

NURSES MIGRATING FROM KERALA TO U.K: A STUDY OF THE REASONS AND THE COST FACTORS INVOLVED IN MIGRATION

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Abstract

Over the years there has been a steady growth in the migration of nurses from India to United Kingdom (U.K) and other advanced nations of the world. Among the nurses migrating abroad, the vast majority belong to Kerala state in India. In the above backdrop, taking the case of nurses migrating from Kerala to UK, this paper makes a closer look into the basic reasons that have prompted them for migrating abroad, various types of costs involved in migration, sources of financing such costs, and such other factors. The paper suggests strategies for making migration more meaningful for the faster economic growth of the home state, viz. Kerala.

Key Words: Migration, Non-Resident Keralites (NRKs), Remittances.

Introduction

It is observed that there has been constant growth in the immigration to the United Kingdom (UK) since 1945. This trend has been very prominent in the post-2000 period. Other immigrants have come as asylum seekers, seeking protection as refugees under the United Nations 1951 Refugee Convention, or from member states of the European Union, exercising one of the European Union's Four Freedoms. In fact, about 70 percent of the population increase between 2001 and 2011 censuses was due to foreign-born immigration. In fact, as high as 7.5 million people (11.9 percent of the population) were born abroad. The migration from Kerala, the state in the southern most part of India, to UK is sought to be studied in detail in this paper, with a focus on the reasons for migration, the costs involved, financing sources, and allied factors.

Relevance and Significance of the Study on Migration to UK from India

In the past decade, the size and characteristics of immigration to the United Kingdom have changed significantly. Immigrants are more numerous, more mobile and more diverse than ever before. The experience of immigration is different; immigrants are coming from a broader array of countries, staying for shorter period of time, enjoying significant engagements with communities outside of the United Kingdom and are no longer settling solely in cities. In parallel, UK immigration policy has undergone radical changes. Public opinion and other forces have prompted policy makers to focus their efforts on combating illegality and on flows of asylum seekers. At the same time, economic pressures have dictated the need to have selection systems so the country can attract desirable economic immigrants. Despite the current recession, immigration to the UK is expected to remain at approximately 150,000 net migrants per year. Globally, more than 232 million people are international migrants a number that continues to rise. Advances in transportation and communication have increased the capacity and desire to move. Migration today is more widely distributed across more countries. The data-rich research offered here, based on credible sources, sketches migration flows, the sending of remittances, admission levels, enforcement actions and more for countries around the world.Net UK migration increased to 212,000 in the year to Sept. 2013, pushing it further away from the conservatives' target of below 100,000 according to official estimates. Though there are many studies on inter-state migration in India, like, the study by Dr. Manoj P K and Neeraja James (2014) [7] on migration of housing construction workers to Kerala from other states, studies involving migration from India to other countries are scarce. So, this study looks into nurses migrating from Kerala to UK focusing on reasons for migration, costs involved etc.

Objectives of the Paper

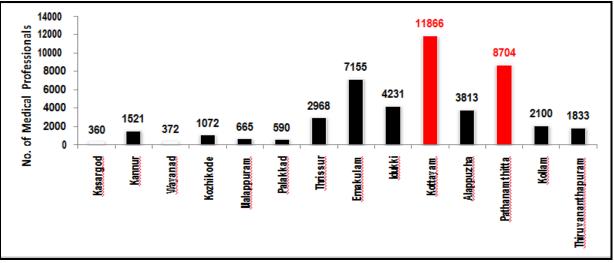
- (i) To study the overall nature, trend and pattern of nurses migrating from Kerala to U.K;
- (ii) To study the factors like reasons for migration, costs involved, and sources of finance;
- (iii) To suggest policies for making migration from Kerala beneficial to state's economy.



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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, Govt. of Kerala. (Figure I). Figure I: Migration of Nurses from Kerala to UK.



Dept. of Economics and Statistics, Govt. of Kerala. (2013)

In the second stage, from these two selected districts (ie.Kottayam and Pathanamthitta) a total of 600 nurses were chosen on a pro-rata basis, considering 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. Suitable number of households from the various Panchayats and Municipalities in the respective districts were selected on a pro-rata basis, using the statistics (Govt. of Kerala) relating to the distribution of migrant nurses. Random sampling was used. Popular statistical tools are used for analysis.

Nursing Professionals in Kerala: Nature of their Migration to UK

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. A total of 350 households were chosen randomly from Kottayam district using lottery method and similarly 250 households were surveyed. Representation of rural, semi urban and urban areas of both Kottayam and Pathanamthitta districts was ensured by adopting a pro-rata



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approach for sample selection. For this study, a sample of 350 nurses from Kottayam district representing 5 Taluks and 21 City or Panchayat areas have been selected. Also, a sample of 250 nurses from Pathanamthitta district representing 45 households from 3 Taluks and 15 City or Panchayat areas have been selected. The field survey was conducted during vacation time of migrants. Face to face discussion with the sample nurses was done in 54 percent of the cases.

Reasons for Migration of Nurses from Kerala to UK

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. In fact, 69 percent of migrants reported that they migrated abroad due to low salary available in the domestic market. For 15 percent migrants lesser job opportunities forced them to migrate. (Figure II).

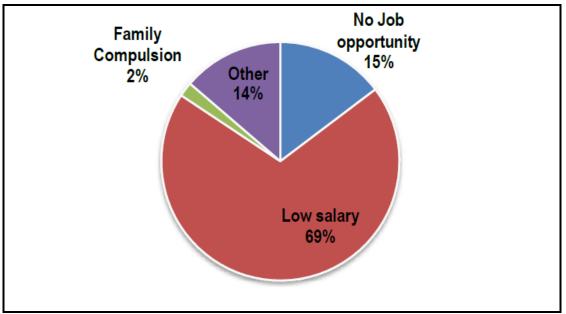


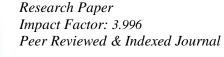
Figure II: Reasons for Migration

Source: Field Survey

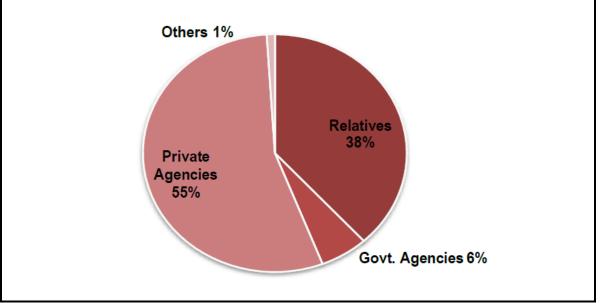
Further, based on religion- wise analysis, it is understood that among Hindu religion, 40 percent migrants migrated due to low salary and 33 percent migrants migrated due to no job opportunities. However, among Christian religion, 75 percent migrants went abroad due to low salary and 16 percent migrated 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.

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 observed to be quite insignificant. (Figure III).







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'. For 7 percent of the migrants assistance has been from 'Government' agencies. (Figure III).

Costs 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 elements 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. 2,17,038. 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. 1,84,060 in Kerala. It comes around 85 percent to the total participation cost. The detailed breakups of cost of migration are given in the Table I.

184060.00 1088.00
1088.00
4310.00
23950.00
860.00
1240.00
1530.00
217038.00
-

Table I: Costs of Migration

Source: Field Survey



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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 emphasizes 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. (Table I).

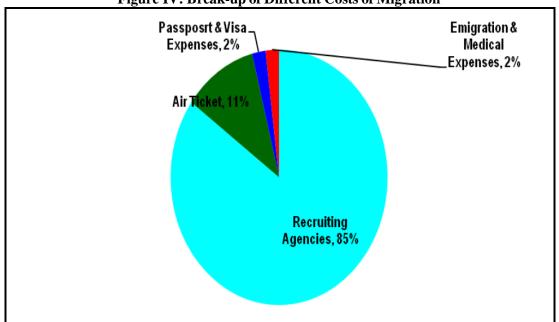


Figure IV: Break-up of Different Costs of Migration

Source: Field Survey

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.1,45,885 for migration. They pay average Rs.1,11,539 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. 2,27,670 for migration, and pay Rs. 1,94,897 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. (Table II).

Table II: Kenglon-wise Cost of Migration				
Religion	Costs	Average Cost	Percent of Costs	
	Payment to Recruiting Agencies	111538.46	76.46	
Hindu	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	

Table II: Religion-wise Cost of Migration



	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
Christian	Medical Test	793.10	0.35
	Any other, please mention	1758.62	0.77
	Total Migration Cost	227670.11	100.00

Source: Field Survey

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 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 fulfill their dream to get jobs abroad. So, the planning for migrating abroad is a long run economic decision for the experienced health professionals from Kerala.

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

 Table III: Sources of Financing for Migration*

Source: Field Survey

* Respondents may report multiple sources of financing for their migration.

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

Table IV: 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.

Impact of Migration on Kerala Economy – Need for Suitable Policy Initiatives

It is noted that majority of the nurses migrating to UK belongs to Christian community and that financially too they are in a better position and can raise the requisite funds more easily. While just 7 percent of Christian migrant households depend on financing from banks, it is as high as 39 percent of Hindu migrant households. Similarly, while 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. Likewise, significant difference is there in respect of availing the financial assistance from informal money lenders. While as high as 8 percent of Hindu migrant households have availed financing from money lenders, just 2 percent of Christian migrant households have sought the assistance from such informal money lenders. In general, it is noted that there is greater level of self-sufficiency in respect of financing for migration purpose among the Christian households. This in turn, indicates their higher and also growing affluence in the Kerala society vis-à-vis their counterparts from Hindu denomination.

In spite of the definite positive impact of migration in terms of the inflow of funds to Kerala, the fact remains that most of the migrants prefer permanent settlement abroad (i.e. UK) rather than using their earnings in the home state (viz. Kerala) itself. This is turn results in a 'brain drain' like situation and the home state gets less economic benefits. Hence, the remittances from the non-resident Keralites (NRKs) to Kerala, are often limited during the initial period of their career abroad. Maximum repatriation of their earnings and maximum possible investment of such earnings should be the ultimate aim of the Government, so as to make the outcome of migration beneficial to the home economy. In fact, such NRK remittances themselves form a major source of funds for the Kerala-based banks, especially the private sector banks like Federal Bank and South Indian Bank. Channeling such funds of the NRKs for the economic development of Kerala should be the immediate priority for the stakeholders. Moreover, from a social perspective too, migration for the ultimate purpose of permanent residence abroad has been affecting the social environment of Kerala. The dependence on old age homes for taking care of the elderly parents of the migrants is a major issue.



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This has resulted in the mushrooming of old age homes in Kerala. Besides, large scale migration leading to permanent residence abroad has resulted in the shrinkage in the Christian population in Kerala because of migrants from the Christian denomination form the vast majority of those who settle abroad. This is particularly true in respect of migrant nurses wherein the vast majority belong to the Christian community. These developments point towards the need for remedial policies. So, for ensuring the long-term sustainability of the migration phenomenon also, measures are required to attract the migrants to settle in Kerala itself rather than seeking permanent residence abroad (like, UK).

Regarding the policies required for enabling the economic development of the state using the remittances and other contributions by the migrant nurses from Kerala, the role of the Government should be that of a facilitator who can channel the resources accruing from the migrant nurses for the development of the state. Suitable directions to banks and financial institutions and bodies like State Level Bankers Committee (SLBC) in the above direction would be meaningful. Besides, concerted efforts towards encouraging the NRKs, including migrant nurses, to invest in the home state itself are required from the part of the Government. Active support of the specialized undertakings like North Resident Keralites Affairs (NORKA) under the Govt. of Kerala is highly essential in this regard.

Concluding Remarks

Notwithstanding the obvious economic benefits because of remittances by NRKs, including the migrant nurses, the long-term sustainability and scalability of the migration phenomenon can be ensured only if the migrants return to the home state and make investment of their earnings here in Kerala itself. Besides, considering the dwindling population of Christian population in Kerala resulting from permanent residency opted by them abroad after migrating there, there should be concerted policy initiatives to attract such migrants to take up employment and/or business here in Kerala. This is turn would ensure greater levels of investments by NRKs in the state, something which is vital for the faster economic development of the state by way of accelerating the pace of industrialization.

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