions providing nursing programs and to increase student enrollment (Indian Nursing Council, 2008; Singh, 2008). The regulatory changes have been greeted positively by some health care groups, but with concern by others.

For example student groups are concerned about how the proposed changes to both student entry and resource requirements will impact the quality and global reputation of Indian nurse training. The president of the Post Graduate Nursing Students Forum stated —It will be a great compromise as far as clinical experience is considered. This will also affect the prospects of those candidates who seek jobs in the U.K. and the U.S. and other foreign countries, since these countries are quality conscious. Even those who seek jobs here (in the country) would be affected. These changes have ramifications not only for India, but also internationally in light of the significant rate of international emigration of Indian nurses. Although official numbers are hard to locate, various surveys have suggested that the number of Indian nurses who intend to work overseas varies from 1/5 (Hawkes et al, 2009 in a sample of 99) to between 2/3(Thomas, 2008 in a sample of 448) and 3/4 (Khadria, 2009 in a sample of 40).

4.5. Major destinations of Nurses Migrating from Kerala

The U.S. and the U.K. have been the most preferred destinations for migration for the nurses. However, strict laws for immigration and the ban on issuing H1B category Visa in the U.S. and increasingly hostile governmental approach in the U.K., accompanied by the global economic recession have forced the aspirant nurses to look for immigration prospects to other OECD countries. In the process, now Canada and

Australia have emerged as the next most preferred destination countries for nurses. Australia and New Zealand are perceived as offering better chances in the nursing profession as well as better prospects of settling down there. Job prospects for nurses' spouses are also considered better in these two countries than any other OECD country at present, particularly in the skilled and semi-skilled work sphere. As far as Canada is concerned, it is perceived by the aspirant nurses as a spring-board to ultimately migrate to the U.S. in the near future. Although, its harsh climatic conditions and uncertain job prospects for spouses are cited by some of the aspirants as deterring factors, even then, Canada has been preferred more than Australia with the hope of going to the US from there. Although, Canada has stopped issuing Visas to the nurses in the second half of 2012, the aspirant nurses have been optimistic about re- start of the Visa-issuing process in the first half of 2013. The scarce population in these two OECD countries is viewed as a stable option for long term job prospects, i.e. less threat to migrant's employment there

Nurses from developing countries emphasize the economic motive as the principal reason for migration because the compensation packages in their home countries are far from attractive. In the home country they work for over eight hours a day and are paid very little. On the other hand, in countries like U.S. they are promised more than \$45,000 per annum (in 2003). However, onward migration of nurses from countries that provide high salaries to others is only one indication of more diverse motivations. Migration is often considered as a life strategy for nurses in India (Percot, 2006). Increasingly, Indian nurses are using the Gulf countries, where salaries are attractive, as a stop on their journey to the OECD countries. 84 There is also significant movement of Indian nurses within the OECD countries. Prominently Indian nurses' in the UK and Ireland have indicated their intent to shift to the US, Canada and Australia. 85 86 Indian nurses are known for their preference for permanent residence in an OECD country compared for instance to Filipino nurses, the other large sending country of nurses (Alonso- Garbayo and Maben: 2009).87 This preference is likely to make them look for destinations that are relatively more secure. This factor needs to be factored in by the destination countries in their policies, if they are subject to chronic or cyclical

shortages. The nurses we spoke to said better salaries were the main draw of overseas employment.

Sneha and Rubina, staff nurses at a hospital in Copenhagen, received a basic salary of 21000 Danish Kroner. 89 Roughly three years ago, as junior staff nurses in hospitals in Delhi, they drew between Rs 6000 and Rs 7000.90 In Denmark, the taxes deducted are high, but there is scope for additional allowances for working on holidays (65 to 70 Kroner per hour) and night shifts (50 Kroner per hour extra compared to day shifts). Their main expense was on rent which worked out even to as high a sum as 5000 Kroner. Effectively they could save from Rs 80,000 to Rs 1 lakh every month. Yet, higher salary was not the sole motive of migration. All of them had nurtured the aspiration to go overseas. Daisy said she grew up in a place where many nurses were going overseas. Her aspirations grew seeing them. Rubina said, “there is this feeling in us. We want to go out”. They attributed it to a complex set of factors, salary most importantly but also working conditions, the experience of life and work overseas and the desire to travel. Daisy said she and her husband had no intention to settle down overseas but ‘wanted to spend a few years, travel, see places and then return’

In the early 2000s the UK and Ireland became favored destinations for Indian nurses.91 Though salaries were higher in the US and in Australia, migration to these countries took longer (up to two years) compared to the UK or to Ireland (six months to a year) (Matsuno, 2006: 62, Pazhanilath, 2003). The tightening of immigration on account of the recession has brought to the fore the uncertainties of migration to Europe.

The economic downturn has led to less favourable conditions of work in Ireland - wage reductions and tax increases – and non EU nurses are feeling insecure despite having permanent contracts (Humphries et al, 2012: 48).92 The non payment of overtime, part of the austerity, has substantially reduced the incentive for foreign staff to seek employment in Ireland and caused some of the Irish health professionals to consider job opportunities abroad (Bobek et al., 2011: 108). Notably, aspiring nurse migrants have pointed out that restrictive immigration policies and language barriers were curbing their movement to the other EU countries (Hazarika et al., 2011: 76). In fact, social networks have served to

promote destinations and also to dissuade nurses from going to particular destinations. In recent years, aspiring migrants were encouraged by their friends and ‘seniors’ to go to Australia and New Zealand but also dissuaded from going to the UK and Ireland (Hazarika et al., 2011).

Table No. 4.3: Trend of the Migration of Nurses from India and other Countries

Country's Name	2000	2001	2002	2003	2004	2005	2006	2007	2008	Average
India	96 (220)	289 (201)	994 (244)	1830 (84)	3073 (68)	3690 (20)	3551 (-3.8)	2436 (-31)	1020 (-58)	1887 (82.6%)
Philippines	1052 (1923)	3396 (223)	7235 (113)	5593 (-23)	4338 (-22)	2521 (-42)	1541 (-39)	673 (-56)	249 (-63)	2955 (224%)
Australia	1209 (-9.4)	1046 (-13)	1342 (-28)	920 (-31)	1326 (44)	981 (-26)	751 (-23)	299 (-60)	262 (-12)	904 (-11.6%)
Nigeria	208 (16)	347 (67)	432 (24)	509 (18)	511 (0.4)	466 (-9)	381 (-18)	258 (-32)	154 (-40)	363 (2.9%)
South Africa	1460 (144)	1086 (-26)	2114 (95)	1386 (-34)	1689 (22)	933 (-45)	378 (-59)	39 (-90)	39 (0.0)	1014 (0.7%)

Source: Adapted from IIMB Research & Publications

[www.iimb.ernet.in] [Figures in brackets refer to Year on Year growth rates in percentage terms].

Case study

Sneha and Rubina, had received information from their relatives and family friends. They collected information from Daisy, who was working as a nurse in Denmark and her husband John. Sneha and Rubina said that they gained greater clarity about overseas work opportunities from their seniors who were doing training courses for examinations to particular destinations or preparing to leave. Most of them pointed out some destinations in Gulf countries, the US and the UK. Both of the aspirants have undergone short term training courses in English and were planning to take the IELTS after they got to know about the opportunities in Denmark. While applying to Denmark, Daisy was 22 years old and had working experience of less than a year at Delhi as a staff nurse. Denmark had not been on their mental horizon. Daisy had migrated after her marriage. Before that she worked for two years in Kottayam and for nearly a year in Bangalore before she moved to Portugal with her husband, who was working there. While she was working in Bangalore, she utilized the opportunity to learn more language and that was an added advantage for her while applying to different destinations. Since she

moved out to Portugal with her spouse, she applied to Denmark from there. Hence the procedure for entry was relatively easier. She did not have to give any entry test too. Though she applied to Norway, she couldn't proceed the application as there was an additional training required for job enrolment. During her student days (1996-99), the popular destination was the Gulf countries and later on UK.

4.6. Circular Migration

Only 6 of the 39 return migrants surveyed were not currently employed in Kerala as nurses. This is indicative of the possibility for the reincorporation of migrant nurses back into the domestic market after their return. Three of the return migrants were currently employed (or retired) as head nurses, and all of these had worked overseas for two stints, one in Muscat then Saudi, one in Yemen then Saudi, and one for two terms in Kuwait. While such a tiny sample of return nurses cannot support or deny the possibility of the idea of brain circulation being evident within the Kerala health sector, it does raise the necessity of further research on the matter. As the marketization and growth of Kerala's health sector continues, understanding the role of circular migration is important. In particular we need to ask where do such nurses find employment, are their skills used in the private or government or educational sector, what challenges or barriers for returning nurses face, especially if they have received further training overseas.

International migration is growingly a pressing issue in the globalized world of today. The mobility of health professionals has grown significantly particularly in the past few decades. Migration of health workers as above between the developing and developed nations has drawn great attention because of growing economic and social effects such migration. During the early 2000's, Philippines was the as one of the biggest "exporters" of health workers in the whole world. But, nurses from India additionally constitute one of the biggest groups of migrant women workers in the global service sector. Because of an array of historical and sociological grounds, majority of nurses in India are primarily Christian from the Southern state of Kerala. During the mid-1970's, nurses from India were hired for working in newly started hospitals in the Gulf countries, forming the first wave of nurses migrating from India. One generation afterwards, thousands of young girls started

joining nursing schools all over India with the intention of migrating after graduating as nurses (Nair, Percot 2007). Though majority of nurses prefer to migrate permanently to advanced countries like US, UK, or western countries such as Australia, many end up as temporary migrants to the Gulf. Nurses having only temporary visas often return to India for renewing their contracts or to seek employment in another destination country, whereas permanent migrants often return to their country for leisure and retirement.

Migration for the sake of employment has been a family strategy carried out by women in India. Regrettably, due to the interconnected nature of the structural conditions of the economy and job avenues that raise existing and often constricting ideals of gender behaviour and class status, the stay and return of women migrants from India involve a complex range of factors that are not based on individual decisions or the individual's experiences alone.⁴⁴

4.7. Political Economy of Remittances

Today Kerala is on the threshold of a major transition in respect of migration, the consequences of which (both positive and negative) will play a vital role in shaping the fortune of this state. Earnings coming from remittances will fall and the extent of migration to the Gulf will decline as the Gulf region witnesses a saturation of the labour market. In the days to come, there will be higher competition for the skilled and semi-skilled jobs in India and also elsewhere in the world. So, a remittance-based and service sector-oriented economy like Kerala may face the problem of sustainability in the long run.

Majority of the remittances to Kerala accrue from the unskilled workers whose consumption expenses in the Gulf are minimal because their families are not living with them. Barring Saudi Arabia, Kuwait, and Jordan, the remaining Gulf countries registered an increase in the flow in 2005 over 2004. Perhaps the most popular manner in which labour migrants remain connected with their former homes is through sending back money in the form of remittances. Indeed, remittances are today one

⁴⁴ Available at: www.ilo.org/global/topics/labour-migration/publications/WCMS_227527

of the largest flows of money in the world, rivaling global oil sales in sheer numbers (MPI, 2012). The two world regions that currently see the largest interchange of workers and remittances are Latin America/US and Persian Gulf/South Asia. It is often difficult to calculate the precise amounts of money that are sent back as remittances each year because the practice can be extremely informal. While some foreign workers may transmit money through banks, money-transfer services (such as Western Union) or other official sources, the majority of remittances are transferred in ways that are not easily detectible. This may be like simply carrying cash back home in a suitcase or with the help of unofficial money brokers or lenders. The majority of funds go to families and friends, though many national governments are actively trying to convince their overseas workers to put their remittances towards more productive uses in things like development projects and businesses (Levitt and De La Hesa, 2003; Ley, 2004). A much smaller, though notable form of transnational economic practice includes investments and business ventures. For some overseas groups, like the Chinese Diaspora, the latter have been especially successful (though this is more in the case of trade-related migration rather than labour migration). But, growingly some labour migrants are putting their money into investment schemes, government bonds and funds and development projects at national, regional, local and neighbourhood levels.

In the case of Kerala, remittances are often popularly called "Gulf Money" and have been described by the state government as "the most dynamic contribution to the economy of the State" and the government describes its labour migrants as "very high contributors" to state's economy. Indeed, Kerala is highly dependent on remittances to help support a much more affluent lifestyle than many other Indian states – the total remittances sent home by foreign workers was in 2011 some four times the state's entire domestic product (Zachariah and Irudayarajan, 2012). Other forms of economic impact of Non-Resident Keralites (NRK) include financial savings, real estate and business investments, and new home construction, in addition to creating business networks and developing financial expertise (Zachariah and Irudayarajan, 2008b).

Kerala's utmost dependence on remittances has made it very vulnerable to economic and political shocks that could result in job cuts and resulting

losses of revenues. The vulnerability of Kerala's economy to such shocks has been documented. In 1990, Iraq invaded and annexed Kuwait and soon after, the First Gulf War broke out. Thousands of guest workers based in Kuwait, including those from Kerala fled the country and returned home. This unexpected influx of returning migrants was a dual problem for Kerala, which was suddenly deprived of remittances from its citizens in Kuwait and also had to take care of the returnees, who did not know if and when they would be able to return to their jobs in the Gulf country. The first Gulf War ended in 1991 and many of the migrants returned to the Gulf countries, but during the period of the war, the Kerala economy was adversely affected.

In 2008, the global economic recession accelerated the pace of the return migration from labour receiving countries. Migrant flows to these countries have also fallen off since the beginning of the global financial crisis, which also affected the Gulf region unfavorably. Abandonment of large scale construction and infrastructural projects and economic crisis in the oil industry have pushed low paid migrant workers, particularly those in the Gulf countries to return to India temporarily or permanently. The unskilled migrants themselves are vulnerable due to unscrupulous middlemen who assure them good jobs in the Middle East in exchange for large sums of money, but sometimes don't deliver on this promise. Some employers in the Gulf countries are also known not to pay the migrant worker the wages that they are owed. As employers of low-skilled workers usually hold on to the migrants' passports until they return to their home country, this also places the migrant labourer in a vulnerable position. Economists predict that as the Middle Eastern labour market gets saturated, the flows of labour migrants from Kerala and hence remittances will decline and the state's economy will suffer. Although optimists argue that the Gulf has survived past crises like the Iraq-Kuwait war and that the migration from the state has kept up, a remittance-based economy may be unsustainable for Kerala in the long run.

In this context, it is relevant to understand the five distinct waves of migration that occurred from Kerala over the years, and how each of these five patterns influenced the state's social and political process. Three issues are relevant here viz. (i) Socio-cultural shifts because of migration from Kerala

(ii) Economic and social consequences of Kerala's remittance-based economy; and (iii) Political consequences of migration from Kerala. Among the various states of India, people from Punjab, Gujarat and Kerala tend to migrate more across the world. This fact has got some historical precedent as these three states were exposed to cultures and people from abroad by means of trade. Kerala state has got a history of more than 2,300 years of connection with diverse cultures across the globe by way of its maritime trade relations. There was a different sort of migration from Tamil Nadu and Andhra Pradesh to Southeast Asia, today's Cambodia, certain parts of Thailand, Indonesia, South Vietnam, and so in. Besides, there were Chola trade-based kingdoms in the south of today's Thailand. These all show the cultural exposure that shaped Kerala's historical worldview.

It was in the early 20th century that the first wave of migration from Kerala began. The first generation migrants were semi-skilled or quasi-professional workers to Ceylon (today's Sri Lanka), some parts of Malaya (to take jobs in plantations), Burma, Madras (today's Chennai), Calcutta (today's Kolkata), Karachi and Bombay (today's Mumbai). The knowledge and money they brought back had impact on Kerala's architecture and cooking to certain extent. It was after the World War II (from 1945 to 1960) that the second wave of migration began and migrants went to countries like Singapore, Malaysia, and also various parts of India, primarily to big cities like Bombay (today's Mumbai), Delhi, Calcutta (today's Kolkata), Madras (today's Chennai), and Bangalore. Most of the second generation migrants were high-school educated and were semi-skilled workers (like, typists, secretaries, office workers, army personnel etc). The third wave of migration occurred during the period from 1960 to 1975. The third generation migrants were mostly people having technical skills and professional training (like, engineering or technology professionals, nurses, clerks, technicians, etc). The afore-mentioned three waves of migration and the consequent inward remittances by the migrants, helped to influence land relationships and also instil a sense of 'Indianess' since a significant number of Keralites joined the pan-Indian middle class.

The fourth wave of migration occurred during the period 1975 to 1992

i.e. until the Kuwait war of 1992. The fourth generation witnessed mass migrations to the Gulf countries, USA, Germany, European countries etc. This wave triggered from increased incomes earned from high oil prices in the 1970s, scarcity of skilled labour needed for construction and infrastructure development in oil-based economies. People with ITI and nursing education could economically transform Kerala. The growing demand for nurses in the health sector encouraged a chain of migration to the US, Germany, etc. One nurse could possibly facilitate the migration of an average of 20 people.⁴⁵

The fifth wave of migration commenced from 1993 onwards and it had 2 to 3 streams, viz. (1) large migration of semi-skilled and unskilled labour from northern Kerala, like Malappuram and Kannur; (ii) migration of highly qualified professionals (engineers, doctors, IT professionals, academics etc.) to different parts of Europe, US, and other parts of the world; (iii) growing migration to US by means of the family networks of nurses who migrated to US and Europe during the fourth generation migration during the 1980s.⁴⁶ There were clear caste and community connotations for migration; people from the Christian community migrated relatively early, probably because of the access to early education, lower stigma associated with skilled work and professions like nursing, and many Christians were marginal farmers too.

Consequent to large scale migration, the first half of the 20th century saw drastic changes in land-to-people ratio. People were forced to migrate within Kerala in search of land and outside Kerala in search of work. Many of the migrants could have been quasi-economic refugees in the feudal system or the ruling elite of a princely kingdom controlled by the Brahmin-Nair axis. Fourth generation migration included large numbers of Muslims, Ezhavas and people of other non-Christian communities.

⁴⁵ Available at: <http://focus-migration.hwwi.de/The-Migration-and-Re.2496.0.html?&L=1>

⁴⁶ Available at: www.iimb.ernet.in/research/sites/default/files/WP%20No.%20405.pdf

While the younger migrants of the first and second waves of migration were professionals (like, doctors, engineers, etc), the fourth wave of migration had primarily the lower middle class people. Also, while the first three waves of migration were confined to selected areas of Kerala (like, Palghat, central Travancore, parts of Malabar, and Kochi), the fourth wave of migration was much more broad-based across diverse castes, communities and regions. So, the fourth wave had the greatest impact on the socio-political relations, cultural landscape, and vital economic consequences. The fifth wave of migration had three layers (i) elites consisting of skilled professionals across the world; (ii) middle class skilled and semi- skilled workers; (iii) lots of unskilled labour in the second half of the 1990s.⁴⁷

The specific patterns of migration and their consequences had great impact on every aspect of society: land relationships, decline of agriculture, growth of consumer and service sectors, rise of education as an industry (and consequent emergence of capitation fees, courses of self-financing nature etc.) and a comparatively less skilled, less-resourceful young leadership pool for political parties. This had a great impact too, in terms of the structure and leadership of political parties. Communities with a comparatively higher stake in the power structure of Kerala viz. Nair-Namboothiri and were economically well-off too because of the access to land and feudal relationships, got into leadership positions in political parties.

4.8. Community of Nurses Migrating from Kerala

Christian community and the Church encouraged this movement and also tried to legitimize the same through public discourse that paved the way for a new social imaginary (Varghese, 2007: 517-18). These material conditions facilitated the creation of a migratory disposition among the Syrian Christians and enabled women to claim new kinds of spaces, breaking out of older norms of work and mobility. Because of the growth in the size of families, nursing jobs were supposed to provide relief at

⁴⁷ A Study on Migration of Indian Nurses to the OECD Countries Trends and Challenges Society for Labour and Development [Available at: www.academia.edu/8304278].

times of paying dowries. In this context, the legitimacy that is ensured by the intervention of the Catholic Church proved to be crucial in promoting the aspirations among Christian women to study nursing and to take up overseas jobs.

The migration of nurses from Kerala to Europe was embedded in the network of the Catholic Church and this ensured a sense of legitimacy for the migration process (Goel, 2008). Besides, even where the Church was not involved in recruiting, a Roman Catholic destination was generally perceived safer for the Catholic women. This was the logic behind the migration to Italy (Lum, 2012). At the destination, the Church helped in shaping community 'infrastructure', which was critical to the settlement of a migrant community. In Germany, the Church helped to resolve problems in families and supported journals that discussed various issues confronting the Diaspora (Goel, 2008). The church was an important part of the social context of the migrants: "The real basis of Malayalee social life is their Churches, which serve as a meeting point for their specific religious orientation within the complex world of Keralite Christianity" (Gottschlich, 2012).

Keralites are well-known for their involvement in creating a rich social and associational life. Indian associations play a trivial role in enabling the integration of Indians in countries like Italy because of their poor involvement in their activities. But, the Keralites are very active in the field of associations and have three associations, based in Rome, Milan and Genova respectively, that organize cultural events (Lum, 2012). The arrival of Malayalee nurses in Germany in the 1960s has been linked to the establishment of "more and more clubs, societies, and associations" by Indians (Gottschlich, 2012). But, these nurses being brought up in patriarchal social and family environments in Kerala, were pitted into a struggle against existing norms about work, mobility and sexuality of women. It is noted that migrant nurses used to stick on to the patriarchal gender division of labour within the household (George, 2005; Chakravarthy and Nair, 2010). Even so, their employment abroad generated the promise of higher wealth, better working conditions and also greater prospects for professional development, possibility of untold freedom, travel and adventure, and so on. Incidentally, an international job becomes a means for young women to regain respectability and attain

recognition within the respective sending community. Their success got designed in terms of the rewards that migration could fetch for their community – remittances and sponsorships for their family members. Women migrants could enable or support socially acceptable marriages for themselves and/or other girls in their families through dowries which otherwise would have been out of reach.

4.9. Political Economy of Opportunity through Migration

Aspirants are seeking more secure modes of entry into the OECD countries. Enrollment in nursing education in Canada, the UK, Australia and New Zealand is seen as a promising route to permanent migration to these destinations.⁹⁵ The number of international nursing students in New Zealand has grown from a mere 50 in 1995 (when there were about 7000 domestic students) to 760 in 2006 as compared to 9600 domestic students. During this period, students from Asia rose from a third of international students to two thirds (Badkar et al., 2008: 6). International students in New Zealand, when they finish their course, have the advantage of being able to offer employers New Zealand qualifications. However, the transition from studies to finding a job is not always smooth. Take for instance, the case of the 400 international nursing students, mostly from India, who were the subject of controversy in Australia in 2010 when after finishing their nursing course they were faced with the prospect of having to leave for lack of proficiency in English. This occurred because the Australian nursing authorities announced an increase in the minimum scores in English language testing on July 1, without prior notice, leaving students whose visas were due to expire soon without adequate time to repeat the exam (Times of India, Aug 9, 2010a). Certain EU countries have shown their openness to the students entering for training, as a more “strategic” route rather than recruit doctors and nurses from India, since they are needed here.⁹⁶ Indian students are quite prominent in some of the countries in continental Europe but nursing students do not seem to be among them. The low prospects of immigration combined with the high expenses of education and the socioeconomic backgrounds of nursing students may explain this.

Chapter **5**

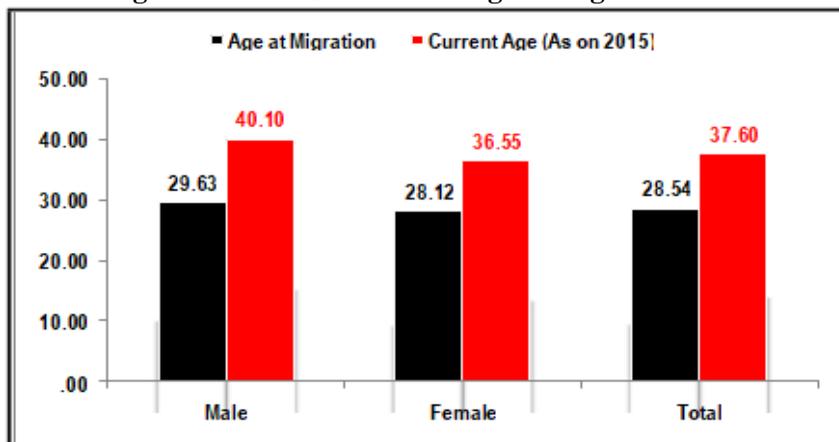
**MIGRATION OF NURSES FROM
KERALA TO UNITED
KINGDOM: AN EMPIRICAL
STUDY**

5.1. Demographic Profile of the Migrant Nurses

The data reveal that the major share of health migrant workers belongs to female gender category. Among 102 international health workers from 100 households, 71 percent migrants are female and 29 percent migrants are males. As of 31st Dec. 2015, the average age of the migrant is 37.60 years, and in the case of male and female category, it is 40.10 years and 36.55 years respectively. The Average age at which the person first migrated is

28.54 years. Male migrants first migrated at the age of 29.63 and female migrants first migrate at the age of 28.12 years. It is interesting to observe that health professionals from Kerala is migrated in the later ages of their adulthood, and the migration-age difference between male and female is less among health professionals. It indicates about the time investment in securing professional education and experience in the health sector to migrate abroad. It can be further observed from the section of education and professional experience of migrant health workers.

Figure No. 5.1: Gender-wise Age of Migrant Nurses



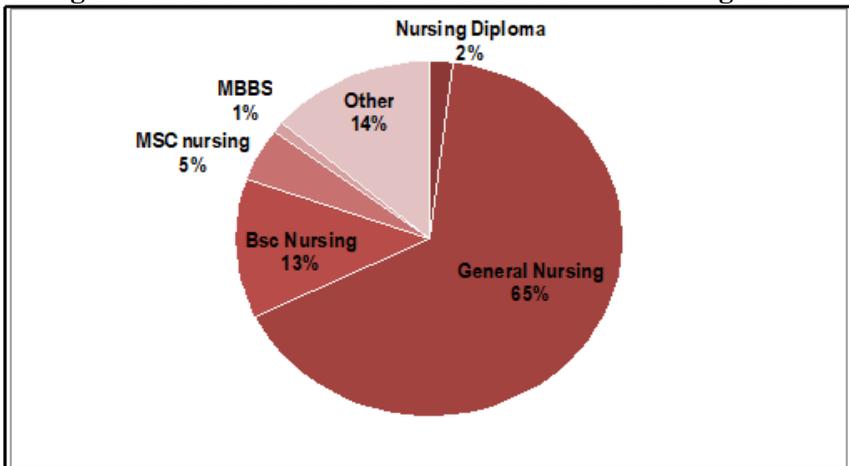
Source: Field Survey

5.2. Education and Experience of Migrant Nurses

The field survey data show that 85 percent of international health professionals had nursing related education at the time of migration. Out of 102 migrants, 66 percent of professionals have the general nursing

education and 13 percent professionals have B.Sc. Nursing qualifications. It indicates that one of the major supply push factor for health migrant workers from Kerala is adequate human capital in a nursing career, and its higher level demand in the global health market. In other words, individual choice for nursing career in Kerala is mainly decided by the employment opportunities in global health sectors.

Figure No. 5.2: Education of Nurses at the Time of Migration

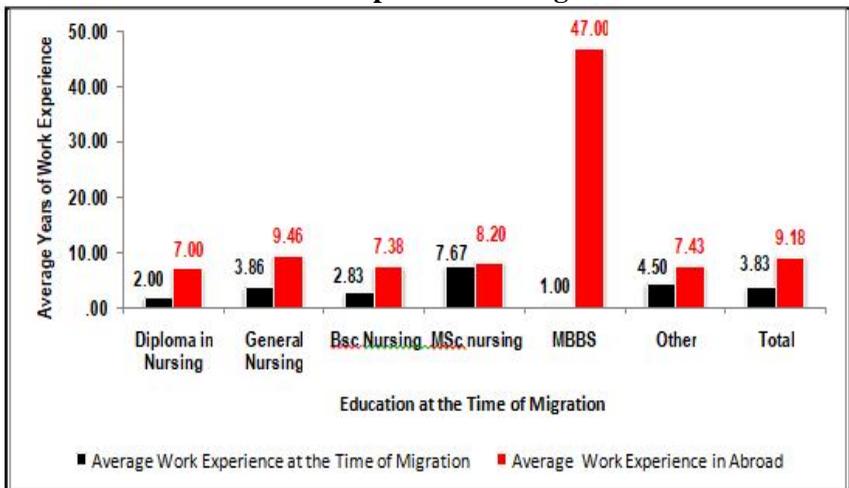


Source: Field Survey

The average years of work experience at the time of migration is 3.83 years. Among male migrant health workers, it is 4.25 years and, among female migrant health workers, it is 3.68 years. It reveals the fact that the stringent recruitment policies of the global health market impose more constraints on potential migrant health workers in Kerala in term of time and financial investment. As part of gaining education and adequate skills in the health sector, individuals should undergo long run professional capability building process to serve the global health market. It is a capital intensive process for prospective career seekers in the sector. Therefore, individuals who opt for nursing career indeed need a good economic support from their families. Therefore, as ‘new economics of migration’ theories argue, migration in the health sector would also be a household decision to minimise risks to family income or to overcome capital constraints on family production activities.

As of 31st Dec. 2015, the average years of work experience of migrant health workers is 9.18 years. Male migrant health workers possess 10.50 years of experience and Female health workers have 8.63 years of experience. It indicates the stability of the job market in the health sector and individual rationale to retain their career in the sector to optimise the emerging economic opportunities. It also promotes the migrants to adopt permanent residence status in the destination country. Analysis of survey data reveals that 65.7 percent of migrant health workers are not willing to come back home country due to their present economic status. Therefore, migration in the sector, especially in the European countries is permanent residence in nature. Qualitative analysis based on the discussion with international health migrant workers also points to the same fact as above.

Figure No. 5.3
Education-wise Experience of Migrant Nurses



Source: Field Survey

5.3. Migration and Marriage

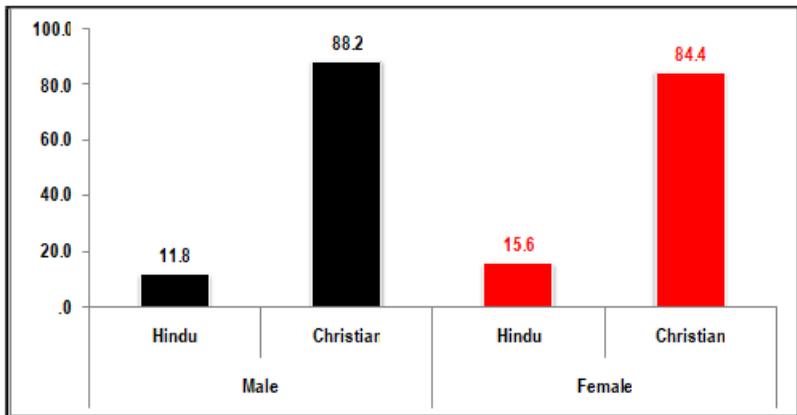
The average age of international migrant health workers from Kerala is above 28 years. After 28 years, the marriage market is relatively risky for matchmaking both men and women. Therefore, most of them migrate after their marriage. 78 percent of migrants report that their marital status at the time of migration was 'married'. In the case of female, 82 percent of

migrants had gotten married during their migration, and among male migrants it was 70 percent. Discussions done with the migrants have established the fact that most of the migrant health workers are moving to Europe and USA with the aim of permanent residency. Therefore, they would like to set up their family before migration.

5.4. Religion, Caste and Migration

The Christian religion migrants dominate in the international health market. The field survey revealed that as high as 87 percent of the migrant nurses are from Christian families. The second position goes to the Hindu religion with 13 percent of migrant households.

Figure No. 5.4: Religion-wise and Gender-wise Share of Migrant Nurses



Source: Field Survey

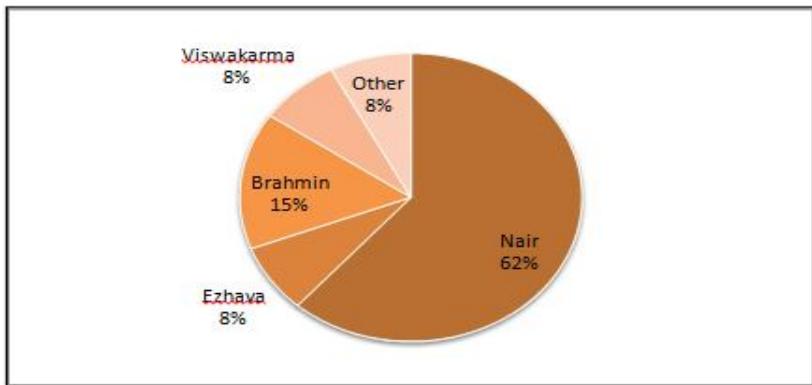
It is interesting to note that there is no single person from the Muslim religion migrated abroad to work in the health sector from Kottayam and Pathanamthitta districts of Kerala. Among female migrants 84 percent persons are from the Christian religion and among male migrants it was 88 percent. The share of Hindu religion in the picture is relatively scanty.

5.5. Migration among Hindu Social Groups

Among Hindu religion, Nair caste group leads in migration. According to survey data, 62 percent persons have migrated from Nair community. The second position has been marked by Brahmins with 15 percent share. It

clearly points out the fact that socially upper class groups have more exposure in exploring emerging opportunities in global health job markets. The field survey has revealed that 77 percent of migrated health workers among Hindu religion are higher social class persons. As indicated earlier, professional capability building in the health sector, especially to access opportunities in the Europe and USA is a capital intensive process and it may be affordable only to socially and economically upper class people. This may be the reason for socially and economically lower class population among Hindu religions have lower share in terms of migrated health worker population from Kerala.

Figure No. 5.5: Share of Social Groups (Hindus) among Migrant Nurses



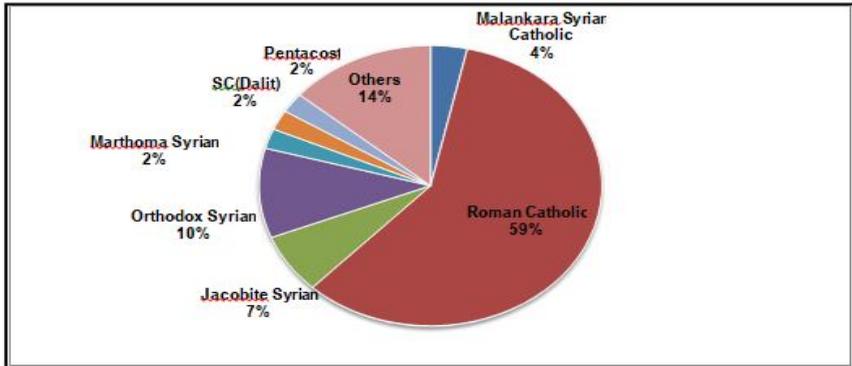
Source: Field Survey

5.6. Migration among Christian Social Groups

In Kerala, especially in the sample regions, the majority of migrant health workers belongs to Christian families. Focus group discussions done among the migrants reveals that Christian families have a special orientation towards migration to the European nations in the health sector due to major pull factors like better working conditions, higher pay, higher standard of living, opportunities for remittance etc. Among Christian religion, Roman Catholics dominate in health professional migration. 59 percent of migration among Christian religion is from Roman Catholics. Syrians records the second position to share of 23 percent. It is interesting to observe that Roman Catholics and Syrians

together have a share of 82 percent migrated health professional among Christian religion. As in the case of Hindus, among Christians also socially and economically upper class families have more exposure and control over the international migration in the health sector.

Figure No. 5.6: Share of Social Groups (Christians) among Migrant Nurses

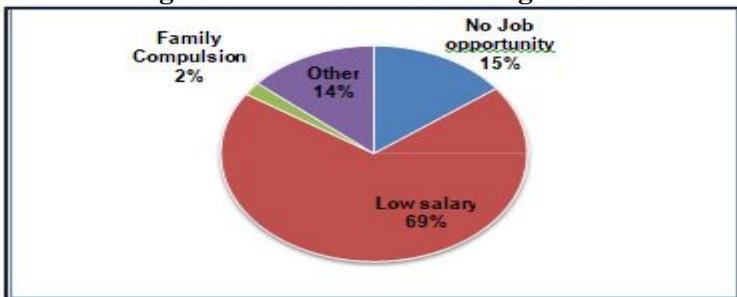


Source: Field Survey

5.7. Reasons for Migration

The field survey data reveal that the major ‘push’ factors of international migration among health professionals are ‘low salary’ and ‘no job opportunities’ in the domestic health market. 69 percent of migrants reported that they migrated abroad due to low salary available in the domestic market. 15 percent migrants reported that lesser job opportunities forced them to leave the country.

Figure No. 5.7: Reasons for Migration



Source: Field Survey

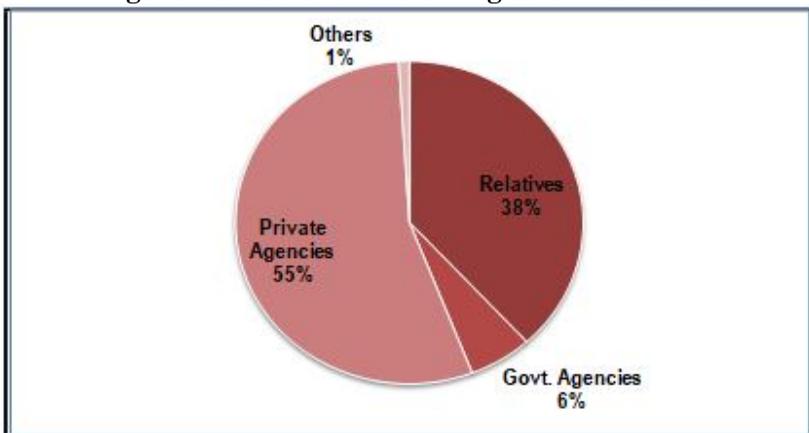
5.8. Religion and Reasons for Migration

In religion wise analysis, it is understood that among Hindu religion, 40 percent migrants migrated due to low salary and 33 percent migrants migrated due to no job opportunities. However, among Christian religion, 75 percent migrants went abroad due to low salary and 16 percent migrated due to no opportunities. Also, 2 percent migrants among Christian religion reported that family compulsion also a ‘push’ factor for their migration. It is interesting to observe that as compared to migrants among Hindu religion, Christian migrants consider ‘salary’ as the major ‘push’ factor.

5.9. Channels of Migration Assistance

Questions asked as to how migrants have got assistance to find jobs in the international health market reveals that 55 percent migrants got assistance from ‘private’ agencies. The second major channel of migration assistance for health professionals is ‘family members and relatives’ (38 percent). However, the government assistance for international health migrants is relatively scanty, which records only 6 percent. This statistics reveal that the international migration of health professionals from Kerala is controlled by private market forces and family networks than the government agencies. Even in Kerala- a remittance based economy, the government’s role in migration of health professionals is negligible!

Figure No. 5.8: Channels of Migration Assistance



Source: Field Survey

Religion wise analysis indicates that among Hindu religion, 60 percent of migrants got assistance from ‘private’ agencies and 40 percent migrants received assistance from their ‘relatives’. However, in the case of Christian religion, the statistics is slightly different. Among Christians, 54 percent of migrants reported that they received assistance from ‘private’ agencies and 38 percent reported they got assistance from ‘relatives’. 7 percent of migrants reported that they got assistance from the ‘government’ agencies.

5.10. Cost of Migration

In economic point of view, the cost of migration indicates the total ‘cost of participation’ for health professionals from Kerala to participate in international health market. In general, the cost of migration includes different components of costs like the payment to recruiting agencies, passport and visa expenses, travelling costs, and other related administrative costs.

The data collected through field survey further reveals that the average participation cost for health professional from Kerala is RS. 217038. It is interesting to observe that the major share of the total participation cost goes to the payment paid to the private recruitment agencies. The average cost paid to recruitment agencies per migrant is RS. 184060 in Kerala. It comes around 85 percent to the total participation cost. The detailed breakups of cost of migration are given in the Table 5.1

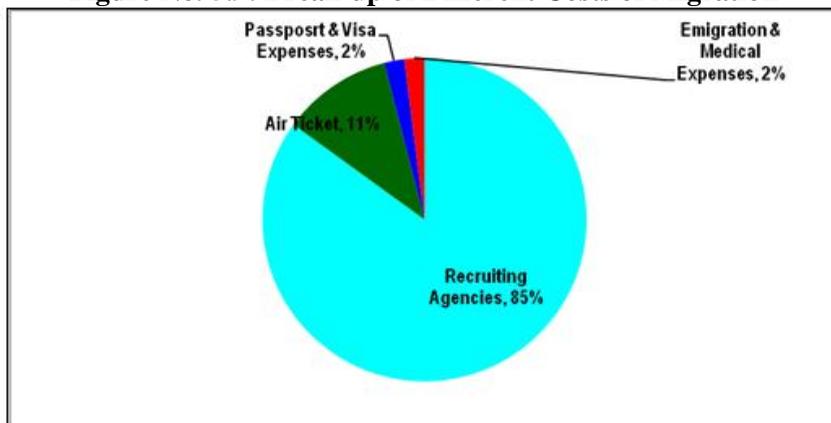
Table No. 5.1: Costs of Migration

Costs	Average Cost
Payment to Recruiting Agencies	184060.00
Passport	1088.00
Visa Expenses	4310.00
Air Ticket	23950.00
Emigration Clearance	860.00
Medical Test	1240.00
Others	1530.00
Total	217038.00

Source: Field Survey

Above mentioned statistics signify the dominant role of private intermediary agencies in the international health migrant market and their financial exploitation of health migrants. It also emphasise the necessity of Government of India's recent policy changes related to reform the prevailing methods of recruitment of health migrants from India. In other words, the huge amount charged by private recruitment agencies to get a job in the international health market imposes a significant barrier to an inclusive method of participation from all sects of health professionals from Kerala.

Figure No. 5.9: Break-up of Different Costs of Migration



Source: Field Survey

5.11. Religion-wise Cost of Migration

Religion wise costs of migration statistics indicate that migrants from Christian religion participate aggressively in the international health market in terms of costs than migrants from the Hindu religion. Migrants from Hindu religion spend average Rs.145885 for migration. They pay average Rs. 111539 to private recruitment agencies. It comes around 77 percent to their total cost of migration. However, in the case of migrants from the Christian religion, they spend average Rs. 227670 for migration, and pay Rs. 194897 for recruitment agencies. It comes around 86 percent of their migration cost. In short, migrants from Christian religion invest much more money than migrants from Hindu religion to participate in the global health market and their major share of cost of migration is incurred

by recruitment agencies. Consequently, Christian migrants have a more competitive advantage in global health professional migration market. This is also reflected in their migrant population in Kerala. The detailed statistics are given in the Table 5.2.

Table No. 5.2: Religion-wise Cost of Migration

Religion	Costs	Average Cost	Percent of Costs
Hindu	Payment to Recruiting Agencies	111538.46	76.46
	Passport	807.69	0.55
	Visa Expenses	6923.08	4.75
	Air Ticket	16153.85	11.07
	Emigration Clearance	6230.77	4.27
	Medical Test	4230.77	2.90
	Total Migration Cost	145884.62	100.00
Christian	Payment to Recruiting Agencies	194896.55	85.60
	Passport	1129.89	0.50
	Visa Expenses	3919.54	1.72
	Air Ticket	25114.94	11.03
	Emigration Clearance	57.47	0.03
	Medical Test	793.10	0.35
	Any other, please mention	1758.62	0.77
	Total Migration Cost	227670.11	100.00

Source: Field Survey

5.12. Sources of Financing of Migration

This section mainly analysis the major sources of financing of migration of health professionals from Kerala. It basically indicates the sources of financing for the first time migration of a person from the migrant's household. As per the field survey done, 65 percent of migrant households report that parent's savings are the major sources of financing for their migration. 59 percent of migrant households report that personal savings also helped them for getting jobs abroad. 29 percent of migrant's household members report that they also borrowed money from friends and relatives to find funding for their migration. 11 percent of migrant households report that they received funding from banks, and 9 percent report that they aggregated money from the sale of their properties and gold jewellery items. In fact, 3 percent of migrant households have

reported they also use the support of informal money lenders for finding financing for their migration. In the field study done, an interesting fact that is observed is that majority of health professionals from Kerala extensively aggregate money from their personal savings to fulfil their dream to get jobs abroad. Therefore, the planning for migration to abroad is a long run economic decision for the experienced health professionals from Kerala.

Table No. 5.3: Sources of Financing for Migration⁴⁸

Source of Financing	Percent of HHs reported
Personal Savings	59
Parent's Savings	65
Borrowing from friends and relatives	29
Loan from money lenders	3
Loan from bank	11
Sale/ mortgage of landed property /jewellery	9
Other sources	1

Source: Field Survey

Religion wise analysis exposes a different pattern of financing for their migration. Among Christian migrant households majority of migrants find funding from personal savings and parent's savings. Among them only a few percent of households report that they borrow money from formal and informal credit markets and disposal of assets like land and gold. However, among Hindu migrant households the picture is different. They find financing from different sources other than the family members. For instance, 7 percent of Christian migrant households find financing from the bank. However, in the case of Hindu migrant households it was 39 percent. 39 percent of Hindu migrant households get money from the sale of their properties and gold, but among Christian migrant households it was only 5 percent. The same pattern can be observed in the case taking money from informal money lenders. Nearly 8 percent of Hindu migrant households report they take money financing from money lenders.

⁴⁸ Respondents may report multiple sources of financing for their migration

However, it was only 2 percent among Christian migrant households. The detailed statistics are given in the Table 5.4.

Table No. 5.4: Religion-wise Sources of Financing for Migration

Source of Financing	Religion	
	Hindu	Christian
Personal Savings	46.15	60.92
Parent's Savings	76.92	63.22
Borrowing from friends and relatives	46.15	26.44
Loan from money lenders	7.69	2.30
Loan from bank	38.46	6.90
Sale/ mortgage of landed property /Jewellery	38.46	4.60
Other sources	0.00	1.15

Source: Field Survey

Above analysis indicates that the Christian migrant households are economically more capable than Hindu migrants in terms finding funding for their migration. They basically depend on self-funding other than external credit agencies. In other words, among Christian religion, economically rich people only explore the emerging opportunities from international health markets.

5.13. Socio-Economic Profile of the Migrant Nurses: Overall Picture

This chapter basically gives an analytical description of the proposed study based on the field survey conducted among international health migrant workers' households in Kerala. It also provides the detailed analysis of the social, economic and demographic pattern of health migrants from Kerala. Based on the field study done in the two major districts of Kerala on health migrants from Kerala, 71 percent of health migrants are female and, the average age of migration of migrants is 29 years. It is noted that 85 percent of health migrant's education is nursing related, and they possess average 4 years of experience when they migrated. Also, 78 percent of migrants migrated after their marriage. The religion-wise analysis done shows that 87 percent of migrants belong to the Christian religion. Among both Hindu and Christian religion, social

upper classes are the major migrant population. The major push factor for migration is 'low salary' and 'no jobs' in the domestic health market. The major supporting and intermediary agencies who control the health professionals' migration from Kerala is private recruitment agencies and previously migrated relatives of migrants. However, the Government has only a limited role in controlling the migration of health professional from Kerala.

The average cost of migration is Rs. 217038 in Kerala, and 85 percent of this amount is incurred by private recruitment agencies. The major financing sources for cost of migration for the migrants are 'personal' and 'parent's savings'. Also, it is interesting to observe that Christian migrants are mainly depending on own-funding sources for migration costs. However, in the case of Hindu migrants, they explore credit markets and income from sale of their properties to find out funding for their migration. Throughout the analysis, it is observed that migrants from the Christian religion, especially socially advantaged groups in terms of 'castes' and 'cash' invest more money in getting jobs abroad, and relatively more capable in exploring the global health markets.

This economic aspects of migration of health workers, like, the impact on their families in Kerala, factors associated with remittances, utilisation of remittances, savings, investments, consumption expenditure etc. are discussed here. For analytical purpose, migrant households are classified into 5 types based on their present housing status as 'Luxurious', 'Very Good', 'Good', 'Poor' and 'Kutchas'.⁴⁹ Housing condition is taken as a proxy to understand the present economic condition of migrants' families in Kerala, and to evaluate how the different economic classes based on housing structure responds to various economic parameters. The

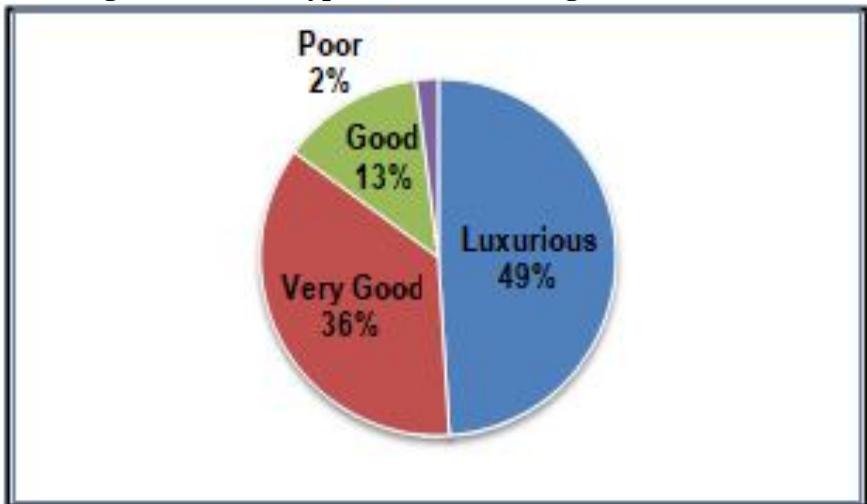
⁴⁹ Household Classification Standards: Luxurious (3 or more bedrooms with attached bathrooms, concrete roof, mosaic floor) Very Good (2 bed rooms with attached bathrooms, concrete roof, Mosaic floor) Good (1 bed room, brick and cement walls, concrete or tile roof) Poor (Brick walls, cement floor, tin or asbestos roof) Kutchas (Mud walls, Mud floor and Thatched roof)

differences in the economic status of migrant households based on their social indicators religion and caste are also studied.

5.14. Living Conditions of Migrant Households – Housing Conditions

The survey data show that the majority of the health migrant workers' families live in 'luxurious houses' in the state. It comes around 49 percent of total families. 36 percent of families live in 'very good' housing structure and 13 percent of families live in 'good' houses. Only 2 percent of families live in 'poor' housing structure (Figure 5.10).

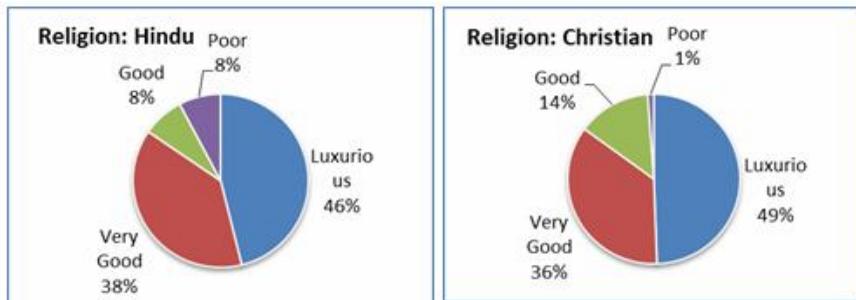
Figure No. 5.10: Types of Houses of Migrant Households



Source: Field Survey

Religion wise analysis shows that among Hindu religion, 46 percent of families live in 'luxurious' houses and 38 percent of families live in 'very good' houses. Also, 8 percent of Hindu migrant families live in 'poor' condition houses. In the cases of Christians, 49 percent of families live in 'luxurious' houses and 36 percent of families live in 'very good' houses. However, migrant families living in 'poor' houses is only 1 percent, which is much lower than Hindu migrants. It may be due to the reasons that among Christian religion wealthy families invest more money in health education and migration to foreign nations (Figure 5.11).

Figure No. 5.11: Religion-wise Types of Houses of Migrant Households



Source: Field Survey

The caste wise estimates indicate that among Hindu religion, 100 percent of Brahmin and 50 percent of Nair families live in ‘luxurious’ houses. It is interesting to observe that both of these caste groups are belong to the upper caste groups in Kerala. The 100 percent of migrant families who belong to backward castes, Ezhava and Viswakarma live in ‘very good’ houses. In short, the caste level analysis of Hindu religion establishes the fact that health migrant workers’ families in Kerala live in a good housing conditions. It can be considered as one of their welfare indicators in the State. See the detailed statistics in the Table 5.5.

Table No. 5.5: Caste group-wise (Hindus) Types of Migrant Houses

Hindu Caste	Type of House				Total
	Luxurious	Very Good	Good	Poor	
Nair	50.0%	25.0%	12.5%	12.5%	100.0%
Ezhava		100.0%			100.0%
Brahmin	100.0%				100.0%
Viswakarma		100.0%			100.0%
Others		100.0%			100.0%
All	46.2%	38.5%	7.7%	7.7%	100.0%

Source: Field Survey

Table No. 5.6: aste group-wise (Christians) Types of Migrant Houses

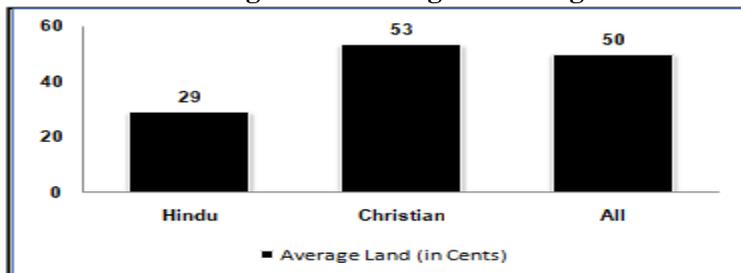
Christian Caste	Type of House				Total
	Luxurious	Very Good	Good	Poor	
Malankara Syrian Catholic		100.0%			100.0%
Roman Catholic	66.7%	27.5%	3.9%	2.0%	100.0%
Jacobite Syrian	33.3%	50.0%	16.7%		100.0%
Orthodox Syrian	44.4%	33.3%	22.2%		100.0%
Marthoma Syrian			100.0%		100.0%
SC(Dalit)		50.0%	50.0%		100.0%
Pentecost	50.0%	50.0%			100.0%
Others	16.7%	50.0%	33.3%		100.0%
All	49.4%	35.6%	13.8%	1.1%	100.0%

Source: Field Survey

Among migrants from Christian religion, 67 percent of Roman Catholic, 50 percent of Pentecost, 44 percent of Orthodox Syrian and 33 percent of Jacobite Syrian migrant families live in 'luxurious' houses. Statistics on Christian religion also reveals the fact that health migrant families are living in better housing conditions in the State (Table 5.6).

5.15. Land Holding Pattern of the Migrant Households

Analysis based on field study data shows that the average landholding size of migrant families is 50 cents. Among Hindu families the average ownership of land is 29 cents per family. However, the average landholding size of Christian families is 53 Cents. It is higher than overall average and much higher than Hindu migrant families. Also, 28 percent of migrant households own additional properties. According to religion wise statistics, it was 4 percent among Hindu families and 24 percent among Christian families. It reveals that international health migrant workers invest their hard earned money mainly in fixed assets like land and building. Further investigation into the above factor is included in the coming section on 'Investment'.

Figure No. 5.12: Average Landholding size of Migrant Households

Source: Field Survey

In terms of housing condition, migrants who live in ‘luxurious’ households own 54 percent of lands owned by all migrant families. Their average landholding size is 59 cents. Migrant families who live in ‘very good’ housing condition have the share of 36 percent of total land owned by sample migrant workers, and their average landholding size is 47 cents. In short, migrant families who live in ‘luxurious’ and ‘very good’ housing conditions constitute together the share 90 percent of land owned by international health migrant workers (Table 5.7).

Table No. 5.7: Housing condition-wise Landholding

Type of Household	Average Landholding (in Cents)	Percent of Total Land Holdings
Luxurious	59	53.70%
Very good	47	36.10%
Good	35	9.90%
Poor	7	0.30%
Total	50	100.00%

Source: Field Survey

5.16. Ownership of Household Items of the Migrant Households

To understand the living standards of migrant families, the researcher has included certain questions related to the ownership of household articles. The sample statistics reveal that among migrant families, 53 percent of families have motor cars or jeeps and 44 percent of families own motorcycle or scooter. Regarding information and communication technologies (ICT), 70 percent of households possess land-phone connections at their home and 86 percent of families have mobile phones.

It may be noted that as high as 81 percent of families under study own television and 79 percent of families own additional audio and video entertainment electronics. 41 percent of families have a computer in their home, and out of that 30 percent of families have internet connections (Table 5.8)

Table No. 5.8: Major Household Items Owned by Migrant Households

Household Items	Percentage of Households Owned
Motor car/Jeep	53
Taxi/Truck/Lorry	20
Motorcycle/Scooter	44
Telephone/Land phone	70
Mobile/Phone	86
Television	81
Mp3/DVD/VCD	79
Refrigerator	85
Computer/Laptop	41
Microwave/Oven	37
Internet/Connection	30

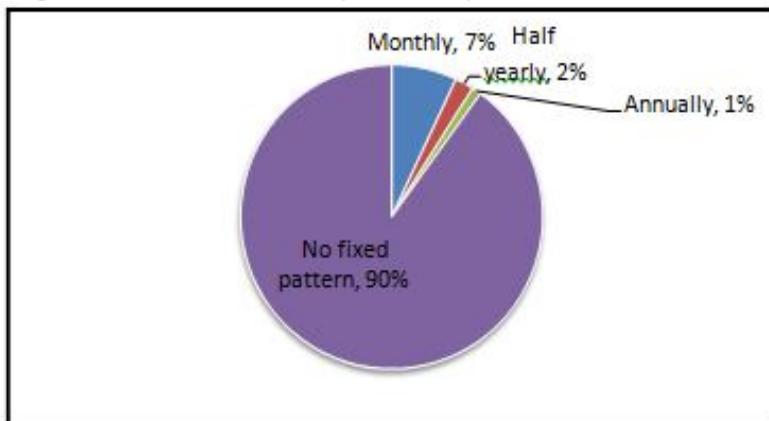
Source: Field Survey

5.17. Remittances of Migrants and the Spending Pattern

An analysis of the total remittances to migrant families in Kerala is attempted here. To estimate the total amount of remittances to migrant families, different modes of remittances which commonly practices among international migrant workers is studied. In general, when asked about total remittance-flows to families in terms of cash, often there is the issue of under-reporting the actual amounts. To avoid such likelihood errors, the researcher has estimated the total remittance amount from different modes like money received through money transfer agencies like UAE Exchange, Federal Express, Western Union, etc.; banks; friends; on visits by emigrant; in the form of gifts and goods like gold ornaments, electronic items, computers and smart phones, etc.; money to build house and purchase lands; to buy automobiles like car and scooter; to invest in share and secondary markets; to start business; to dowry expenses; to education expenses; medical expenses; repayments of debts etc. The data

from the field survey reveal that migrants do not have any practices in remitting their money to families in a fixed or regular interval. In fact, 90 percent of families report that they do not receive money in a fixed pattern. (Figure 5.13).

Figure No. 5.13: Periodicity of Money Received from Abroad



Source: Field Survey

As per the estimation based on the field study among 600 migrant households in two districts of Kerala, during the last 12 months of the study period (viz. 01.01.2015 to 31.12.2015) the average remittances by migrants is 5.59 lakhs. The housing condition wise estimates show that the average remittances of migrant families who reside in 'luxurious' house is 6.20 lakhs. Migrant families who belong to 'very good' houses is 5.83 lakhs, and families reside in 'good' and 'poor' houses is 3.41 lakhs and 0.50 lakhs respectively. During the reference period, the total remittance to sample health migrant households is 559 lakhs in the State. Out of this total remittances, 304 lakhs (54 percent) is generated by migrant families who reside in 'luxurious' houses, and 210 lakhs (38 percent) is made by migrant families who live in 'very good' houses. It shows the direct relationship between the amount of remittances and the housing condition of migrant families. As the remittance amount increases the housing condition of migrant families also increases, which is actually an indicator to understand how remittances improve the living standards of people in Kerala (Table 5.9).

Table No. 5.9: Housing structure-wise Remittances

Type of House	Average Remittances (in Lakhs)	Total Remittances (in Lakhs)	% to Total Remittances
Luxurious	6.20	303.77	54.33%
Very Good	5.83	209.94	37.55%
Good	3.41	44.36	7.93%
Poor	0.50	1.00	0.18%
All	5.59	559.07	100.00%

Source: Field Survey

Religion wise estimates show that the average remittance of migrant families who belong to Hindu religion is 1.59 lakhs. However, their share to total remittances is only 3.69 percent. However, the average remittance of Christian families is 6.19 lakhs, and their share to total remittances is 96.31 percent. It establishes the fact that health migrant workers, who belongs to the Christian religion is the major remittance contributing force in the State (Table 5.10).

Table No.5.10: Religion-wise Flow of Remittances

Religion	Average Remittances (in Lakhs)	Total Remittances (in Lakhs)	Percentage to Total Remittances
Hindu	1.59	20.62	3.69%
Christian	6.19	538.45	96.31%
All	5.59	559.07	100.00%

Source: Field Survey

The caste wise pattern of remittances among Christian families produces some interesting results, though there is no such significant facts among Hindu sub-groups. Among the Christian families, Roman Catholics contribute the maximum remittance, their total share being 401.27 lakhs. It comes around 74.52 percent of total remittances of migrant workers

among Christian religion. Their average family remittance is 7.87 lakhs. The second major remittance producing community is Jacobite Syrian. Their share of total remittances is 12.20 percent among Christians. However, their average remittance per family is 10.95 lakhs per annum, which is the highest among other Christian communities. Interestingly, the Dalit Christian migrants also record relatively good figures. Their share to total remittance is 2.60 percent, and the average remittance per family is 7 lakhs (Table 5.11).

Table No. 5.11: Caste-wise Remittances (Christians)

Christian Caste	Average Remittances (in Lakhs)	Total Remittances (in Lakhs)	% to Total Remittances
Malankara Syrian Catholic	0.99	2.98	0.55%
Roman Catholic	7.87	401.27	74.52%
Jacobite Syrian	10.95	65.70	12.20%
Orthodox Syrian	1.03	9.29	1.73%
Marthoma Syrian	1.24	2.48	0.46%
SC (Dalit)	7.00	14.00	2.60%
Pentecost	2.33	4.65	0.86%
Others	3.17	38.08	7.07%
All	6.19	538.45	100.00%

Source: Field Survey

Now, let us consider as to how the migrant families in Kerala are utilising the money that they receive from abroad during the reference period. The estimates show that 30.20 percent of total remittances is utilised to meet day-to-day-expenses of migrant families. The average spending for day-to-day expenses is 0.96 lakhs per migrant family. The second position goes to health and medical expenses. It comes around 23.21 percent. The average medical expense per household is 0.71 lakhs. The average remittance utilisation among migrant families is relatively high for purchase of land (2 lakhs), dowry payment (2 lakhs), gold (2 lakhs), bank deposits (1 lakh) pays back debt (0.96 lakhs), renewal of house (0.78 lakh), and education of children (0.77 lakh). The details are given in Table 5.12.

Table No. 5.12: Remittances Spending Pattern⁵⁰

Items	Average Spending (Lakhs)	Total Spending (Lakhs)	Percentage to Total Spending
For day-to-day household expenses	0.96	23.15	30.20%
Education of children/relatives	0.77	5.40	7.04%
To pay back debt	0.96	3.85	5.02%
Purchase/build houses/apartments	0.75	1.50	1.96%
Major repair/renewal of existing house	0.78	6.27	8.18%
Purchase/improve land	2.00	2.00	2.61%
Dowry payment	2.00	2.00	2.61%
Start new business/expand or enlarge existing business	0.00	0.00	0.00%
Deposit in bank/stock market, equity etc.	1.00	1.00	1.30%
Donation to temple/church/mosque, other religious/Charitable organizations	0.22	1.99	2.60%
Purchase of scooter/car/other vehicles	0.00	0.00	0.00%
Medical expenses of family members	0.71	17.79	23.21%
Purchase of gold	2.00	4.00	5.22%
Cash in hand	0.83	4.15	5.41%
Others	0.51	3.56	4.64%
Total	2.07	76.66	100.00%

Source: Field Survey

⁵⁰ Estimates related to 'household' average is calculated based on reported households

The housing type wise analysis indicates that the average remittance utilisation per migrant families who reside in ‘luxurious’ houses is high in purchase of land (2 lakhs), dowry payment (2 lakhs), gold purchase (2 lakhs), renewal of house (1.50 lakhs), household expenses (1.30 lakhs), education of children (1.15 lakhs), bank deposits (1 lakh), pay back debt (0.96 lakhs), and medical expenses (0.59 lakhs). The other type of houses also report almost similar pattern (Table 5.13).

Table No. 5.13: Remittances Spending Pattern (Housing type-wise)

Housing Type	Items	Average Spending (Lakhs)	Total Spending (Lakhs)	% to Total Spending
Luxurious	For day-to-day household expenses	1.3	18.2	36.47%
	Education of children / relatives	1.15	2.3	4.61%
	To pay back debt	0.96	3.85	7.71%
	Purchase / build houses / apartments	0.5	0.5	1.00%
	Major repair/renewal of existing house	1.5	3	6.01%
	Purchase / improve land	2	2	4.01%
	Dowry payment	2	2	4.01%
	Start new business / expand or enlarge existing business	0	0	0.00%
	Deposit in bank / stock market, equity, etc.	1	1	2.00%
	Donation to temple / church / mosque, other religious / Charitable organizations	0.22	0.86	1.72%
	Purchase of scooter / car / other vehicles	0	0	0.00%

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	Medical / Hospital expenses of	0.59	6.45	12.92%
	family members			
	Purchase of gold	2	4	8.01%
	Cash in hand	0.81	3.25	6.51%
	Others	0.83	2.5	5.01%
	Total	2.77	49.91	100.00%
Very good	For day-to-day household expenses	0.46	3.2	25.91%
	Education of children / relatives	0.23	0.7	5.67%
	Major repair / renewal of existing house	0.32	1.27	10.28%
	Donation to temple / church / mosque, other religious / Charitable organizations	0.18	0.53	4.29%
	Medical / Hospital expenses of family members	0.62	4.94	40.00%
	Cash in hand	0.9	0.9	7.29%
	Others	0.27	0.81	6.56%
	Total	0.95	12.35	100.00%
Good	For day-to-day household expenses	0.58	1.75	12.15%
	Education of children / relatives	1.2	2.4	16.67%
	Purchase / build houses /apartments	1	1	6.94%
	Major repair / renewal of existing house	1	2	13.89%
	Donation to temple / church / mosque,	0.3	0.6	4.17%

	other religious / Charitable organizations			
	Medical / Hospital expenses of family members	1.07	6.4	44.44%
	Others	0.25	0.25	1.74%
	Total	2.4	14.4	100.00%

Source: Field Survey

5.18. Savings and Investment Pattern of Migrant Households Savings

This section of the analysis focuses on the savings of migrant households as of the survey date. The sample migrant households record an estimated amount of 486.08 lakhs as savings. The migrant households have an average of 4.86 lakhs savings per household. The migrant families have

152.29 lakhs as savings in LIC and 126.25 lakhs as cash-in-hand. It comes around 31.33% and 25.97% of total savings. The average savings in LIC per family is 1.52 lakhs, and cash-in-hand is 1.26 lakhs. (Table 5.14).

Table No. 5.14: Savings Pattern of Migrant Households

Items	Average Savings (Lakhs)	Total Savings (Lakhs)	% to Total Savings
Cash	1.26	126.25	25.97%
Savings account in bank or post office	0.54	54.25	11.16%
Fixed and recurring deposits	1.02	102.00	20.98%
Chitty, Kurries and similar instruments	0.47	47.05	9.68%
LIC, pension plan, etc	1.52	152.29	31.33%
Microfinance (Kudumbashree, Janshree, etc)	0.00	0.40	0.08%
Others	0.04	3.84	0.79%
Total Saving	4.86	486.08	100.00%

Source: Field Survey

The average savings of migrant families who reside in 'luxurious' houses is 7.24 lakhs. Their major savings is in LIC and the average per household savings is 2.34 lakhs. They have an average of 1.49 lakhs per household as cash-in-hand, and 2 lakhs as fixed deposits. Migrant families who belong to 'very good' houses have total savings of 118.80 lakhs. Their average savings per household is 3.30 lakhs. They also have good savings in terms LIC (1.04 lakhs/household) and cash-in-hand (1.16 lakhs/household). The average savings of migrant families who live in 'good' houses is 0.97 lakhs. They have total savings of 12.55 lakhs. (Table 5.15).

Table No. 5.15: Savings of Migrant Households (Housing type-wise)

Type of House	Items	Average Savings (Lakhs)	Total Savings (Lakhs)	% to Total Savings
Luxurious	Cash	1.49	72.85	20.55%
	Savings account in bank or post office	0.86	42.25	11.92%
	Fixed and recurring deposits	2.00	98.00	27.64%
	Chitty, Kurries and similar instruments	0.48	23.50	6.63%
	LIC, pension plan, etc	2.34	114.70	32.35%
	Micro finance (Kudumbashree, Janshree, etc)	0.01	0.25	0.07%
	Others	0.06	3.03	0.86%
	Total Saving	7.24	354.58	100.00%
Very Good	Cash	1.16	41.75	35.14%
	Savings account in bank or post office	0.33	12.00	10.10%
	Fixed and recurring deposits	0.11	4.00	3.37%
	Chitty, Kurries and similar instruments	0.63	22.55	18.98%
	LIC, pension plan, etc	1.04	37.59	31.64%
	Micro finance			

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	(Kudumbashree, Janshree, etc)	0.00	0.10	0.08%
	Others	0.02	0.81	0.68%
	Total Saving	3.30	118.80	100.00%
Good	Cash	0.88	11.50	91.63%
	Savings account in bank or post office	0.00	0.00	0.00%
	Fixed and recurring deposits	0.00	0.00	0.00%
	Chitty, Kurries and similar instruments	0.08	1.00	7.97%
	LIC, pension plan, etc	0.00	0.00	0.00%
	Micro finance (Kudumbashree, Janshree, etc)	0.00	0.05	0.40%
	Others	0.00	0.00	0.00%
	Total Saving	0.97	12.55	100.00%
	Poor	Cash	0.08	0.15
Savings account in bank or post office		0.00	0.00	0.00%
Fixed and recurring deposits		0.00	0.00	0.00%
Chitty, Kurries and similar instruments		0.00	0.00	0.00%
LIC, pension plan, etc		0.00	0.00	0.00%
Micro finance (Kudumbashree, Janshree, etc)		0.00	0.00	0.00%
Others		0.00	0.00	0.00%
Total Saving		0.08	0.15	100.00%

Source: Field Survey

Religion wise estimates show that the average savings of migrant families in Hindu religion is 6.23 lakhs. They record the total savings of 80.96 lakhs. They have an average savings of 2 lakhs in banks and an average of 1.62 lakhs in LIC. They also have an average savings of 1.23 lakhs per

household in the form of fixed deposits. In the case of Christian migrant families, they record total savings of 405.12 lakhs. Their average savings per household is 4.66 lakhs (see Table 5.16).

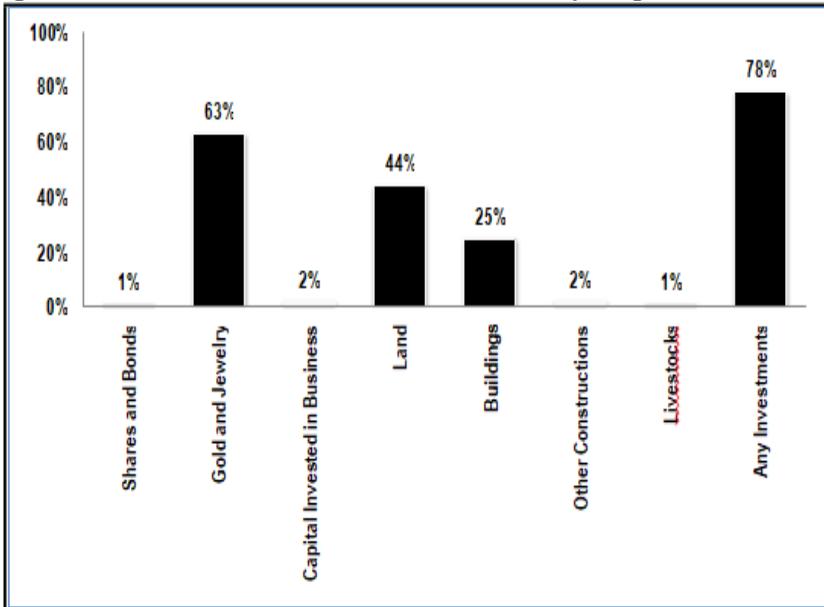
Table No. 5.16: Religion-wise Savings of Migrant Households

Religion	Items	Average Savings	Total Savings	% to Total Savings
Hindu	Cash	0.87	11.35	14.02%
	Savings account in bank or post office	2.00	26.00	32.11%
	Fixed and recurring deposits	1.23	16.00	19.76%
	Chitty, Kurries and similar instruments	0.38	5.00	6.18%
	LIC, pension plan, etc	1.62	21.09	26.05%
	Micro finance (Kudumbashree, Janshree, etc)	0.00	0.00	0.00%
	Others	0.12	1.52	1.88%
	Total Savings	6.23	80.96	100.00%
Christian	Cash	1.32	114.90	28.36%
	Savings account in bank or post office	0.32	28.25	6.97%
	Fixed and recurring deposits	0.99	86.00	21.23%
	Chitty, Kurries and similar instruments	0.48	42.05	10.38%
	LIC, pension plan, etc	1.51	131.20	32.39%
	Micro finance (Kudumbashree, Janshree, etc)	0.00	0.40	0.10%
	Others	0.03	2.32	0.57%
	Total Saving	4.66	405.12	100.00%

Source: Field Survey

To study the economic behaviour of migrant families, the researcher had included some questions specifically on investments in the field survey. The data reveal that 78 percent of migrant families have some kind of investments. Their favourite investment areas are gold, land and buildings. 63 percent of migrant families have invested in gold, and 44 percent of families invested in land. (Figure 5.14).

Figure No. 5.14: Details of Investments made by Migrant Households



Source: Field Survey

According to survey data, the sample migrant families have an investment of 4957.50 lakhs. The average investment per migrant family is 49.58 lakhs. Their major chunk of their investments is reported on land (3817.20 lakhs), buildings (895 lakhs) and gold (228.30 lakhs). Three of these investment areas constitute together 99.66 percent of total investment. The average investment in land per migrant family is 38.17 lakhs, and building and gold records 8.95 lakhs and 2.28 lakhs respectively. The above clearly establishes the nature of economic forte of the migrant families in the state of Kerala. (Table 5.17).

Table No. 5.17: Investment Pattern of Migrant Households

Items	Average Investment (in Lakhs)	Total Investment (in Lakhs)	% to Total Investment
Shares, Mutual Funds, Bonds, and similar financial instruments	0.02	2.00	0.04%
Gold, Jewelry	2.28	228.30	4.61%
Capital invested in business	0.06	6.00	0.12%
Land (market value)	38.17	3817.20	77.00%
Buildings (market value)	8.95	895.00	18.05%
Other constructions (market value)	0.04	4.00	0.08%
Livestock (market value)	0.05	5.00	0.10%
Total Investments	49.58	4957.50	100.00%

Source: Field Survey

The housing structure wise estimates also show the similar pattern. The average investment of families who belongs to 'luxurious' houses is 78.33 lakhs, and 'very good' and 'good' families have an average of 28.64 lakhs and 6.79 lakhs respectively. The per capita investment of 'luxurious' migrant households in land and building is 61.31 lakhs and 13.69 lakhs respectively. It is much higher to overall averages in the same areas of investments. The migrant families who live in 'very good' houses have an investment of 21.33 lakhs in land and 5.72 lakhs in the building. In the case of families who reside in 'good' houses, the average investment in land and in building is 3.46 lakhs and 1.38 lakhs respectively. It establishes the direct relationship between housing condition and wealth of migrant families in the State of Kerala (Table 5.18).

Table No. 5.18: Investment Pattern of Migrants (Housing type-wise)

Type of House	Items	Average Investment (Lakhs)	Total Investment (Lakhs)	Percentage to Total Investment
Luxurious	Shares, Mutual Funds, Bonds, and similar	0	0	0.00%

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	financial instruments			
	Gold, Jewelry	3.14	154.1	4.00%
	Capital invested in business	0	0	0.00%
	Land (market value)	61.31	3004.2	78.30%
	Buildings (market value)	13.69	671	17.50%
	Other constructions (market value)	0.08	4	0.10%
	Livestock (market value)	0.1	5	0.10%
	Any Other, (specify)	0	0	0.00%
	Total Investments	78.33	3838.3	100.00%
Very good	Shares, Mutual Funds, Bonds, and similar financial instruments	0.06	2	0.20%
	Gold, Jewelry	1.36	48.95	4.70%
	Capital invested in business	0.17	6	0.60%
	Land (market value)	21.33	768	74.50%
	Buildings (market value)	5.72	206	20.00%
	Total Investments	28.64	1030.95	100.00%
Good	Gold, Jewelry	1.94	25.25	28.60%
	Land (market value)	3.46	45	51.00%
	Buildings	1.38	18	20.40%

	(market value)			
	Total Investments	6.79	88.25	100.00%

Source: Field Survey

The religion wise estimates on investment reveal that the average investment of the Hindu migrant family is 39.95 lakhs, and the Christian family is 51.01 lakhs. The per capita investment of Hindu migrant families in land and building is 31.69 lakhs and 4.85 lakhs. The same indicators in Christian families, however, record 39.14 lakhs and 9.56 lakhs respectively. Also, data reveals that Hindu migrant families invest more in gold (3.26 lakhs/family) than Christian families (2.14 lakhs/family) (Table 5.19).

Table No. 5.19: Investment Pattern of Migrants (Religion-wise)

Religion	Items	Average Investment (in Lakhs)	Total Investment (in Lakhs)	% to Total Investments
Hindu	Shares, Mutual Funds, Bonds, and similar financial instruments	0.00	0.00	0.00%
	Gold, Jewelry	3.26	42.40	8.16%
	Capital invested in business	0.00	0.00	0.00%
	Land (market value)	31.69	412.00	79.32%
	Buildings (market value)	4.85	63.00	12.13%
	Other constructions (market value)	0.15	2.00	0.39%
	Livestock	0.00	0.00	0.00%

	(market value)			
	Any Other, (specify)	0.00	0.00	0.00%
	Total Investments	39.95	519.40	100.00%
Christian	Shares, Mutual Funds, Bonds, and similar financial instruments	0.02	2.00	0.05%
	Gold, Jewelry	2.14	185.90	4.19%
	Capital invested in business	0.07	6.00	0.14%
	Land (market value)	39.14	3405.20	76.73%
	Buildings (market value)	9.56	832.00	18.75%
	Other constructions (market value)	0.02	2.00	0.05%
	Livestock (market value)	0.06	5.00	0.11%
	Any Other, (specify)	0.00	0.00	0.00%
	Total Investments	51.01	4438.10	100.00%

Source: Field Survey

5.19. Household Consumption Expenditure

The consumption expenditure of household is a well-accepted indicator in academics to understand the living standards and welfare of families. In this section of analysis, the monthly consumption expenditure (MCE) of migrant families in different items is sought to be estimated. The average monthly consumption expenditure (MCE) of migrant families is Rs.

18650. The major share of MCE is reported in food (44.64 percent), medical expenses (28.73 percent), non-food (12.55 percent) and education (6.90 percent). The average MCE of migrant families in food is Rs.8325. The per capita MCE of migrant households in medical expenses and education is Rs.5358 and Rs.1286. After food, the migrant families spend more on medical expenses and education. It is significant indicators in identifying how migrant health workers' families in the State are conscious about the overall welfare of their family in terms of health and education. This situation appears to be one major factor which is contributing to Kerala's higher levels of human development indicators.

The statistics show that migrant families also spend a good amount on alcohol and on tobacco products. They monthly spend approximately Rs.285 for alcohol and Rs.120 for tobacco products. Kerala as one of the leading alcohol consuming State in India, it is noted that there is a significant relationship between migrant families and alcohol consumption in the State (Table 5.20).

Table No. 5.20: Monthly Consumption Expenditure of Households

Items	Average Expenditure (in Rs.)	Total Expenditure (in Rs.)	% to Total Expenditure
Food	8325	832500	44.64%
Non-Food	2341	234100	12.55%
Cigarette	110	11000	0.59%
Other Tobacco Items	10	1000	0.05%
Alcoholic Item	285	28500	1.53%
Medical Expense	5358	535800	28.73%
Education	1286	128600	6.90%
Other Expense	935	93450	5.01%
Total Expenditure	18650	1864950	100.00%

Source: Field Survey

The average MCE of migrant families who live in 'luxurious' houses is Rs.23594. Their per capita MCE on food is Rs.9337. They spend Rs.6724 for medical expenses and Rs.2288 for education. Their average MCE on alcohol is Rs.449. It may be noted that all these figures are higher than overall average MCE of migrant families.

Migrant families who reside in 'very good' houses report that their MCE is Rs.16001. They spend Rs.8444 for food, Rs.4689 for medical expenses and Rs.458 for education. The average MCE of migrant families who are from 'good' housing condition is Rs.9177. They spend Rs.4846 for food and Rs.2731 for medical expenses. They have not reported any amount for education and alcohol items. The 'poor' migrant family record that their MCE is Rs.6750. Their food expenditure is Rs.4000, and the expenditure on medical expenses is Rs.1000. Detailed statistics are given in Table 5.21.

Table No. 5.21: Monthly Consumption Expenditure (House type-wise)

Type of House	Items	Average Expenditure (in Rs.)	Total Expenditure (in Rs.)	% to Total Expenditure
Luxurious	Food	9337	457500	39.57%
	Non-Food	3663	179500	15.53%
	Cigarette	112	5500	0.48%
	Other Tobacco Items	20	1000	0.09%
	Alcoholic Item	449	22000	1.90%
	Medical Expense	6724	329500	28.50%
	Education	2288	112100	9.70%
	Other Expense	1000	49000	4.24%
	Total Expenditure	23594	1156100	100.00%
Very Good	Food	8444	304000	52.77%
	Non-Food	1156	41600	7.22%
	Cigarette	14	500	0.09%
	Other Tobacco Items	-	-	-
	Alcoholic Item	181	6500	1.13%
	Medical	4689	168800	29.30%

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	Expense			
	Education	458	16500	2.86%
	Other Expense	1060	38150	6.62%
	Total Expenditure	16001	576050	100.00%
Good	Food	4846	63000	52.81%
	Non-Food	769	10000	8.38%
	Cigarette	385	5000	4.19%
	Other Tobacco Items	-	-	-
	Alcoholic Item	-	-	-
	Medical Expense	2731	35500	29.76%
	Education	-	-	-
	Other Expense	446	5800	4.86%
	Total Expenditure	9177	119300	100.00%
Poor	Food	4000	8000	59.26%
	Non-Food	1500	3000	22.22%
	Cigarette	-	-	-
	Other Tobacco Items	-	-	-
	Alcoholic Item	-	-	-
	Medical Expense	1000	2000	14.81%
	Education	-	-	-
	Other Expense	250	500	3.70%
	Total Expenditure	6750	13500	100.00%

Source: Field Survey

The religion wise analysis shows that the average MCE of Hindu migrant families is Rs.21323. They spend Rs.11577 for food, Rs.4846 for medical expenses, Rs.463 for education and Rs.308 for alcohol. The Christian migrant families report that their average MCE is Rs.18250. It is lower than Hindu migrant families. Christian migrant families spend Rs.7839 for food, 5435 for medical expenses, Rs.1409 for education and Rs.282 for alcohols. Their food expenditure is also lower than Hindu migrant

families. However, their expenditure on medical and education is higher than Hindu migrant families (Table 5.22).

Table No. 5.22: Monthly Consumption Expenditure (Religion-wise)

Religion	Items	Average Expenditure (in Rs.)	Total Expenditure (in Rs.)	% to Total Expenditure
Hindu	Food	11577	150500	54.29%
	Non-Food	1930.8	25100	9.05%
	Cigarette	0	0	0.00%
	Other Tobacco Items	77	1000	0.36%
	Alcoholic Item	308	4000	1.44%
	Medical Expense	4846	63000	22.73%
	Education	463	6000	2.16%
	Other Expense	2123	27600	9.96%
	Total Expenditure	21323	277200	100.00%
Christian	Food	7839	682000	42.95%
	Non-Food	2402	209000	13.16%
	Cigarette	126	11000	0.69%
	Other Tobacco Items	0	0	0.00%
	Alcoholic Item	282	24500	1.54%
	Medical Expense	5435	472800	29.78%
	Education	1409	122600	7.72%
	Other Expense	757	65850	4.15%
	Total Expenditure	18250	1587750	100.00%

Source: Field Survey

5.20 Testing of Hypothesis

Null Hypothesis (H₀): There is no association between the amount of remittances of the migrant nurses and their investments in India.

Alternative Hypothesis (H_a): There is a positive association between the remittances of the migrant nurses and their investments in India.

Table 5.23: Correlation between Remittances and Investments

Type of Micro Enterprises	Remittances (Rs. Lakhs)	Investments (Rs. Lakhs)	Correlation Co-efficient
Shares, Mutual Funds, Bonds etc	30.60	2	Correlation Co-efficient between (A) and (B) = + 89.29 percent
Gold, Jewelry	55.15	228.3	
Capital invested in business	108.95	6	
Land (market value)	200.04	3817.2	
Buildings (market value)	100.97	895	
Other constructions (market value)	33.06	4	
Livestock (market value)	30.30	5	

Source: Computed based on Field Survey data

From Table 5.23, it is noted that there is a strong positive correlation (89.29 percent) between the remittances of migrant nurses to India and their investments in various types of assets in India. Now, an attempt is made to test the significance of this association using the statistical test viz. t-test. Accordingly, the value of t is found using the following formula:

Applying the values of $N = 7$ and $r = 0.89.29$ in the above equation the value of 't' can be calculated as 4.433. The corresponding Critical value (Table value) of 't' at 05 percent LOS (level of significance) and 5 degrees of freedom [ie. $d.f = (N - 2) = (7 - 2) = 5$] is 2.571. As the Critical value of 't' is lower than the calculated value of 't', the relationship is significant.

So, Null Hypothesis is Rejected and Alternative Hypothesis is Accepted

5.21. Socio-Economic Impact of Remittances: Overall Picture

Summing up the above discussions, the overall picture of the economic impact of remittances of the international migrant nurses is as follows. In

fact, 49 percent of migrant families live in a 'luxurious' houses and 36 percent of families live in 'very good' houses. The average landholding size of migrant families is 50 cents. Hindu migrant families own 29 cents per family and Christian migrant families own 53 cents per family. The average remittance per migrant household is 5.59 lakhs per annum. The data clearly establish a significant relationship between household structure and remittances. The migrant families who reside in 'luxurious' houses receive the remittance amount of 6.20 lakhs, and the 'very good' houses receive 5.38 lakhs. Those with 'good' and 'poor' households receive 3.41 and 0.50 lakhs respectively. The average remittances of Hindu migrant families is 1.59 lakhs while that of Christian families is 6.19 lakhs. The estimates show that 30.20 percent of total remittances are utilised for day-to-day expenses of families and 23.21 percent is used for medical expenses. The average savings of migrant family is 4.86 lakhs. The average savings of Hindu migrant families is 6.23 lakhs and Christian families is 4.66 lakhs. The data reveal that 78 percent of migrant families have some kind of investments.

The major investment areas of migrant families are land, building and gold. 63 percent of migrant families invested in gold, 44 percent of migrant families invested in land and 25 percent migrant families invested in buildings. The average investment of migrant families is 49.58 lakhs. The average investment in land is 38.17 lakhs and in buildings is 8.95 lakhs. The average investment in gold is 2.28 lakhs. The average investment among Hindu migrant family is 39.95 lakhs and among the Christian family is 51.01 lakhs. Christian migrant families invest more in land and building. However, Hindu migrant families invest more in gold. The average monthly consumption expenditure of migrant families is Rs.18650.

The major chunk of consumption expenditure is made for food, medical and education purpose. The average monthly expenditure for food is Rs.8325. The average expenditure for medical and education is Rs.5358 and Rs.1286 respectively. Migrant families spend Rs.285 for alcohol and Rs.120 for tobacco products per month. The consumption expenditure of Hindu migrant families is Rs.21323. They spend Rs.11577 for food, Rs.4846 for medical expenses, Rs.463 for education and Rs.308 for alcohol. The average consumption expenditure of Christian migrant

families is Rs.18250. It is lower than Hindu migrant families. Christian migrant families spend Rs.7839 for food, 5435 for medical expenses, Rs.1409 for education and Rs.282 for alcohols. Their average expenditure on medical and education is higher than the Hindu migrant families. In short, health migrant workers from Kerala contribute a huge amount as remittances, and its welfare impact on migrant families is well evident in Kerala state.

It is noted that there is a significant relationship between the remittances of nurses and their investments in the home country. Hence, higher remittances would promote more investments and hence more economic development. This is in line with the Neo-Classical Micro theory of migration. In short, migration of nurses leads to local economic development.

Chapter **6**

**NEED FOR A NEW
POLICY PARADIGM
FOR THE MIGRANT
NURSES FROM
KERALA: A STUDY**

In this concluding chapter, the various policy concerns over the present scenario of international health migrant workers from Kerala. This chapter has two parts. The first part of the chapter analyses the attitudes of migrant health workers towards work satisfaction, political awareness, media exposure, and emerging concerns and worries. The second part of the chapter focuses on various policy measures to be initiated in the domestic health migrant market to explore the emerging opportunities in the global healthcare market.

6.1. Attitudes of Migrant Nurses towards Work Satisfaction

The interview conducted among the international health migrant workers reveals that the migrated health work force from Kerala is well satisfied with their present living conditions abroad. According to data, 70 percent of migrants report that they are ‘very satisfied’ in their family life after migration. While 71 percent of migrants said that they also enjoy good personal freedom in their hosting countries, 69 percent of migrants report that they are ‘very satisfied’ with their present standards of living. Also, 60 percent of migrants report that they and their family members receive good respect in their home locations after they migrated. However, only 35 percent of migrants report that they are ‘very satisfied’ with the present salary they receive. Also, 65 percent of migrants are not ‘very satisfied’ with the racial equality in the foreign countries. Above two factors indicate the fact that the international migrant workers from Kerala are currently underpaid in terms of global standards, and migrant workers face certain racial discrimination in their hosting country. Our qualitative discussion with migrants also establishes these factors further. The data on work satisfaction are given in the Table 6.1.

Table No. 6.1: Work Satisfaction of Migrant Nurses

Items	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Salary	2%	8%	15%	40%	35%
Work Environment		4%	21%	25%	50%
Social Privilege			14%	36%	50%
Family Life		1%	9%	20%	70%
Children Education			19%	23%	58%
Accommodation		1%	20%	32%	47%
Holidays and		1%	28%	26%	45%

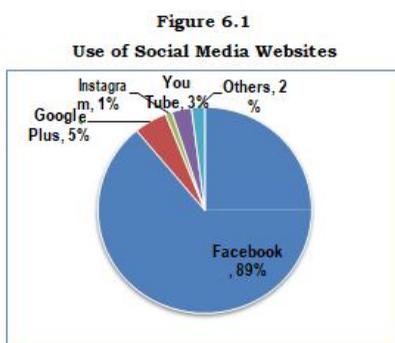
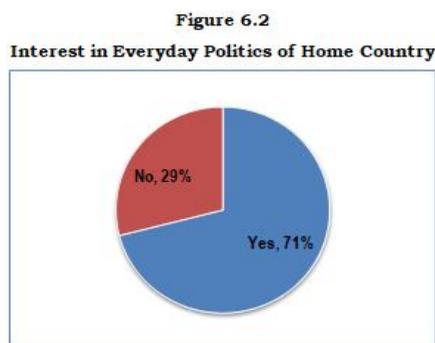
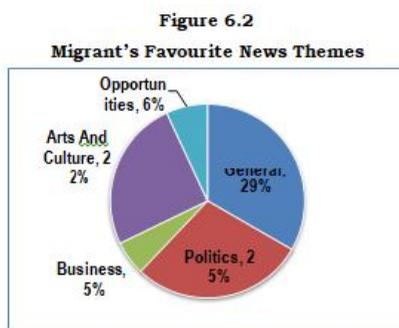
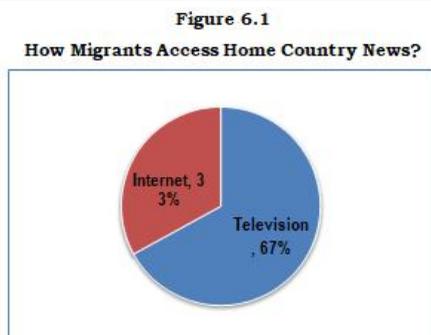
Leaves					
Racial Issues			34%	20%	35%
Personal Freedom	1%		11%	17%	71%
Patient Behavior			32%	35%	33%
Citizenship/Green card	1%	3%	23%	27%	46%
Respect in the Home country		3%	17%	20%	60%
Social Security	1%	1%	11%	30%	57%
Standard of Living		1%	6%	24%	69%

Source: Survey Data

6.2. Media Exposure and Political Awareness of Migrant Nurses

The survey data indicate that the migrant population is very vigilant about the day to day happenings of their home country. According to the survey data, 67 percent of migrant workers access home country news through internationally available regional language television channels. The internet based social media websites also play an important role in the shaping of migrant workers' political awareness. It is interesting to observe that 71 percent of sample migrants are interested in political developments of home country, and 89 percent of migrants access social media website Face book to get update home country events regularly.

In our field survey, we included some political questions related to international health migrant workers to assess the responses of migrant workers. Our analysis based on such questions shows that 80 percent of migrants favour the dual citizenship status for migrants, and 91 percent of migrant workers argue for voting rights for Non-Resident Indians (NRI) in India. This field survey research has observed the fact that the family members of migrant workers, especially aged parents are living alone in the home country in luxurious houses with all amenities. But, they do not get enough social protection from the state institutions. In this context, migrant workers demand a policy framework to protect their aged parents in the home state, i.e. Kerala.



It is interesting to realize that 48 percent of migrant workers are not looking for any specific investment opportunity in their home country, and 65 percent of migrants are not favouring any job opportunity for return-migrant health workers. However, 67 percent of migrants expect some strong regulation on hospital business in the home country towards protecting the interest of the general public, especially regarding the quality health services. 59 percent of migrants advocate that the government should take some immediate action to assure a satisfactory remuneration for domestically working health workers. The detailed statistics are given in the Table 6.2.

Table No. 6.2: Issues Faced by Migrant Nurses

Issues	Strongly disagree	Disagree	Neither	Agree	Strongly Agree	Not Sure
Dual Citizenship in India	1%	2%	15%	59%	21%	2%
Voting rights for NRIs	1%	1%	4%	58%	33%	3%

Govt. policy measures to protect the aged parents of expatriates	1%	3%	22%	29%	39%	6%
Investment opportunity for Migrants	9%	39%	13%	14%	21%	4%
Job opportunity for return migrants	23%	43%	5%	10%	15%	4%
Strong regulation of the domestic hospitals to protect the interests of the general public	2%	16%	14%	52%	15%	1%
Assure satisfactory remuneration for the domestic health workers	9%	9%	17%	40%	19%	6%

Source: Survey Data

6.3. Major Concerns of Migrant Nurses

In general, international health migrant workers did not report much concerns and worries over their present social and economic conditions in the host countries. But, a few migrant workers from Kerala report certain issues related to debts, house construction in the home country, job security, etc. (Table 6.3).

Table No. 6.3: Major Concerns of Migrant Nurses

Concerns/Worries	Very Often	Often	Sometimes	Never	Not Sure/ Not Applicable
Education of Children	1%	3%	14%	74%	8%
Dowry and marriage expenses	0%	4%	17%	58%	21%
Job security	2%	4%	23%	69%	2%
Insufficient income	1%	6%	32%	59%	2%
Illness and hospital related expenses	1%	8%	20%	67%	4%
House construction	3%	17%	33%	35%	12%
Debts	5%	22%	18%	40%	15%

Source: Survey Data

To conclude this section, international health migrant workers lead a quality life in hosting countries without many social and economic concerns over their present status, and they are least bothered about

coming back to home country. According to data, 66 percent of migrant workers do not have plan to comeback home country for residency. In other words, most of the migrants from Kerala are looking for permanent residency in foreign countries and not interested in exploring investment opportunities in the home country. This attitude of migrant health workers may negatively affect the remittances dependent economies like Kerala.

Chapter **7**

**SUMMARY OF
FINDINGS AND
SUGGESTIONS**

In this concluding chapter, summary of the major findings of the study is given in the first part and is followed by

7.1. Summary of Major Findings of the Study

The present study reveals the fact that the movement of health migrant professionals, like nurses, from Kerala to foreign countries is a time and cost intensive process. Also, prior to migration, the health worker should undergo rigorous education in the health sector and intensive personal training in national health organisations as prescribed by international recruiting standards. Therefore, health professionals start his/her international career in their later age. The field survey data show that the average age of health migrant workers is 29 years, and the average work experience required for the migration is 4 years in reputed hospitals in India. At present, the international recruitment market is entirely controlled by private recruitment agencies, and the government intervention to control this sector is lesser effective. As per the estimates of the study, the approximate cost of migration is Rs.2,17,038, and the 85 percent of this amount is gained by private recruitment agencies.

In short, the migration of nurses includes two major costs, the ‘cost of education’ and the ‘cost migrations’. The study reveals that both of these costs are not affordable to economically backward communities. The majority of health educational institutions in India is owned and operated by private organisations and the cost of participation in these institutions is relatively high. Therefore, financially backward population in the State has lesser accessibility to higher level health institutions. It can be observed from the socioeconomic pattern of migrant health workers from Kerala. As per the data from the survey conducted among nurses in two districts in Kerala, 87 percent of migrants belong to the Christianity religion. Among both Hindu and Christian religions, social upper classes are the major migrant population. In this scenario, the government should frame an inclusive policy structure to make capable of all sects of population from Kerala to participate in international health job market.

Based on the analysis of the economic impact of remittances from migrant nurses on their families in Kerala, it is found that 49 percent of migrant families live in a ‘luxurious’ houses and 36 percent of families

live in 'very good' housing structure. The average landholding size of migrant families is 50 cents. The average remittance received from abroad per migrant household is Rs. 5.59 lakhs per annum.

The survey data has clearly established the fact that there is a significant positive relationship between the nature of housing structure and the remittances received from the migrant nurses working abroad. The migrant families residing in 'luxurious' type houses have received remittances amounting to an average of Rs. 6.20 lakhs, and those residing in 'very good' type houses have received an average of Rs. 5.38 lakhs. Families of migrants residing in 'good' and 'poor' type housing structures have received average remittances to the tune of Rs. 3.41 lakhs and Rs. 0.50 lakhs respectively.

The survey data show that 30.20 percent of total remittances are utilised for day-to-day expenses of migrant families and 23.21 percent of remittance used for medical expenses. The average savings of migrant family is Rs. 4.86 lakhs. The data also reveal that 78 percent of migrant families have some kind of investments. The major investment areas of migrant families are land, building and gold. As high as 63 percent of the migrant families have invested in gold while 44 percent of the migrant families have invested in land and 25 percent of migrant families have invested in buildings. The average investment of migrant families is Rs. 49.58 lakhs. The average investment in land is Rs. 38.17 lakhs and in buildings is Rs. 8.95 lakhs. The average investment in gold is Rs. 2.28 lakhs.

The average monthly consumption expenditure (MCE) of migrant families is Rs.18,650. The chunk of consumption expenditure is made for food, medical and education purpose. The average monthly expenditure for food is Rs.8,325. The average expenditure for the medical and education purposes by the migrant families have been noted as Rs.5,358 and Rs.1,286 respectively.

7.2. Policy Suggestions based on the Findings of the Study

Based on the major findings of the study and other facts revealed from the discussions with the major stakeholders, the following are a few policy suggestions put forward by the present researcher for initiating

reforms in this sector with the ultimate goal of sustained development of the state utilizing the resources (like, remittances) of the migrant nurses:

1. The current scenario of international health migrant workers from Kerala is skewed into a little section of people those who socially and financially well-established. It is mainly due to two reasons, higher costs of securing health education in India as per international standards, and higher costs to get job visa from of international recruiting agencies. Therefore, the government should reform its policies towards an inclusive perspective by providing cost effective and government supported health education and training to poor section of the population from all social groups, religion and financial backgrounds. Furthermore, the government should take appropriate policy measures to regulate the intermediary recruiting agencies from exploiting the trained health professionals. In this regard, government may network directly with international health institutions to recruit health professionals from the State.
2. Even if international health migrant workers from Kerala lead a satisfactory life abroad, many of the migrant workers feel that they are underpaid, and they face certain racial discrimination from foreign nationals. Therefore, the government should focus on a policy to protect the interests of international migrant workers from Kerala state in terms of setting their salary at par with international standards, and protecting the Indian nationals from social discrimination what they are facing at present in the foreign country (like, UK in this case). In this regard, the Government should take up some policy initiatives to solicit the support of UN organisations (like, ILO and WTO) to resolve issues like discrimination.
3. The study reveals that the majority of migrant workers looks for a permanent residency status in foreign countries and most of them are not willing to return to India. This attitude of migrants may resist the future flow of remittances to the State. Also, the study reveals the fact that international health migrant workers are not keen to invest their earnings in a productive manner in the State, and the chunk of their savings goes to unproductive investments like land and gold. This would adversely affect the economic interests of the State.

Therefore, the government should take policy measures to divert the remittances to more productive sectors of the economy. Furthermore, there should be a policy focus on utilising the knowledge of highly trained and experienced international health migrant workers to improve the domestic health sector. This may promote the international health migrant workers to come back to the home country.

4. The government should frame policies to attract the international health tourists by utilising the connection and experience of international health migrant workers from Kerala, and the state should take initiatives to build various health infrastructures at par with global standards. This would expand the capabilities of Kerala state to optimise its comparative advantage in terms of internationally trained human resources in the healthcare sector.
5. Finally, as international migrant health workers generate a huge amount of remittances to the State, the government should adopt certain policy measures to protect the aged family members of migrant workers and their domestic wealth. In this regard, the government should introduce a separate social security scheme for the family members of international health migrant workers.

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Abbreviations

BOP	Balance of Payment
BPL	Below Poverty Line
EMI	Emigrants
EU	European Union
FDI	Foreign Direct Investment
GATS	General Agreement on Trade and Services
GDP	Gross Domestic Product
IENs	Internally Educated Nurses
INC	Indian Nursing Council
NCMH	National Centre for Mental Health
NORKA	Non-Resident Keralites Affairs
OECD	Organization for Economic Co-operation and Development
PHC	Primary Health Centre
PKO	People of Kerala Origin
REM	Return of Emigrants
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
US	United States
USA	United States of America
USD	United States Dollar
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

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