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Migration and Adjustment Problems of keralite Nurses in Delhi

Achla Sharma

Migration can be defined as "the movement of people from one place to another. Migration is a shift in place of residence for the length of time. Migration belongs to a particular region and language. The movement of people is generally for the shelter, food, security and many other reasons. Ancient time's migration took place at the time of war, floods, Earthquakes and other natural calamities.

Migration is not only a physical movement of the people but it is related too much aspect such as social, economic, cultural, psychological political etc. Sociological studies, Malzberg (1948), Lee (1964), Rex (1967) among other's have "demonstrated that the migrant is not generally carrier of social problems but rather his experience is symptomatic of existence of such problems or social risks for all those of a particular age, occupation housing, marital or social nexus in a given area at a particular point of time". Migration indicate that the process ,volume of people in their movement from one place to another are influenced by a number of factors such as geographical conditions, economic hazards and new education opportunities and achievement of their goals and ambitions of life, several other social, psychological condition in a new environment, but where they migrate and settle to some new place, many psychological and sociological problems arise particularly in relation to their adjustment when they have to settle down .They tried to preserve their culture, social values and norms but also willing to adopt the norms and values ,culture of that society they came in contact, because they think it is useful for them. The emphasis on the problems of minority population and related social problems involved in the settlement of minority groups from different ethnic, linguistic and social backgrounds has served to divert attention from the process of migration and settlement itself.. According to Clifford J.Janson (1969: 60) "Migration is not biologically determined but universal in the same sense as birth and deaths are. All are born and all die but only some migrate even when strong incentives to more are present, migration results through an act of human will."

Migration in India

In an area as large diverse and transitional to the Indian subcontinent, the movement of people is necessarily very large in number but in the case of nurses at least quite small number of female nurses who migrate, is very small in proportion to the total population. The people of the southern region have long been famous for their attachment to their native locale but nowadays the number has been considerably increased of those living in a other state where they are not born.

Achla Sharma is Senior Lecturer, *Amity School of Rural Management,* C Block, 4th Floor, Sector 125, Amity University Campus, Noida – 201303, Email – asharma7@amity.edu

The distance of migration of rural people is generally below than urban area, but nowadays distance has no consideration due to sudden increase mobility of Indian rural people on the whole. It has been found that rural migration in India is dominantly internal in nature. Rapid urban growth is not relatively new phenomenon in the India.

1990's economic policy of India, globalization, liberalization and privatization became noticeable phenomenon in India. Globalisation played important role for urabanisation, rate of urban growth has accelerated with in two decade, since then over this increasing march of urbanization has been the major cause of modernization and economic development of urban industrial centers in general. Lynn Smith (1941) mentions the following major types of internal migration on the basis of birth, and place of residence: 1- Migration from country to city (Rural to urban); 2- Migration from cities to country (Urban to Rural); 3- Migration from one province to another province; and 4- Migration from one country to another. However, Kant (1962: 321) mentions two broad categories of Migration: 1. Accidental or Temporary; 2. Permanent or Periodic and definitive Migration. It is observed that migration in India is not popular phenomenon as such. The number of intra-state migrations, migrant's number is also not high. Migration of girls(alone) in our society is not seem so widely as seen in western countries. Our main objective of this study is to find out the motivational factors compel them to migrate from their native place. Find out socio-economic background of nurses, What are the problems faced by these women and how far they adjusted themselves in new socio-cultural environment and their future plans and aspiration.

Push Pull Factors

Kerala is the only state where 100 percentage of literacy is found. This state is famous for nursing profession, these Malayalee nurse is omnipresent and virtually every patient in the world has been taken care of by her at least once in their lifetime. Weather it is a barren land of desert of Rajasthan -literally in the middle of nowhere, or a hospital in the U.S., or in a small clinic in Patna, (Bihar) there will be at least a few Malayali nurses around. They are taken for granted as persons who naturally care, yet they are absent and invisible in discourses of on women and work. This state is small in size but population is high. Poverty is also one of the economic problems of this area, Job opportunities is not sufficient so there is only one alternative left for the people to migrate in other states or abroad where they can get better opportunities for their livelihood ,better living conditions.

The single largest category of skilled and accompanied women nurses from Kerala have been migrating as workers within India and to other places like Australia WestAsia and North America ,until recently at most 80 % of Nurses in Delhi hospitals are Malyalee with a majority being Christian.

There are 149 nursing schools and colleges in Kerala itself. The highest number of Indian nursing Council (INC) recognized training institute in the country. The INC is an autonomous body under Government of India., Ministry of Health and Family Welfare that is responsible for establishing a uniform standard of training for Nurses, Midwives and Health professionals but here competition is high for getting admission in nursing Training that is why women migrate from their home town to other place to pursue their study.

Methodology

Random sampling method is used for the study. There are total 25 nursing colleges in Delhi, from which I had selected 5 nursing college and one government hospital and one private hospital selected. Sample size 285 nurses from above said population. The primary data were collected through a prepared interview schedule, group meetings with respondents and indepth case studies. The secondary data was collected form the government records from offices, and published work in journals, news papers, magazines etc. Beside all this information was also

collected from association of Kerala Samaj and others. Through this study, efforts are made to know factors of migration, working conditions and problems faced by nurses. There are certain limitations in this study which could not be avoided e.g. time constraint, availability of nurses, however caution has been made to representation of universe as far as possible.

Socio-Economic Profile of the Nurses

The main objective is to find out the Socio-Economic background of the Keralite Nurses i.e. age, education, caste &religion of parents.

Age Group

Age factor plays a significant role of migrants, they have to leave their hometown at a lower end for their working . Completion of their study, they want to fulfill their dreams, goals and for that they even do not mind to migrate to other states and abroad. Where they get better job opportunities, better working conditions and better living standards.

Table 1: Age of Respondents

Age Group	No. of Respondents	Percentage
Below 18 yrs	50	17.54
18-22 yrs	70	24.56
22-30 yrs	135	47.36
Above 30 yrs	30	10.52
Total	**285**	**100**

From the table 1 shows that 47.36 % of respondents are from age group of 22-30 yrs, and in second place 24.56 % of respondents are from age group of 18-22 yrs. It is very clear from the table that respondents migrated to Delhi & NCR at the age group 18-30 yrs. It shows from table 1 that after completion their study they want to achieve their goal and for that they do not mind to migrate.

Religion

The socio-cultural background of the respondents from which religion this group belongs. In British time Christian missionaries came in existence to expansion of Christianity religion simultaneously they worked a lot to spread modern education in Kerala.

Tabl 2 : Religion of the Respondents

Religion of Respondents	No. of Respondents	Percentage
Christians	235	82.45
Hindus	040	14.03
others	010	00.03

From the table 2 ,it shows explicitly 82.45 % of nurses are from Christian religion &14.03 % nurses are from Hindu religion, from other religion number of nurses is very less in number because Christian religion teaches humanity.

Caste

The Caste Composition of the Respondents is shown in table3 below:

Table 3 : The Caste Composition of the Respondents

Caste of Respondents	No. of respondents	Percentage
Nair	28	70
Ezhava	09	22.5
Rajputs	03	0.07
Total	**40**	**100**

From the above data, it is very clear that maximum no. of respondents is from Nair families.

Education level of the Nurses (Professional Training)

The programme in order to become a nurse is a certificate course in general nursing and midwifery. The duration of course is 3 and ½ years apart from this, there is the B.Sc. Nursing degree programme open to those who have passed their entrance examination after passing 12th standard. It is a four years programme. There are some nurses who have not possessed any degree or certificate of nursing, but over a period of time working in hospitals they learned skills and working in hospitals as a midwives or nurses.

Table 4 : Nursing Training of Respondents

Place of Training of Nurses	No. of Respondents	Percentage
In Kerala	173	60.70
In Delhi &NCR	072	25.26
Other states	020	07.17
Untrained	020	07.17
Total	**285**	**100.0**

Table 4 shows that 67.77 % of nurses got their training from their native place, 25.26% nurses took their training from Delhi region.

Educational level of parents of the Nurses

The family background of the nurses analyzed in terms of their parents education, occupation and income etc. It has been observed that Father's education is higher in comparison to mother's education.

Table- 5 : Parent's Education of the Respondents

Parent	Literate	Primary	Middle	Intermediate	Graduate/P.G	Total
Father	3 (0.01)	33 (13.58)	90 (37.03)	105 (43.20)	12 (0.04)	243
Mother	75 (28.95)	69 (26.64)	64 (24.71)	051 (19.69)	-	259
Total	**105 (20.91)**	**102 (20.31)**	**154 (30.67)**	**156 (31.07)**	**12 (0.02)**	**502**

(Percentage in Parenthses)

Size of the Family

This study indicates that most of the migrants tend to come from relatively larger family size. There is a correlation between family size and migration.

Table 6 : Family Size of the Respondents

Size of the family	No. of respondents	Percentage
Less than 4	36	12.63
4-6	75	25.03
6-8	120	42.10
8-10	54	18.94
Total	**285**	**100**

From the above table it shows that there is a direct correlation between size of the family and migration.42.10 % respondent's family size is 6-8 members.

Income of Respondent's Family

Since the respondent's came from different economic background, here we tried to identify the economic conditions of the respondent's family. There is direct relation between economic conditions of the respondents. Push-pull factor plays important role in migration of these respondents. The following table shows the monthly income of the respondent's parents

Table-7 : Monthly income of the respondent's parental family (N 285)

Monthly income	No. of respondents	Percentage
Less than Rs.2000	002	00.007
Rs.2000-Rs5000	123	43.15
Rs-5000-Rs10,000	074	25.96
Rs.10,000- Rs 20,000	042	14.73
Rs.20,000-Rs30,000	034	11.92
Rs30,000-Rs 40,000	010	03.50

From the table 7, it clearly shows that poverty is the main factor which tried to push out respondents from the family in search of job from their home town. Poverty is not the only factor for migration but other factors such as ambition, aspiration to be economic independent, settle down in abroad because of better living condition, higher salary etc. also plays important factor for migration.

Marital Status of the Respondents

It is very important to know the marital status of respondents. Marriage is also one of the important factors for migrating people especially in the case of females in India because of patriarchal family system is predominant in India where marriage plays important role in respondent's life. Some nurses, according to Bose confirm the predominance of marriage migration in Indian migration flows.

The following shows the marital status of Keralite Nurses. It shows that 68.42% Nurses are unmarried, 31.58 % are married. Now the trend is changing, they first want to be economically independent than to get married. In Kerala Matriarchal family system is found in Nairs, Secondly impact of modern education system exists in the society.

Period of stay at Delhi/NCR

First few years are very important in respondent's life to adjust in new environment, after a while they are used to in environment. When question is asked by respondents what are the

problems they are facing here? Length of stay in Delhi plays important role in adjustment. After staying 2-3 years in new environment either they settle down completely or go to other place. The following table shows the period of stay of the respondents in Delhi/NCR.

Table 9 : Period of stay in Delhi (N 285)

No. of years in Delhi	No. of Respondents	Percentage
Less than 1-2 years	102	37.79
2-4 years	114	40.00
4-6 years	30	10.53
More than 6 years	39	13.68
Total	**285**	**100**

From the table- 9 shows that respondents staying in Delhi from 2-4 years and more, they are settle down here completely & do not have any plans to move at their native place but if they get a chance they aspire to move abroad.

Migrants & their problems of adjustment

The adjustment in urban region social environment is indeed is very important for the rural new comer. Dr. Narmadeshwar Prasad states that when migration disrupts and disintegrates family authority, problem of adjustment is bound to occur. Elmer Johnson states that the abandonment of familiar environment creates problem of adjustment.

According to Aurora "social adjustment is a two way process because it involves the attitude of the migrants as well as the host of society. The problems of adjustment is a personal problem ,depending on personal qualities of the migrants and their families " According to Lee G. Burechinal and ward W.Bauden "Persons and families having more education ,higher prestige occupation more or less control the condition arising from residential mobitity.They find it less necessary to adopt their expectation ,adjust their behaviour and fit their life styles to the limits presented to them".

The same author mentions three criteria for measuring the urban adjustments of the rural migrants.

1. Occupation and related measures of social status have been employed as broad measures of assimilation into urban social system.
2. Social participation indexes ,including visiting with friends and relatives, have been used as measures of the integration of new comers into community social system,apart from the economic system with its occupational role system.
3. Various measures of values,attitude ,goals and aspiration have been used as measures of normative integration

Problems Faced during their Training Period

It is indeed true that migrants faced problems during initial years. Maladjustment is directly related their period of stay in new place. Question was asked by respondents to answer it preference basis. The following table shows the problems faced by respondents during their training periods.

Table 10 : Problems Faced during their Training Period (N-285)

Problems of Respondents	No. of Respondents	Percentage
Language	147	77.77
Residence	138	73.01
Food	125	66.13
Relation with trainers	090	47.61
Climate	087	46.03
others	040	21.16

The table10 shows that 77.77%respondents faced language problem, residence problem 73.01 %, food problem 66%.Result can be drawn from the table -9 that most of the nurses faced language, residence and food problem.

Residence Problem

Food, clothes and shelter is the basic need of human beings. Residence is very essential requirement for female nurses .Question was asked what the factors of not getting good accommodation were and requested them to answer in order what they feel.
Table 11 shows the factors.

Table 11: Factors for not getting Good Accommodations (N 138)

Factors	No. of respondents	Percentage
Single person	53	38.40
Different cultural background	138	100
Non vegetarian	109	78.98
Stranger landlord	120	86.95

Table 11 shows, due to different cultural background, 100% nurses faced problem of adjustment. Second reason was stranger landlord, Third reason was non vegetarian. It is clear from the table cultural background is important factor for getting good accommodation.

Hostels

In all, 150 nurses were staying in hostels. These hostels were run by government or private agencies. Hostel facilities were not up to the Mark. The major problem of nurses residing in hostels were faced unsafe environment, physical and mental harassment by hostel staff &4th class employees, open electric circuit's, poor lighting in bathrooms, number of toilets are not appropriate, small size of rooms. Number of bathrooms was less in number in comparison to the nurses staying in the hostels; Food quality provided in the hostels was poor, unhygienic and tasteless. Quantity of food was provided also insufficient. They had to spend more money on snacks and other eatable items. In other words respondents were not satisfied the facilities of hostels.

Job Satisfaction

It is important to know are they are satisfy with their jobs or not? There is a policy in HR if your employee is not satisfied, you can not take work form that individual. Here we find that 198 nurses out of 285 nurses were not satisfied with their jobs. We asked them to give the reason of dissatisfaction rank in order to you. Table -12 draw on the basis of their answer about job dissatisfaction among nurses.

Table- 12 : Factors of Dissatisfaction (N 198)

Reason of dissatisfaction	No. of respondents	Percentage
They think their salary was less	158	79.79
More working hour	149	75.25
Holidays were as per not Government Rule	145	73.23
Other facilities were not given to them	103	52.02
Problem with collogues& office staff.	85	42.92

From the table 12 it shows very clearly that nurses are dissatisfied because of less salary, quite often they had to work in two shifts without any break. Other major problem holidays were not given them as per government rule.

Migrant's opinion towards the local people

It is important to know the reaction of the migrants towards the local people of Delhi/NCR. As it is directly related to our study, when it question was asked about their attitude about the local people on the basis of their reactions Table- 11 was drawn.

Table-13 : Respondent's Attitude towards People of Delhi

Opinion about Local People	Number of Respondents	Percentage
Honest	240	84.21
Cooperative	123	43.16
Dependable	071	28.42
Friendly	105	57.82
Hard worker	063	22.11
Total	**285**	**100.0**

From the above table it shows migrant's opinion towards the local people was good enough , according to them 84.21% were people honest,57.89 % were friendly,43.16 % nurses were cooperative by nature.

Nurse's opinion and their future plans

Nurses are from Christian religion, love and service to human being is their aim of life therefore they preferred this job. Nursing is a noble profession; people get an opportunity to go abroad easily. Beena Joseph one of my respondents said that in abroad there are many good working condition and many good hospitals and also we can met many people. It is a good living, it's a foreign. Most of the unmarried nurses like to migrate outside the country for better future; the married nurses however are unable to migrate because of their family circumstances. Most of the unmarried nurses want to immigrate to gulf countries, while few of them are interested to emigrate in U.S.A. ,U.S., Australia and other European countries. According to the American Nurses Association (ANA),3.5 percentage of U.S. nurses are foreign origin .that was over 100,000 in 2004 and at that time the average earning across all nurses was almost seen $60,000 (RS 27 lakh_ a year-a figure not always seen by Indian Nurses ,who satisfied enough to have a foot in the door, the nurses usually complete that first contract and renegotiate the.Nurses Smitha Chandran told her story " She came to Delhi at the age of 26 years with the intention of going abroad. She purposely studies nursing in Hyderabad so she would be taught in English and ensure her skills were ahead

of the curve. The expectant mother studies at Fateh from 5 pm-7 pm. After all her duties are done, her scores can change life for her family and her in laws. She decided that they will settle in Florida because she says that her ability to help her family and have a "good life style" with her earning gives her great confidence." if we have a job, we can stand, and we can stand on our own legs". She says" am working so I am getting respect. I can help my family and my husband. He can reduce his headache."

At last I conclude that there are many push pull factors have made Kerala a breeding ground for migrants like these women nurses. Kerala has concentration of Christian, which are 20% of the state population according to 2001 census and the majority of Kerala's nurses are from this minority. So many factors have contributed to the movement of nurses around the globe, including the influence of two heroines. Mother Teresa and Florence of Night angle. Indian nurses migrate all over the world and create their own stories of service and success.

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