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# MIGRATION OF NURSES FROM KERALA: A STUDY OF THE MIGRATION MOTIVES, THEIR NATURE, AND IMPLICATIONS

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**Abstract**
Being a state in the Indian union with one of the highest literacy rates, Kerala has got an outstanding track record of migration of skilled professionals to other parts of India as well as other countries of the world. The case of trained nurses is no exception in this regard. Over the years there has been a constant increase in the migration of nurses from Kerala to other parts of the world. In fact, nurses from Kerala constitute the vast majority among those migrating abroad from the whole of India. In the above backdrop, this paper makes a closer look into the migration phenomenon in respect of nurses from Kerala, the underlying motivating factors leading to migration abroad and suggests suitable strategies.

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

## Introduction

Keralites being the one of the most literate ones in the whole of India, they have never been reluctant to migrate to various parts of the country as well as abroad. Keralites have been migrating to anywhere in the world, to wherever 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 was18.4 lakhs. Number of return emigrants (REM) in the year 1999 was 7.4 Lakhs and in 2004 it was 8.9 lakhs. (Kodoth & Jacob, 2013) [7].

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 (USA). This case has underlined the necessity of understanding and reviewing the migration laws, processes, routes and treatment of migrants in the destination country. (Sudhakar, P. M, 2013) [13]. Regarding the migration of nurses from India, it is noted that vast majority of them are from Kerala, and moreover most of them are women also. In short, women nurses from Kerala constitute a significant share among the nurses migrating from India.

## Relevance and Significance of the Study

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 United Kingdom (UK), Italy, Belgium and France. The second wave that followed found nurses heading for the shores of the United States (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 Libya. Therefore, it may be stated that migrant nurses from Kerala who are working elsewhere in the world do derive significant financial earnings vis-à-vis their counterparts working in Kerala state itself or even other parts of India. This is one of the major motivators behind the international migration of nurses from Kerala to advanced countries like the UK and US. In view of the above discussion, it may be noted that there are some obvious benefits of the migration of nurses from Kerala to foreign countries like the UK and US. These benefits include the huge inward remittances to the home state viz. Kerala. These remittances form a major source of funds for the banks in Kerala, particularly the Kerala-based private sector banks like Federal Bank. The purchasing power and standard of living of the households of the migrant nurses would go up leading to higher consumption and greater demand in the economy. This results in economic development of the state. However, the long term sustainability of such economic benefits as well as the quantum of such benefits depends on the decision of the migrants to return to the home state and also making further investments here, including continuation of their career or professional engagements. However, as it is noted that sizeable share of them prefer permanent residency abroad, it is relevant to make a study of the underlying motivators for migration abroad and accordingly suggest remedial strategies that can help making their migration beneficial to the economy of the home state. This study is very relevant from the above perspective.

**Objectives of the Study**

(i) To make an overall study of the nursing sector in Kerala and the case of migration of nurses from Kerala to other parts of the world;

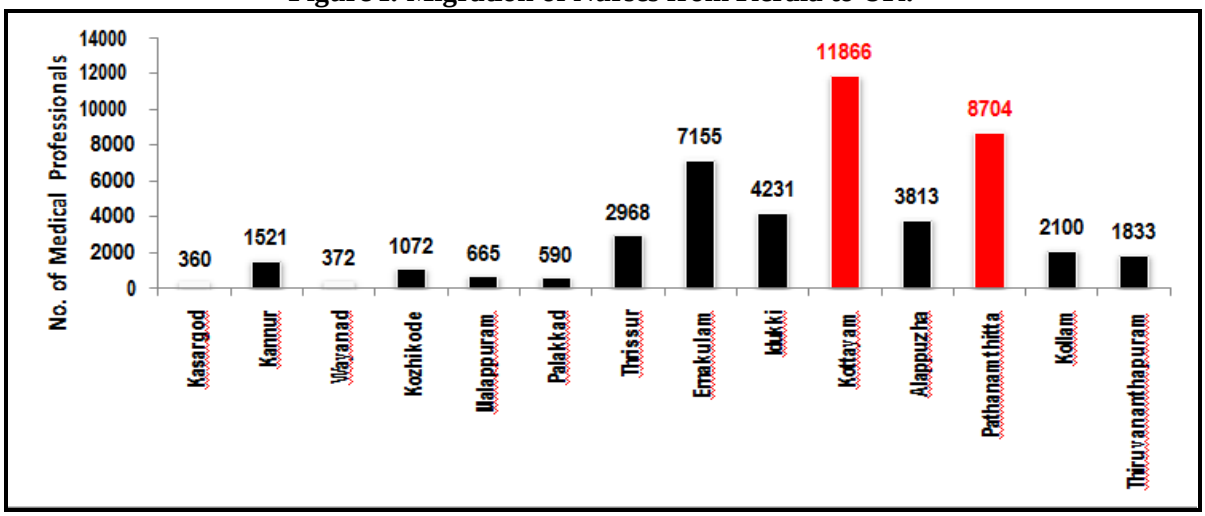
(ii) To study the basic motives for international migration from a theoretical perspective and also to test the same with empirical data relating to nurses from Kerala migrating abroad;

(iii) To suggest strategies for the effective use of migration for the economic development of Kerala, based on the findings of the present study.

**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 Dept. 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 Sector in Kerala and the Migration of Migration of Nurses from Kerala**

It is estimated that today over 10 percent 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 amongthe 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 2007. (Zachariah, K. C. & Rajan, Irudaya, 2012). [17]. Kerala has a long history of the migration of nurses. In 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) [15].

**Table I: 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 Migration

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) [15]. The social composition of aspiring nurses from Indian who intend to migrate to foreign countries like UK also is becoming more diverse.

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) [13]. 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 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 Australia. (Sudhakar, P. M, 2013) [13].

**Factors Influencing the Migration of Nurses: Theoretical Perspectives**

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 II).

**Table II: General factors affecting migration**

| Migrants (Type) | Demand pull factors | Supply push factors | Network or other factors |
|---|---|---|---|
| Economic | Labour recruitment | Unemployment or under-employment issues such as | 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 lochs migrant workers could provide indirect employment to about 40 to 50lakh 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 countries. The government apathy towards rural working and living conditions, with poor infrastructure and equipment has resulted in increasing vacancies of healthcare workers in rural areas. It seems 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.

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 Chauvet et.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. 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. So, opportunities available to practice the advanced technical skills acquired by the health professionals are inadequate. This results in dissatisfaction and encourages migration. But, migrating in search of better opportunities may not always be favourable as many professionals are underutilized in the host 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 '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.

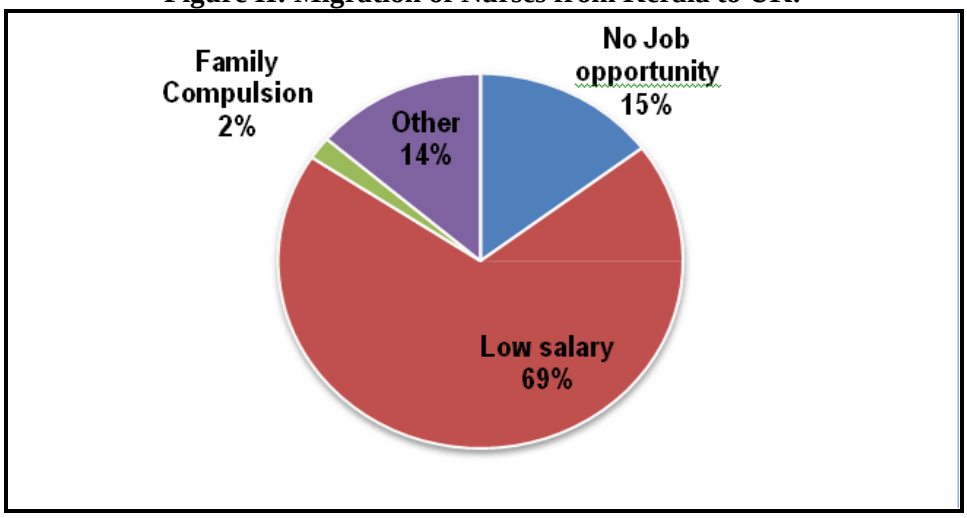
**Demand Pull factors**

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 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 countries.

**Motives behind Migration – Empirical Findings from Kerala**

Based on an empirical study done in Kerala during the year 2015, the basic motives behind the migration of nurses from Kerala have been noted to be (i) for low salary in the state (69 percent), (ii) Lack of job opportunity here (15 percent), (iii) Family compulsion (2 percent) and so on. So, lack of salary and lack of employment are the most common motives for migration. (Figure II).

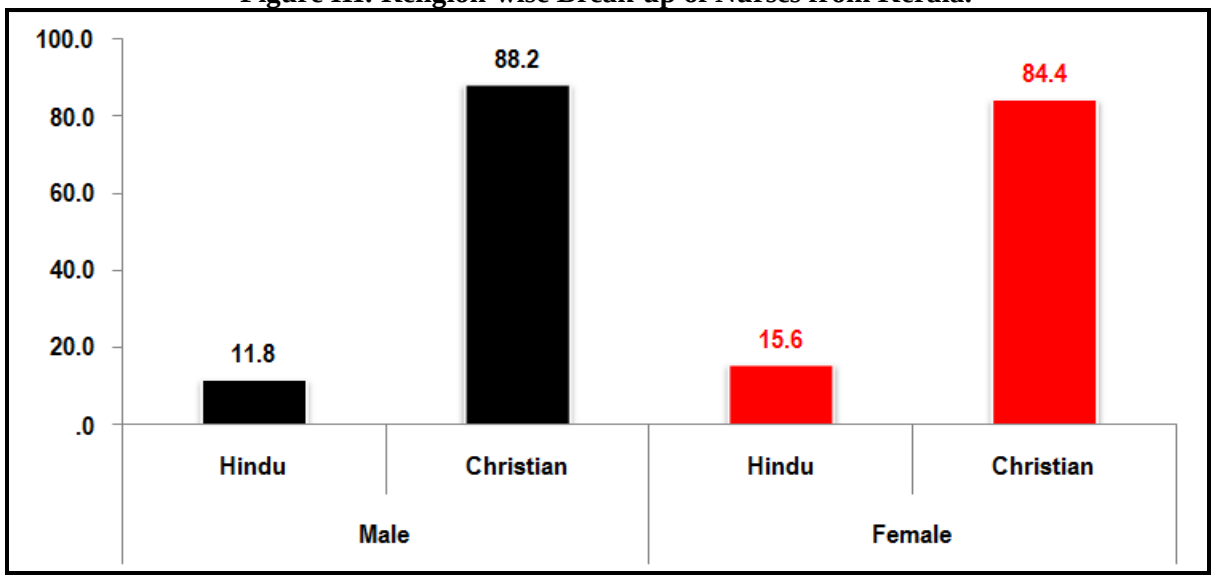
**Figure II: Migration of Nurses from Kerala to UK.**




Source: Field Survey

Linking the findings of the empirical study with the migration theory, it may be noted that supply push factors are the most relevant and the most influencing ones among the motives leading to migration of nurses from Kerala. Obviously, the motives are economic in nature. In short, 'Economic' motives because of 'Supply Push' factors are primarily responsible of migration of nurses from Kerala.

**Figure III: Religion-wise Break-up of Nurses from Kerala.**




Source: Field Survey

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. Among the male nurses 88.2 percent are Christian nurses while 11.8 percent are Hindu nurses. Among the female nurses 84.4 percent are Christian nurses while 15.6 percent are Hindu nurses. Based on religion-wise analysis, it is noted that among Hindu migrant nurses, 40 percent have migrated due to low salary and 33 percent due to no job opportunities. However, among those from Christian nurses, 75 percent have migrated due to low salary and 16 percent due to no opportunities. Also, 2 percent of Christian migrants have reported that family compulsion as a 'push' factor for migration. It is interesting to note that as compared to migrants among Hindus, Christian migrants have considered 'Salary' as the major 'Push' factor. (Figure III).

**Migration of Nurses and its Impact on Kerala Economy: Need for Remedial Policies**

It is noted that majority of the nurses migrating abroad 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. It may also be noted that more Christian nurses (75 percent) have considered 'Salary' as the primary motive than the Hindu nurses (40 percent). While just 16 percent of Christian migrant nurses have migrated due to lack of job opportunities, it is more than double as much (33 percent) for the Hindu migrant nurses. In short, income (salary) concerns are significantly higher among the Christian migrant nurses.

Despite the clear positive impact of migration in terms of the inflow of funds to Kerala, the fact remains that majority of the migrants prefer permanent residence abroad rather than settling in Kerala and using their earnings in the home state (viz. Kerala) itself. This results in a 'brain drain' like situation and Kerala state gets less economic benefits. Hence, the remittances from the non-resident Keralites (NRKs) to Kerala, are often restricted

to the early period of their career abroad. The State Government should strive to encourage maximum repatriation of their earnings and maximum possible investment of their earnings in the state itself. This ensures that the migration process is beneficial to the state's economy. In fact, NRK remittances have formed a major source of funds for the Kerala-based banks, especially the private sector banks such as Federal Bank and South Indian Bank. Channeling NRK-based funds for the economic growth of Kerala should be the immediate priority for the stakeholders. Besides, from a social perspective also, migration for the ultimate purpose of permanently residing abroad has started 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. This has resulted in the mushrooming of old age homes in Kerala. Also, 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 fact is particularly true in respect of migration of nurses wherein the vast majority are from the Christian community.

**Concluding Remarks**

The facts mentioned in earlier paragraphs point to the utmost need for policies that can facilitate the long-term sustainability of the migration phenomenon. For this, steps are required to attract the migrants to settle in Kerala itself rather than seeking permanent residence abroad. 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 from the migrant nurses for the development of the state. Appropriate directions to banks and financial institutions and bodies like State Level Bankers Committee (SLBC) in the above direction would be meaningful. Moreover, concerted efforts towards encouraging the migrant nurses (and other NRKs too) to invest in the home state itself are required from the part of the State Government. Support of the specialized undertakings like Non-Resident Keralites Affairs (NORKA) of the Govt. of Kerala is vital in this regard.

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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