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Indian Nurses in the Gulf: Two Generations of Female Migration

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Abstract

When in the middle of the seventies, Indian nurses started to be hired for newly built hospitals in the Gulf, it was an unexpected opportunity for the most adventurous of them to ensure unexpected good wages. One generation later, thousands of young girls, predominantly Christians from Kerala, fill up the nursing schools all over India with the intention of migrating after graduation. Hence the nursing diploma is obviously considered as a passport opening the world not only to the nurse herself, but also to her relatives. Families encourage this female migration since it is very consciously regarded as a privileged opportunity to increase social mobility.

The migration opportunity has consequently changed the status of nurses, which used to be rather low in India. It has also been a chance for the young nurses to set up life strategies, based on the experience of the older migrants. Migration to the Gulf is now considered as an intermediate step before further migration to the West, the new open line. For the young nurses, migration doesn't only mean a better status and a better economical situation, it is moreover a way to get more autonomy or agency, as women, than they can get in their own country.

This paper, based on a fieldwork carried out both in the Gulf (Oman, Emirate) and in South India (Kerala), deals with the evolutions of this specific migration during these last three decades, i.e. after two generation of nurses' migration, evolutions which are closely linked to the emergence of an Indian –or, more precisely, of a Keralese- diaspora in the Gulf countries.

Though there are millions of migrants living in the Gulf countries, studies are just starting to be conducted on the different communities of people working there, from an anthropological point of view at least. It is nevertheless well known that South Asians, and Indians in particular, represent a large part of these migrants; their number is even proportionally higher since the Iran-Iraq war and the first Gulf war which were followed in the different Gulf countries by the throwing out of thousands of Arab migrants (Palestinians, Yemenites, Egyptians...).

The number of Indian migrants is today estimated to be around four millions and, according to South Indian scholars who have conducted a large-scale statistical study (Zachariah *et al*, 2002), nearly half of them come from Kerala, a small South Indian State. 10% only of these Keralese migrants, i.e. 150.000, would be female migrants: some of them are housewives who followed their husband in migration, some others are employed as secretary or other office jobs, some others are servants, but a large number of them, since they are estimated to be between 40 to 60.000[1], are working in the Gulf as nurses. In fact, in Kerala today, to become a nurse turns out to be an objective strategy of emigration supported by the family of young women who are now very prised on the matrimonial market.[2]

The goal of this paper is to demonstrate how, after three decades of existence, the migration line of nurses in the Gulf has evolved from a chance to an actual migratory strategy of these women and their family, taking into account –very quickly- the new opportunities, in the Western countries particularly. If, in the late 70's, nurses' migration was mainly an economical scheme supported by a familial will of social mobility, it has more to do nowadays with the aspirations of the young Keralese women to live a more autonomous life: in a certain way, the *passport* to migration that represents the nursing diploma helps them to

[1] This is an estimate which seems probable if one crosses the total number of nurses in the Gulf with the proportion of Indian nurses I met in the Gulf hospitals.

[2] This research is based on 3 phases of fieldwork of 2 to 3 months each in Kerala and Mumbai between 2001 and 2004. In addition 6 weeks of fieldwork was also conducted in Oman and in the Emirates in 2002-2003. I interviewed 286 migrant women and women aspiring to be migrants: 120 nurses were interviewed in Kerala (when they were on leave or back from the Gulf), 111 in Oman and the UAE. 55 nursing trainees were interviewed in Kerala. Other people such as nursing schools principals, hospital matrons, preachers, etc. were also interviewed by me. 87 interviews with the nurses (generally at the nurse's home in Kerala or in their hostel when in the Gulf) were conducted individually and on several occasions amounting to at least 6 to 10 hours of discussion. The remaining interviews were conducted with groups of 3 to 6 women. I was also invited to spend a few days (from 3 days up to one week) with families of 17 migrant nurses. The women I met were between 24 and 55 years old, the majority of them being between 30 and 45 years old; trainees, of course, were younger (19 to 22). I used an open-ended interview schedule, but on the whole the women were also quite eager to share their stories with me. There is no actual statistics concerning Indian nurses working in the Gulf, so the ones I give in this paper come from my own sample. I have changed the names of all my informants (though I use actual Keralese names or nicknames).

escape from traditional familial and social structures that they feel like a too strong pressure. I also argue that the development of a Keralese diaspora in the Gulf during these last thirty years has changed the way of life of the migrants and more especially of the female qualified migrants to the point that the Gulf countries can't be anymore considered as total foreign countries for Keralese people (excepting perhaps the special case of Saudi Arabia) and that, even in the new migratory plans toward the West, the Gulf plays a crucial role as a sort of first step to the rest of the world.

In a first part, I will present the specificities of Kerala which make it the "exporting" State of Indian nurses. I will then present and analyse some exemplary cases of young migrant nurses. In a last part, I will explain the evolution of this specific migration of qualified women during this last three decades and the evolution which has taken place in their life in the Gulf or back home.

1. The context: Kerala's massive migration to the Gulf

Kerala represents only 3,1% of the Indian population. Yet from the 3 to 4 millions of Indian migrants living in the Gulf, more than 1,3 million are Keralese people who are employed at every level of the job hierarchy, even if the unqualified or low qualified people are a majority. The reasons of this massive Keralese emigration and its consequences are complex and can't be explained in details here (for this it is possible to refer to the literature that treats this topic more specifically; see for example Sekher, 1997, Prakash, 1997, Venier 2003) and I will just give here a few elements which are necessary to understand the precise topic of this paper.

According to the last census (2001), there are 31,8 millions of inhabitants in Kerala whose majority are Hindus, but two minorities are also well represented: nearly 20% of Muslims and nearly 20% of Christians. This little state has a very peculiar position in India since its development has often been considered as a model: Keralese literacy rate rises up to 90,9% when it is 64,8 for the whole India; fertility is on the contrary much lower as there is 1,7 child per woman compared to 3,5 for India[3]; life expectancy is 68,8 years for the men compared to 59 for India and 74,4 for the Keralese women compared to 59,4 for the Indian females in general[4] (Tarabout, 1997: 253 ; Théau et Venier, 2001: 24). In 1957, Kerala was the first state in the world to elect a communist government, the trade unions are still very active and

[3] Statistics for 2001.
[4] Statistics for 1999.

politics is still mobilizing a large part of the Keralese people (Jeffrey, 1993: 126-140). Observers are also pointing out the high literacy rate of Keralese women (87,7% compared to 53,6% for India), their high level of education and their important role in the working market. A number of scholars (cf. for example Jeffrey, 1993; Saradamoni, 1999 ; Théau et Venier, 2001) argue that this specificity could partly come from the matriliny tradition that used to prevail in this area till the beginning of the 20th century. Yet economical development doesn't follow the same good line, due in particular to the low rate of private investment in industry. Indian or foreigner entrepreneurs point out systematically the « handicap » of a labour claiming higher wages than anywhere else in India and too much ready to appeal to the trade unions for any question. Unemployment has been therefore a structural problem in Kerala for more than thirty years now and has been in a certain way "solved" by a massive emigration: at the same period, the labour line in the Gulf was taking off and the Keralese people have been among the first ones to catch it; till now, a small proportion only of Keralese people (2%) have migrated to the Western countries (Zachariah *et al*, 1999: 9)[5]**.** Today, the remittances of the Keralese migrants are the second source of income of this Indian state after the export of spices and rubber (Zachariah *et al*, 2000: 21).

Another characteristic of Kerala is the importance of the Christian minority: 20% as compared to 2,4% for India. In some districts like Kottayam district, Christians even represent the majority of the population. The Christian community of Kerala has for other particularity to be not only a result of colonisation with the conversions it has induced -as elsewhere in India-, since the "Syrian" Christians claimed to have been evangelised by St Thomas, the apostle, during the first century of our era (Visvanathan, 1993: VII-XIII). Actually the writings of Arab travellers attest the presence of Christians in Kerala as early as the 7th century. Syrian Christians consider themselves like rather well placed in the cast hierarchy (equivalent to Vaishyas, and even more for certain branch of Syrians who claim to be descendants of converted Brahmans)[6], whereas the conversions that followed the Portuguese and Britannic colonisations have mostly been the fact of untouchable population -of fishermen communities in particular-. Through conversion, these Catholic Christians (called "Latin") or Protestant Christians who represent today half of the Keralese Christians have been able to earn a better social status.

[5] Among them are a certain number of nurses who arrived in USA a long time ago (George, 2000) or in UK, but the massive recruitment for the Western countries is a much more recent phenomenon.

[6] For more explanations on the Indian cast system, see for example Dumont, 1966.

It is the Christian community of Kerala who gives to the state 90% of its nurses and a majority of the nurses all over India (Mohan, 1990: 16); it is worth noticing that more than a third of the Indian nursing schools are located in Kerala. The Christian specialisation in nursing is quite easy to explain in the context of a country whose population is mainly Hindu. Two key notions of Hinduism are those of purity and pollution (Dumont, 1966): the nursing job because it induces a constant contact to blotted substances (wound, faeces, vomit, etc.) can be considered as particularly impure. Yet, it cannot be a job reserved to untouchable people since, according to the Hindu orthodoxy, a casted Hindu cannot be touched by an untouchable. The fact that Christian women took on this role solves in a certain way the question. For Christians, if nursing is still not a very prestigious profession, it has at least the advantage to meet traditional values of their faith. Moreover, it is inscribed in their tradition since the first nurses in Indian were religious sisters (missionaries to begin with, then Indians)[7]. This "Christian" plus "Keralese" aspects of Indian nurses can also be checked –or is even more patent- in the Gulf countries, since 90% of the Indian migrant nurses I met there had this two characteristics (70% of them belonging to the Syrian Christian community, 30% to the Latin Catholic); the 10% left were either Hindu Ezhavas[8], or Hindus belonging to other parts of India.

Today, the professional and migratory niche of the Keralese nurses knows a huge development since after the Gulf line, which started in the 70's, that is now the Western countries which are looking for Indian nurses: experts of the World Health Organization estimate that this new line should be amplified in the coming years because of the ageing of the Western population added to the shortage of local labour in this sector. That is why, in India, the sector of nursing training (for nursing degrees but also for other diploma compulsory to work in certain Western countries) is developing with a still unseen rapidity, particularly the private sector. The Indian government is also very keen on expanding this migratory market and, to do so, is reforming the nursing school and colleges which, before ten years, should meet the best international standards and the exigencies of the most difficult "importing" countries; its goal is also to win the concurrence with the other strong "exporting" country, namely Philippines. This growing market of migrant nurses make the news regularly in the Indian medias which now compare them to the worldly known computer

[7] Indeed, Keralese nurses frequently mention Florence Nightingale and, most of all, Mother Teresa as sources of inspiration.

[8] The Ezhavas are a Hindu cast, considered as low on the cast hierarchy. They represent the biggest community in Kerala.

workers of Bangalore as a similar source of foreign remittances and as a typical model of the capacity of India to train a very qualified labour for the world market.

2. A new generation of migrant nurses

Neejee is 20 years old and is completing her third year of nursing school in Kochi, one of the big Keralese city. When I asked her how she imagines her future, she answered without hesitation:

"After graduation, I'll work here for two years [in India]. *That is the minimum experience required for the Gulf and it will give me the time to save up for the fare. Once I am there I will work for two years and then I'll get married* [which means that she will have saved enough for her dowry[9]]. *My husband will come to work with me in the Gulf. After two years it will be possible to have children. During that time, we will have the time to save money and I'll have the time to pass the TOEFL and maybe the CGNFS[10]. So it will be possible for us to go to England or to Connecticut where I have some family*".

One can see that her plans are clear and precise. But Neejee is not an exception: almost all the young nursing trainees or young nurses I met had the very same ideas about their future.

"In an average Malayali family, there will be a brother in Saudi Arabia, another one in Dubai, a sister in Koweit, an uncle in Canada, an auntie in UK and maybe some cousins in the States or Australia... So, we Malayalis, feel a little bit as if the world was ours and that Kerala was only the centre of it!" as states Joey, another young nursing trainee, trying to explain why she was so keen to go abroad that at first she chose this profession against her parents' will *"I want to see the world, I want to travel, I want to learn new things. What chances do I have to do that if I become an accountant or if I got any MBA?"*.

The story of Teresa, 29, is also another example of this new generation of Keralese migrant nurses. She has the same social background that Neejee, Joey and almost all the nurses I met for this study and a very similar family (her father is a farmer, owner of two acres[11] of commercial crops, her mother is housewife; her sister is married, housewife herself, and her

[9] In India, it is the family of the bride who gives a dowry to the family of the groom. In Kerala, the dowry rose up to huge amount, partly due to the money coming from the migrants. To have more details on the Indian dowry system and its often tragedic consequences, see for example V. Beneï, 1996 or Menski, 1998.

[10] TOEFL : Test of English as Foreign Language. CGNFS : test conducted by the Commission of Graduates of Foreign Nursing Schools (an American organisation). The first diploma is needed to migrate in any English speaking country. The second one is compulsory to work in the USA.

[11] 1 acre = 0,6 ha.

brother is working in Dubai). Older than Neejee or Joey, she has already accomplished some of her goals. She has actually found a job in a governmental hospital (where you get the best salaries) in Muscat just after completing two years of work in an Indian hospital. Her brother paid for her migration expanses (70.000 Rupees[12] given to a "travel agency" which provides contract, plane ticket and visa). She got married two years after (she is there an exception since she married a man she met through one of her friend: doing thus a "love wedding", while almost all the young Keralese –including migrant nurses- still follow the tradition of "arranged wedding"[13]). Teresa says that, after four years of work and savings, she has been the one to put aside the biggest part of the money and to buy all the gold jewels given as dowry to the in-laws. Six months later, thus earlier than planned by the young couple, she was pregnant (she "forgot" to take her contraceptive pill) and resigned after three months to come back to Kerala. She took the chance of the time of her pregnancy to prepare the exams necessary to get a job of nurse in the West, exams that she passed brilliantly[14]. But since the capital of the couple was not big enough to pay for travel and visa fees (partly because they did several trips between Oman and Kerala), she returned in the Gulf, in Abu Dhabi this time, leaving behind her new born baby to the care of a sister of her husband who was himself still working in Muscat. Three months to save the money needed to repay the "travel agency" and four more months to save the money needed to go to the USA (Teresa was able to save the totality of her salary since she chose to live in the hostel of the Abu Dhabi hospital and had the food free of charge) and the couple is now ready to leave for New Jersey where she has got a contract in a big hospital. This time, they will take the child with them. It is worth noticing that Teresa's husband, Nirmal, who works in the tourism sector, is himself a pure product of the migration culture of Kerala: his parents met in Lybia where both of them used to work, his mother as a nurse. Because of her profession, they were able to reach Germany at the end of the 70's, with the help of Protestant missionaries. During his childhood, their son has been living in-between Germany and Kerala (where a paternal uncle used to take care of him), while his sister stayed with their parents in Düsseldorf and married a German. Nirmal's parents today have the German citizenship; he thinks that he could himself get it if he wished as he was born in this country and speak perfectly the language (as a lot of Indians, he is

[12] 55 Rupees= 1 Euro.

[13] It is worth noticing that these arranged weddings are not really questioned: on the contrary, the "love marriage" or "Western style" seems very precarious, as say most of the Indians –including young cosmopolite Indians-, the number of divorce in the Western countries proves that it is not the real good solution

[14] The CGNFS seems difficult as it is estimated than only 17% of the Indian candidates pass it on the first try.

polyglot since he speaks fluently six languages). But Nirmal and Teresa think that it would be better for them to live in the United-States, in particular when they imagine the future of their children: according to them, emigration in an English speaking country would be a less radical split with their native country[15] and Nirmal, who always lived in between different countries, feels particularly concerned by this question –more than his young wife for whom these aspects of migration are still an abstraction-: she admits herself that she just knows how it is in the Gulf and that *"everybody knows that it's completely different when you live in a Western country"* (see *infra* for these differences felt by the potential migrants between migration in the Gulf and in the West).

In January 2004, I was invited to the wedding of Swaya, a 25 years old nurse, just coming back from three years of migration in Saudi Arabia. She has been working there in a small hospital in Damman where she got a contract at the same time than two of her best nursing school friends. Their stay in Damman had been quite difficult and a deception financially speaking since the contractor[16] that gave them the job forgot to precise, first that he was taking 30% of the salaries paid by the hospital and secondly, that there was no paid holidays for this three year contract: so for three years they stayed in *Saudia* without coming home (conditions must have been harsh since all the nurses of their hospital went on strike three times). Nevertheless, the three young girls, if they are not at all tender about this country and its people, also keep good memories of their job in a very modern hospital and of their life in the hostel where they used to live; they like in particular to tell the stories of the happy parties that their Philippine colleagues used to organise regularly. In a certain way, these three years of migration seems to have been like a prolongation of the life they had when they were studying and living together in their Delhi nursing school. Yet, the three of them decided not to renew the Saudi contract though it would have been possible. Like her two friends, Swaya is a Hindu Ezhava. I first met her one week before her wedding when one of her friend invited me to visit her in order to see the dowry's jewel (nearly 400 grams of gold in the form of bangles, necklaces, belt, etc.) and the magnificent silk saris offered by the in-laws. Swaya

[15] I precise that in Kerala, more than elsewhere in India, English is more and more largely spoken, including in the very popular stratum of the society. Children are more and more often going to private "English medium schools", where they also have to learn Malayalam (Keralese language) and Hindi (national language), but where most of the teaching are directly in English.

[16] "Contractors" are taking on the job of labour import; the salaries are then not paid directly to the employees by the societies employing them, but the money is given to the contractor who takes his percentage before paying the concerned employees.

affirms that her family has offered a dowry of 250.000 Rupees (his father is a part-time accountant clerk in the local administration; he earns 3.000 Rupees and runs in addition a farm of three acres; but Swaya has two sisters who are still to be married and only one brother, working in an Indian shop in Fujeirah). Swaya's groom –33 years old- lives himself in Saudi Arabia where he has been working for these last seven years as an engineer in an American oil company. She has met him only twice because he came back from the Gulf ten days before the wedding only, but her friends state that: *"He has a good reputation. People say that this is a hard worker and makes good earnings. He doesn't smoke nor drink. He comes from a good family and his mother seems to be a nice woman* [...] *His sister's husband runs a big jewellery shop in Trivandrum*[17] *and there is only one sister left to marry"* [which means that there is no need to save a lot for dowries in this family]. Swaya worries a little bit because he was not very talkative during their two meetings, but her friends comfort her, saying that he must be shy and that a man living single in Saudi Arabia for so many years can only have lost the habit of chatting with women. However, Swaya wants to follow him as soon as possible and to continue there to follow the courses for the CGNFS that she just started in Kerala. *"I hope he will allow me to do so"* she says, because she would like very much to go to live in the West: Australia, USA or UK, she doesn't care. Her friend insists: *"She is right. You can't spend your life in Saudia. Those Arabs are not good people; you have no freedom there. It's OK to start, but after a few year, it's better to try another place"*. But they are not so sure that the future husband "will allow" since he has such a good job there. On the wedding day, the husband, a fat man who doesn't smile easily, doesn't really seduce the friends of Swaya and they worry a little bit: the groom's young sister is leaving for Chennai to study and somebody would have to take care of the widowed mother; they fear that it comes to be the role of Swaya since the groom has not said clearly that he intends to take his new wife with him and that he is going back to the Gulf after one week. It seems that there is no way to ask the question directly to the husband or to any in-laws. Finally, two months later, Swaya has left to join him in Jeddah: the in-laws didn't hesitate for long to make their choice between the potential salary of their new daughter-in-law and the necessity of somebody taking care of the mother (this latter lives now with a nephew). According to her friends –who chat with her through Internet- Swaya has already told her husband about her plans for the West and the idea of the *Green Card* seems to move him, but he is still not convinced to get a job corresponding to his qualification in the West as he did in the Gulf.

[17] Trivandrum is the capital city of Kerala

The friend of Swaya comments: *« She loves him, but he is too serious. He is not the type of men who can accept easily to see his wife earning more than him. He is too proud* [..] *Swaya is always on the Net trying to prove him that there are also opportunities for him in Australia or in America »*. Yet he has accepted that her young wife goes on with her CGNFS courses.

3. New generation, new aspirations

Migration: a common ambition in India

From these three examples, very representative of the new generation of migrant nurses or candidates to migration, different important aspects can be pointed out.

First of all, one observes that, for all these young women, migration is a clear and evident objective. This has to be understood in the context of massive migration from Kerala to the Gulf countries. It has also to be seen in the global Indian context where international migration and the existence of a huge diaspora in most part of the world (UK, USA, Australia, Eastern Africa, Singapore, etc) is accepted –by the Indians themselves- as a proof of their people capacity to adapt and prosper anywhere. The NRI (Non Resident Indians) as they are called in India are actually seen, by most of the Indians, as a lucky sort of citizens who in a certain way get the best, i.e. an Indian cultural heritage added to the material advantages of more prosperous countries. Moving to another country (at least for a few years) is therefore a goal that a lot –if not the majority- of Indians consider as highly profitable. Indian cinemas as well as literature, which depict again and again Indians in-between two countries and two cultures with all the conflicts, happiness, freedom or contradictions engendered by migration, reflect largely this tendency. The young nurses or nurses-to-be are well aware of all these aspects and it is very consciously that they follow this path. For them, to become a nurse is, first of all, *the* passport for this way of life, a fact that all the principals of nursing schools acknowledge. One of them attests:

"More than 90% of our students do choose this job because their plan is to work abroad. It used to be different twenty years ago but there are so many migration opportunities now. It is a problem for us because we know very well that vocation for caring is not their first interest and we worry about the quality of the nurses we are actually training. It is also a problem for Indian hospitals because we have a large turnover in our staffs as so many nurses are ready to leave at any moment […] *In an other hand, this migration phenomenon has a good impact on the way this profession is now considered, socially speaking* […] *We nowadays have*

students from social categories that used to be very rare before these migration opportunities, like young Hindus or even Muslim girls and we think that it's just the beginning. Nurses used to be considered as a sort of servants; now that's the technical and modern aspects of the profession that people underlined. The stigma on this profession is disappearing little by little with each new opportunity appearing abroad".

Actually, Indian nurses have been working in the Gulf (and in a very smaller proportion in the West) for more than thirty years now, giving the time to the new generation to set up a real strategy based on the experience of the pioneers. In India, and more especially in Kerala, women in migration are a minority, but for the young nurses it doesn't seem to appear as an adventure as it can be for unqualified women, vulnerable to every sort of exploitation: as qualified recruited staff, nurses know that they will have quite good condition of work and life in the Gulf or anywhere abroad and that bad experiences (like false contract, harassment, bad salaries) are rather uncommon when it comes to nursing. Being a nurse in India, they are sure to find a job which is already a good thing in Kerala where unemployment rate is very high, but they will only be earning 2.500 Rupees at the beginning, ending up at 10.000 Rupees if they are lucky enough to get a job in a governmental hospital; while if they reach the Gulf their salary may directly rise up to 40.000 Rupees: a very enviable position when most of the workers there earn only three to four times more than in Kerala.

Status, dowry and wedding

For the young migrant nurses, saving a little bit of money and see other countries (what they are nevertheless eager to do) is not the only ambition which propels them to migrate: in fact their migration plans have also a lot to do with social status and wedding prospects like it also appears in the story of the three young girls I gave as examples and in the quotation of the school's principal. Contrarily to the Philippines[18], nursing used to be considered as a low status work in India. Consequently, the wedding opportunities for the young single nurses or nurses-to-be were not very satisfying, particularly in the hypergamic tradition that prevails in India. Jenna, a 50 year old nurse whose "just married" niece was currently living in Dubai and preparing to leave for Australia with her husband, explained to me:

"Twenty years ago, there was no respect for nurses. People were gossiping because we have to touch men in our job and they used to give us a bad reputation. When I got married, my

[18] For more details on the Philippine migrant nurses, see for example Davison, 1993.

mother-in-law told my husband that I should resign for the dignity of the family […] *But today, nursing is a job where there is no unemployment and, most of all, that allows you to go to the Gulf or to America itself. So even good families are now looking for nurses as bride. In my generation, a nurse was lucky to marry a technician as I did; today they can even marry a lawyer as my niece did".*

Shoba George (George, 2000: 152), in a study undertaken on Indian nurses who have emigrated to the USA, confirms partially this opinion, saying that "*girls with a good family background are in such demand that they get "booked up" while still in school*". The recent "attraction" for nurses can also be checked out in the matrimonial advertisements of Indian newspapers or specialized Internet sites where the mention "*nurse wanted*", namely " *nurse working in the Gulf will be preferred"* appears regularly.

The chance to get *"a good husband"* (which in the Indian context means a husband chosen by the parents, coming from a well-known family and having a good education level) is an issue that came again and again in the discussions I had with the young nurses. To be *"in high demand"* has another consequence that all of them are pointing out: it allows to reduce the price of the dowry asked by the future in-laws because, after the wedding, the earnings of the bride, actual or potential migrant, will come in addition of the in-laws income. Actually, a migrant nurse brings not only more money, but she is the way for her husband to migrate himself as she can get for him a visiting visa at first which ends up generally in a work permit since, once in the Gulf, the husband has three months to find a job. Migration chain has thus started and other members of the in-laws may follow this path. Another advantage of marrying a migrant nurse in the Gulf is her possibility to borrow money if she is employed in a governmental hospital: this money may thus be the capital which authorizes the husband to start a small business in migration, a strategy that the geographer Philippe Venier reports as quite common in the Emirates[19]. The families prospecting for a bride are perfectly aware of these advantages, as are the nurses' families.

For the latter, generally coming from the *"low middle class"* like they describe themselves, the price of nursing studies is nevertheless a major stress[20]. They often have to borrow money (most of the time from a family member, sometimes from a bank) in order to pay these three

[19] Thanks to Philippe Venier for this information. For details on the economical consequences of the migration in Kerala and on entrepreneurship ability, see Venier, 2004.

[20] Competition is so high that it is now very difficult to enter the public nursing schools or colleges which are free, so most of the trainees have to follow their studies in private schools whose fees may rise up to more than 30.000 Rs per year. Parents also have to pay for lodging and boarding when, like in most cases, the school is far from the family home.

years of study. So when parents pay for the nursing study of a daughter, they consider it as an investment that the girl is supposed to pay back largely during the time she will be a single migrant (nowadays during two to three years generally), either by sending money to her parents or by saving herself for her dowry and by buying in the Gulf -where it is cheaper- the gold jewels that have to be given at the time of the marriage: to say it cynically the "burden of having a daughter", as it is often say in India, turns out to be much lighter if she is able to get a nursing diploma. In that sense, the decision to become a nurse cannot be considered as the result of an individual decision of the young girl alone, but much more like a collective decision of the family in its effort to climb the social ladder.

The new aspirations of the young Keralese women

Young nurses take an active part in the social mobility strategies that their parents –in the sense of the large family- are building up, but their major motivations are more individualistic. Their dreams as *"young modern women"* follow a new model in which the traditional joint family has very little space. Sonia, a 27-year-old nurse who has been working for three years now in Muscat and got married one year earlier, comments:

"In my native country, it is very difficult to have a personal life and it is worst if you are a woman. Everybody wants to decide for you, everybody knows what is supposed to be better for you. That is not that you have no freedom, but everything has to be discussed with everybody: the way you dress, the way you spend your money, the time you spend with your husband... On everything not only the family members but also the neighbours may give their advice. It is something very hard to bear when you are educated, when you earn your own money and once you have even been able to live alone in a foreign country as I did [...] *That is why I imagine that it will be difficult for me to come back home one day. Familial solidarity is a good thing that you, Westerners have too much forgotten, but it doesn't mean that everything must be shared. I told my husband that there is no way we will live with his parents if we come back. I don't feel either that I would be able to live again in a village with the neighbours gossiping because I put on some lipstick or wear high-heel shoes. I also don't want to spend all of our savings to pay for the study of a cousin's son or by contributing to the dowry of an auntie's grandchild. "Small family is happy family" as we now say in India: I want to live with my husband and the children we will have, in a nuclear family. I think that all the decisions which have to be taken about the way we live, the country we live in or any*

other big decision have to be decided by the both of us, with nobody interfering [...] *Of course, it is easier for a woman to give her voice when the in-laws are not around. That is a big advantage of living abroad, this couple life"*.

Nurses are not the only ones in Kerala to prefer the idea of a nuclear family. The majority of the young people may even have the very same feeling. Actually, the new model has become a reality for a lot of people, in the cities particularly and joint family *stricto sensu* may very well be on the way to disappear. Yet "large family" (in the sense of a constant interaction between the different members of a family be they parents, brothers, sisters, uncles, cousins...) is still the norm; the potential and socially admitted interferences of all these in-laws (among them, at the first place, the mother-in-law) are more and more difficult to bear for the young women with their willingness to get more autonomy and agency. As the social pressure is strong to maintain this norm, migration appears as a solution for them, since by being far away they may realise partly these aspirations without having to fight on a daily basis. It would be exaggerated to say that economical motivation has disappeared from the migratory goals, but –in the case of the young nurses- it is just one of them and not the most important anymore.

New migratory plans: a more complex circuit

The migratory plans of the young Keralese nurses, which start with a stay in the Gulf and ended up in a Western country, come to reinforce this hypothesis since the young women are not at all naive and know very well that all the chances are that, by following their plans, they will never come back home[21]. In their case, if economical reasons are still cited to explain migration, it is never a question of surviving but more of having an access to best things, being they housing, good education for the children[22], retirement pension, etc. Consumerism is also a strong motivation for young women who are quick to speak about all the goods more easily available once you don't have to take care of too much people... For them, the best place to get all of this is the West but being also realistic they know that it is difficult to escape the Gulf option. It is indeed the easiest door opened to them because you can work there with the Indian nursing degree only –to pass TOEFL or CGNFS exams meaning an

[21] One could say that, in Kerala, hardly anybody believes anymore in the returning home myth after migration in a Western country of young people.

[22] Social mobility is also a strong motivation: a good sign of it are the plans that all the nurses I met have for their children (or future children). When they say "good education" they mean high diploma as PhD, if possible in the best world universities. Actually, the children of the oldest migrant nurses have very often got this type of diploma, be they girls or boys.

added investment of time and money-. Gulf is nevertheless still very attractive because, besides saving money for the "*real future*" –as some of them stated it, speaking of their future in the West-, these first years spent in migration will allow them to secure a nuclear family type of relation with a husband less affected by the traditional familial and social pressure. In this couple relation, young nurses are very conscious of the power that gives them the obvious fact that they often are the open door to migration for their man and will be the ones to give the enter key to the most wanted Western destination. Seen as a first step and a place from where you can come back and go again if needed, Gulf works as an initiation to the migratory life. It is the time where you learn to live far away from your close ones, where working as a single woman at first you get autonomy and self-confidence, where you get used to live in contact with foreign people, without having done a definitive break with your home country since Gulf is still not considered as a place where it is possible or even very enviable to settle down[23] (see infra). As a passage, the Gulf is not frightening at all for the young nurses who know plenty about the life there, through the stories of all the Keralese migrants and, more especially, from the first generation of migrant nurses.

4. The pioneers: learning migration, learning the Gulf

Working women entering migration

"It was only possible to bear this life [in the Gulf] *by counting the days before coming back home. We had a one or two-year contract and most of us were thinking of going back as soon as possible. Yet, as we were not spending a cent on us, we were proud to be able to send so much money to the family. I was earning ten times more than in India, more than my husband and his two brothers put together in their business. I was even able to send some money to my own family* [...] *In India, my salary was just helping. In the Gulf, it could change my entire life. But it has been so hard",* says Bindu who arrived in Fujeirah in 1981. I was told the same story again and again when I interviewed nurses who emigrated before the end of the 80's. At that time, the migrant nurses were all married women having children, who went alone leaving their family behind. Their social background was the same that the one of the today's young nurses (a father small farmer or clerk in Kerala, a mother housewife and belonging to the first generation in the family to have an access to higher study), but for them, migration

[23] Excepting Dubai which is in India almost considered as an Indian town. It is even possible to argue that the Keralese now consider it as the true Keralese metropolis.

was just an economical opportunity and not, like today, an objective strategy. Their life in the Gulf was strictly confined to the confound of the hospital until, much later, husbands started to join their wives in migration, following the massive migratory waves of Indian in this area by the middle of the 80's.

Maryama is another example. She is 59 years old and now retired, living in a large mansion with marble floors and stairs in the suburb of Kochi which I have been invited to visit extensively. The house is big enough to lodge the family of their her sons… *"in case they were one day coming back from the USA"* were the both of them are actually living with wives and children. Mariama is a pioneer of the nurses' migration to the Gulf since she arrived in Koweit in 77 and stayed there till the Iraqi invasion. She was part of one of the first bunches of Indian nurses hired for this region and has been a witness of the Kuwaiti development during her 14 years of emigration. Before leaving for Koweit, she was already used to live far away from Kerala since she was married to a man working in an airplane company in Delhi:

"In the 60's, it was not very well considered to work as a nurse and since my husband had a good salary, I stopped working as soon as I got my first child […] *But the life is very expensive in Delhi and since it was easy to find a job with my qualification, I started again to work in a governmental hospital in 74. Then my husband happened to know that special planes were reserved in his company to transport nurses to the Gulf from Bombay. We thought about this opportunity and I started to check newspapers for information about it. That is a cousin of mine who is also a nurse and lives in Bombay who told me that recruiters were offering good proposals there. She already had a few friends who had left for the Gulf and, from the news she got, salaries and conditions of life were OK. That is how we decided that I should try* […] *But nobody can imagine today how it was to go there at that time. Now it seems quite normal that a woman leaves alone to work abroad, but for the first of us, it was a real adventure! Because, if you take the case of Koweit, there was absolutely nothing there: Koweit city was not even like a small town of Kerala. For me, coming from Delhi, it was like another planet. The first weeks, I was crying all the time, I was afraid of everything and I was missing my children so much. Life was also awfully boring: besides working, there was nothing to do but writing letters and wait for the answer".*

When Mariama left for Koweit, her idea was to stay there for three years. Her main goal was to save enough money to pay higher studies to her three children (i.e. in the West if possible), then it was to buy some land in Kerala to build a house one day. In fact, after three years, her

husband came himself to work in Koweit bringing with him the two younger children (in the Gulf, a woman can't get a family visa; only a man having a work permit can do it). From there, she described their life in Koweit as very nice:

"Years after years it was becoming better. More and more people were arriving from India and Kerala and it was possible to have a real social life. We had good friends and a nice apartment. We were not rich but very well off. The children were attending an American school and were doing well […] *Since my husband was working for Kuwait Airways we had free plane tickets, so we used to come back in Kerala on holydays more often than we ever did when we were living in Delhi* […] *To end up, I was sorry when we had to come back because of the war. My husband went back in 92 but for me I was to old to start again, so this time I decided to stay home"*.

She considers herself as the main responsible for the familial achievements since she was the first to migrate, opening the way to her husband and she is proud of it, claiming that they are now *"a very respected family in the neighborhood"*. Her only explicit grief is that the two boys may probably never come back to live in India and that her grandchildren may become too American to respect the *"Indian traditional values"*, but *"that's the price of ambition"* does she conclude. In fact, she also finds that life is quite boring in Kerala once you have been used to a more cosmopolitan life (she and her husband nevertheless go twice a year in the USA to visit their sons).

This boredom is common to most of the ex-migrant nurses I met. The norm is that migrant nurses don't work anymore once they have been working for more than five years in the Gulf and it is indeed, with the building of a house, one of the first clear indication of success: to start again as a nurse in India for 3.000 Rupees meaning that there was a failure somewhere. That is obviously the case as shows the small number of ex-migrants I was able to find in the Keralese hospitals (almost all of them were women who indeed met big troubles in life, like a divorce, serious sickness of a husband, bankruptcy of a business…).

It is clear that for most of the migrant women, more than for male migrants who at least have real projects to conduct once they are back, it is difficult to readjust to the Keralese social life. The oldest see it as the problem of any retired woman, but for the younger -under 50- it leads to build new plans of migration (realistic or not), showing thus, that once you enter migration, it becomes very often an endless process.

Life in the Gulf: despised autochthons and scorned migrants

According to the stories told by the oldest migrants or ex-migrants nurses, this nice aspect of the "cosmopolitan" life in the Gulf paradoxically appeared when the Gulf started to be very "Indian" and even "Keralese", i.e. from the middle of the 80's. It has actually to be understood that nurses in the Gulf –and Indians in general- don't have a lot of relationships either with the locals or the other migrant communities (except perhaps with the Philippine in the case of the nurses)[24]. Their feelings about Arabs of the Gulf are indeed very bad and the women (today over 45 years old) of the "first era" of Indian migration to the Gulf, some of whom have remained there since, continue to provide the impression that all the nurses I met have of the people in the Gulf countries:

"You can't imagine how it was. Only rich people knew what a hospital is because they used to go to Bombay if they needed to. But the others were afraid of everything in the hospital and, of course, they were not able to speak a single word of English. I remember a woman who was delivering and needed an episiotomy [a common operation to facilitate a difficult delivery]. *She was shouting, my god, but she refused to be touched, so the baby died"* (Mary, 48, who still lives in Dubai)

"There was nothing. Muscat was almost a village. No highways, no high buildings, just a few shops and just a few foreigners. Today, it is possible to shop exactly as if you were in Trivandrum because Malayalis have so many shops. There are Indian schools, Indian theatres, TV and newspapers, and there are Indian churches. But when we arrived, it was just a desert" (Beejee, 56, who is back in Kerala).

"They don't like Indians, they are really racist. For them, we are just slaves, just good to work and nothing else... These people are totally uneducated, they are not even able to do things by themselves. Here it's the foreigners who have done everything and they are still the one to work and build and manage everything [...] *Do you know how it was here twenty years ago? Nothing but a desert... These Arabs, they have just been lucky to have oil, otherwise they would still be walking behind their camels!"* (Lethika, 45, who is back in Kerala after several years in Oman, *"in-between"* two contracts).

"The Gulf is not done for family life [...] *Can you imagine having your children studying here? Who have heard of Abu Dhabi University? No, here you can maybe have your children*

[24] For more details about the segregation between locals and migrants or between the different communities in the Gulf, see the example of Koweit in Longva, 1997.

as long as they are small children. Then they must go somewhere else [...] *One of my sons is doing a Master at J.N.U.*[25] *in Delhi, that's a good university, and my daughter is completing her PhD in U.K. You can't compare to what they offer here!"* (Jenny, 52, working in Fujeirah).

To make it short, the migrants –and especially the Indian migrants as they are working at every stage of the job hierarchy- would have been the ones to "civilize" the country of these *Bedouins* (the most common insult to speak of the locals). There is consequently a sentiment of frustration that all the Indian nurses –from the oldest to the youngest ones- experience being under the orders (at least administratively) and at the mercy (legally) of the natives with whom there is no social integration and for whom they don't feel any admiration or respect. And all of them underline what they see as a big difference with migration in a Western country, including those who, in spite of everything, are in Gulf for more than twenty years, a difference that Beemole who has been working in the Emirates since 1982, explains this way: *"You can't feel at home here, never, even after years and years, even if now we have everything to live like in Kerala. Because we have no rights: Just the right to work and keep silent"*.

Her eldest son (born in Dubai) is trying in vain to get a visa to visit his parents from Bangalore where he is a PhD student in economics. Moreover Indian nurses emphasize that the only relations they have with the local people are professional relations. Only two women out of all those I interviewed had been to a local home (at the time of a wedding). Another sign of the actual lack of relation with locals is the very small number of nurses who are able to speak Arabic, even if they have to follow two months of language courses once they have been hired by governmental hospitals: *"With the doctors, one speaks English and with the patients, body language is enough"* do they generally state.

No way to get citizenship, no way to build a house, to be the owner of a business[26], no good study opportunities for the children: in brief, till now, life in the Gulf could only be thought as a passage before coming back home. People in Kerala are indeed well aware of this difference with a migration to the West, particularly parents of young nurses. Several principals of

[25] Jawaharlal Nehru University, one of the best Indian universities.

[26] An evolution is on the way for this aspect since the Emirate of Ajman has just started to allow foreigners to buy land for commercial purpose with the possibility to build a house nearby. But for the general system of sponsorship and concerning citizenship aspects see Longva, 1997.

nursing schools in Kerala have incidentally mentioned that the parents rather push their daughters to migrate to the Gulf countries:
"Even if salaries are better than in the Gulf, they know that a migration to USA or to UK means very often that their daughter will settle there. They imagine their daughter marrying an American boy, they think that they will never know their grand children and they are afraid of that".

To live in the Gulf as Christian Keralese women

Yet, if migrant nurses make it clear that they don't like Gulf natives, the evolution of the population that occurred these last twenty years has totally changed their way of life in these countries. The mutual dislike of the locals and migrants doesn't appear as a daily problem for the nurses who, besides their duty time, live now in a quasi only Keralese environment. In most cities of the Gulf, one can find now Indian shopping areas whose majority of the shopkeepers comes from Kerala and where you can find exactly the same products than in Kerala, a lot of city areas have also an almost exclusive Keralese neighbourhood as for example the district of Ruwi in Muscat. It is also possible nowadays to find Keralese newspapers (printed in the Gulf), cinemas, churches, temples and Indian schools where Malayalam is taught as well as Hindi.
It is like if there have been ages between the life, rather austere, of the pioneer migrant nurses and the life of the nurses coming today: even the single young women who stay in the hospital hostels may have a social life outside for shopping, meeting friends or family members or by taking part to the parish life[27]. In some places, like Dubai, social events may be even more abundant than in Kerala itself with the frequent coming of Indian or Keralese actors or singers, premieres of Indian movies, etc. The liberalism prevailing in the Emirates particularly, but also in Oman or Koweit, allows not to change a lot the Keralese habits, be they to wear saris, to practice one's religion, to offer alcohol to male guests. And anyway, the home country is not very far and very accessible, as it can be checked by looking on a map of the airplane connections between the three international Keralese airports and all the possible destinations in the Gulf. For those who, like the nurses, have good earnings, coming back home for any important occasion is not a problem even if most of them chose not to go too often in order to save more money.

[27] Nurses often have their special prayer groups under the supervision of the local preacher.

Nevertheless, for these women, there is a big difference with life in Kerala on a very significant point: motherhood. Almost all of them return to Kerala for delivery, at their own parents' home, thus respecting the Indian tradition. Then, those who live with their husband in the countries of emigration return to it with the newly-born; those who live alone have no other choice but to leave the child behind. Most of the time, they manage to take three months maternity leave at the time of their delivery, but I have however met several mothers who had to go back leaving behind a baby hardly a month old and who talk about the heartbreak it means for a mother. All scenarios then come up for children of emigrant parents in the Gulf. When that is possible (i.e. if the two parents are working in the same place in the Gulf and if they have found a means to keep them), the small children live with their parents. If any problem occurs -accommodation, transfer of the father or more often guardianship problem- the children will be sent back to India. It is thus frequent that the children stay alternately on either side of the Arabian Sea. Nevertheless, as soon as they reach adolescence, the children invariably return to India to pursue their studies, often in reputed and expensive boarding schools that flourish in Kerala particularly in the regions of Christians' emigration. So, emigrant nurses often find themselves in a situation of "*part time mothers*", in their own expression and it is a source of suffering[28], even if they do not worry about the well-being of their children left behind, trusting the other women of the family who are taking care of them -most often a sister-in-law or a mother-in-law-. It is nevertheless felt as a chaotic familial life and as a direct result of the way things are working for migrants in the Gulf. Comparison with migration in the West systematically comes up when this children topic is discussed: once again, it is pointed out that there is no way to settle down in the Gulf, since even children born there won't systematically get a visa once they will be grown-up and, because retirement is also theoretically impossible there.

Actually, this could very well be a period of transition since the new trends of Gulf migrant policy could very well give soon more opportunities, at least for the well-off migrants, to settle in a more permanent way (by being owner of houses in particular). Some fears of the migrant nurses seem thus unrealistic like, for instance, the one about "emiratisation": indeed, at least in the Emirates where the nationals are estimated to be 5% of the whole population (Battegay, 2002: 111), there is no way that the country could be run without migrant labour;

[28] Even if they don't feel guilty, as Western women will surely do in such circumstances, since in the West the social norm is a lot more that *the mother* is the only one able to take care daily of her children.

while in others countries, like in Saudi Arabia, nursing training rate is too low to be a real concurrence for the Indian nurses.

Besides their disdain of the locals, the feeling of precariousness and the frustration concerning the children, nurses nowadays rather appreciate their life in the Gulf, and a lot of them have extended they stay for a lot more than planned without real complaints, except for one country: Saudi Arabia. Being women *and* Christians, they are doubly affected by the laws of this country. To work there, *"it's like being in jail"* was I told all the time by ex-migrant nurses or by nurses on leave I met in Kerala. They stress on the interdiction they have to escape the hospital compound when they stay in the hostel, with the exception of the official shopping outing they may have, at the maximum twice a month, under the control of a male local driver and, of course, wearing the long black dress that all the women there have to wear outside (except the Western women, do they remark). They have many anecdotes to tell about the *"punishment"* they get (generally a public sermon at the hospital or a deduction from their salary) by not following exactly the rule: if, for example, they speak to a male compatriot, if they are a little bit late to come back to the bus which transports them, if they laugh in a shop... Women leaving in town with their husband also feel like a feudal law the interdiction for a woman to go outside alone:

"Can you imagine that you have to wait for your husband to do everything? You can't go by yourself to pick up the children at school, you can't go to the nearby shop if you have forgotten to buy something you need for your cooking, you can't go to help a sick friend [...] *That's impossible to get a real social life there because you have no freedom"* says Dina, 36, who has been living in Jeddah for ten years.

But most of all, the nurses resent is the interdiction of their religious practices. Since, being generally very religious, they don't even imagine not to pray and not to gather to pray and to celebrate the major events of the Christian calendar, they feel like living all the time on the verge of illegality, thus susceptible to be thrown away at any moment. On this topic also a lot of anecdotes are circulating like how X or Y was taken in custody because of a bible found in her suitcase at the airport or because of small jewel cross worn under the duty uniform or also how the religious police uses to patrol an Indian neighbourhood on Christmas eve, trying to find houses where carol songs could be heard, etc. Some of these stories may be rumours[29],

[29] And very difficult to check since it is almost impossible for a researcher to officially conduct a survey on migration in this country.

but nevertheless this is a clear sign of the frustration that nurses experience by living in this country.

In brief, it is possible to argue that for the nurses at least, there are two different Gulfs. A first one is represented by the Emirates, followed by Koweit, Oman, Bahrain, Qatar which, in that order, are nowadays considered as places where it is rather nice and enviable as Keralese to live a certain time, altogether because of the conditions of work or life and because of the salaries you get there. A second world is Saudi Arabia[30] where you may have to go if that is the only place where you have been able to get a contract when you enter migration, but where life is difficult for the migrants and where you get the lowest salaries. This hierarchy among the potential migration countries in the Gulf is well known in Kerala and there is also a biggest prestige to earn by working in Dubai, the very top place in the Gulf for the Keralese people and more generally for the Indians, than by working in Jeddah or Riyadh. It is thus quite frequent to see young nurses who have got a first contract in Saudi Arabia coming back home as soon as this one ended to look for a contract in another Gulf country if they are still not able to try in the West.

Conclusion

After two generations of migration, Keralese nurses have now enough experience to know what they can expect by leaving their country in order to work in the Gulf. They know that they will have to pay a price as mother, but considering the Gulf as a first step for a further migration to the West, they also see more advantages than possible griefs in taking that path. As women, to become a nurse, in order to migrate, is a way to secure more easily their aspiration to live as a nuclear family without the social and familial pressure that exists back home. By “nuclear family”, they mean of course to stay with husband and children only, but also -what is more- to save as much as possible of the financial incomes for the couple needs and for the future of the children (a goal that young men are not so far to share). This more individualistic approach of life may be source of tensions since, like all the migrants, they are supposed to contribute to the large family prosperity. The fact is that, in order to become nurse and in order to pay for the first migration expanses, young women need the help of their own family. However by contributing largely to save themselves for their dowry, they feel in a certain way like not being in debt anymore. Whereas, when it comes to the in-laws, things

[30] Yemen has more or less the same reputation than Saudi Arabia as the Keralese consider it like a poor country where salaries are very low.

are more difficult to negotiate since the latter are often needed during the first years of a nurse's migration especially to take care of the children: it is indeed an obvious acknowledgment of the large family necessity. The "remuneration" of this service (with the affective aspects this service recovers) and the debt it induces certainly make problem to most of the migrant nurses and that is also why the Western opportunity seems so attractive to them.

Yet the West is still more difficult to reach and Gulf, if not perfect, is nevertheless synonymous of a better familial and social status. Moreover, the evolutions which have taken place in the Gulf countries these last two decades -with most importantly the emergence of a sort of a Keralese diaspora like in Dubai, Abu Dhabi, Muscat or Koweit City- have totally changed the life of the migrant nurses: from a very austere way of living it used be (enclosed in the hospitals' compound), it has most often become a metropolitan one corresponding much more to the aspirations of the middle-class young Keralese women. Gulf is not anymore seen as a hard and painful task but as a rather nice passage to a best future.

Some scholars (cf. for instance Gulati, 1993) argue that male migration already gives way to more agency for the wives living back home; it can nevertheless be checked out that migration of women themselves, at least when they are qualified, induces a stronger evolution in the social and familial structure, an evolution radical enough to make it difficult for the women to actually readjust to their own country. Nurses' migration can't be thus considered anymore as a temporary migration but as a lifetime process. The Gulf line has been the opportunity for the Keralese nurses to define new aspirations; it still plays a key role in their today's strategies and should play it for a long time since Gulf has become the first place of the Keralese diaspora.

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