## Contents

List of tables vi-xii  
List of figures xiii  
Abbreviations xiv  
Acknowledgement xv-xvii

**CHAPTER 1**  
**INTRODUCTION** 1-59  

Section 1  

An Overview 1  
1.1 Definition, Meaning, Form, Type, Stream and reason of migration 4  
1.1.1 Definition 4  
1.1.2 Meaning 4  
1.1.3 Forms of migration 4  
1.1.4 Types of Migration 5  
1.1.5 Stream of Migration 6  
1.1.6 Reasons of migration 6  
1.1.6.1 Migrants and their migration networks 16  
1.1.7 Rationale of the study selecting Ganjam district of Odisha 19

Section 2  

Methods and Materials 23  
1.2.1 Research design 23  
1.2.2 Sampling methodology 25  
1.2.2.1 Sample Size 25  
1.2.2.2 Sample distribution 26  
1.2.2.3 Secondary data Sources 31  
1.2.2.4 Statistical methods 31
1.2.2.4.1 Wealth Index (WI) 32
1.2.2.4.2 Standard of Living Index (SLI) 35
1.2.2.5 Data Analysis 36
1.2.3. About Ganjam District 36
1.2.3.1 Social, economic and demographic profile of the district 37
1.2.3.2 Health status of the Ganjam district 42
1.2.4 Sample Profile 46
1.2.4.1 Respondents profile 46
1.2.4.2.1 Household Composition 47
1.2.4.2.2 Household Characteristics 49
1.2.2.5 Research Questions 54
1.2.2.6 Objectives of the study 55
1.2.2.7 Hypotheses 55
1.2.2.8 Conceptual framework 56
1.2.2.9 Details of chapters 58
1.2.2.9.1 Limitation of the study 59

CHAPTER 2

REVIEW OF LITERATURE 64-118

2.0 Introduction 60
2.1 History of Indian migration 60
2.2 Gender migration in India 63
2.3 Level, trend and pattern of internal migration 65
2.4 Migration in context of Odisha and Ganjam district 74
2.5 Impact of Migration on Economic Development 78
2.5.1 Brighter side of migration 81
2.5.1.1 Economic impact of migration 83
2.5.1.2 Impact of migration on demographic 90
2.5.1.3 Social Impact of migration 92
2.5.2 Negative Impact of Migration 98
2.5.2.1 Effect of Migration on Health 98
2.5.2.2 Effect of Migration on Economic 100
2.5.2.3 Effect of Migration on Social practices 102
2.6 Impact of migrants’ remittance on health care 110
2.7 Impact of income on access to health care and health status 112
2.8 Pattern of public and private health expenditure in India and Odisha 115

CHAPTER 3
FLOW AND DETERMINANTS OF MIGRANTS’ REMITTANCES 119-151
3.0 Introduction 119
3.1 Background of migration process and an overview of the migrant households 120
3.2 Pattern and differential of migrant and non-migrant households 126
3.3 Reason for migration and flow of remittances 133
3.4 Determinants of migrants’ remittances 146
3.5 Conclusion 150

CHAPTER 4
HEALTH KNOWLEDGE INFORMATION AND HEALTH CARE EXPENDITURE 152-187
4.0 Introduction 152
4.1 Level of health knowledge and awareness 153
4.1.1 Health Knowledge and awareness by household status 153
4.1.2 Access to the media and institution 162
4.1.3 Decision-making and women empowerment  
4.2 Pattern and differential of health care expenditure  
4.3 Summary and conclusion

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>CHILD HEALTH STATUS AND CHILD WELL-BEING (CWB)</td>
<td>188-236</td>
</tr>
<tr>
<td>5.0</td>
<td>Introduction</td>
<td>188</td>
</tr>
<tr>
<td>5.1</td>
<td>Differential of health status</td>
<td>189</td>
</tr>
<tr>
<td>5.2</td>
<td>Difference of child health status</td>
<td>201</td>
</tr>
<tr>
<td>5.2.1</td>
<td>Difference of child health status by various diseases</td>
<td>202</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Socio-economic differential of health status of children</td>
<td>205</td>
</tr>
<tr>
<td>5.3</td>
<td>Child Well being</td>
<td>211</td>
</tr>
<tr>
<td>5.3.1</td>
<td>Health wellbeing</td>
<td>213</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Social wellbeing</td>
<td>214</td>
</tr>
<tr>
<td>5.3.3</td>
<td>Physical well-being</td>
<td>216</td>
</tr>
<tr>
<td>5.3.4</td>
<td>Overall well being index</td>
<td>217</td>
</tr>
<tr>
<td>5.4</td>
<td>Child Nutrition</td>
<td>219</td>
</tr>
<tr>
<td>5.5</td>
<td>Child mortality</td>
<td>228</td>
</tr>
<tr>
<td>5.6</td>
<td>Conclusion</td>
<td>234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>SUMMARY and CONCLUSION</td>
<td>237-250</td>
</tr>
<tr>
<td>6.0</td>
<td>Introduction</td>
<td>237</td>
</tr>
<tr>
<td>6.1</td>
<td>Exiting Health Policy pertaining to child health</td>
<td>237</td>
</tr>
<tr>
<td>6.1.1</td>
<td>Initiatives in international level</td>
<td>238</td>
</tr>
<tr>
<td>6.1.1.1</td>
<td>Millennium Development Goals (MDG)</td>
<td>238</td>
</tr>
<tr>
<td>6.1.2</td>
<td>Initiatives in national level</td>
<td>238</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>6.1.2.1</td>
<td>National Population Policy-2000</td>
<td>238</td>
</tr>
<tr>
<td>6.1.2.2</td>
<td>National Health Policy-2002</td>
<td>239</td>
</tr>
<tr>
<td>6.1.2.3</td>
<td>National Rural Health Mission-2005</td>
<td>239</td>
</tr>
<tr>
<td>6.1.3</td>
<td>Initiatives at Odisha State level</td>
<td>240</td>
</tr>
<tr>
<td>6.1.3.1</td>
<td>Health Vision 2010 pertinent to child health status</td>
<td>240</td>
</tr>
<tr>
<td>6.1.3.2</td>
<td>State Integrated Health Policy 2002</td>
<td>240</td>
</tr>
<tr>
<td>6.2</td>
<td>Summary findings of the study</td>
<td>241</td>
</tr>
<tr>
<td>6.3</td>
<td>Testing of hypothesis</td>
<td>246</td>
</tr>
<tr>
<td>6.4</td>
<td>Conclusion and Policy Implication</td>
<td>247</td>
</tr>
</tbody>
</table>

**************
List of tables

Table 1.7.1: Selected socio economic and health indicators of Odisha vis-à-vis India 19
Table 1.2.1: Overview of the research design 24
Table 1.2.2.1: An overview of quantitative sample overview 30
Table 1.2.2.2: An overview of qualitative sample overview 30
Table 1.2.3.1: General profile of the Ganjam district 37
Table 1.2.3.2.1: Population growth sex ratio and urbanization 38
Table 1.2.3.2.2: Literacy and Schedule caste and Tribe population 39
Table 1.2.3.2.3: Occupational distribution Land utilization pattern and land-man ratio 39
Table 1.2.3.2.4: Social and economic indicators of the district 40
Table 1.2.3.3.1: Some selected women health indicators of Ganjam district 42
Table 1.2.3.3.2: Some selected child health indicators of Ganjam district 43
Table 1.3.3.3: Health Knowledge and Health Information 44
Table 1.2.3.4: Programme level indicators 45
Table 1.2.4.2.1: Percentage of population by broad age group 47
Table 1.2.4.2.1: Social group-wise distribution of study population 48
Table 1.2.4.2.2: Educational and marital status of study population 49
Table 1.2.4.2.1: Household Characteristics 49
Table 2.3.1: Level and trend of internal migration in India 1971-2001 by sex 68
Table 2.3.2: Growth of internal migrants by sex in India, 1971-2001 69
Table 2.3.3: Migration rates per thousand populations by sex and residence based on various National Sample Survey (NSS) rounds (1983 to 2000) 69
Table 2.3.4: Percentage distribution of migrants of each sex by migration streams India, 1981-2001 70
Table 2.3.5: Distribution of migrants by reasons for migration in India for 1991 & 2001 Census 71
Table 2.3.6: Distribution of migrants by reasons and streams in percent 72
Table 2.3.7: Percentage of migration in Odisha by sex, NSS rounds 1983-1993 74
Table 2.8.1: Public and private expenditure on health in India
and Odisha, 2001-2002

Table 2.8.2: Different component wise percent of out of pocket expenditure public in rural India and Odisha for in-patient care  

Table 2.8.3: Different component wise percent of out of pocket expenditure private in rural India and Odisha for outpatient care  

Table 3.1.1: Age group-wise classification of age at migration  
Table 3.1.2: Duration of migration  
Table 3.1.3: Percentage of migrants’ age at migration by duration  
Table 3.1.4: Migrants marital status at the age of migration  
Table 3.1.5: Age group wise educational status of migrants  
Table 3.1.6: Migrants social caste distribution by age group  
Table 3.1.7: Age group wise migration by household possession of land in percent  
Table 3.1.8: Percentage of migration in age group wise by household member  
Table 3.2.1: Social caste wise distribution of household  
Table 3.2.2: Structure of house by migration status  
Table 3.2.3: Percent of migrant and non-migrant household possession of BPL/APL/Annapurna/Antodaya cards  
Table 3.2.4: Percentage of the household having health insurance  
Table 3.2.5: Percentage of the household by Standard of Living Index (SLI)  
Table 3.2.6: Percentage of household by wealth quintile  
Table 3.2.7: Household possession of different assets by migration status in percent  
Table 3.2.8: Percentage of household increases possession of assets in last three years  
Table 3.2.9: Percentage of household possession of assets by standard of living index  
Table 3.2.10: Possession of assets in last three years preceding the survey by their standard of living index in percent  
Table 3.3.1: Reasons for migration  
Table 3.3.2: Age group-wise reason for migration  
Table 3.3.3: Destination places of migration among rural Odisha migrants  
Table 3.3.4: Accompanying at the time of migration  
Table 3.3.5: Migrants work status at destination
Table 3.3.6:  Age group-wise migrants work status at destination  137
Table 3.3.7:  Approximate monthly income earning, spending for consumption purpose and remitting to origin  138
Table 3.3.8:  Average approximate monthly income earning by migrants at destination by age group-wise age at migration  139
Table 3.3.9:  Monthly income remitting by migrants to their home by age group  139
Table 3.3.10: Monthly income spending by age groups  140
Table 3.3.11:  Average monthly income earning and remitting  141
Table 3.3.12: Average monthly income earning by duration of migration  141
Table 3.3.13: Monthly income earning by duration of migration in broad age group  142
Table 3.3.14:  Average monthly remitting by duration of migration  142
Table 3.3.15:  Average monthly remitting by duration of migration in broad age group  143
Table 3.3.16: Household received amount of remittance in last year  143
Table 3.3.17: Last year received remittance by duration of migration  144
Table 3.3.18: Household previous year received remittance by broad age group in percent  145
Table 3.3.19: Reason for sending of money to home  145
Table 3.3.20: Means of sending money  146
Table 3.4:  Ordinary least square regression results  148
Table 4.1.1: Percentage of the household having toilet facility by migrant status  153
Table 4.1.2: Percentage of the household treating drinking water by migration status  154
Table 4.1.3: Percentage of household have toilet, using toilet soaps, treating drinking water and had diarrhoea by household migration status  155
Table 4.1.4: Knowledge and awareness about HIV/AIDS transmission by household migration status  156
Table 4.1.5: Knowledge and awareness about HIV/AIDS transmission and its prevent by household migration status  157
Table 4.1.6: Knowledge and awareness about women health issues by household migration status  159
Table 4.1.7: Knowledge and awareness about contraceptive use and perception on side effects by household migration status  160
Table 4.1.8: Knowledge and awareness about general health and health status through preventive measure by household migration status

Table 4.2.1: Percentage of household has access to media and institution by migration

Table 4.2.2: Percentage of household member often access to different sources of media

Table 4.2.3: Percentage of household have different type of saving accounts

Table 4.2.4: Sources of loans by household migration status

Table 4.2.5: Percentage of debt household by migration status

Table 4.1.3.1: Decision making in household-by-household migration status

Table 4.1.3.2: Women empowerment by household migration status

Table 4.2.1: Pattern of monthly household health expenditure by household status

Table 4.2.2: Social caste wise monthly household health expenditure

Table 4.2.3: Monthly household health expenditure by social caste and household migration status

Table 4.2.4: Monthly household expenditure by household possession of BPL/APL/ Annrapurna and antodaya yojann card

Table 4.2.5: Percentage of BPL/APL household monthly health expenditure by migration status

Table 4.2.6: Monthly household health expenditure by standard of living

Table 4.2.7: Percent of household monthly health expenditure in standard of living by migrant and non migrant status

Table 4.2.8: Monthly household health expenditure and any of disease in adult members in household migration status

Table 4.2.9: Monthly household health expenditure and any of disease in children by household migration status

Table 4.2.10: Monthly health expenditure by age group wise age at migration

Table 4.2.11: Monthly health expenditure by monthly earning at destination by migrants

Table 4.2.12: Household monthly health expenditure by received remittances

Table 4.2.13: Percentage of adult member suffered from at least one disease household by monthly health expenditure and amount monthly remittances

Table 4.2.14: Children suffered from at least one disease by household monthly health and received remittances in percent
Table 4.2.15: Pattern of consumption of nutritional food such as milk, pulses and dark leafy by household migration status 179
Table 4.2.16: Pattern of consumption of nutritional food such as fruits, eggs and meats by household migration status 180
Table 4.2.17: Percentage of adult members suffered from any disease by monthly migrants’ remittances among migrants’ household by pattern of nutritional food intake 180
Table 4.2.18: Percentage of children suffered from any disease in migrants’ household by pattern nutritional food intake pattern (Health Expenditure) 181
Table 4.2.19: Percentage of children had suffered from any diseases in migrants’ remittances by pattern of nutritional food intake and standard of living index 182
Table 4.2.20: Result of logistic regression 184
Table 5.1.1: Percentage of population had fever in last two weeks prior to the survey 189
Table 5.1.2: Percentage of population had cough in last two weeks prior to the survey 190
Table 5.1.3: Diarrhoea in last two weeks prior to the survey by migration status in percent 191
Table 5.1.4: Percentage of population had Tuberculosis in last six months prior to the survey 192
Table 5.1.5: Percentage of population had at least one disease in study area 193
Table 5.1.6: Percentage of population had at least one disease by wealth quintile 193
Table 5.1.7: Logistic regression results 195
Table 5.1.8: Percentage of population consult or take advice from any health personal for at least one disease 198
Table 5.1.9: Consult or take advice from any health personal and pay money for above health problems 198
Table 5.1.10: Sources of health care for above health problems 198
Table 5.1.11: Percentage of household members have any health insurance by household standard of living index 199
Table 5.1.12: Self reported rated health status of able bodied adult household members 200
Table 5.2.1.1: Percentage of children had health problems 202
Table 5.2.1.2: Percentage of household had consulted or take advice from health personnel for any health problems of their children 203
Table 5.2.1.3: Component wise health care expenditure for above health problems by household migration status 204
Table 5.2.2.1: Percentage of child suffered from any disease by wealth quintile 205
Table 5.2.2.2: Percentage of child suffered from any disease by social caste 206
Table 5.2.2.3: Percentage of children had diarrhoea and administrate any supplementary foods 206
Table 5.2.3: Logistic regression results 209
Table 5.3.1: Mother/eligible women rated health status of the children 213
Table 5.3.2: Percentage of children missed school days due to health problem 214
Table 5.3.2.1: Mother rated children’s educational performance 214
Table 5.3.2.2: Mother rated children’s child memory power 215
Table 5.3.2.3: Percentage of children on various social wellbeing indicators 216
Table 5.3.3.1: Percentage of children in various physical wellbeing indicators 216
Table 5.3.4.1: Over all child well-being indexes (CWI) 217
Table 5.3.4.2: Over all child well being index by household migration status 218
Table 5.3.4.3: Over all child well being index by household wealth quintile 218
Table 5.4.1: Percentage of children under weight by age of months 220
Table 5.4.2: Age group wise percent of children under weight by type of household 221
Table 5.4.3: Percentage of children underweight by wealth quintile 221
Table 5.4.4: Percentage of children underweight in wealth quintile by household migration 222
Table 5.4.5: Percentage of children under weight by social caste 223
Table 5.4.6: Percentage of children mal-nourished in social caste by household migration 223
Table 5.4.7: Percentage of children underweight by household monthly expenditure 224
Table 5.4.8: Percentage of children underweight in household monthly expenditure in household migration status 224
Table 5.4.9: Percentage of children underweight by household nutritional food intake 225
Table 5.4.10: Percentage of children underweight in nutritional food intake by migration status 225
Table 5.4.11: Percentage of underweight children suffered from any diseases by nutritional food intake 226
Table 5.4.12: Percentage of underweight children suffered from any diseases in food intake by household migration status 226
Table 5.4.13: Percentage of underweight children suffered from any diseases
in food intake by household monthly migrants’ remittance status 227

Table 5.5.1: Percentage of household have died children (0-5) in last year 228
Table 5.5.2: Percentage of household have died children (0-5) in last year by gender 229
Table 5.5.3: Percentage of household have died children (0-5) in last year by age group 229
Table 5.5.4: Percentage of household have children died (0-5) in last year by age group in both sexes in household migration status 229
Table 5.5.5: Probit regression 233
List of Figures

Figure 1.2.4.1.1: Gender distribution of respondent 46
Figure 1.2.4.1.2: Broad age group-wise distribution of respondent 48
Figure 1.2.4.1.3: Sex wise distribution of study population 51
Figure 1.2.4.1.4: Percent of sample household by migrant status 52
Figure 1.2.4.1.5: Percent of household have BPL/APL/Antodaya/Annranpurna card 53
Figure 1.2.4.1.6: Sample population distribution by wealth quintile 53
Figure 1.2.4.1.7: Household distribution by Standard of Living Index (SLI) 54
Figure 1.2.2.8: Conceptual framework 57

Bibliography 251
Appendix I 270
Appendix II 274
Appendix III 290
**Abbreviation**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HDR</td>
<td>Human Development Report</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>MDA</td>
<td>Migration Defining Areas</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NHA</td>
<td>National Health Account</td>
</tr>
<tr>
<td>NHP</td>
<td>National Health Policy</td>
</tr>
<tr>
<td>NPP</td>
<td>National Population Policy</td>
</tr>
<tr>
<td>NREGA</td>
<td>National Rural Employment Guarantee Act</td>
</tr>
<tr>
<td>NRHM</td>
<td>National Rural Health Mission</td>
</tr>
<tr>
<td>PoB</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>STI</td>
<td>Sexual Transmission Infection</td>
</tr>
<tr>
<td>UNDESA</td>
<td>United Nations Department of Economic and Social Affairs</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENT

It is my pleasure to express immense gratitude to my guide Dr. S. N. Tripathy, Professor of Economics, Gokhale Institute of Politics and Economics (GIPE), Pune for his continuous guidance, constant inspiration, support, and encouragement, which has led to the completion of this thesis successfully and in time. Even amidst of his busy schedule, the amount of time he has spent with me to introduce me with the finer nuances of the subject and the different insights of the topic. In due course of time he has brought different aspects of the issue into through discussions that simply unbelievable in sharpening my skills. Really, I do not have words to express my gratefulness to him.

I wish to express my gratitude to Prof. Rajesh Pachuare, acting Director and Co-ordinator, Ph.D. programme at GIPE, to provide this opportunity. Thanks are deserving to my co-guide, Dr. Nagarajan, Associate Professor of the Institute, for his continuous support, constant inspiration and encouragement at all levels during these periods. I am equally indebted to my teacher for his valuable suggestions and guidance throughout my research work. I also extend thanks to the faculty members of the institute especially, to Mr. Ganesh. I do extend my thanks to Mrs. Kher and Mrs. Chandrachuda, in-chager of Ph.D. section of the institute for their kind support during the course work.

I also express my sincere thanks to Prof. Arup Maharatna, head of the Population Research Center (PRC) of the institute. His constant inspiration,
valuable suggestions and inimitable inputs during the early phases of my research work improved my research skills on the issue.

I would like to thank all the library staffs, particularly to Dr. Rath, Chief Documentation Officer and Mr. Jadav, Documentation Officer of the institute and Mr. Despande, the Librarian of the same institute for their unconditional support particularly, in searching the related literature at the institute.

I will be failing my duty, if I don’t express my thanks to all my seniors and fellow classmate of the International Institute for Population Sciences (IIPS), Institute for Social and Economic Change (ISEC), Bangalore and IIT, Roorkee especially, to Manas Ranjan Pradhan, who were always there with helping hands, for boosting moral and academic support at each step during the study. My thanks are also due to my friends Mr. Sangram Panigrahi and Mr. Varun Sharma at GIPE, Pune for their unrestricted and unconditional support during my research work. I would like to thank all the family members of the INDEPTH NETWORK (www.indepthnetwork.org) particularly, Dr. Osman Sanko and Dr. Ayaga Bwaha, the Executive Director and Principal Research Associate respectively at the INDEPTH NETWORK, Accra, Ghana for their continued support for the successful completion of this work. Further, I would like to thank all staffs of Health Demographic Surveillance System (HDSS), Vadu, Rural Health Programme (VRHP) - a division of KEM Hospital Research Center (KEMHRC), Pune, for their support during the preparation of the work.
I would like to thank my teachers who were outside the campus of GIPE, but has always been a source of inspiration, as a mentor, to pursue this work on time. To name a few, Dr. Aditya Kumar Patra, faculty of Economics of Kalinga Mahavidyalaya, a constituent college under Berhampur University, Dr. Murtunjaya Mishra, faculty of Economics at Banaras Hindu University and Dr. Sanjay Kumar Mohanty, faculty of Fertility & Nuptialility at IIPS, Mumbai. Finally, I would like to thank Shri Lokanath Bisoyi, my primary school teacher, for his kind words of inspiration and encouragement to complete this work. Special thanks to Mr. Sudam Panigraphi and Ajay Kumar Jena for their continued support in the collection of primary data from the field.

Last but not the least, I would like to express my deep gratitude to my parents and relatives; particularly, my elder brother, Mr. Nilachala Acharya who has also been a constant source of support and inspiration. His love, affection and blessings inspired me to complete this work on time.

Place: Pune

Date: 04/12/ 2012阿拉伯inda Acharya