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INDIAN DIASPORA: Women (Nurses) migration towards Gulf countries from 1970s to 1990s

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Abstract

Keralese nurses are undergoing an amazed development in the professional and migratory niches. In late 1970s, nursing labour market has initiated active recruiting of Indian nurses in the Gulf and other countries. This migration has provided good economic and social conditions to India, especially Kerala; that is why Kerala is a known as land of migration. Nursing is a profession which institutionalised globally within professional bodies such as host country that govern its practice. This nursing job is all about 'caring work' which is referred to certain sections of society and women (feminization). The physician Rachel Naomi Remen termed nursing as a 'Service' for seekers.

Women (Nurses) migration towards gulf countries has created an era where women are also perceived. This era strengthen women in foreign countries with respect and honour. Though, with every initial change (migration) advantages and disadvantages is part of its consequence. In the late 1970s, the migration of nurses was mainly an economic scheme supported by a familial strategy of social mobility, now it has more to the young Keralese women themselves to live more independent and self-satisfied life. For coming young nurses today migration is not only way to get better status and a better economic situation, it is now also perceived as a way to secure more autonomy or agency, as women, than they could achieve in their own country. This migration has transformed the meaning of migration in form of remittance, literacy rate, employment rate, girl child birth ratio and dowry etc. Kerala has initiated many council agencies for the progress of women from India.

The aim of this paper is to enlighten the nursing power of Kerala women that encouraged migration of women towards gulf and other countries as their choice of destination.

Keywords: Nurses migration, remittance, literacy ratio, gender migration, advantages and disadvantages, government policies, women empowerment.

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Statement: All the views expressed in the paper are of the author(s).

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The term “Indian Diaspora” indicates persons of Indian descent living outside India along with their basic traditional and cultural values. The migration is from many states in form of white collar and blue collar as well as skilled, semi-skilled, unskilled workers. Every single migration has its own story and majority of migration foreign countries was to earn employment and money. Besides this, it is statistical analysed that un-employment rate in India is increasing with birth rate. This poverty and un-employment may be one of the foremost reasons which influenced people to migrate other countries for better source of earning.

Oil was discovered in the region of Gulf countries during the 1930s, which is termed as “Oil boom”, for the exploitation of the oil resources, labour were required. Between 1948 and the early 1970s, labours from other countries gradually increased from about 1,400 to 40,000. In 1973, oil prices burst in the six Gulf Cooperation Council (GCC) countries of Saudi Arabia, Bahrain, Kuwait, Oman, Qatar, and the UAE, an upsurge in the flow of workers and labourers began from India to the Gulf. This boom played major role in the development of Gulf countries from low to highly organised country of world. With time, many buildings were constructed and today Gulf is ranked as one best place of world in terms of infrastructure and other facilities (Table-I).

Table-I: Emigration in Clearance granted by

Government of India till after the Gulf War of 1990-91.

| Category | 1987-88 | 1988-89 | 1989-90 | 1990-91 |
|-----------------------------------|---------|---------|---------|---------|
| Labour & helper | 91,190 | 40,057 | 50,779 | 45,023 |
| Housemaid/ House-boy | 891 | 3,965 | 0 | 1,400 |
| Paramedical staff | 1,349 | 730 | 434 | 43 |
| Others (various categories) | 18,884 | 17,773 | 8,565 | 19,303 |

Source: (Rajan, 2003)

Buildings like hospitals, institutes, colleges and many amenities constructed which directly boosted the demand for man power for these works. The labour and un-skilled male took care of construction, but in hospitals, institutes and for household female requirement was getting stronger with time. Between 1980 to 1990s, women (nurses) migration was recorded to some extent. This is also a major fact, that true data of female migration towards Gulf is very less or hidden or not recorded. But bulk migration of women towards Gulf followed by other countries is somewhere evidencing that woman migration was tremendously successful migration and is being observed till date. This may attract many researchers and authors to study their migration, especially nurse’s migration. Undoubtedly, this migration played major role in Indian Diaspora (Percot, 2006).

“Due to a shortage of trained healthcare workers in the Gulf Cooperation Council countries and Europe, women from Kerala, mostly Christians, have been training to emigrate there since the 1970s, which was predominately pointed in ‘Nurse Emigration from Kerala: Brain Circulation or Trap’. Though there were several factors, which helped Kerala nurses to find jobs in other countries. Thereafter, with the importance of nurses in their countries, United States reframed immigration policies to bridge and fulfils the shortage of nurses from Kerala. Not even this, the Kerala nurses are everywhere In India, too, such as from Delhi to Mumbai as well as in small towns of Punjab and Uttarakhand (Indulekha, 2014).

Nurse migration:

In late 1970s, newly built medical hospitals from foreign countries started hiring nurses from India. This hiring has changed the prospect of women in Kerala. The main transition was in Gulf countries followed by many western countries. This migration has two phases that showed the importance of migration. Gulf countries were hiring female nurses predominantly Christians, mainly from Kerala because Kerala is one of the foremost hub for guiding nurses. Another specific reason was higher girl literacy rate in Kerala than any cities of India.

This migration has made gradual changes in territory of Kerala. Kerala was reported as one of the poorest state of India and child birth rate was high as compared to other states. Therefore migration has helped it in employment and remittances. After Gulf oil boom, majority of the labour worker migrated from Kerala. When, in the mid-1970s, Indian nurses started to be hired by newly built hospitals in various Gulf countries, it was an unexpected opportunity for the most adventurous of them to achieve previously unimaginable high wages. One generation later, thousands of young girls, predominantly, fill the

nursing schools all over India with the intention of migrating abroad after graduation. Now their ambitions are no longer confined to a job in the Gulf countries. Hence, a nursing diploma is increasingly considered to be a passport that opens the world not only to the nurse herself, but also to her relatives. Families encourage this female migration, since it is now consciously regarded as a privileged opportunity to increase social mobility.

The concept of ‘global care chains’ was coined by S. Dyer, to explain how the burden of care is transferred from women in salary/wage employment to migrant women, and subsequently, the domestic ‘care responsibilities’ of migrants are taken over by women connected to migrants by association or friendship ties. Therefore, care is simply transferred from the ‘core to periphery’ (Dyer et al., 2008). This concept has been extended to the study of nursing as ‘Global Nursing Care Chains’ by N. Yeates, because of nursing shortages in developed countries that encouraged migration. This starts from the training course in the institutions that train nurses in the source country, for the migrant nurse’s motivations and the institution that employs her in the host country (Yeates, 2009).

The nursing migration literature illustrated migration theory to as “push” factors from the source country as “pull” factors from the host country. As per M. Kingma, typology of economic, career move migrant, partner migrant, quality of life, adventurer migrant survivor and return migrants these are the various categories that motivated for migration (Kingma, 2006). This conceptualisation, while useful in examining migration from the macro economic and political structure, is insufficient in analysing all aspects of migration, because migration is a social phenomenon rooted in cultural and social norms as much as in political economy (Gray & Leigh, 2008). For example, nurses might migrate in order to provide for a better future for

their children would only be categorised as ‘economic migrant’ whereas the motivation is not money but kinship (association ship). Moreover, ‘steps migration’ wherein nurses migrate to a country only for some years before migrating to the West is important such as, migration from Kerala to the Gulf states before migrating to the UK (Percot, 2006). It is circular in many occasions as nurses eventually return to home countries. This movement is attributed to globalization and it is advocated that migration is not unidirectional anymore. It therefore does not represent ‘brain drain’ but rather ‘brain circulation’ whereby “return, temporary or circular migration” (Nichols et al., 2010) is thought to benefit the source country due to the increased skills that are gained by nurses through migration. However, a lower skill-level is required, if the healthcare requirements of the population of the developed world are different from those of the developing world. Overall, nursing migration often does not lead to increased career progression through training but is detrimental to deskilling due to loss of specialist skills (Gabriel, 2013).

According to postulations in medical knowledge, nurses are represented as lower in the hierarchy (sequence) in comparison to doctors and are therefore believed to have limited agency. As per M. Karen, in her ethnography of hospital cleaners, she demonstrated that cleaners are the lowest in the hierarchy in the domain of hospitals. This may indicate that nurses are in fact not entirely less important. Nurses and their association of cleaning practices that leads to the reduction of its positive outcomes on healthcare provision. This analysis made a major understanding as nurses are counted secondary without being entirely included. The literature showed that there is plenty research in studying the characteristics of migration that incorporates the specification of nursing migration,

its connection to gender, and sociological theories in order to evaluate the international nursing migration and its socio-cultural implications (Messing, 1998).

Further, the study showed that nurse’s migration is particularly from Kerala which the researcher’s can termed as Keralese Migration. F. Osella, & C. Osella, also discussed about migration from Veliagramam, Kerala to the Gulf and its effects on consumption patterns, social positions and lifestyles when migrants visit or return to Kerala. Due to state restrictions, migrants to the Gulf cannot settle and subsequently, their social position is enhanced significantly on return due to collected economic capital gained in a short period of time (Osella & Osella, 2000b).

Since 1980s, migration to the Gulf countries from Kerala has been a phenomenon, where community ties are strong facilitating the growth of social capital. F. Osella, & C. Osella, in their study of Kerala and caste-specific migration, showed that kinship ties and the caste system interact in a manner, even when economic capital for migration is gathered, there is a low probability that a lower caste individual will be able to migrate due to the lack of social capital required to make such a move (Osella & Osella, 2000a). This shows that the stratification of social relations increases due to the economic capital in the form of remittances from abroad and these results affecting social positions. For example, marriage decisions were also made in combination with strategies of upwards mobility and climbing social hierarchy, since the dowry system is a cultural system which is still widespread in Keralese society. In Andrew A. Gardner, interpretation of Keralese migration to the Gulf, a framework of structural aggression employed to interpret the physical violence existing in the day-to-day lives of migrants. Inequalities in the political and economic structures enable structural violence which then takes physical dimensions. Gulf States highlight

the importance of the role of the state, since they do not grant permanent residency to migrants which may be or not biased against migrants. Structural violence affects elites as much as the lower classes of migrants and hence, in relation to class positions, it is seen as an overarching phenomenon.

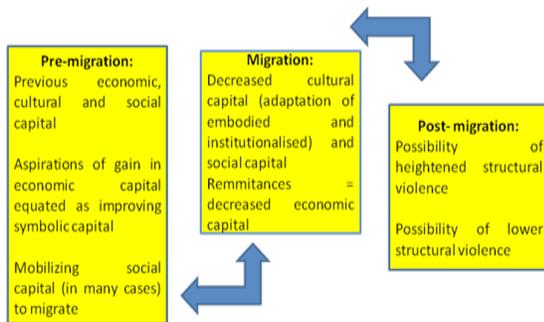


Figure: Pre and Post migration brief:

In contrast to the ‘Keralese community’ in the Gulf where the transfer of accumulated social and cultural capital is aided, there is a strong possibility of diminished social capital overall when nurses migrate to the UK (Gardner, 2010).

Remittance:

Remittance is an important feature of migration. Due to the scarcity of data, there is an invisibility of female labour migrants. According to official data, Andhra Pradesh, Kerala, Tamil Nadu and Maharashtra symbolised as the major sending regions of unskilled and semi-skilled women workers from India to the Gulf countries (Rajan, 2010). A large percentage of female migrants tend to be engaged as domestic workers. Further, a study conducted by International Organization for Migration, has noted circular migration, in certain areas of Andhra Pradesh, among migrant women who migrated to Kuwait as domestic workers. The study also reports poor living and working conditions and exploitation by middlemen/agents.

India is probably the only place where migration is managed by three different ministries i.e. Ministry of External Affairs (MEA) for issuing passport; Emigration Check Required (ECR) for emigration clearance and passport comes under the MOIA and the third one is the Bureau of Migration of the Ministry of Home Affairs (MHA) that arranged the departure (Rajan, 2015). Till 1983, no management were reported which got applicable after the Emigration Act of 1983 (Table II) (Jain, 2010). This was a mordant fact that before 1983, migration took place with no authenticate policy. But the remittance was high, that effected government to change policy or initiation for complete information of migrants from Indian to Gulf and other countries.

Table II: Skill composition of labor outflows from India to the Middle East

| S. N. | Skill composition | 1984 | | 1985 | | 1986 | |
|-------|--|----------------|--------------|----------------|--------------|----------------|--------------|
| | | Number | % | Number | % | Number | % |
| 1 | Unskilled workers | 88,575 | 43.0 | 55,710 | 34.2 | 45,577 | 40.1 |
| | A: construction labor | 85,797 | 41.7 | 51,330 | 31.5 | 39,314 | 34.6 |
| | B: farm labor and household workers | 2,778 | 1.3 | 4,380 | 2.7 | 6,263 | 5.5 |
| 2 | Skilled workers | 86,014 | 41.8 | 86,037 | 52.8 | 53,432 | 47.0 |
| | A: construction sector | 45,882 | 22.3 | 46,318 | 28.4 | 24,485 | 21.5 |
| | B: Other activities and services | 40,132 | 19.5 | 39,719 | 24.4 | 28,947 | 25.5 |
| 3 | White-collar workers | 7,477 | 3.6 | 5,753 | 3.5 | 7,351 | 6.5 |
| 4 | High-skill workers | 6,495 | 3.2 | 7,378 | 4.5 | 5,958 | 5.2 |
| | A: Paramedical staff | 2,630 | 1.3 | 1,205 | 0.7 | 1,175 | 1.0 |
| | B: Technical and supervisory personnel | 3,865 | 1.9 | 6,173 | 3.8 | 4,783 | 4.2 |
| 5 | Others | 17,361 | 8.4 | 8,157 | 5.0 | 1,331 | 1.2 |
| | Total | 205,922 | 100.0 | 163,035 | 100.0 | 113,649 | 100.0 |

Source: Ministry of Labour, Government of India, New Delhi.

A significant share of female migrants, especially from South Indian states, are also engaged as para-medical staff, especially nurses, going by the reports that the media carry from time to time. A study in 2007 stated that around 90% of Indian nurses in the Gulf are from Kerala (Percot, 2007).

Gulf countries are the largest source of private remittances to India, followed by North America. It should be noted that in comparison to Gulf countries, North America accounts for fewer migrants. It is further significant that while Kochi and Mumbai receive 50 per cent of remittances to India from the Gulf region, inward remittances from Europe and North America are mainly channelled to Ahmadabad, Bangalore, Chandigarh, Delhi, Hyderabad and Kolkata, indicating regional differences in migration patterns (RBI, 2010). The impact of remittances on the regional economies of India is also important. International migration has had a tremendous impact on the economy of Kerala in reducing the population growth rate, reducing the working age population and, very importantly, in reducing poverty. It is estimated that during the 1990s the inflow of remittances reduced the proportion of poor in the state by 3 per cent (Rajan & Kumar, 2010). Further, remittances from the Gulf constituted 31 per cent of the National State Domestic Product of Kerala in 2008 (Rajan & Zachariah, 2010).

At the aggregate level, emigration affects the sending country's economy through its impact on the labour market, on macro-economic variables (savings, balance of payments and so on), and social relations. This macro-economic impact of emigration is very significant and has been appeared as the major single most dynamic factor in Kerala's economic scenario.

Further, there is no systematic data on the regional destinations of remittances in India. However, economists K.P. Kannan & K.S. Hari, estimated that Kerala is one of the hub of getting on an average 22% remittance inflow followed by the origin of many temporary Gulf migrants (Kannan & Hari, 2002). Not even this, in 1970s the government initiated and authorized special deposit schemes for non-resident Indians (NRIs) to increase its foreign-exchange reserves; depositors can hold their money in foreign currencies or in Indian rupees. When India has urgently needed foreign exchange, it used Diaspora bonds i.e. debt instruments for raising money from a country's Diaspora.

B.A. Prakash argues that since the 1970s, "the factor which had the greatest impact on [the] regional economy, especially on [the] labour market, consumption, savings, investment, poverty, income distribution and economic growth, has been the Gulf migration and migrant remittances"(Prakash, 1998) Studies of the economic impact of the migration point out that the migration has had a positive economic effect on poorer households and has reduced income inequality in the state since most of the migrants were unskilled workers from lower income backgrounds (Nair, 1989).

Remittance as per gender: Remittances are one of the most visible developmental effects of migration. This showed as transformation visualization in host countries. The remittances are being used for household amenities, schooling of children, increasing family health and expanding durable ownership (Yang, 2004). The statistical data showed that both male and female migrants together playing stable source of foreign assistance for their native countries (Ramirez et al., 2004). They form a "family welfare system" that can help them to smooth consumption, improve liquidity controls and provide a form of mutual insurance.

Nevertheless, both male and female are playing major role for their host countries but somewhere it is also clear that low-middle income regions with a high share of female emigration, have high remittance rates. This is also evident from Kuwait (Gulf) where female is dominated in domestic and other worker sectors. And there is also some evidence that females tend to remit more of their earnings than men. The domestic workers in Kuwait were found by International Labour Organization [ILO] to remit a higher percentage of their income monthly (more than 85%) than the men (78.5%) (IOM, 2004). These working women tend to remit more of their earnings (especially if older), and earmark their remittances for food and clothes for the family back home.

Literacy ratio

While discussing about literacy the difference between male and female achievement levels is much narrower in Kerala Kerala i.e. 65.73% approximately than in India as a whole. In India, there is the maximum rate of women literacy in. However, on the whole women's literacy is lower than male. But this is also an acceptable fact that, women literacy rate has been increasing day by day. In the last 20 years about 20% increment in women literacy has been recorded so far. Till 1970, in all developing countries, the women's engagement in higher education was 50% of men's enrolment which was recorded 70% to men in 1990s. In 1945, the United Nation Organization [UNO] has declared to grant equal political and social rights to both men and women. Thereafter, the improvement in women's status has emphasized education as the most important livelihood for changing women's situation in society. Not even this, the Indian social informers of 19th century also accepted this fact and their aim was to educate women and make them more capable of fulfilling their traditional roles as wives, mothers

and at the same not to make them more efficient and active units in the process of socio-economic as well as political development. Somehow, it was a fact that education was important for women. Nowadays, the expansion of education in the 20th century has been turned to women in the field of teachers and doctors.

After Second World War, internationally women presence in the field of politics, economic and society were appreciated but somewhere in India, the attitude was ambivalent as in middle class enrolment of women in studies increased whereas; traditional thoughts were same. This may be the result that female illiteracy rate has increased from 0.69% in 1901 to 8.86% in 1951 to 39.29% in 1991 census (Kerala Census, 2011) (Table-III).

| Year | Women literacy (in percentage) |
|------|--------------------------------|
| 1901 | 0.69 |
| 1951 | 8.86 |
| 1961 | 15.34 |
| 1971 | 18.40 |
| 1981 | 24.80 |
| 1991 | 39.29 |

Table III: Women literacy from 1901-1991

The attribute of social attitudes towards girl's education varies from acceptance to absolute indifference even now. One way or another, this attribute was mainly measured in urban areas where women are getting engaged with studies. The education is the only way that can neutralize the deep foundations of the inequality of the sexes that are built in the minds of men followed by women through the social and traditional process. We must take a deliberate, planned and sustained effort to replace the traditional value system, based on inequality by the new value system which could reform the parameters of literacy in women's life (Banerji & Sen, 2000).

Gender migration:

Academic literature on international labour migration in India is largely focused on male migration. This complements the near 'invisibility' of data with respect to female migrants. This seems ironic in the case of Kerala which is the recorded hub for high levels of female labour migration to Gulf countries. However, the trouble of female labour migration in the category of low skilled (domestic workers) and medium skilled (health care workers) is increasingly receiving attention (Bindhulakshmi, 2010), because of the economic benefits. Studies on female labour migration to Gulf countries indicate that their choice (particularly for nurses) is also guided by a desire to migrate to a better destination, for example to the West. Poor economic conditions in these countries along with political instability played a major role in pushing migration (Percot, 2006).

Research on nursing professionals from Kerala showed that the selection of nursing as a profession is driven by the prospects of migration, first to the metropolises of India, then towards the Gulf countries, followed by the developed countries in the West as final destination. In this framework, the decision to migrate is already made at the time of choosing of the nursing course by the individual and her family. A nursing degree or diploma is increasingly regarded as a passport to emigrate not only for the person concerned, but also for her relatives; and for the younger generation migration is a clear and evident objective (Nair, 2011).

It has been reported from all over South Asia that as migration grew from 'an isolated event to a constant occurrence' (Gamburd, 2011), networks of information on migration developed in the region, primarily through the returnee migrants and families, friends, relatives, etc. Such informal networks contributed to the flow of labour to the Gulf and continue to be the predominant

agency for the distribution of relevant information and hence facilitation of migration (Oishi, 2005). The significant role of informal networks was estimated from the fact that some areas in the sending countries in South Asia, viz. the un-irrigated areas of the Punjab province and the North-West Frontier Province of Pakistan, the Colombo district and its suburban areas in Sri Lanka, and the Indian state of Kerala which continue to send more migrants than other regions in their respective countries; this points to the presence of a strong informal network in those areas that drives migration (Rajan et al., 2011).

Advantages of the migration to the host country:

While discussing about the advantages of host country towards migration, one should understand about the circumstances of migration. The situation played significant role for migration, especially from Kerala's point of view. The migration and its outcome was overwhelming somewhere whereas cost effective and noteworthy other side. In this para, the researcher discussed about the advantages of migration (for women as well as for mass). The advantages as in form of economic and social, for status and symbolization of both men and women, for financial outcome and remittance outflow towards native countries. On the other hand it also provided standard in living condition of migrants in host countries.

Disadvantages of migration in India:

Migration is also having a negative impact on income distribution in the state. As the early emigrants from the state were mostly construction workers, there was a general feeling that emigration contributed to income equality. However, a more recent comparison of the employment and educational characteristics of the emigrants with those of the non-migrants show

that this may not be true any longer. In recent years, the relatively better-off person emigrates and improves their income level and consequently emigration contributes inequality. More direct information on the relation between emigration and income is provided by the data on the possession of red and blue ration cards by Kerala households and also by the data on enrolment in Rashtriya Swasthya Bima Yojna [RSBY]. These data show that emigrants come from the relatively richer households, and that emigration would have contributed to increased inequality in Kerala society.

Unemployment has been a structural problem in Kerala for more than 30 years and has partly been 'solved' by massive migration of Keralites to other parts of India. At the same time, the Gulf labour market had been taking off and Keralese people have been among the first to take advantage. Until now, only a small proportion of Keralese people (2%) have migrated to western countries (Zachariah, Mathew & Rajan, 1999). On the contrary, it is wonder to notify that today the remittances of Keralese migrants are the second largest source of income of this Indian state after the export of spices and rubber (Zachariah, Mathew & Rajan, 2000).

The report stated that Nurses pay about Rs. 3 lakh at the time of recruitment. While remittance flow cleared that it should be minimal or zero cost of migration. There are many problems facing by migrants because of lack of migratory act which will be helpful for labour market residing in Gulf countries. "It is high time India gave its migrants their share of rights in return for the amount we receive in remittance. A strong migration policy is the only way forward" (Bhattacharjee, 2015).

Government policies

Indian government worked hard to reframe migration policies, their rules that could shape smooth and worth migration. Once it was unusual migration before 1970s

but government strictly customised the framework of migration just to avoid illegal migration, women and men harassment, misuse of data as well as to recreate the status of migration. Few decades back government played little bit or no role for migration but now every movement of man or women are being recording in online data and embassy for both countries are sharing this knowledge as well. Government also knew that this migration is very important in way of economy and socialization that might bring them back with huge responsibilities and rules as well. The recent update stated by The Hindu about the words of **External affairs minister Smt. Sushma Swaraj** that combined The Ministry of External Affairs (MEA) with Ministry of Overseas Indian Affairs (MOIA) to let alone repetition of data and records

a) **The Ministry of External Affairs (MEA) houses are a** Passport Issuing Authority which is helping the government to update migration in diverse countries. On the other hand, the authority taking care of NRI (Non-Resident Indians) and their data along with financial and emigration services as well which is now joint with (Ministry of Overseas Indian Affairs).

On the other hand, **The Ministry of Home Affairs oversees is working as** Airport Immigration authority of the Bureau of Immigration and its prescribed work is to check the emigration clearance which is being granting by the Protector of Emigrants. Further, it has also been stated that the India's Emigration Act of 1983 regulates emigration of Indian workers for overseas employment on a contractual basis and seeks to safeguard their interests and ensure their welfare.

Women empowerment:

It has been stated that "the different dimensions of male migration in the region have been well documented by the ILO, but no attention was paid to women workers

and it is recognized that very little information about Asian women in international migration exists. All one can collect from the data for this period is that there were a few women, mainly medical professionals, who were in the migration stream and that this was especially true in the case of India. When data on gender differences finally began to be collected, the fact that women were moving in large numbers across international borders in the Asian region as migrant workers, and in some streams even outnumbered men came as a surprise to many” (Lim and Oshi 1996).

Life in the Gulf:

The researcher visited many nursing colleges and institutes to collect the data which might state about the importance of nursing in the prescribed time stated in this article as well as the current situation, not only in international level (in Gulf) but also in national and local level too. The concluded data pointed that though Government has raised many issues including hike in salary and protection of female nurse but application of these rules are not satisfactory because of lack of authorise who could evaluate the institute and college status. On the other hand, the researchers shared a word with nurse who were in Saudi Arabia during 1983 and left it in 1990. Her each and every sentence marked only two points and that is

1: Salary was enough to stay in Gulf then in native hospitals

2: Everything was normal except she was migrant.

Thus, the researcher concluded that migration was both beneficial and troublesome at some places of over journey lived by Nurse.

Conclusion:

The objective of this article is to brief the points that

might playing crucial role in terms of migration. The researcher tried to compensate migration at its positive and negative parts. The coin has two sides so do migration has.

The Migration has beneficiary results and this has motivated the Indian government to expand migratory market and is reforming the nursing schools and colleges so that, the remittances also increase. This migration has provided good economic and social conditions to India, especially Kerala which is elected as the first communist government state in the world. From 1975, the status of nurse got changed and advanced at the same. Now, nurse has right to opt for best schedule and salary work. The Indian Government is also taking women (e.g. nurse) in prior authority. Thus we conclude that this migration of Nurses to the Middle East from 1970s and 1990s has benefitted India and Kerala, in particular, in a number of ways like increased the flow of remittances, increased the literacy rate in Kerala, empowered women and improved social and economic conditions of the families.

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The GRFDT works as an academic and policy think tank by engaging national and international experts from academics, practitioners and policy makers in a broad range of areas such as migration policies, transnational linkages of development, human rights, culture, gender to mention a few. In the changing global environment of academic research and policy making, the role of GRFDT will be of immense help to the various stakeholders. Many developing countries cannot afford to miss the opportunity to harness the knowledge revolution of the present era. The engagement of diaspora with various platform need to be reassessed in the present context to engage them in the best possible manner for the development human societies by providing policy in-put at the national and global context.