# NURSES MIGRATING FROM KERALA TO UNITED KINGDOM:  A CLOSER LOOK INTO THEIR SOCIO-ECONOMIC PROFILE

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**Abstract**
*There has been a steadily growing trend in the migration of nurses from India to United Kingdom (U.K) and such other advanced nations of the world. Of the nurses migrating abroad, majority belong to Kerala state in India. The paper makes an analysis of the socio-economic profile of the nurses migrating from Kerala to UK, implications of such migration, and makes suggestions for meaningful interventions by Government in view of the growing trend in migration of the nurses.*

***Key Words: Migration, Skilled Migrants, Non-Resident Keralites (NRKs).***

## Introduction
It is noted that there has been steady increase 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.

## Immigration integration policy in the United Kingdom
Although the United Kingdom has large foreign-born and native-born ethnic minority populations, there has been little policy activity in the area of immigrant integration in the country.  Instead, since 2010 integration issues have been subsumed within boarder about diversity, equality and social cohesion.This report explores the United Kingdom's unique experience with immigrant integration, which is strongly influenced by its colonial ties. Following World War II, the United Kingdom received a wave of migrants from its former colonies, many of whom were already British citizens, spoke English and maintained strong ties to what they consider their mother country.  As a result, native born citizens have been reluctant to think of migrants as such, preferring instead to consider them minorities.This mainstreaming of integration policy – attempting to reach people with a migration background through needs-based social programming and policies that also target the general population – has been  supported  by societal  norms  emphasizing inclusion  and  antidiscrimination as  well  as  an ideological commitment to localism at the national level.  These factors, combined with suspicion of top-down regulation, have led the national government to relinquish responsibility in integration matters to local governments.

## 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 September 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 and its impact, 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 very scarce. So, this empirical study seeks to focus on migration of nurses from Kerala state to UK.

**Objectives of the Paper**
   (i)     To study the nature, trend and pattern of nurses migrating from Kerala to U.K;
   (ii)    To study the socio-economic profile of nurses migrating from Kerala to U.K; and
   (iii)   To suggest policies for using migration from Kerala for the benefit the home economy.

**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.**
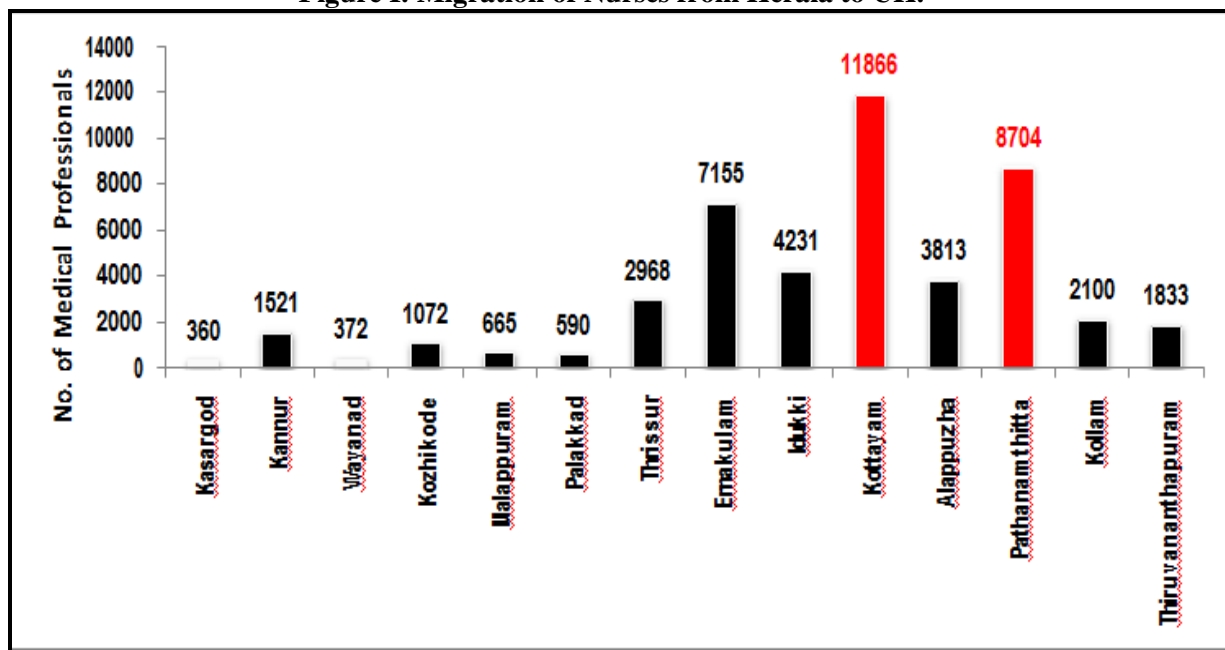


Dept. of Economics and Statistics, Govt. of Kerala. (2013)

In the second stage, from these two selected districts (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. 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 (Lottery) was used. (Table I).

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**Table No. I: Details of the Distribution of the Sample**

| District | City/Panchayat | No. of Sample | Percent |
|---|---|---|---|
| Kottayam | 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 |
| | 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

**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 chosen from Pathanamthitta district. Thus, totally, 600 households with international migrant nurses were surveyed. 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. 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.

**Socio-Economic Profile of Nurses Migrating from Kerala to UK**

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 31.12.2015, 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 II).

**Figure II: Gender-wise Age of Migrant Nurses**
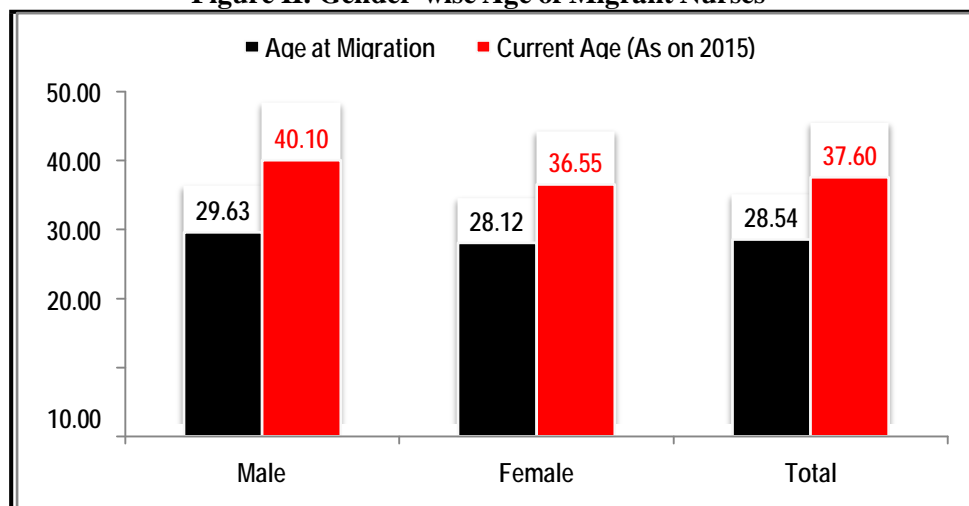


Source: Field Survey

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 III).

**Figure III: Education of Nurses at the Time of Migration**
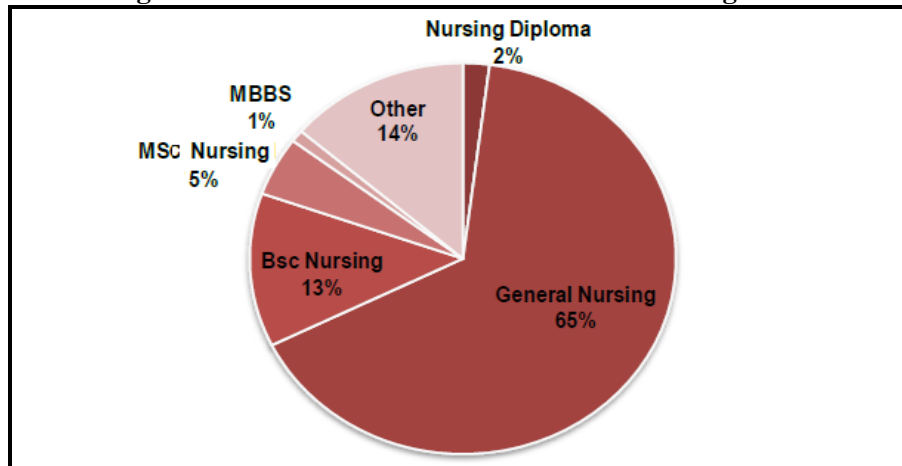


Source: Field Survey

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 31.12.2015, 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. Migration, especially to the European countries is permanent residence there.

Figure IV: Education-wise Experience of Migrant Nurses
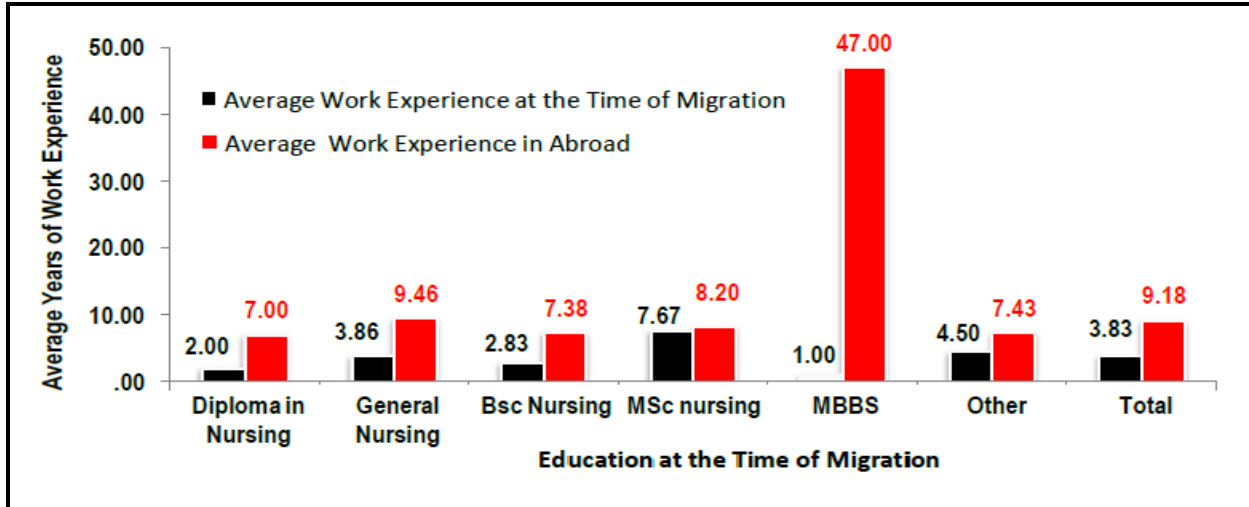
Source: Field Survey

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.

Migrants from Christian religion dominate in the international migration of nurses. The study 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 V: Religion-wise and Gender-wise Share of Migrant Nurses**
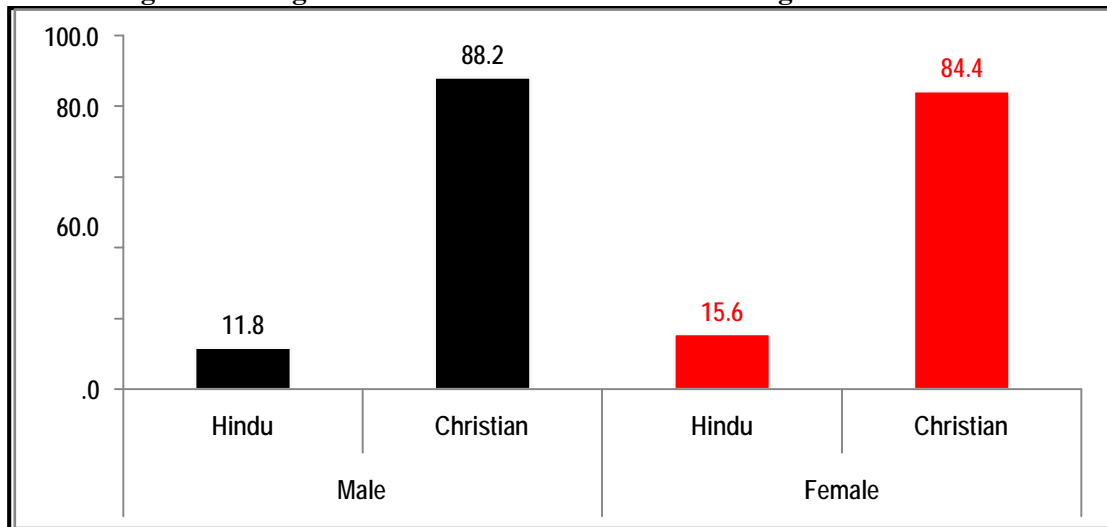


Source: Field Survey

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

It is noted that majority of the nurses migrating to advanced countries like UK have the intention to settle there at the host nation (like, UK) rather than retuning back to the home state viz. Kerala. This is turn results in a 'brain drain' like situation and the home state gets less economic benefits. The remittances by the non-resident Keralites (NRKs), often during the initial period of their migration abroad alone get invested in the state, and that too upto a certain extent only. Such NRK remittances itself is a major source of funds for the Kerala-based banks, particularly the private sector banks like Federal Bank. Channeling such funds from NRKs for the economic development of the state should be an immediate priority before the policy makers. Besides, from a social perspective also, 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. 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.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.

**References**
1. Borjas 'The Economics of Immigration', Journal of Economic Literature, 1994.
2. Brown, Button& Sessions, "Implication of Liberalized European Labour Markets."
3. Christian Dustmann& Ian Preston ,"Racial Economic Factors In Attitudes to Immigration", 2000
4. Economic Council of Canada; Economic and Social Impacts of Immigration" 1991.
5. French SenateReport, "Immigration and the Right to Asylum, 1999.
6. Liberalization of Immigration Policy the UK, taking into account both international evidence and past UK experience, 1999.
7. Dr. Manoj P K and Neeraja James (2014), "UnorganisedLabour in Housing Construction Sector in Kerala:An Empirical Investigation of Human Rights Issues and other Problmes" International Journal of Scientific Research (IJSR), Vol. 3, Issue 1, Jan. 2014, pp.93-97.
8. OECD Economic Surveys –UK 1997.
9. Joint Council for the Welfare of Immigrants, Immigration and Natioality law handbook 1995 edition.
10. Issues in Immigration; An exploration of the Liberal Approach to Public Policy on Immigration,1970's,
11. Office for National Statistics 2007.Total International Migration Frequently Asked Questions, Office for National Statistics,
12. Organization for Economic Cooperation and Development [OECD]. Trends in International Migration Paris OECD Publications.
13. Taylor, J.E. and P.L. Martain 2001. Human Capital; Migration and Rural Population".
14. Home Office-Migration Statistics Quarterly Report, May 2014.
15. Will Somerville, DhanjayanSriskandarajah, Maria Lattore,2009 MPI (United Kingdom; A Reluctant Country of Immigration).