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**GOVERNMENT OF KERALA**

**MANPOWER STUDY SERIES**  
No. 46

**"STUDY ON MIGRATION OF  
MEDICAL AND PARAMEDICAL  
PERSONNEL FROM THE  
HEALTH SERVICES DEPARTMENT  
OF KERALA"**

**MANPOWER DIVISION  
DEPARTMENT OF ECONOMICS  
AND STATISTICS, KERALA  
MAY, 1984**

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"STUDY ON MIGRATION OF MEDICAL  
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KERALA, TRIVANDRUM.

MAY - 1984.

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PREFACE

Out migration of trained personnel is a significant determinant in manpower planning, especially in the context of an appropriate health development strategy. Projections on future requirement and assessment of present availability of medical manpower are determined to a great extent by the possibilities of 'brain drain'. The "study on migration of medical and paramedical personnel from the Health Services Department, conducted by Smt. K. PARUKUTTY AMMA, Manpower Officer Department of Health Services, throws light on the extent and impact of migration of medical manpower on the health care system in the state. It is hoped that findings of this study will be of immense use in health management decisions.

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DIRECTOR OF ECONOMICS & STATISTICS.

Trivandrum,

2.5.1984.

**GENERAL ASPECTS**

**1.1. Introduction:**

Emigration of professionals is a matter of great concern for all developing countries, since it is an outflow of valuable human resource. International migration of physicians and para-medical personnel from Kerala has become a usual phenomenon recently and government have been forced to introduce certain restrictive conditions to discourage this 'brain drain'. To quote Everett-Lee's terminology medical migrants are 'pull' migrants who are attracted by opportunities at their destination. In this context it was found useful to conduct a study of the migration of medical personnel from Kerala, to examine its extent and impact on the health care system of the state.

**1.2. Objectives:**

The main objectives of the study are to examine -

- i) ~~to~~ the extent of migration, of medical man-power.
- ii) ~~to~~ the type of migration.
- iii) ~~to~~ the forces of migration and
- iv) ~~to~~ the impact of migration on health care system in Kerala.

**1.3. Methodology and coverage:**

Allopathic system only is covered in this study. Secondary data on medical and para-medical personnel who have gone on long leave/deputation arrangements during 1979-'83 to take up better employment in private sector or outside countries, available with the Directorate of Health Services, supplemented by informations supplied by the District Medical Officers of Health, have been made use of in the following analysis.

**1.4. Limitations:**

- 1. Medical personnel who are under the direct control of the Director of Health Services and Medical Colleges alone are covered in this study. Private segment of Allopathy and the entire system of Ayurveda and Homoeopathy have been excluded due to non-availability of data.
- 2. Actual destination of migrants, their salary conditions in the host countries etc. could not be examined due to non-availability of data.

**1.5. Period of study:**

This study was taken up in November 1983 and completed in March 1984.

CHAPTER - 2.  
FINDINGS OF THE STUDY

2.1. Medical and Paramedical Personnel:

About thousand allopathic medical institutions, distributed in the 12 Districts of the State and (one) functioning as on 1.1.1984. A total No. of 3959 medical Officers and 6839 para medical officers are working in these institutions. Medical Officers constitute about 37% of the total personnel. Para Medical Officers constituting Nurses, Pharmacists and Laboratory Technicians constitute the remaining 63% of the medical manpower. Though the number of institutions is highest (132) in the district of Cannanore, the number of medical and para-medical officers is highest (1887) in the district of Trivandrum. The number of Medical personnel is comparatively higher in the districts of Kottayam, Alleppey, Trichur and Kozhikode, since there are Medical Colleges in these districts. The District of Wynad has the lowest number of medical institutions (30) and the smallest number of medical personnel (346). Of the para-medical category, 4933 (72%) are Nurses including Public Health Nurses, 1600 (23%) are Pharmacists and 306 (5%) are Laboratory Technicians. Table 2.1 gives the district-wise number of allopathic institutions No. of beds and the respective number of medical and paramedical personnel.

TABLE - 2.1.

District-wise number of Medical Institutions and Medical Manpower as on 1.1.1984.

District	No. of Medical Institu- tions	No. of Beds	No. of Medical Officers	No. of Para- Medical Officers	Total
1	2	3	4	5	6
Trivandrum	97	5676	684	1203	1887
Quilon	98	2076	286	550	836
Kottayam	65	2749	343	737	1085
Alleppey	88	3625	385	678	1063
Idukki	49	446	132	224	356
Ernakulam	99	3033	317	661	978
Trichur	95	3522	320	711	1031
Palghat	84	1399	262	408	670
Kozhikode	67	3792	494	528	1022
Malappuram	89	1187	263	376	639
Wynad	30	388	144	202	346
Cannanore	132	2834	321	561	882
State :	993	30727	3956	6839	10795

N.B.: Separate details for 'Pathanamthitta' district is not available.

2.2. Migration:

The study shows that out migration of medical manpower from Kerala has two major components viz. migration to other countries (international migration) and migration from Government service to private sector (intersectoral migration). Table 2.2 shows that, of the total migrants 57%, the highest was international migrants and intersectoral migrants constitute 33% only. Intersectoral migration is seen only among medical officers. The percentage of migrant medical officers to their total number comes to 15 and that of para medical migrants to their total number comes to 2%. 25% of the international migrants have gone on deputation basis.

TABLE - 2.2.

District-wise distribution of migrants:

District	International migration			Intersectoral migration			Total migration		
	MOs	PMOs	Total	MOs	PMOs	Total	MOs	PMOs	Total
Trivandrum	41	32	73	18	-	18	59	32	91
Quilon	13	14	27	27	-	27	40	14	54
Alleppey	52	29	81	28	-	28	80	29	109
Kottayam	57	22	79	22	-	22	79	22	101
Idukki	8	1	9	9	-	9	17	1	18
Ernakulam	38	24	62	34	-	34	72	24	96
Trichur	43	9	52	36	-	36	79	9	88
Palghat	18	2	20	11	-	11	29	2	31
Malappuram	-	5	5	9	-	9	9	5	14
Wynad	-	-	-	5	-	5	5	-	5
Kozhikode	49	23	72	18	-	18	67	23	90
Cannanore	23	6	29	30	-	30	53	6	59
<b>Total :</b>	<b>342</b>	<b>267</b>	<b>509</b>	<b>247</b>	<b>-</b>	<b>247</b>	<b>589</b>	<b>167</b>	<b>756</b>

2.3. Sex Composition:

Sex composition of migrants, given in table 2.3. shows that 33% of the total migrants were females. But in the medical officers' category, male migrants were more (81%). In the para medical category, on the contrary, female migrants were seen highest (83%). Most of the Female migrants belong to Nurse category.

TABLE - 2.3

Sex Classification of migrants

Sex	MOs		PMOs		Total	
	MOs	%	PMOs	%	Total	%
Male	475	81	29	17	504	67
Female	114	19	138	83	252	33
<b>Total :</b>	<b>589</b>	<b>100</b>	<b>167</b>	<b>100</b>	<b>756</b>	<b>100</b>

2.4. Age composition:

Age classification of migrants given in Table 2.4 shows that a large No. (32%) of the migrants are in the age group 40-44 in the medical officers' category. In the case of para medical category, 65% is below 40 in age. Considering both categories the highest percentage is in the age group 40-44. It is evident that the services and expertise of young and energetic medical and para-medical officers are lost to the State due to migration.

TABLE - 2.4.

Age-Classification of Migrants

Age Group	M.Os		P.M.Os		Total	
	No.	%	No.	%	No.	%
30 < (Para M.Os)	29	5	23	14	52	7
30-34	53	9	50	30	107	14
35 - 39	135	23	35	22	170	22
40-44	188	32	43	26	231	30
45-49	82	14	8	4	90	12
50 and above	102	17	8	4	110	15
	589	100	167	100	756	100

2.5. Educational Background:

Educational background of migrants given in table 2.5 shows that all the para-medical migrants are diploma holders in their respective fields of specialisation. In the medical Officers' category 68% is medical graduates.

31% of the migrant Doctors are post graduates in medicine and 1% post graduates with diploma in certain lines of specialisation. It is a matter of concern that about 32% of the migrant medical officers are postgraduate specialists in the different branches of medical science.

TABLE - 2.5

Educational classification of migrants:

Qualification	M.Os		P.M.Os		Total	
	No.	%	No.	%	No.	%
Post Graduate Degree	182	31	-	-	182	24
" Diploma	7	1	-	-	7	1
Graduates	400	68	-	-	400	53
Diploma holders	-	-	167	100	167	22
Total:	589	100	167	100	756	100



2.6. Destination of migrants:

Destination of the international migrants, given in table 2.6 shows that, to Middle East Countries, especially to ~~generally migration~~ is Kuwait, Iran and other Arab countries.

*generally migration is*

TABLE - 2.6.

Destination of International migrants

Designation	M.Os		P.M.Os		Total	
	No.	%	No.	%	No.	%
European Countries	x	x	x	x	x	x
Middle East Countries	342	100	167	100	509	100
Other countries	x	x	x	x	x	x
Total :	342	100	167	100	509	100

2.7. Determinants of migration:

Analysis of reasons of migration shows that the main reason for migration is to find better jobs and higher remuneration. Economic prospects in potential destinations seem to influence the migratory decisions of the medical and para-medical personnel in the state. More than 90% of migrants are of younger age group. It is safe to conclude that young and better qualified medical and para-medical officers prefer to take the best advantage of opportunities offered by the foreign countries.

Table 2.7 shows that 58% of the migrant medical officers have been motivated by the facilities for research and higher studies available in the outside countries. In respect of para-medical migrants better job and remuneration in the host countries have been the major motive force of migration. In respect of intersectoral migrants, apart from the better salary, independence in work and opportunities for self development, offered by the private sector institutions have been a major determinant. In short, to use Everatt-Lees' terminology again migration of medical officers can be viewed as 'Pull' migration and that of para-medical personnel as 'Push' migration.

TABLE - 2.7.

Determinants	M.Os		P.M.Os		Total	
	No.	%	No.	%	No.	%
Better Job & Salary	x	x	167	100	167	100
Higher studies & Research	342	58	x	x	342	45
Independence & self development	247	42	x	x	247	33
Total :	589	100	167	100	756	100

## 2.8. Impacts of Migration:

Many developing countries have welcomed international migration as a quick cure for the higher rates of unemployment and under employment. There were 829 medical graduates registered with the employment exchanges in Kerala as on 1.1.1984 which speaks for the high rate of unemployment among medical personnel. In this context out migration reduces competition for jobs and creates indirect employment to medical and para medical personnel to the tune of the migration. But this is a stop-gap arrangement. The temporary hands have to be retrenched or absorbed in fresh vacancies, on return of the migrants to the parent service. In the present situation of unemployment for medical and para-medical personnel in the state, migration of this category of manpower need not be taken as a serious problem.

Intersectoral migration, preference for private service, poses a serious issue involving social implications. Absorption of expert doctors by the private medical institutions increases the reputation and credibility of these private institutions at the expense of government owned institutions. Usually private hospitals charge exorbitant rates for their services and that is decided to a certain extent by the team of experts deputed from the government service. In effect, the rural poor who can't afford the expensive private medical care facilities and depends entirely on the government hospitals and health centres are devoid of the expert service. Attractive salary to and service conditions may perhaps discourage the tendency for this intersectoral migration.

Remittances of the international migrants contribute much to the foreign exchange reserve of the country. The inflow of money in return for the out flow of labour have to be subjected to a cost benefit analysis to arrive at realistic findings on the remittance aspect. The employment and housing survey 1980, conducted by the Department of Economics and Statistics revealed that about 2.08 lakhs persons from Kerala are working in foreign countries and 90% of the international migrants are working in gulf-countries. Their annual remittance to Kerala was estimated to Rs.220 crores. No data on the remittances made by medical and para medical personnel alone is available. Another impact of international migration found among the medical personnel who migrated is the rich experience gained and the specialisation in the different branches of medical care. Medical system in the state is benefitted to a great extent by the return of migrant medical personnel with experience and specialisation.

## C H A P T E R , - 3 .

### S U M M A R Y & C O N C L U S I O N

1. The study on migration of medical and para-medical personnel was found necessary to know the extent and impact of migration of this category on the health care system of the state.
2. Findings are based on secondary data of migrants available with the Health Services Department.

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3. Allopathic system alone is covered in this study. Destination of migrants and their salary conditions could not be ascertained properly.
4. Of the total manpower involvement in the medical sector, 37% is medical officers and 63% is para-medical officers.
5. The components of migration shows that 67% is international migrants and 33% is intersectoral migrants. Intersectoral migration confined mainly to medical officers only.
6. Females dominate the number of para medical migrants and males are more among medical migrants.
7. The highest group of migrants are in the age group 40 - 44 years.
8. 53% of medical migrants are graduates in medicine and specialists including post-graduates formed 25%.
9. The study reveals that large scale international migration of medical personnel is to middle east countries only.
10. The major determinants of migration of medical and para-medical personnel have been research facilities and higher remuneration in host countries.
11. The main effect of migration have been indirect employment generation, to unemployed doctors and para-medical personnel available in the state, addition to foreign exchange by their remittances, and enrichment of the health care system by the experience and specialisation obtained in foreign countries.

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