Chapter 10
Migration and Impact of Remittances on Health

R. B. Bhagat and Imtiyaz Ali

Abstract The emigration and internal migration assume significance for Muslims because of their lower socio-economic status and a higher level of deprivations. Muslims constitute 28 % of total emigrants compared to 14 % in India's total population. Telangana's emigration rate is double that of India. The higher level of unemployment among Muslims could be one of the push factors for emigration. This chapter also investigates the impact of emigration on the health status and health seeking behaviour among Muslims in Telangana. It is found that emigration plays an important role in the progress of households and communities and improves the quality of life. It has a crucial role for the marginal and minority communities who face serious barriers and discrimination not only accessing labour market but also health care.

Keywords Migration · Employment · Remittances · Health

10.1 Introduction

The growing body of evidence on migration reveals that it is linked to the economic, social, political transformations worldwide and has a wide range of impacts on policy issues (Castles, 2010; Goldin, Cameron & Balarajan, 2011; Koser, 2016; Triandafyllidou, 2018; United Nations, 2020)). Migration has a significant impact on the achievement of the 2030 Agenda for Sustainable Development (United Nations, 2019a). The scale of international migration is rising, and the number of international migrants is nearly 272 million globally where labour migrants account for two-thirds which is around 3.5 percent of the world's population (United Nations, 2020). According to Population Division of the United Nations Department of Economic and Social Affairs (2019), the highest international migrants are from India with 17.5 million persons living abroad followed by Mexico (11.8 million), China (10.7 million), the Russian Federation (10.5 million), and the Syrian Arab Republic (8.2

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million). The size of international migrants is not uniform across the world, and therefore, there is a need to shape the economic, demographic, geographic, and other determinants of migration and its impact on health.

India constitutes around 0.4% of the international migrants as a share of its total population (United Nations, 2019b). Nearly 7.0 million Indian emigrants are concentrated in six Gulf Cooperation Council (GCC) countries where United Arab Emirates (UAE) has the largest Indian emigrants with 2.6 million, followed by Saudi Arabia (2.4 million), and Kuwait (0.7 million) (GLMM, 2016). A larger number of emigrants in Gulf countries are unskilled or semi-skilled contract workers (GOI, 2011; Bhagat et al., 2016).

Emigration and remittances affect emigrants, families (Bhagat et al., 2013). According to International Labour Organizations (2010), migrations have remarkably contributed to economic, social, and political advances through remittances, business activities, investments, skill and knowledge transformation which benefited both the country of origin and destination. Many empirical studies have shown that access to food and nutrition, better medical facilities, and better health-seeking behaviour are significantly affected by emigration (Azeez and Begum, 2009; Ali and Bhagat, 2016; Rapoport and Docquier, 2006).

Emigration and internal migration assume significance for Muslims in the view of the fact that Muslims have lower-level of socio-economic status and a higher level of deprivation (Czaika, 2012; Tripathi and Srivastava, 1981). The surveys have highlighted the discrimination they face in various facilities like hospitals, schools, and roads in Muslim-dominated localities (GoI, 2008). The detailed data breakdown of emigrants by religion is not available from official sources. However, the NSSO data on 64th round shows that Muslims constitute about 28% of total emigrants. This percentage is high compared to their proportion of 14.2% in India's population. This study summarizes the available data on emigration and remittances and investigates the effect of emigration on health status and health-seeking behaviour of Muslims in the state of Telangana.

10.2 Conceptualizing the Relationship Between Migration and Health

Migrants are a diverse group that can be distinguished by age, sex, ethnicity, education, and skills. The unskilled and semi-skilled migrants are more likely to be affected by health risks due to their low income. Lack of awareness and absence of healthcare support increase their vulnerability. Many such migrants not only work hard to increase their income but also squeeze their expenditure to save more and send remittances back home. They are also less likely to be covered by health insurance and health services provided by the employers (Malit and Naufal, 2016).

Being non-citizens of the host countries, international emigrants are not allowed to utilize the healthcare services provided by the destination countries (Bhagat, 2012).

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They have to be self-dependent or otherwise depend upon their employers if it is stipulated in the work contract. Further, their legal status could lead to discrimination at the place of destination for health services the citizens might be receiving in the host countries. Apart from economic, social, and political factors, language barriers may also work against the migrants in seeking health care (Bhagat, 2012; Shankar, 2013).

The place of origin also plays a major role among migrant's health status and their vulnerability to ill health and also their health-seeking behaviour. Migrants' awareness about their healthcare needs, health risks, and required preparedness are determinants of their health status. The native governments, civil societies, and other stakeholders play a crucial role in this regard. Conceptually, there are three categories of factors determining the health vulnerability of the international migrant workers. The first category relates to factors operating at the place of destination; the second category comprises factors operating at the place of origin; and the third one constitutes characteristics of migrants (Fig. 10.1).

Migration and Health: Some Empirical Studies

According to the World Health Organizations (1946), health is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The International Organization of Migration (2010) has defined "Migration-health as the well-being of migrants, mobile populations, their families, and communities affected by migration'. The circumstances (prosperity-driven migration or poverty-driven migration) and intentions (permanent/temporary in terms of national/and international migration) have a significant impact on migrant's health condition and also among those who have been left behind at home countries (Ali, 2013; Sekhar, 1997).

Remittances, however, have a favourable impact on health among families of migrants (UNDP 2009; IOM, 2010). The study done by Langworthy (2011), based on Young Lives Survey of Peru (2002), reveals that added income from remittances has a positive impact on child nutrition. Though remittances can positively affect child nutrition, there are evidences that decreased parental time within the household negatively affects child nutrition. Remittances create both micro and macro-economic effects where micro-economic effects indicate that remittances produce significant welfare contribution to the receiving household. On the other hand, macro-economic effects show that remittances produce a stable flow of funds that is often counter-cyclical and an impactful source of foreign exchange for many countries (Singh & Hari, 2011). Many studies have arguments that impact of migration and remittances on health status at the household level (Larrea and Kawachi, 2005; Hong et al., 2006Lopez and Chi, 2012). Gartaula et al. (2012) reveals that additional income from remittances had increased the objective well-being of the women left behind, but it may not have increased their subjective well-being.

Many studies have validated that the international remittances have positively contributed to household welfare, basic necessities, repayment of debt, and consequently on the improvement of the living condition in the place of origin (Yang, 2009). Few studies have shown that the decision-making among left-behind wives

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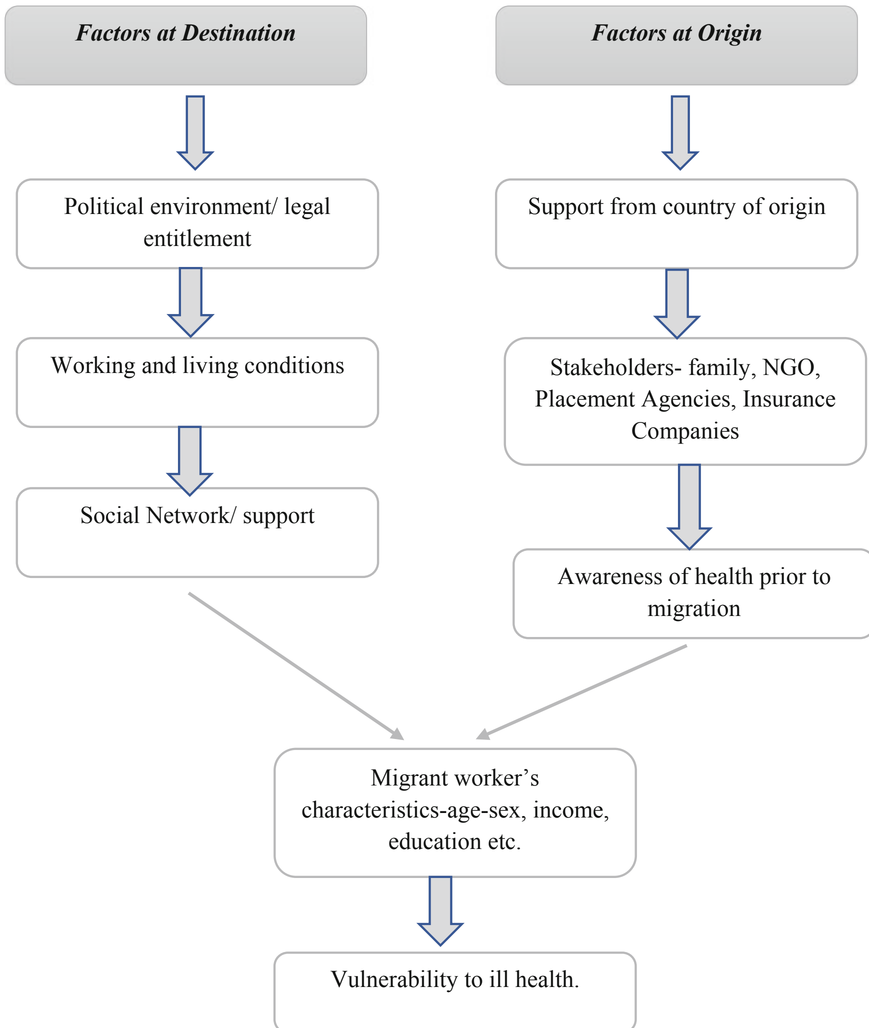

Fig. 10.1 Conceptual model on factors affecting health status of emigrants. *Source* Authors

has increased their family as well as societal status (Sekher, 1997; Gartaula et al., 2012; Ali, 2013). On the contrary, it has been observed that there has been no significant enhancement in the status of left-behind wives because of the poor conditions, increase in household work and responsibilities (Findley, 1991; Zachariah et al., 1999). Additionally, the impact of migration on the standard of living of households, there are many other ways migration influences the health of the people left behind (Islam and Azad, 2007; NCRB, 2006).

Desai & Banerji (2008) have revealed that the international migration of single male has a profound impact on women left behind in the country of origin and the

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inundation of remittances has strengthened the status, self-esteem, and confidence of the left-behind women. Long physical separation from the spouse has increased workload and responsibilities that intensified the mental health among left-behind wives (Findley, 1991; Zachariah et al., 1999). Studies conducted in Kerala found that the left-behind wives are forced to take up responsibilities and interact with the outer world, which they had never done before (Gulati, 1993; Zachariah et al., 1999). Kearney and Miller (1984) stress the negative impact of migration of men on the family, and the consequences include family dissolution, psychological stress on women, and breakdown of the traditional family system.

Researchers have explored the connection between migration and mortality/morbidity (Aldridge et al., 2018). Brokerhoff (1995) establishing a relationship between rural–urban migration and child mortality and also argued that the probability of the survival of children among rural–urban migrants has lesser than those of urban non-migrants in developing countries (Keshri 2009). Schemer (2009) studied how fathers' rural–urban migration influences child mortality/morbidity in rural Mexico, especially in terms of their presence and absence and also revealed that fathers contribute significant support to ensure the healthy development of their children. On the other hand, some studies examined the relationship between parental (mother/father/both) migration status and child immunization in Southern Ethiopia and found that fathers' migration (internal as well as international) had no significant effect on child immunization, while the rural–rural migration status of mothers had an immense negative impact on child immunization (Kiros and White, 2004).

Bhagat (2012) reported several factors such as poor housing condition, inadequate nutrition, lack of healthcare services, hazardous occupational conditions, and low level of awareness that are affecting migrant's health. Lu (2010) has examined longitudinal effect of rural–urban migration on health in Indonesia and revealed that labour migrants have been more likely to suffer from depressive symptoms than non-migrants due to separation from family and lack of social support. In the context of India, paucity of data restricts any significant studies on the lifestyle and environmental conditions of emigrants at the place of destination (see Brockerhoff, 1995; Islam and Azad, 2007; Halli et al., 2007; Schmeer, 2009; Vearey et al., 2010). Initially, the data on the relationship between emigration and health was not available. However, the 64th Round of NSSO (2006–07) gives information on certain aspects of emigration, such as religion, remittances received, and utilization of remittance for various purposes including health at the state level. The sample for the present state of Telangana was separated, and the findings are presented below.

10.3 Data and Methods

The present study applied the unit-level data of the 64th (2007–08) round of National Sample Survey Office (NSSO). The 64th round of NSSO (Employment and Unemployment Situation in India) conducted during 2007–08 collected information on

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out-migration and in-migration data by region/states/union territories of India. There are 88 NSSO regions in the country. The NSSO region is essentially an intermediate unit between the district and the State, with each region consisting of several districts within a particular state, each of the major states being divided into several regions. The data for Telangana was retrieved after clubbing the NSSO regions namely Inland North-Western and Inland North-Eastern of former Andhra Pradesh. The NSSO used a stratified multistage sampling design for rural as well as urban areas for selection of the sample units. It was divided into four subrounds, and equal numbers of sample villages/blocks (first stage units) were allotted for the survey in each of these subrounds. The survey covered a sample of 1,25,578 households (79,091 in rural areas and 46,487 in urban areas) and a sample of 5,72,254 persons (3,74,294 in rural areas and 1,97,960 in urban areas). In Telangana, the survey covered a sample of 3591 households (2156 in rural areas and 1435 in urban areas) and covered a population of 13,728 persons (8191 in rural areas and 5537 in urban areas).

An emigrant is defined as 'a former member of a household, who left the household any time in the past for staying outside the country provided he/she, was alive on the date of survey' (Bhagat et al., 2013). The emigration rate has been estimated which can be explained as the number of Telangana emigrants residing outside India at the time of survey (July 2007–June 2008) divided by the projected Telangana population per 1000 as on 1 January 2008.

Multivariate analysis: The present study uses multivariate analysis to analyse the relationship between the socio-economic condition of the household with emigration status. The binary logistic regression model has been applied such that the emigration status (emigrant household = 1 if at least one member of the household emigrated from one state to another country and 0 otherwise) is dichotomous. Results have been presented in the form of odds ratios (ORs) that are a simplified linear form of probability coefficients, with corresponding significance levels. These ORs are used to interpret the expected risks of likelihood in particular dependent variable associated with a unit change in an explanatory variable, given that the other correlates in the model are held constant. The present study has considered independent variables are place of residence, social groups, religion, monthly per capita consumer expenditure (MPCE) quintiles, land possession, and size of the household. The equation of logistic regression for multiple predictor variables is given below:

$$\text{Logit}(Y) = \log\left(\frac{p}{1-p}\right) = \alpha + \beta_1 x_1 + \beta_2 x_2 + \in$$

where p is the probability of the event and α is intercept, β are regression coefficients, x_i is set of predictors and ϵ is an error term.

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197 ## 10.4 Emigration and Health Among Muslims in Telangana

198 Telangana State came into existence on 2 June 2014, as the 29th and the youngest
199 state in the Union of India. Historically neither Hindus nor Muslims liked the
200 idea of migration (Census of India, 1901: 88). 'Indians are intensely home-loving
201 people', remarked Census Commissioner of 1901 Census. In his view, Hindus are
202 very attached to home and caste groups, and on the other hand, the *Muhammadans*
203 *are not so circumscribed by caste prejudices, but in practice, they are found to be*
204 *almost equally reluctant to go very far from their ancestral home*' (Census of India,
205 1901:88). However, subsequent census reports show that the state of Hyderabad was
206 a net sender of migrants outside the Nizam's dominion (Census of India 1931: 62–
207 79). The recent data on emigration from Telangana is described below. Figure 10.2
208 shows that Telangana's emigration rate is twice that of the all-India rate.

209 Table 10.1 shows employment is the dominant reason for emigration from both
210 Telangana and all India. About 71% emigrants cited employment as the reason for
211 emigration from Telangana compared to 80% for India. However, marriage and
212 education-related emigrations from Telangana are more compared to India as a whole.
213 Table 10.1 shows that 17% of the emigrants from Telangana reported marriage as a
214 reason for migration, while it is 10 percent in India. Consequently, female emigrants
215 (one-fourth) from Telangana outnumber female emigrants from India (one-fifth).
216 Similarly, 7% of emigration from Telangana was for the purpose of education which is
217 about 3% for India. Muslims account for 12.6% of the total population of Telangana,
218 but Muslims account for only 14% of total emigrants from Telangana. It may be
219 noted here that the NSSO Survey was conducted in 2007–08, several years before
220 Telangana was formed and the sampling was not designed to provide an estimate for
221 Telangana.

222 It would be interesting to examine the determinants of emigration and remittances
223 in Telangana and Muslims in specifically. Table 10.2 presents the results of logistic
224 regression analysis with two dependent variables namely:

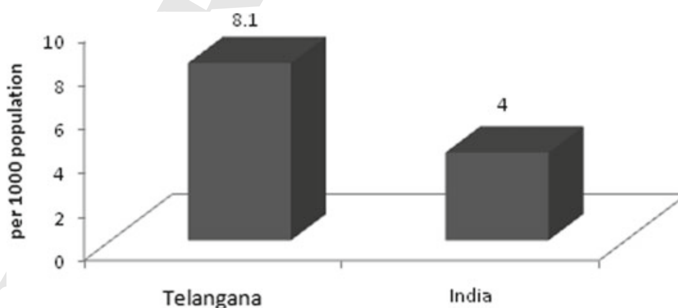

Fig. 10.2 Emigration rate per 1000 population in Telangana and India, 2007–08. *Source* Based on data from NSS 64th round

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Table 10.1 Background characteristics of emigrants in Telangana and India, NSSO, 2007–08 (%)

Religion	Telangana		All India	
	%	N	%	N
Hindu	85.5	240	52.1	2,653
Muslim	14.3	114	28.8	1,330
Others	0.2	4	19.1	1,184
Total	100	358	100	5,167
Reason for migration				
Employment	71.1	281	80.4	4,195
Marriage	17.3	22	9.9	321
Migration of parent /earning member of family	4.8	43	5.8	438
Studies	6.8	12	2.9	146
Others	0	0	1.0	56
Total	100	358	100	5,156
Sex				
Male	77.0	291	81.7	4,227
Female	23.0	67	18.3	940
Total	100	358	100	5,167

Source Unit-level data from NSS 64th round; N = Sample Size

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225 (i) Households having at least one emigrant versus households with no emigrants.
226 (ii) Emigrant households receiving remittances and no remittances.

227 The odd ratio of Muslim emigration is three times greater in contrast to Hindus
228 in Telangana. Odd ratio increases even higher, i.e. 3.79 for India. This shows that
229 even controlling for rural–urban residence, economic conditions measured through
230 monthly per capita consumption expenditure (MPCE), social status, land possessed,
231 and household size, emigration remains three times greater among Muslims contrast
232 to Hindus. The 64th Round of NSSO also shows that Muslims have a higher level
233 of urban unemployment (2.3%) compared to Hindus (1.7%) in Telangana. A higher
234 level of unemployment among Muslims is likely to be one of the push factors for
235 emigration.
236 Results also show that the number of Muslim households receiving remittances
237 is two times higher than Hindus in Telangana. Furthermore, this reflects that Muslim
238 households are mostly dependent on remittances. Due to the poor economical back-
239 ground among Muslims, the Muslim youths seek jobs in abroad in wider scales.
240 And also, this can explain the reason behind what prevents them from getting jobs
241 locally? Unfortunately, the NSSO data does not throw any light on this aspect. Rural–
242 urban distribution of Muslim population in the country also plays a major role in the
243 migration of Muslims. Comparatively, a greater proportion of the Muslim popula-
244 tion resides in urban areas. In Telangana, about 74% Muslims live in urban areas
245 compared to 40% at the all-India level. As the majority of Muslim population is
246 not dependent on agriculture, they are mostly self-employed (NSS, 2007–08). Such

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Table 10.2 Result of logistic regression showing determinants of emigration and remittances, Telangana and India, NSSO, 2007–08

Covariates	Telangana		India	
	Model I	Model II	Model III	Model IV
Place of residence				
Rural®	1.00	1.00	1.00	1.00
Urban	0.76	0.39†	0.85†	0.60†
MPCE quintile				
Lowest®	1.00	1.00	1.00	1.00
Lower	0.90	1.11	1.49†	1.23†
Medium	0.61 €	1.57†	2.32†	1.52†
Higher	0.83	2.18†	3.56†	1.78†
Highest	2.07†	3.05†	8.98†	2.07†
Social group				
Scheduled caste/tribe®	1.00	1.00	1.00	1.00
Other backward classes	2.18†	1.07	4.60†	1.11†
Others	3.31†	1.17	3.31†	1.13†
Religion				
Hindu®	1.00	1.00	1.00	1.00
Muslim	3.09†	2.25†	3.79†	1.13†
Others	0.68	1.17	3.96†	0.93†
Land possession				
Less than 1 hec®	1.00	1.00	1.00	1.00
1–4 hec	0.83	1.21	0.92	1.21†
More than 4 hec	1.06	1.44	1.16	1.24†
Household size				
Less than 5®	1.00	1.00	1.00	1.00
5 and more	1.02	0.65†	1.06	0.84†
Pseudo R2	0.0868	0.0478	0.1169	0.0163
Log likelihood	−865.3322	−1682.3592	−14,605.295	−67,805.061
N	3583		125,446	

Source Based on data from NSS 64th round; *Notes* Significance level—†$p < 0.01$, ††$p < 0.05$, €$p < 0$, ®Reference category, Model I and Model III (Dependent variable: Emigrant HH = 1, Non-emigrants HH = 0, Model II and Model IV (Dependent variable: HH received remittances = 1, HH received no remittances = 0).

dynamics force a substantial number of Muslims to see remittances from migration as an alternative and an important source of income (Ali and Bhagat, 2016).

As shown in Fig. 10.3, about 70% emigrant households receive remittances compared to 52% among Hindus in Telangana. However, others comprising mainly Christians show even higher dependence on remittances.

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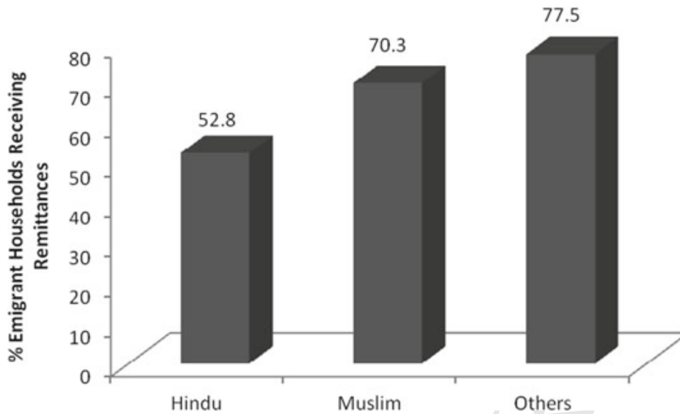

Fig. 10.3 Percentage of emigrant households receiving remittances, Telangana, 2007–08. *Source* Based on data from NSS 64th round

During 2007–08, the remittances received from each Muslim emigrant total led to Rs. 86.6 thousand compared to 51.5 thousand from a Hindu emigrant. The other religious communities received the highest amount–203 thousand (see Fig. 10.4). It is evident that the Telangana Muslims' dependence on remittances is very high.

Table 10.3 indicates that a sizable number of households use remittances for food, followed by health and education which is true for all religious communities.

The Sachar Committee (GoI, 2006) noted that Muslims have higher poverty level and lower educational and literacy levels. In terms of poverty level, Muslims are third from the bottom after SCs and STs in India. On the contrary, they show better health conditions in terms of life expectancy, lower child mortality, and higher child sex ratio (females per 1000 males). These positive dynamics of Muslim population need to be promoted through inclusive policies and programmes.

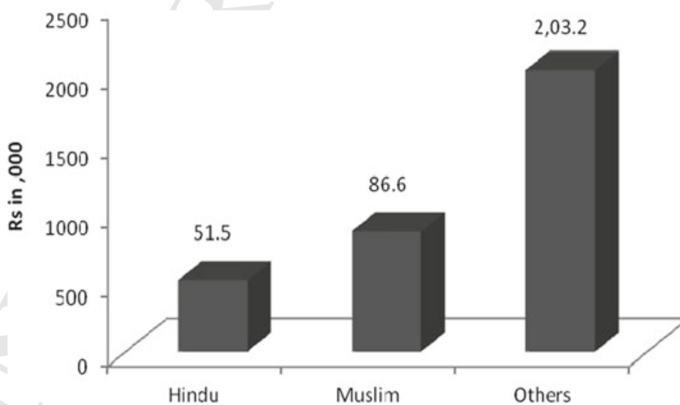

Fig. 10.4 Amount of remittances (per emigrant) in Rupees in thousand, Telangana, 2007–08. *Source* Based on data from NSS 64th round

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Table 10.3 Utilization of remittances by receiving households as first and second priority in Telangana, NSSO, 2007–08 (percent)

	First priority				Second priority			
	Hindu	Muslim	Others	Total	Hindu	Muslim	Others	Total
Food	55.2	52.7	90.7	55.8	14.9	6.6	0.0	13.6
Education	0.7	0.8	1.2	0.7	19.4	34.6	0.0	20.4
Household durable	0.5	1.0	0.0	0.5	4.8	5.6	1.6	4.8
Marriage	0.9	3.1	0.0	1.0	0.8	0.6	0.0	0.8
Health	5.0	3.5	4.6	4.8	22.9	28.0	85.3	25.1
Other consumer durable	4.8	1.2	0.0	4.4	15.4	8.5	1.6	14.4
Improving housing con	4.6	2.9	0.0	4.4	7.2	1.6	3.6	6.5
Debt	20.6	15.2	3.5	19.7	7.0	0.0	1.3	6.2
Financing capital	0.6	0.0	0.0	0.6	1.0	2.9	0.0	1.1
Entrepreneurial activity	0.8	0.0	0.0	0.7	0.0	0.6	0.0	0.1
Saving	5.1	18.5	0.0	6.2	5.7	11.0	6.7	6.3
Other	1.3	1.1	0.0	1.3	0.8	0.0	0.0	0.7

Source Based on data from NSS 64th round

10.5 Conclusions

The existing literatures show significant role of emigration on the progress of households and communities in improving quality of life. It has a crucial role for the marginal and minority communities who face serious barriers and discrimination not only in accessing labour market but also health care. This study finds serious data gaps in the study of emigration and health status of emigrant households at the place of origin. Similarly, very little is known about the health status, morbidity levels, and health-seeking behaviour of emigrants at the destinations as well.

It is important to know in depth why propensity to emigrate among Muslims of Telangana is almost three times high compared to that of the Hindus. What are the push factors that drive them to seek jobs abroad vis-a-vis barriers of the domestic labour market—in terms of skills, entrepreneurial environment, and financial inclusion? A comprehensive migration survey of the Muslim community of Telangana at the prominent destinations of GCC countries, such as the Kingdom of Saudi Arabia, Kuwait, and UAE, will be helpful in devising suitable health programmes and policies that is inclusive in addressing the sustainable development goals.

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