PERCEPTIONS OF MIGRATION AND ETHNIC MARGINALISATION: A COMPARATIVE STUDY OF INDIAN AND WHITE SOUTH AFRICAN MEDICAL GRADUATES

BY

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A DISSERTATION SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (PhD) IN ANTHROPOLOGY

COLLEGE OF HUMANITIES

SCHOOL OF SOCIAL SCIENCES

AUGUST 2022

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DECLARATION

I, Soomaya Khan declare that this PhD dissertation entitled: Perceptions of migration and ethnic marginalisation: A comparative study of Indian and White South African medical graduates, is my original and independent research. It has not been previously submitted for a degree at any other university. All sources have been duly acknowledged.

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ACKNOWLEDGEMENTS

A sincere thanks and appreciation to my supervisor Professor Anand Singh for his guidance. My appreciation and gratitude to Dr Joseph Rudigi Rukema for his time, effort, patience and encouragement. I carry forth the knowledge and skills that you have imparted to me.

This study would have not been possible without the support of my parents Zikierer and Ayesha Bibi Khan, including my sister Dr. Aneesah Khan for their relentless support and constant encouragement.

To Dr. Kathryn Pillay, I am blessed to have had your support and valuable advice during some critical moments of this dissertation. A sincere appreciation to Mrs. Rovashni Chetty for her encouragement and motivation.

A humble thanks and special gratitude to Prof. Nirmala Gopal for the National Research Funding which assisted me towards the completion of this study.

Last but not least, a humble and heartfelt thank you to my participants. I am grateful for your time and space in contributing towards this research.

ABSTRACT

This study examines the perceptions of migration among a sample of potential South African Indian and White medical graduate migrants in Durban, South Africa. The perceptions of migration among South African medical graduates to more developed nations were assessed in terms of the push and pull factors, their perceptions about themselves as South Africans and the impact that decision to migrate will have for their respective households. Aspects that constitute the core of this research include a) perceptions about migration, b) who will migrate and c) how decision-making occurs. The study highlighted the manner in which potential transnational movement in the contemporary period is likely to impact on respective families and households. The study further investigated the role of violence and affirmative action policies in the decision to migrate and its likely impact on households. It also explores the challenges and opportunities that potential migrants may encounter on making a decision to migrate.

Central to this project was the notion of how medical graduates are influenced by a myriad of social and economic forces. The high rate of people leaving the country implied that South Africa is basically exporting human capital. Statistics in this study bear witness to the prevalence of the growing number of South African medical graduates abroad. Both Migration Theory and the Family Systems Theory were appropriate frameworks within which the study findings were contextualized. The former encapsulates why potential Indian and White medical graduate migrants desire to leave and how the decision to migrate is made, while the tenets of the latter is

challenged to show that family structure need not be altered due to the age of globalisation which is associated with new forms of technology that permits for emotional bonds to be maintained despite geographical dispersion. The study is anthropological in nature and therefore aims to capture and highlight the complexities of the perceptions of migration through the use of in-depth interviews and focus group discussions which made it possible to acquire a wealth of data. The exploratory goal of the study aims to illustrate that South African Indian and White medical graduates are of the perception that leaving South Africa and going abroad will provide better opportunities for themselves and their careers. The findings of this study reveal that their reasons for wanting to migrate among the Indian and white participants include the following push factors which are poor working conditions, job dissatisfaction, low remuneration, long working hours, lack of resources, crime and challenges facing the South African economy. Most of the participants are keeping their options about seeking employment outside South Africa and will consider the common wealth countries and developed nations as the host country. Participants of the Indian descent are of the opinion that migration will impact on families and households and that the family plays a crucial role in the decision-making process. Participants of the White descent believe that migration will not affect the family structure and migration for them is mostly influenced by friends and families who have already migrated. Due to the nuclear family system and high levels of individualism amongst the white participants the decision-making process does not include their families.

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CHAPTER 1

An overview of migration: South African medical graduates

1.1 Introduction

This study deals with the need to problematize perceptions of migration and ethnic marginalisation among South African Indian and White medical graduates. Its purpose will be to demonstrate an articulation between individual households and racial identity, factors that are still very prevalent and deterministic in accessibility to tertiary education such as medical school, employment, and ascendancy to seniority in their field. The migration of medical personnel from South Africa has a varying and turgid history, often dictated to by prevailing political conditions. For instance, a 1975 study of the emigration of (Wits) Medical School alumni who graduated between 1925 and 1972, found that 83.6% of graduates practiced medicine in South Africa. In 1998, a follow-up investigation into the whereabouts of (Wits) medical school graduates revealed that approximately 45% of physicians who graduated after 1975 were located abroad, with the majority being in the United States of America and Commonwealth countries such as the United Kingdom UK, Canada, Australia, and New Zealand (Bezuidenhout et.al, 2009). According to one estimate around 40% medical graduates will leave South Africa at some point (Beeld, 5 February 2004). According to Econex (Competition and Applied Economics), South Africa has a shortage of medical doctors. whereas South Africa had 60 doctors per 100, 000 citizens in 2013, the world average as 152 doctors per 100 000 citizens in the same year. The reasons for this is that large inequalities in the distribution of resources between the public and private sector, as well as between rural and urban areas exacerbate the shortage. The loss of medical graduates is a serious problem and is in part the

reason why the state has increased the time that medical graduates have to spend doing their internship and community service. Push factors that drive outward migration include low remuneration, poor working and living conditions, high burdens of HIV and high cost of living and Black Economic Empowerment policies. Pull factors that draw inward migration to higher income destination countries generally include better living and working conditions, career development opportunities and promise of safety and security for the family.

This research project on medical graduates in contemporary South Africa is viewed against the background of the socio-economic conditions in South Africa. The hypothesis is that against issues such as endemic crime and affirmative action (especially in favour of Africans), it is likely that White, Indian and Coloured graduates in the health profession, including auxiliary services such as physiotherapy, speech therapy and audiology, radiography, optometry, and nursing, are keeping their options open about seeking employment overseas abroad. The reason for the focusing on White and Indian graduates emanates from the popular media and community perception that with the rise of African nationalism options are limited for people who are not African.

This study examined why those who intend to emigrate want to do so. This is not to deny that African medical graduates are also leaving the country. The reason that they will not be part of this investigation is that the key component of the hypothesis, affirmative action does not apply to African people. Coloureds are excluded only because of demographics, they constitute a very small percentage of the population of KwaZulu- Natal (being based mainly in the Cape) and it will be difficult to find a sample that can be meaningful extrapolated nationally. The issues of crime and

affirmative action have been raised in several studies. A study conducted by Arnold (2005) among South African born doctors practicing in Australia migrants have included Afrikaans-speaking people and 'people of colour' (Indians and Coloureds) who have cited crime as an important factor for their departure. A South African Institute of Race Relations (SAIRR) survey, conducted by Frans Cronje (2006), pointed specifically to crime and affirmative action as resulting in almost one million Whites leaving the country between 1995 and 2005[1]. Multiple motivating factors validated the emigration, namely to the South African political climate and violent crime. Statistics South Africa, (2018) released finding from the victim's survey (VOCS) 2017 and 2018 which was conducted between April 2017 and March 2018. Household crime occurrences in 2017 and 2018 accounted for an estimated 1.5 million incidences, an increase at 5% compared to the previous year.

A cursory reading of ethic newspapers (particularly the 'Letters to the Editor' section) such as *Post, Tribune Herald and Sunday Times Extra,* and call-in programmes on Radio Lotus point to a widespread feeling among Indians that children of "non-African" groups do not have equal opportunities for employment due to the preference of "Africans" first. Although the Employment Equity Act (1996) includes Indians as beneficiaries of affirmative action, there is a perception that this is not case in practice. Many within these minority groups feel marginalised because preference is given to race over capability and qualifications when it comes to employment.

[1] SAIRR (South African Institute of Race relations) – October, 2006

While there is emigration among professionals of all racial backgrounds, this study focuses on the perceptions of migration among White and Indian medical graduates for reasons outlined above. Perceptions are significant in determining attitudes, motives and responses to political and socio-economic situations and can influence collective behavior and impact upon policy. The extension of the period of internship and community service, as pointed out, is an example of this. As far as Indian and White medical graduates are concerned, they could be emigrating for a host of reasons, such as higher pay, better working conditions, desire to travel, fear of contracting HIV/AIDS, and so on, and not necessarily because of affirmative action and violence. This study seeks to establish, in the first instance, the extent of the desire to emigrate among medical graduates, and, secondly, the main reasons for this, and to determine indeed whether violence and affirmative action are the primary reasons or other factors are more important. Central to this is the issue of how migration may impact upon conventional household norms and expectations in a rapidly changing world.

1.2 Problem Statement, outline of the research, key questions and justification of the study

My interest in this topic arose while engaging with several final year medical students on a separate issue. They almost unanimously expressed concern about their 'future' in South Africa because of the unprecedented levels of violence and restrictions on places to specialize or 'get ahead' in the workplace because of perceived affirmative action policies, and were thinking about emigrating after doing their community service. This piqued my interest to research whether, and why South African medical graduates appear to be considering emigration. Early investigations suggested that South Africa is suffering from a brain-drain because of the number of people in the medical field.

According to the Southern African Migration Project (SAMP) (2009), South Africa had 27 551 doctors locally and 7 363 abroad in 2000 (almost 20%). The figure is likely even higher today. A recent survey of Health care Professionals in South Africa found that 38% of all medical staff would consider leaving the country if the National Health Insurance (NHI) Plans were fully rolled out (Business Tech, 2021).

There are perceptions that are closely related to this is the notion of the family or household, particularly among Indians where it is valorized. Unravelling of family, as gathered from discussion with elderly Indians, is among the factors for increasing levels of poverty and higher rates of divorce. Conversely, there has also been a perception that family does not hold the same centrality for White (English –speaking) South Africans, with their children leaving home at an earlier age or even going abroad. Given this, this study also examined whether this is indeed the case of how transnational movement in the contemporary period is impacting of these respective families.

Emigration of the South African medical graduates is a cause for concern for the South African government. An International Labor Organization (Geneva) revealed that the South African government has voiced concern about the skills it was losing to Western countries as a result of rigorous recruitment (Ferreira and Carbonattol, 2020). The then Minister of health, Manto Tshabalala Msimang urged the UK to stop poaching nurses and medical doctors from South Africa. She warned that the government may have to introduce legislation to alter large scale recruitment initiatives (Bhorat et.al, 2002). This raises the question of what impact migration has on identity,

family and household responsibilities, commitment to the national interest in South Africa, and longer-term aspirations as potential/budding family persons (how they make their choice and form their networks). This research investigated the social cost of this brain-drain at an individual level as well as at a household level.

The literature on this subject is sparse. In fact, there are very few anthropological studies of medical practitioners leaving South Africa to work in developed countries and certainly none that taken into account the impact on the household. Van Rooyen lists eight categories of qualified personnel leaving the country. Aside from being dated, the study does not focus upon qualitative research at the level that this study would engage, and he merely restricts himself to a mention of medical practitioners, which he lists as 2% of professionals wanting to emigrate (Van Rooyen, 2000: 37). A literature search has failed to locate in-depth qualitative anthropological studies on South African medical graduates who want to migrate / have migrated, and how transnationalism is impacting upon household, family and community relationships. This anthropological study of migration among South African medical graduates aims to fill this lacuna. It can be perceived that international migration has increased in scale and speed, with diverse groups of people involved. One of the debates in the literature is whether the exodus of South African trained doctors is counter balanced by in-migration.

South Africa is seen as a popular destination for people from other African countries because it is considered a 'rich country' with the most prosperous economy in Africa. The Dean of the University of Cape Town Medical School, Professor J P Van Niekerk, noted as early as 1995 "that

better salaries and working conditions attract many doctors from other African countries to South Africa. We are a great danger to the rest of Africa in that many African doctors are desperately keen to come here" (1995: 310). In similar vein, a study on the emigration of medical doctors from Zimbabwe to South Africa revealed that this was because South Africa presented them better opportunities to both specialize and improve their quality of life (Chikanda, 2010: 135). In contrast to van Niekerk and Chikanda, Vujicic (2004) argues that South Africa is often not a final destination for African medical graduates but a "holding ground" for health care professionals whose longer-term intention is to migrate to Canada, the UK and U.S.A. In South Africa work experience is viewed favorably by these countries and, thus improves these migrants' chances of being offered employment there and becoming twice migrants. The position taken in this dissertation is different in exploring the role of violence and affirmative action policies in the decision to migrate, and is likely to impact on households.

There is a wide body of research on health professionals' migration internationally which reveals that people migrate from developing countries to places such as the United Arab Emirates (UAE), U.K, U.S.A, Canada and Germany in order to further their careers and improve their economic situation. One study found that Pakistan contributed about 13,000 medical graduates to the US, UK, Canada and Australia. With the endemic problems of law and order in Pakistan, many doctors are eager to leave for a 'better life' abroad (Mullan, 2005). According to Hagopian *et al* (1994), the systematic movement of doctors began in the 1950's and, 1960's as a post-colonial phenomenon common to India, Sri Lanka and Pakistan. Most relocated to the U.K, Canada and U.S.A and more recently to the Gulf countries. Nursing professionals, in contrast began their

journey mostly to the Middle East but have currently shifted attention to the U.K, U.S.A and Australia (Adkoli, 2006).

With regard to South Africa, Bezuidenhout *et.al* (2009), attribute migration to dissatisfaction with remuneration package, high levels of crime and violence, political instability, and lack of future prospects (affirmative action). Ryan (2011) noted that high crime rates, human rights violations, political persecution, wars, and economic collapse forced many Africans to leave their countries for greener pastures. Pull factors included economic reasons, job security, easy access to communication technology, and the promise of better education for children (Ryan, 2011). Arnold *et.al* (2010) show that of the 653 South African doctors living in Australia, 93% had emigrated because of a desire to leave South Africa (push factors) rather than pull factors emanating from Australia. The major factor for those who emigrated before 1990 was their opposition to apartheid, while those emigrating after 1990 blamed crime and safety issues.

This dissertation is extremely important and relevant given the international significance of this phenomenon and its consequences for South Africa in particular. If the intention of the South African government is to prevent the loss of medical graduates from South Africa, a society where we read daily lamentations about the collapse of the health system and need for healthcare, the reasons why medical graduates desire to migrate needs to be clearly understood so that interventionist measures can be introduced to remedy the situation and reduce the likelihood of future medical graduates emigrating. For example, in the Free State Province the major overall

public health system challenges involved the fragmentation of services, staff shortages and financial or cash flow problems (Malakoane, 2020).

1.3 Research problems and objectives: Key questions of the study

There is a perception that the South African medical system is presently under crisis and the perceptions exists that the state no longer has the political will or ability to positively transform service delivery in the health sector. Coupled with this is a perception among many South Africans that the country is heading for an implosion with uncontrolled immigration, high levels of crime and violence, and ongoing service deliver protests (Rensburg, 2021). This is the background against which young medical graduates choose whether to remain or leave the country. This study will investigate this by addressing the following questions:

- Are medical graduates seriously considering emigrating, as suggested in popular discourse and the few existing studies?
- If they wish to work abroad, what are the main factors driving this. What specific challenges have they experienced? How do doctors think they will experience working / living in other countries and what is the source of such perceptions?
- In the context of family relations, how do they think their decision to migrate might impact upon their household?

Each of the questions above is open-ended and served to delve deeper into issues that emerge as these responses are collated and assessed, keeping in line with the tradition of qualitative research.

1.4 Contextualizing Migration: An overview of South Africa

With the end of apartheid and the current socio-economic conditions in South Africa, many countries abroad have attracted and prompted a number of South African medical graduates to emigrate. As with many developing countries, South Africa faces an enormous drain of human resources with the emigration of professionals. While the loss of health professionals is problematic, that of medical graduates is particularly serious given the parlous state of the country's health system (Ndwadiuko, 2021). The demand for graduates from South African universities can be taken as a complement to the quality of education and training in this country. Grant (2006) argues that the demand for doctors from South Africa has been attributed to the high quality and standard of medical education. However, this is unsustainable given the huge cost to the state to train professionals. It has been estimated that the total monetary loss by developing countries due to losing healthcare workers they have trained equals approximately US$500 million annually" (Bezuidenhout et.al, 2009: 212). It is a problem if the state does not get a return on its investment. The first broad question is whether and what can / should be done to recoup the financial losses. Does the government have the right to prohibit systematic international recruitment of its professionals, given the debilitating impact of this practice? Conversely, is the South African government not being hypocritical in bemoaning the loss of its professionals while being a net importer of professionals and academics from the rest of Africa? A second set of questions focuses specifically on perceptions of crime and affirmative action among South Africans. This is a very contentious issue and getting to the heart of these questions will provide important pointers on how government can address these concerns. These are two very different issues. While attempts are being made to address crime and the issue is very complex, affirmative action is different and concerns around this can be addressed through policy interventions. This

research will also explore how migration changes / alters the family structure and how decisions to migrate are made. One study revealed that each emigrating doctor brought along about four or five other people and many of the movements were planned and executed, rather than nuclear, family level (Arnold, 2011). Related to this are questions of how the destination is chosen.

The Commonwealth countries such as the UK, Canada, Australia and New Zealand have relatively strong economies, strong currencies and political stability. Is this a determining factor or is the higher wages in some Middle Eastern countries the main attraction? Choosing the host destination, as well as family relations, longer-term relations is imperative within the broader objectives of this study. Families often have to invest substantial resources in allowing their children to attend tertiary institutions and perhaps have expectations of 'repayment' and how is this negotiated.

1.5 Conclusion

This chapter focused on the role of social relations of migration and how migration can alter the individual, households and communities socio-economic contexts within which subsequent migration decisions are made. This study provides an understanding of why South African medical graduates want to migrate and the tendency behind outward migration and what facilitates their decision to migrate and its impact on household relations. This study views the migratory process with regards to the role families play in decision making and hence, fits into the larger framework of studies around issues of migration and transnationalism. Even though medical graduates from South Africa may emigrate, family ties can still be maintained through the respondent that characterizes the age of globalisation Therefore in the context of family relations, the decision to

migrate in certain instances may not be is not an individualistic one, instead families play a crucial role in the decision-making process. The following chapter will outline the methodological approach, which will focus upon the fieldwork methods and a discussion on the theoretical perspectives that will shape and determine the nature of this dissertation.

CHAPTER TWO

Research Methodology and Theoretical Perspective

2.1 Introduction

Research method involves a systematic way of collecting and analyzing information to increase our understanding of the phenomenon under study. Rajasekar (2006) defines research methods as the procedures by which researchers go about their work of describing, explaining and predicting phenomena. Slesinger and Stephenson in the Encyclopedia of Social Sciences (1930) define research as the manipulation of variables, concepts or symbols for the purpose of generalizing to extend, correct or verify knowledge, whether that aids in construction of theory or in practice of art. It is in this context that methods employed during this research became fundamental in achieving the goals of this study.

The methodological approach adapted in this thesis is more qualitatively orientated which enabled the researcher to extract rich data. Various techniques and methods were used to obtain data from key respondents and informants. It discusses the qualitative methods and its related techniques that were used in obtaining and gathering the data for the study. This chapter illustrates the research design, the location of the study, the research procedures, fieldwork experience that was conducted across four government hospitals in Durban and ethical issues. These approaches was used to analyse the data obtained from the participants of this study. This research aimed at investigating the perceptions of migration among young Indian and White South African medical graduates who were doing their internship and community service at government hospitals in Durban as well as

final year health science students at the University of KwaZulu-Natal on the Westville campus and Nursing students on the Howard College campus. It can be argued that perceptions of migration among South African Medical graduates to more developed nations can be assessed in terms of such push factors, which are likely to impact on how they re–imagine their identities and the impact that their decision will have upon their households.

2.2 Setting the pace for enquiry

The proposal of this study was approved by the Higher Degrees Committee at the University of KwaZulu Natal in 2011 for this PhD thesis in Anthropology in the School of Social Sciences. This study is a product of the fieldwork that was carried out between February 2012 and August 2012. There is a growing concern about the migration of skilled health professionals in South Africa. International migration is a dynamic and fast-growing phenomenon, not only characterized by an increase in scale and speed but also by diverse groups of people. In view of this, the main objective of the inquiry was thus to establish, in the first instance, the extent of the desire to emigrate among medical graduates and what are their main reasons for this. Furthermore, this research seeks to determine indeed whether violence and affirmative action are the primary reasons or other factors are more important. There has also been a perception that the family does not hold the same centrality for white (English–speaking) South Africans, with their children leaving home at an earlier age or even going abroad. Given this, the study tests whether the case of transnational movement in the contemporary period is impacting on these respective families. The position taken in this thesis was to explore the role of violence and affirmative action policies in the decision to migrate, and is how it impact on households. According to the Commission Report (2001) Black

Economic Empowerment as “an integrated and coherent political process. It is located within the context of the country’s nation transformation and it is aimed at changing the imbalances of the past by seeking to substantially transfer and confer ownership, management and control of South Africa’s financial and economic resources to the majority of the citizens. It seeks to ensure broader and meaningful participation in the economy by black people to achieve sustainable development and prosperity.” Black Economic empowerment was a programme launched by the South African government to redress the inequalities of apartheid by giving the previously disadvantaged race groups certain privileges that was not available to them. After the transition period in 1994, the African National Congress redirected the redistribution of assets and opportunities that were needed to resolve economic disparities created by apartheid policies which had favoured white business owners. Affirmative action was intended to promote the opportunities of defined groups within society. However, the Employment Equity Act of 1998 is a prime example, obliging employers to implement Affirmative Action to ensure equal representation of designated groups. This thesis is extremely important and relevant given the international significance of this phenomenon and its consequences for South Africa, a society in which we read daily about the health system and the need for healthcare. The reason why medical graduates desire to migrate needs to be clearly understood so that interventionist measures can be introduced to remedy the situation and reduce the likelihood for future medical graduates emigrating.

After my proposal was approved in November 2011 by the Faculty Higher degrees committee, it took a month trying to meet people and acquainting those relevant people with my area of research which focuses upon migration of young South African medical graduates who are currently undertaking their internships and community services. A medical intern is a physician in training

who has completed medical school, but does not have the full license to practice medicine unsupervised. Interns rotate through training blocks of approximately four months in various disciplines of the hospital in which the internship is undertaken. After the internship doctors face another year of community service and only once this training is complete may they register to practice medicine in South Africa. Fieldwork is a highly personal experience that encompasses procedures with individual capabilities and situational variation. Field research or fieldwork is the hallmark of anthropological studies. According to Maurya (2006) argues that a researcher has to approach the people without preconceived notions about various institutions he or she has to study and that anthropological field research usually demands a high degree of personal involvement by the researcher. Firstly, I had made the relevant contact with the Head of the Department of Health Research unit that is situated in Pietermaritzburg. After making the initial contact, I had to send my proposal with the research instrument including my ethical clearance which had to also undergo an ethics committee at the Provincial Department of Health in which they had reviewed my proposal. I had to wait a period of approximately three to four weeks before I could get an approval letter and permission to conduct this study at four government hospitals in Durban. These included R. K. Khan Hospital, King Edward Hospital, Inkosi Albert Luthuli Hospital and Addington Hospital.

The KwaZulu–Natal Department of Health allowed me access to them provided that my research does not interfere with their smooth running and that all the hospitals receives a copy of my research on completion. I then made the necessary arrangement with the identified hospitals before commencing with my observations and interviewing. As a point of entry, I met with the necessary stakeholders at each hospital showing them the letter that I had been granted permission from the

Department of Health to conduct research which focuses upon the potential migration among Indian and White medical graduates. The Chief Executive Officers (CEO) at each of the hospitals were very accommodating and had given me an office in which the in-depth interviews were conducted. Each sister of each ward from maternity, obstetrics, medical outpatient, surgical, outpatient and pediatrics were very welcoming towards myself and introduced me to the various Indian and White medical graduates that were doing their internships and community service. I was told to come to the hospitals by 8.30am on the relevant days that I needed to conduct my interviews. While being present at the hospitals staff misunderstood as they thought I was a patient and sometimes told me that I need to go and follow the queue. I often had to explain my presence until I became a familiar face to the staff. Each Head of Department at each hospital introduced me to their interns and those that were doing their community service all participants of this study were happy to participate and they were eager to narrate their experiences to me. This helped to position myself within a critical framework because objectivity as a researcher forms an integral process of generating information from my participants for this study. Government hospitals serve a large population of the poor people and what I noticed was that the ratios of staff to patients were not equal. I sometimes would have to wait until the interns were available and sometimes while doing the interview we will get disturbed as they were needed in the emergency room. Above all, I was able to extract the information from the interviewees and it was worthwhile waiting for the participants as they provided me with rich, valuable and relevant information that the researcher needed for this study.

This study also included the use of focus groups with final year Health Science students at the University of KwaZulu–Natal on the Westville campus with nursing students and on the Howard

college campus. This was a long process as the necessary arrangements had to be made with the Head of Department at the School of Health Sciences on the Westville campus. I contacted her telephonically and explained my reasons for wanting to make an appointment. A meeting had been set up the following day as I was asked to bring all the relevant documentation. My proposal was then sent to the Higher Degrees Committee for the Health Sciences. I subsequently received a letter of approval allowing gatekeeper's permission to conduct focus group sessions with the relevant students. Each Head of Department in the Health Sciences were aware about the research and these Heads of Department appeared enthusiastic about my research topic. Together with the Heads of Department each administrator had helped to set up the times and venues in which the focus group discussions took place. One of the challenges I faced with the final year health science students was that they go out to hospitals to do practical's two to three times a week. Therefore, meetings had to be scheduled with these students after hours at the Westville campus or during their lecture periods in which some lecturers allowed me to use their lecture times. For the discipline of Dentistry, I had to go to King George Hospital in which dentistry students undertake their practical's at this hospital. Each focus group took approximately an hour to an hour and a half in the boardrooms of each discipline. Every student that participated was given an informed consent form to sign in which participation was voluntary. I personally conducted all sixteen focus groups and all Indian and White students willingly participated in the discussion. The focus groups proved to be very interesting with active participation from young Indian and White Health Science students. Though the fieldwork period was always full of some anxious moments, tensions, and apprehensions but somehow everything went on quite well in each field site.

2.3 Background of the research sites

The research setting refers to the place were data were collected. In this study, data was collected from four government hospitals in the eThekwini area in Durban, KwaZulu–Natal. The four hospitals included, R. K Khan Hospital Addington Hospital, Inkosi Albert Luthuli Hospital and King Edward Hospital.

The R.K Khan Hospital is situated in Chatsworth; Durban which was part of the creation of the apartheid government's policy of Group Areas and was established in the 1960's to cater for thousands of people of Indian origin. Chatsworth is predominantly an Indian growing population accompanied with many different Indian cultures. This hospital was named after the late advocate Rahim Karim Khan. However, this hospital has grown from being a minor district hospital to one of the major hospitals in the eThekwini district. This hospital serves the large population of Chatsworth and its surrounding areas, including among others, Merebank, Wentworth, Isipingo, and Marianhill. While being present during my fieldwork at this hospital I observed that religious groups like the Sri Sathya Sai Organisation and Tea for Africa have worked closely with this hospital in undertaking projects in assisting the large groupings of poor people that attend this hospital. These organizations would come to the hospital every morning and give out hampers, sandwiches to the patients who wait in long queues in the Out – Patient Section of the hospital. While waiting for my respondents I spoke to numerous patients at the outpatient and dispensary unit of the hospital and what I noticed was that patients wait hours for medication and sometimes are requested to return the following day. Therefore, the R.K Khan Hospital is also involved in

making use of community facilities and organizations to dispense medication to patients thereby improving patient waiting times.

Addington Hospital was designed for the white population only during apartheid. This hospital is situated on the Esplanade of Durban and the name Addington originates from that of the late BWH Addison, the first Superintendent of the hospital in 1878. With the demise of apartheid in 1994 this hospital now serves people of all race groups. While conducting my fieldwork at this hospital, there was a high level of corruption that was taking place. This information was given to me by the participants of my study during my interviews as they did not feel inclined to work at Addington Hospital and therefore were wanting to migrate if the opportunity arose. Several of the participants mentioned that many of the problems circulated around the cancellation of surgeries, shortage of equipment to do certain procedures and shortage of medication. During the interviews the participants of Addington Hospital had mentioned that they would consider to migrate because first world countries are much better to practice as a doctor since there are resources available and job satisfaction will be guaranteed. While conducting my fieldwork at Addington Hospital, during January 2012, fifteen staff members, including senior officials were suspended. This is also public knowledge because it appeared in the press.

King Edward VIII first opened in 1936 for the sole use of Black people. This hospital draws on a rich heritage from both the Zulu and British Royal families. It was the first Government Hospital that trained nurses for the Council Certificate in South Africa. This hospital seemed the busiest hospital during my fieldwork with large number of patients and casualty wards always being

hectic. I observed that many of the medical graduates who were currently doing their internship and community service were placed in casualty and trauma due to the large number of people and the ratio of staff to patients was not equal. During my interviews with the participants of this hospital many of them argued that they were working under extreme pressure and they demonstrated high levels of frustration as there were not enough senior staff that could assist them and sometimes would have to take decisions on their own. These participants expressed that the health care sector in South Africa is deteriorating and if they have to further develop their careers they would want to go abroad so they could specialize in their areas of interest.

The Inkosi Albert Luthuli Hospital is a referral hospital that opened after 1994. It is one of the most technologically sophisticated hospitals with having the best resources in terms of medical facilities South Africa. Inkosi Luthuli was a political stalwart for the oppressed people in South Africa and obtained a Nobel Peace Prize in 1960. The hospital Luthuli is situated in Cator Manor- an area where thousands of people were victims of ruthless forced removals by the apartheid regime. Cator Manor became recognized when the Africans came to settle during the 1920's and rented land from Indian landlords who were there since the early 20th century. All participants interviewed in this hospital mentioned that they were comfortable doing their internships and community service as there are resources and equipment that is always available to them in dealing with patients and that it was not over-crowded like R.K Khan Hospital, Addington Hospital and King Edward Hospital. They demonstrated levels of job satisfaction at this hospital but if they had opportunities to migrate they would because of perceived better salaries, better working conditions and unstable political environment.

2.4 Research design

Research design is a plan that outlines the elements of the research and how they are related to each other. It is an overall framework, which consists of research questions, the data needed to answer the question, the methods to be used in collecting the relevant data, and the analytical techniques used in order to allow the data to answer the question (Activist Guide to Research and Advocacy, 2003: 15). The key purpose of this research has been to explore the perceptions and attitudes of migration among young South African medical graduates. Polit and Hungler (1999: 155) describe the research design as a blueprint or outline for conducting the study in such a way that maximum control will be exercised over factors that could interfere with the validity of the research results. Burn and Grove (2001: 203) state that designing a study helps researchers to plan and implement the study in a way that will help them obtain the intended results thus increasing the chances of obtaining information that could be associated with the real association. This study used the qualitative research methodology. Methodology refers to the practical ways through which knowledge about social phenomena is investigated and analyzed. Methodologies are concerned with the specific ways, the methods that can be used to try and create meaning and understand our world better. (Henning, 2004).

Research design articulates what data is required, what methods are going to be used to collect and analyse this data, and how all this answer the research questions. Both data and methods are essential in which the research project is configured in connecting the conceptual research problems. Consequently, the qualitative approach was used as the primary methods of data collection. Qualitative research seeks an in-depth investigation of knowledge (Crix, 2004: 119). Qualitative researchers "seek to a mass of information from their studies with a view of discerning pattern trends and relationships between key variables (Crix, 2004: 120). Alan Bryman defines

qualitative research as a "research strategy that usually emphasizes words rather than the quantification in the collection and analysis of data" (Bryman, 2004: 266). Qualitative research is concerned with understanding the processes and the social and the cultural contexts which shape various behavioral patterns. It strives to give a coherent story as it is seen through the eyes of those who are part of a story, to understand and represent their experiences and actions as they encounter, engage and live through a situation. (Claire Wagner, Barnard Kawalich, Mark Corner, 2012). This method is relevant to the study because it allowed the researcher to generate a wealth of descriptive data. The qualitative approach is integral to anthropological research which has its goal in understanding the nature of phenomena and explaining human behavior (Dewalt & Dewalt, 2002) and does not rely on numerical strength only for data analysis. The qualitative method makes it possible for the provision of different perceptions and attitudes of young South African medical graduates as this facilitates a platform in which the participants of this study could explain and describe their feelings and experiences which are the key objectives of this study. Through the use of qualitative research, the participants were able to raise the issue of how migration impacts on identity, family and household responsibilities, commitment to the national interest in South Africa, and longer-term aspirations as potential/budding family persons (how they make their choice and form their networks). This research investigated the social cost of this brain-drain at an individual level as well as at a household level.

The qualitative method allows for questions such as how, why, when, who and what to be asked. Such questions play an incremental role when researching people's perceptions and attitudes (Activist Guide to Research & Advocacy, 2003). Thus, the qualitative method is relevant to this study because it provided a comprehensive reflection of how Indian and White medical graduates

think and feel about migrating and how migration may impact upon their household. The qualitative methods is important in this study because it seeks to establish, in the first instance the extent and desire to emigrate among medical graduates, the main reasons for migration and to determine indeed whether violence and affirmative action are the primary reasons or other factors are more important. Such reflections are hindered by statistics, which are generated through the use of quantitative methods alone. Qualitative research is a broad approach in social research that is aimed at understanding and explaining human behavior (Activist Guide to research and Advocacy, 2003). Therefore, as part of the qualitative methodology it becomes important in this study because central to the issue of migration is how migration may impact on conventional household norms and changing family patterns. A strength of qualitative research is that it provides a richness and descriptions of the data and therefore I became the instrument through which data was collected, analyzed and interpreted (Wagner *et.al*, 2012: 126-127). This study also includes final year students from the Health Science Faculty, in order to explore their perceptions and attitudes towards ethnic marginalisation and its tendency to cause people to consider migration.

2.5 Sample Population and Sample Selection

Polit and Hungler (1999: 43, 232) defines a population as the totality of all subjects that conform to a set of expectations compromising to the entire group of persons that is of interest to the researcher and to whom the research results can be generalized. Lo Biondo–Wood and Haber (1998: 250) describe a sample as a portion or a subset of the research population selected to participate in a study, representing the research population. The key purpose of this research is to explore the perceptions and attitudes of South African Indian and White medical graduates who

feel inclined to work overseas. The reason that African medical graduates will not be part of this investigation is that the key component of the hypothesis, that is affirmative action, does not apply to them.

A total sample size of 200 participants was selected in this study, out of which forty in – depth interviews were conducted, ten from each hospital. Sixteen focus groups which consisted of 10 participants from the health sciences were conducted, which provided the sample size of 160. This sample selection assisted in answering questions to the push and pull factors, and what can influence their decision to migrate if at all. To obtain research participants stratified and purposive sampling was carried out in this study. Probability sampling strategies was used in this study. Probability sampling involves a random process in which everyone in the population has an equal independent chance of being included in the sample. This implies that the researcher had access to the whole population and then randomly selects the number needed to make up the sample (Wagner *et.al*, 2012: 89). The probability sampling strategy was relevant to this study because the selection of the participants was non-systematic and random.

Stratified sampling is when the researcher divides the population into groups and randomly selects sub-samples from each group. This sampling assures representation of all groups in which the sample characteristics of each stratum can be estimated, enabling comparisons to be made (Activist Guide to Research and Advocacy, 2006: 60). The advantage of stratified sampling is that a smaller sample can be used, since all the sub-populations will be included in the sample regardless of the sample size (Wagner *et.al*, 2012: 91). Purposive sampling falls under non-probability sampling.

Even though non-probability samples tend to be more cost – effective and convenient, the probability of any individual subjected to be included in the sample cannot be calculated, in fact some would have no chance at all (Huysamen, 1993). Howell (2004) suggests that researchers eliminate sources of bias as far as possible. Huysamen (1993) argues that non-probability sampling is however, equally useful in qualitative studies. Purposive sampling occurs when the researcher selects the units with some purpose in mind (Activist Guide to Research and Advocacy, 2003: 58). This type of sampling best suites this study because it gave the researcher the opportunity to get a representation of Indian and White South African Medical Graduates who to migrate. The advantage of purposive sampling is that I relied on my own experience to find participants in such a manner that they could be considered to be representative of the population and therefore the researcher used selection criteria to identify the most suitable individuals.

2.6 The Interview Method

Interviews are the most commonly employed method to collect information from people. Interviews are also seen as an effective method in what people believe, how they think and how they feel about certain issues. According to the Research Activist Guide (2007: 73) "interviews refers to any person-to- person interaction between two or more individuals with a specific purpose in mind". However, a semi–structured interview was utilized in this study. A semi–structured interview is where "pre-determined questions are put to the interviewee in a specific order and the responses are logged either by recording electronically or by note – taking" (Crix, 2007: 124). The advantage for conducting a semi-structured interview for this study, was that the researcher was able to clear up any misunderstandings of particular questions during the interview process. The

semi-structured interview is that it combines a set of pre – determined questions to enable the interviewer to explore further particular themes and responses. A semi-structured interview consists of a "clear set of issues to be addressed and questions to be answered" (Babbie *et.al*, 2006: 176). This method was useful to the study as it prompted my participants to engage in a deep conversation and they were comfortable in expressing themselves about them wanting to migrate and why they would choose a particular host country. The disadvantage of a semi- structured interview is that it is time consuming and time allocated to the interview can take more than the time one expects. (Huysamen, 1998). Consequently, the semi – structured interview was appropriate because it allowed for a free and open dialogue with the participants and it also provided a unique opportunity for the myself and was able to acquire in-depth information about Indian and White medical graduates attitudes and perceptions of migration and how they perceive South Africa after the demise of apartheid in terms of Black Economic Empowerment and Affirmative action.

The participants in this study paved the way for an open conversation and they expressed freely their desire to migrate, the challenges they experience during their internship and community service at the government hospitals in Durban and what the South African government can do retain Indian and White medical graduates. Through this process I was able to gather rich, valuable data. Although the questions were open-ended, and served to delve into issues as responses were collected and assessed, thus keeping in line with the tradition of qualitative research. The semi-structured interview with the participants began with a set of questions, but it allowed for a greater degree of flexibility for myself to add additional questions based on the participants responses. Thus, this approach facilitated an active-laden and limitation discussion between the researcher

and the participants. The interview schedule was principally used with a set of inter – related questions asked in the same order to all respondents. For example, I asked my participants why would they want to migrate, do they think that socio-economic conditions in South Africa will influence their decision to migrate, how does migration impact on family structure and the challenges that Indian and White medical graduates experience at the hospitals in which they are undertaking their internship and community service. The questions were asked in a set order which brought about specificity and focus to this study. This served as a catalyst to gain knowledge about why Indian and White medical graduates want to migrate from South Africa and the push and pull factors that influences them in making a decision in choosing the host country.

All forty in-depth interviews were tape recorded and all the interviews took approximately between forty-five minutes to an hour respectively as these questions were based on a semi-structured interview schedule and open-ended questions. The questions aimed to acquire data on why would they want to migrate, where would they want to migrate to, would they want to settle permanently or return to South Africa and what factors would influence medical graduates to return or not. All interviews were transcribed by myself. Verbatim transcriptions of the interview data have become a common strategy for data management. Verbatim transcriptions are considered in research as an integral part of analyzing and interpreting verbal data (Halcomb and Davidson, 2006). The reason why a verbatim transcription was important in this study was that it allowed me to fully capture the entire conversation with the participants. However, the verbatim transcriptions helped me as I personally transcribed all the interviews and this assisted me to analyse and draw upon common themes and patterns that merged from the data. Although transcribing can be time–consuming it was however a useful approach for myself since it allowed for the abstraction of all necessary data.

2.7 Focus Groups

The focus group methodology operates on the assumption that by collecting and gathering people together creates a meaningful understanding for both myself as the researcher and my participants. Nielsen (1994) argues that the focus group discussion is free flowing and relatively unstructured, but in reality, the facilitator must follow a preplanned script of specific issues and set goals for the type of information to be gathered. I personally conducted all sixteen focus groups by myself. All the focus groups consisted of Indian males and females and White males and females final year health science students in the disciplines of nursing, physiotherapy, pharmacy, occupational therapy, speech therapy and audiology, sport science and optometry at the University of Kwa-Zulu Natal. The venues for each focus group took place in the boardrooms of each discipline. However, nursing is the only Health Science discipline that is situated on the Howard College Campus. During the focus group sessions, I played the role of the facilitator by asking questions and tape–recording the responses. This kind of interaction allowed the respondents to engage in a flowing group conversation and interaction. At the beginning of each focus group I clarified the purpose of gathering the students together and informing them why the focus group needs to be conducted. At the beginning of each focus group every student was given an informed consent form to sign in which anonymity and confidentiality was guaranteed in this study. Each student voluntarily participated and signed the consent form. A separate set of questions was administered during the focus group discussion for the final year health science students. Each focus group took an hour in which the participants provided constructive information that proved to be valuable to my study. The questions were asked in an interactive group setting where the participants were free to talk with other group members. “Group discussion produces data and insights that would

be less accessible without interaction found in a group setting, listening to others verbalized experiences stimulates memories, ideas, and experiences in participants" (Lindolf and Taylor, 2002: 182).

Focus Group interviewing is generally based on epistemological (what makes up knowledge, assumptions that see knowledge as constructed in a situation through social interaction (Activist Guide to research and Advocacy, 2003: 71). The reason for using focus groups in this study is that it helped to generate knowledge which focused upon their experiences as health sciences students and their future in South Africa. The focus group itself served as a valuable tool to conscientise people and hence is frequently used in research. Through the use of focus groups, it encouraged debate to my study as the focus groups formed an integral part of the procedure as the participants engaged in discussion with myself and each other. Unexpected comments and new perspectives can be explored easily within the focus groups and adds value to the study (Wagner *et.al*, 2012). Through the use of focus groups, I explored why health science students in contemporary South Africa feel inclined to work abroad. The working hypothesis is that against issues such as endemic crime and affirmative action (especially in favour of Africans), it is likely that White, Indian and Coloured graduates in the health profession, including auxiliary services such as physiotherapy, speech therapy and audiology, radiography, optometry, and nursing, are keeping their options open about seeking employment overseas. Through the focus groups Health Science students were able to bring out spontaneous reactions and ideas about how they view job opportunities in South Africa, especially after 1994. As the facilitator of the focus group I had to keep the discussion on track which allowed for the participants opinions, thoughts, beliefs, attitudes and views to be expressed about them wanting to migrate.

2.8 Ethical Considerations

Since research involves a great deal of cooperation and coordination among many different people in different disciplines and institutions, ethical standards promote the values that are essential to collaborative work such as trust, accountability, mutual respect and fairness (David and Resnik, nd). Ethics issues in qualitative research are often more subtle than issues in survey and experimental research. These issues are related to the characteristics of qualitative or field methodology which includes close personal involvement through interviewing and focus groups. As part of the preparation of this study, ethical clearance was sought from the University's Research Office. Issues including informed consent, clearance of the research instruments, the anonymity of sources together with the undertaking not to use names in this research. Participation was voluntarily and the participants of this study were not coerced into participating in this research. Closely related to the notion of voluntarily participation is the requirement of informed consent.

According to (Wagner *et.al*, 2012) "the guiding principle of informed consent is an individual's personal right to agree (or not) to participate in a research study after fully understanding the total research process and consequences. All my participants for this study agreed to participate in which each participant signed the informed consent form in which anonymity and confidentiality was guaranteed in this research. Anonymity means "that the researcher does not know the identities of the participants, and confidentiality means that the researcher knows, but will not tell (Patton, 2002). Fombad (2005) states that "the concept of confidentiality presupposes a relationship of intimacy or trust between two or more persons in whom private or secret information is shared on

the understanding that this information will not be repeated to an unauthorized person or persons". I assured the participants of this study that the information they share is held in extreme confidence and that the results presented will hide the identity of the participants. Therefore, during the in-depth interviews and focus groups the participants expressed themselves freely even though sensitive questions had been asked by the researcher

Essentially this means that the prospective participants were fully informed about the procedures and risks involved in research and they had given their consent to participate in this study on migration. The principle of respect for human dignity becomes an underlying principle in which Polit and Hungler (1993: 134) stipulate that the right to self-determination and to full disclosure is important. However, in this study the participant's rights to self-determination were honoured because respondents could decide independently, without coercion, whether or not to participate in the study. Participants also had the right not to answer any questions that caused discomfort, to disclose or not to disclose personal information and participants also asked for clarification about any aspect that caused some uncertainty.

2.9 Theoretical Perspective

The theoretical framework of this study will focus upon the theory of migration and the Family Systems Theory. The theory of migration encompasses the neo-classical model, new economics theory, the network theory and the dual-labour market theory. **The neo-classical model** views migration as a result of cost benefit analysis carried out at the individual level. (Sjaastad, 1962, Todaro, 1969, Harris and Todaro, 1970). According to this theory, potential migrants compare

differential income and cost of migrating and move if the decision produces a positive net value. For the Neo-classical approach migration is driven by income differentials between different countries and by the cost of moving, which is considered separately by each individual given their particular characteristics. According to the **"new economics of migration"** (Stark and Bloom, 1985, Stark 1991) the migration decision becomes a joint household decision, in which both the remaining household members and the migrant share the costs and returns to migration in which case migration is part of a larger household economic strategy. This theory argues that sending family members to work abroad where wages and employment conditions are largely independent of local economic conditions is a form of insurance against the deterioration of the latter. Although family and households send family members to work abroad to improve their income, this theory also argues that an increase in income is relative to other households in a reference group is also important. Both the neoclassical economic theory and the new economics of migration assume that migration is the result of rational choice made by individuals or families. (Maresova, 1999).

2.9.1 The Network theory of migration focuses on the role of social relations in the migration decision (Boyd, 1989) while the theory argues that each instance of migration alters the individual, households and communities socio-economic contexts within which subsequent migration decisions are made. (Massey et.al, 1993). This theory further asserts that other household members, relatives, friends or other members of the community may influence the individual and household decision to migrate. These migrant networks, which develop overtime are often viewed as a form of social capital which influence the migration decision by increasing expected return and reducing costs and risks associated with migration. (Massey et.al, 1994). These theories are important in the conceptualization of South African medical graduates' decision to migrate.

According to the **dual labour market theory**, international migration can be seen because of the demand of foreign labor which is linked to the economic structure of the more developed countries. This theory purports that wages do not only reflect conditions of supply and demand but they also confer status and prestige. (Zlothnik, 1998). This study will be premised upon these theories because it will provide an understanding of why South African medical graduates want to migrate and the tendency behind outward migration and what facilitates their decision to migrate and its impact on household relations.

2.9.2 The Family Systems theory is a body of knowledge that has arisen from psychological observations and was introduced by Dr. Murray Brown. This theory asserts that individuals cannot be understood in isolation from one another, but rather as a part of their family, because the family is an emotional unit[2]. Although the Family Systems theory has an inherent tendency to suggest that a unit refers to a confined space, however, in the context of globalisation and transnationalism, a system does not necessarily have to be within a confined space. The family is in a constant state of change as members may enter while others may leave. Despite this fluidity, family relations and ties, across time and space are still maintained. This is made possible through an array of tele-communications such as cell phones, email, internet chat rooms, live chatting through web cameras, among other kinds of communication. Important information is passed through these channels and although people may move across borders, the family still influences behavior, thought, and decision making which relates to family value systems. The family acts as a primary agent of socialization and despite family members being transnational, they still continue to hold

[2] http://www.genopro.com/genogram/family-systemstheory

and carry norms and values instilled in them by the family value system. Thus, the family unit is not one that is confined to a particular space.

The reason for choosing the Family Systems Theory is that it directly links to the migratory process with regards to the role families play in decision making and hence, fits into the larger framework of studies around issues of migration and transnationalism. Although the Family Systems theory states that movement of one person may affect the functioning of the entire system, however, migratory movements indicate otherwise in that despite movement across borders, the family is still a functioning unit through contemporary forms of technology. This links to my study because even though medical graduates from South Africa may emigrate, family ties can still be maintained through the respondent that characterize this age of globalization. The absence of particular family members, either on a permanent or temporary basis, will influence family structure, both in destination and origin areas (Hugo, 1987). Chattopadhyay (2000: 29) states that "the family is a social unit within which resources are redistributed and critical decisions are made." Therefore, in the context of family relations, the decision to migrate is not an individualistic one, instead, families play a crucial role in the decision-making process. This manifests in the words of Massey et al (1993: 436): "migration decisions are not made by isolated individual actors, but by larger units of related people typically families and households in which people act collectively not only to maximize expected income, but also to maximize risks and to loosen constraints."

2.10 Conclusion

This chapter details the qualitative methods that was utilized in ascertaining data from the sample population. The interview process consisted formal in–depth interviews with Indian and White medical graduates while the focus groups consisted of final year health science students across all disciplines at the University of KwaZulu - Natal. The chapter has outlined the research design background of the research sites, sample population and sample selection, the interview methods and focus groups and the ethical issues. This chapter further explained the overall plan for connecting the conceptual research problems. The research design articulated the data that was required, what methods were used. Both the data and methods paved the way in which the research methods were configured. However, this is was seen as an effective way in producing answers to the research questions. The following chapter is about South African identity and what the notion of "being South African" Indian means to them. It will discuss the factors that motivate Indian South African medical graduates to migrate. It will further investigate issues around the actual decision to migrate and what influences decisions such as where (preferred choice of destination), how and who will migrate. It will further elaborate on South African Indians who were part of the marginalized masses with minimal opportunities for upward mobility, still appear to feel restricted by endemic crime and affirmative action.

CHAPTER 3

Being South African of Indian descent: The intersection of push and pull factors that impact on migration

3.1 Introduction

This is the first of the analysis chapter. This chapter dedicates attention to South African Indian identity and seeks to understand the meaning/s that South African Indians in South Africa and wanting to migrate. Interviews with them began from medical graduates attach to the notion the premise that the sense of attachment, belonging caring and sharing are vital elements within the Indian family system. Thus, within this context, the sense of attachment and belonging is appropriately perceived as normative to the Indian family. Familial and kinship relations within the Indian context influences identity construction principally through the processes of socialization and enculturation where individuals are taught to subscribe to values and norms that are fundamental to family integrity and identity. South Africans of Indian origin are a heterogeneous community distinguished by different regional origins, languages, social and religious beliefs and practices. Despite this complex variation, one salient factor remains high on the priorities of individuals i.e. commitment to family integrity. The chapter will therefore discuss the issues of migration among Indian medical graduates against the close-knit family values that are apparently characteristic of South African Indian families. It is worth being cognizant noting

at this point that in December-January of annually the Grade 12 results are released, and evidently Indian learners dominate and analysts inevitably attribute this, through the print media, to strong family values and parental responsibility in prioritizing taking care over their children's basic education. Contextually the formation of the Indian medical graduate's identity becomes a salient component when they consider migration. Identity is usually informed by the physical space we live in, the people we interact with as well as the linguistic and cultural groups to which we belong. Peek (2005: 217) aptly describes it as "an individual's sense of self, group, affiliation, structural positions and ascribed and achieved statuses". Therefore, identity maybe defined as a distinctive characteristic belonging to any given individual, or also shared by all members of a particular group. However, "the formation of one's identity occurs through one's identifications with significant others (primarily with parents and other individuals during one's biographical experience, and also with groups as they are perceived" (Saunderson, 2003: 54-61). Also, there exists a link between individual and household identity and the roles of elders in how decisions are made. Raghuram aptly identifies that "postcolonial responsibility for medical migration invokes the desire, of not only the migrants and the places from which they arrive but also how they come to be in particular places and how these places are constituted through their relationship with other places"(Raghuram, 2009: 1).

Various push and pull factors have been attributed to impact on the movement of healthcare professionals (Padarath et al., 2003). These push and pull factors for the migration of medical health graduates are numerous (Burnham et al., 2009). From the data the push factors that were identified by Indian medical graduates as reasons to migrate include:

- low remuneration levels,

- work associated risks including of diseases like HIV/AIDS and TB,
- inadequate human resource planning with consequent unrealistic workloads,
- poor infrastructure and sub-optimal conditions of work, with serious lack of medicines, equipment and adequately trained technicians to provide back-up support.
- political insecurity and feelings of alienation by the African majority,
- excessively high crime, generally poor policing, and the apparent lack of political will to confront it adequately,
- unfairly high taxation levels but no concomitant service delivery,
- repressive political environments
- falling service standards in every conceivable government ministry at local, regional and national levels and
- an overall deterioration in the confidence levels of the broader population in the ruling party's ability to correct the prevalent negativity in the country's future.

The pull factors, included:

- aggressive recruitment by recipient (English speaking) countries,
- improved quality of life made possible by safer living environments,
- study and specialization opportunities that are not race based,
- improved working conditions and

- payment in stronger more stable currencies.

The identification of push and pull factors by the participants was based upon both personal experiences and their perceptions. It became apparent from the sample that the majority either spoke directly about these combined factors or at least alluded to them as real factors, even though they might not have personally experienced them. There is significant resonance with what respondents mentioned and the pervasive media reports and what published research have already established about the reasons for medical practitioners wanting to leave South Africa. According to News 24 (8th May, 2012 an article titled "Healthcare dilemma in South Africa" mentioned that there is a "chronic shortage of qualified doctors and nurses. Currently South African medical staff and other public servants working abroad or outside South Africa would have brought in $ 14 billion annually in revenue towards the South African economy." However, what they have not adequately addressed is the inter-relatedness of the decision to migrate with the roles and responsibilities that medical practitioners have towards their family units. It is in these issues that the sense of belonging, and caring and sharing in family and individual values emerge and converge. It would be important therefore to delve deeper into these issues in trying to understand why and how "identity" affects and influences medical graduates in their decisions to migrate. But there are also those who remain committed and passionate about being "South African" and would not trade either identity or country. The first two responses below confirm such positions.

3.2 Identity: How South African Indian Medical Graduates perceive themselves:

Identity is defined as the identity of a person or group is what it really is, uniquely, in and of itself, in its inner being and without reference to externals (Sökefeld, 2001). Framed within this definition it was apparent that medical graduates of Indian origin varyingly refer to themselves in one of three classificatory ways: 'South Africans', 'Indian South Africans' or 'South African Indians'(Singh, 2008). The participants demonstrated consistency with Singh's (2008) finding that Indians were often emphatic that their identity was either "South African, "south African Indian", or "Indian South African". Two participants remarked that they were Indians and another two felt that they had no identity. Only one refused to answer the question in relation to identity and no reasons were proffered for his denial in identifying himself with any recognized nationality or origin. The two participants who preferred to designate themselves as "South Africans" offered made the following responses:

"I see myself as a South African and I am definitely proudly South African. I love everything about the country, the people, the area; we have beautiful sceneries and natures. The people are the best here; you will never find another group of Indian people like this in KwaZulu-Natal. I am South African. I was born here, I love the country and I am patriotic. Our culture, especially the Indian culture, is more a part of South African culture than the culture in India. If you go to India, they are very different to us. They view us very differently. They say we are very modern Indians and they are different to us. If you look at the foods that we eat, it's not just Indian food, it's our own South African Indian food. They have not eaten food that is as hot as ours and I feel that their flavours are mild. I don't enjoy their food because it's not our food. When you go overseas you tend to miss home food. I feel that our Indian culture in South Africa is purely South African; you

cannot say that we are Indians from India and you would not find it anywhere else around the world. We will feel out of place if you put us back in India because we are not Indian, we are South African. So, I feel I am South African, and would prefer to remain".

"I am very proud of the country and I enjoy the culture here and it's very awesome here. The country is very beautiful so definitely proud, like you say proudly South African so I am happy where I am. I am proudly South African. I mean when Indians that play against each other in cricket, I support South Africa because I mean that's where I was born. My family's quite close to India because my grandfather moved here like recently so I mean we are quite close to India but I still am proudly South African and I like the people and I like the place. South Africa's my country. I was born here, my parents were born here, I don't see my home being anywhere else but South Africa even if I choose to move, I will first and foremost be South African".

The participants above identified themselves as South Africans, their reasons among others ranged from patriotism, domicile, culture, love for the country and placement within the geographical boundaries of South Africa. Domicile is a critical determinant for an individual to identify themselves as South African. In these cases, it was food, family ties, neighbourhood and a sense of belonging to their country of birth that was significant. While others echoed the sentiments of the two above, they were also mindful of the sense of history that connected South Africa to India. They still remained committed to their South African identity, but with the word "Indian" as a suffix to their identities.

"I see my connection to Durban and South Africa as very strong. I was born and raised in Durban so I'm a coastal child. I feel like the weather here just suits me fine, how hot or how cold it is, I see that my South African Indian identity is very much connected to the legacy of apartheid history

in South Africa. The indentured labour system, all of those things contribute to who I know I am and also the things that I have to overcome in terms of my inner demons and in terms of the things that I feel that were racist or sexist about my history and so this is the community I feel most attached to in that way".

"I still consider myself South African Indian. I still have very strong ties with India because from our personal experience, we felt that the Indian government did more for like our family than the South African government because during Apartheid my dad could not study medicine here and the Indian government funded his studies. And if it wasn't for that, we wouldn't be where we are now so I will always be committed to the India more than South Africa, I think. I support India when cricket is being played although I am South African".

From the responses above there is ambivalence about being simply South African. While the first respondent felt that the legacy of indentured labour presented a basis for an inclination towards India, the second was more emphatic because of personal family history during apartheid and the persistence in marginalisation of Indian admission to medical school in post-apartheid South Africa. "In south Africa in an attempt to address the historical inequalities with regard to access, medical schools attempt to select candidates reflecting the demographic profile of the country, and therefore aim to increase the number of black African and Coloured students selected for training" (Lehmann U, Andrews G, Sanders D, 2000). In South Africa equity policies are being stringently applied to reflect national demographics in medical school admissions. India has therefore become one of the obvious choices of affordability to study medicine overseas. In this sense association with India is borne out of sentimentality and a direct benefit that these respondents may derive from that country. Hence "Indian" was good a enough suffix to add to their self-imposed identity

markers. But to another respondent his religious identity was equally important to his ancestral and country-of-birth identification.

"I see myself as a South African Muslim Indian. Well, this is a country I come from, it's my birth right. The Muslim because it's what I believe in and the Indian is how I am physically. I could never say I'm purely South African then I will be ignoring everything else or I couldn't be Muslim. Being South African is very important. I mean if you born and brought up here, your family go back generations, its part of who you are".

From the above religion can be a determinant factor on the question of identity. The participant identified herself as a South African Indian Muslim, a religion she inherited from her family. Vahed's (2000: 63) captures this point with significant accuracy: "Muslims have embraced Islam as the core of identity and is rapidly replacing ethnicity, language, class and regionalism as the basis of personal identity".

Culture was yet another vital factor as mentioned below:

"I am not just a South African; I am an Indian South African which is very different as being South African. We are influenced by all the different cultures, you exposed to all the different cultures, and it is a very, very diverse nation. Your tolerance has to be high obviously and you have to be open to new ideas definitely".

The multicultural South African Identity as captured above is perceived as impacting on levels of tolerance and being optimistically embracing of opportunities etc.

Two of the participants specifically recognized themselves as Indian. The following extracts eludes to the reasons why they viewed themselves as such.

"Sadly, I have been raised in a sickening part of apartheid so you should consider yourself as an Indian. There's very little association with South Africa and sad enough people still talk about White, Indian and Black. We don't talk of South African. You not applying as a South African or non-South African citizen, you are applying as a White, Indian, Coloured or a Black for jobs. So unfortunately, that racial divide is still there habituated by the way in which the country is being run. The younger generation who have been born and going to multi-racial schools, there's no real difference between White, Black, Coloured or Indian child, they grow up with a better South African identity".

"I am South African, but I think I have a lot more Indianess in me than I had because it was maybe because it was before the Apartheid era. I am getting old now so virtually in that time, having grown up I knew Indian languages, we went to Indian schools and we were brought up so I mean we have a lot more Indian culture in us than the present generation does. We were really isolated from the rest of the different communities than this place like the Whites, the Blacks or the Coloureds; everybody was segregated. I think I am a lot more Indian than I am and I think as I am getting older I am becoming more Indian but I think that goes with age for anybody. I mean you do experiment when you are younger, I mean you become westernized but as you get older you become more into the culture in the way you were brought up as a child".

"I just see myself as being a part of a community and I don't really think of myself in the holistic structure of the country".

From the responses, three reasons become evident. First, they demonstrate the after effects that apartheid had on many who grew up during that era. Their identities were conditioned by the

harshness of that ideology, although at least one of them recognizes hope in the mixed schooling that is now a feature of post-apartheid South Africa. However, the emphasis that race still plays in state driven projects and policies persistently impacts upon peoples thinking in terms of categories and segments of people. This "boxed" approach to identity classification has its roots for many in the ways their understanding of "culture" plays out in their minds and individual consciousness. This is the third aspect of this analysis – when they condition their thinking against a background of multi-culturalism then they too adopt the ways of segmented classification. This continues to remain a characteristic of South Africa's multi-ethnic and multi-racial population.

Only the last narrative appears to have transcended the boundedness of this "boxed" thinking, linking itself closely to Thornton's (1996: 151) assertion that "South Africans have multiple identities in multiple contexts; South Africans [also] have multiple identities in common contexts [e.g. political party] and common identities in multiple contexts".

This fragmentation is attributable *inter alia* to their generations, their religions, apartheid, historical origins, patriotism, domicile and the socio-economic classes. Each of these classificatory references is politically loaded, for historical reasons, in that they demonstrate the individuals' affinity or lack of it either to India or to South Africa (Singh, 2008). When a person makes reference to being 'South African', 'Indian South African' or 'South African Indian', they are usually making a statement about how they wish to be seen in the context of their personal beliefs and identity formation (Singh, 2008). These preferred classificatory references are socially constructed in that they are influenced by the personal social infrastructure in which each of the participants are situated in . For example, domicile and the physical presence within the jurisdiction of South Africa apparently seem to be the starting point for the majority of the participants who identify themselves as South African, and for the few their major point of

departure from being a South African is linked to historical origins, apartheid and religion. Embedded political opinions of the participant seem to also influence how each individual identifies himself or herself, in one of the preferred classificatory references. For those South Africans who identified themselves as South African Indian or Indian South African their responses infer that India is still a key referent, but either as a country which has only an abstract existence, which is spoken of, even dreamt of, without ever being visited; or visited but therefore considered only as a whole, since the region of one's ancestors is almost never at the forefront (Landy et al., 2004)

Multiple identities in multi-cultural societies will inevitably prevail when the laws of the land categorize people according to ethnic, religious, racial and linguistic backgrounds for reasons such as those that have prevailed in South Africa for centuries. Generations of minority White privilege has been on its head to make provisions for the majority Black population – now a turgid category because Black once implied all those who were previously disadvantaged under apartheid – including Coloureds and Indians. But its application has now been narrowed to refer specifically to "African" alone, excluding Coloureds and Indians. Extreme poverty among many coupled with other factors have given rise to increased levels of crime in South Africa, especially since employment opportunities for young Africans in the semi-skilled and unskilled sectors appear rather limited. Endemic prevalence of crime has now become widely recognized as a major contributory "push factor" for younger to up and coming professionals in South Africa who are increasingly branding the country's economic and political environment too unsafe for a normal congenial lifestyle.

3.3 Push Factors

3.3.1 Intersecting realties of Crime and Poverty

From the narratives an abysmal socio-economic environment riddled with crime is an aggressive push factor that influences these medical graduates to migrate. Individual socio-economic factors include crime and the sheer fear of it, instability of the political environment, violence, unemployment and robberies. These factors clearly make the quality of life challenging and impact on reasons for migrating. Most of the participants in this study cited that crime was a huge contributory factor in their decision in wanting to leave South Africa. One Indian female respondent in an interview provided a detailed account of her exposure to criminality and her concern for her personal safety:

"When I was a community service doctor last year in Upington, Northern Cape, I had negative incidents and you know you expect to have proper accommodation, your safety in check and it was not the case. The morning after Christmas it was supposed to be my second last day in Upington, the place that I was living in was so isolated because most people, the nurses, had gone home already. There was a break- in while I was still lying on my bed and it was at 06.10am. Thankfully I was not deep asleep because I was going to wake up at 06:30am to do ward rounds and my alarm went off at 6am, I was still snoozing and I suddenly hear this gushing sound and windows breaking all over. I got up with the shock of my life and I had to plead with the guy not to come in. Thankfully he just put his arm in and he stole whatever jewelry was close by".

Also, in a focus group discussion with final year health science students, the discussion was dominated by their feelings of crime and a lack of safety in South Africa. At least four participants of the group cited personal and other known experiences:

"I had personal experience in terms of crime in this country not just on one occasion, on many occasions. My dad and my brother were both hijacked in separate incidents; we had an armed robbery while I was at home, so they definitely play a part in the decision to wanting to migrate".

"I would like to migrate because of crime and I feel that crime is everywhere and I rather be secured in my job and in a country like Saudi Arabia where there is a large demand for health professionals and it's a crime free country".

"The crime rates in South Africa are escalating. Every day when you read the newspapers someone is murdered, hijacked and raped and the situation is getting worse. South Africa has a beautiful climate, there is cultural diversity but I just do not feel comfortable living in South Africa because of crime".

"Crime has increased over the years. The magnitude of crimes committed in South Africa is increasing every day from rape to hijacking to murder and the South African government is doing nothing to better the situation".

Crime is among the most difficult of the many challenges facing South Africa and no South African is insulated from its effects (Demombynes and Özler, 2005). For example the 2008/2009 crime statistics indicated that over two million crimes were committed throughout the country and this equates to a crime being committed approximately every fifteen seconds (Breetzke, 2010). The impact of crime - in terms of the costs of victimization, negative perceptions and fear, and the

cost of responding to crime - remains high for South African society (Louw, 2007; Smith, 1984). A research conducted by the Centre for the study of Violence and Reconciliation (2007) concluded that "South Africa is exposed to high levels of violence. The study further revealed that violence comes to be seen as a necessary and justified means of resolving conflict in which subcultures of violence and criminality, ranging from individual criminals who rape or rob". As a crime avoidance strategy, the participants maintained that migrating from South Africa is more effective than trying to implement crime preventive and control strategies. One participant in particular narrated the rape of a colleague at a hospital:

"I mean crime can happen anywhere but for me it was one of the negative incidents. As a student at Wits when I was in 5th year, it would have been in 2007, one of our classmates was raped at Baragwanath hospital, in the hospital ground. She was actually a 5th year in my class and fair enough it was the winter period. We were doing rounds in gynecology. She had to go from the maternity ward to the blood bank to go urgently to get blood for a patient and she actually didn't even walk. She drove her car from one spot to the other, but when she got out of her car to go to the other spot she got raped it wasn't just by one person. Because everywhere you go, you are on the edge. You have to watch your windows all the time, lock your doors and if you don't, you always on edge basically and I don't enjoy that part".

The participant above, in particular emphasizes safety for females at the workplace. The outrage of not afforded safety within the hospital justifies considering alternatives. Four participants were either victims or had a family member or close friend being a victim of crime which was an influential factor when considering the possibility to migrate. Crime increases the risk of victimization and therefore heightens the level of fear and anxiety for non-victims. (Powdthavee, 2005). This fear viewed as dysfunctional because it is assumed to restrict the autonomy of fearful

individuals, to ‘detract from the quality of life’ and ‘adversely affect social and economic well-being’(Lupton and Tulloch, 1999). The threat of crime diverts resources to protection efforts, exacts health costs through increased stress, and generally creates an environment unconducive to productive activity (Demombynes and Özler, 2005). Additionally, the widespread emigration of South African professionals in recent years is attributable in part to their desire to escape a high crime environment (Demombynes and Özler, 2005). One Indian male participant extends the narrative on safety and the potential to navigate in safe spaces:

“I would rather be safe in a safe place. If I get married in the future or something I would like to have more safety for myself or for my wife. If crime would reduce I would be obligated to stay here but if it’s getting worse I then would rather be more pushed to go overseas. You see crime all over and I don’t feel safe to walk at night alone but I have been overseas before and I was able to walk around very late at night feeling very safe, I don’t feel safe in South Africa”.

From the narratives personal safety for these professionals is a priority. South Africans feel less safe, and substantially more insecure than people living in both developing and developed countries, and with good reason given the extent of violence and the likelihood of becoming a victim of a range of crimes in one's home (Louw, 2007).

The participant below however, accepts the pervasiveness of crime globally and offers that it would not be a key determinant when contemplating migration.

“Crime won’t be the most determining factor for me to migrate; obviously it will play a major role. Crime is everywhere so it doesn’t really matter which country you are in, it just depends on how you protect yourself. So, it’s not a big factor but it is, especially when you have family and things that you would be worried and concerned about your family”.

While crime was considered as a foremost reason to migrate some were of the opinion that there were other intersecting concomitant factors. One such factor is poverty, which in South Africa's period of evolution from colonialism, to apartheid, to democracy and has witnessed an increase as it intersects with crime. Two respondents declare such synergy:

"There will be a point where people will start going abroad. Poverty is another problem in this country, and housing. As a middle-class person, I am accustomed to a certain level of accommodation in a certain level of sort of service delivery and that would discourage me from living anywhere in the country so I would be limited to certain middle-class areas, and that means I would be probably stuck in a different tax bracket. People in government are committing fraud, like our president Jacob Zuma who keeps on getting married and they use government money on unnecessary issues, whereas there are people who are in poverty are struggling and the cycle continues. The government should invest their money in important issues like poverty which is a social issue".

"Majority of your crime these days are either white collar crime being perpetrated by our politicians in terms of corruption, or crimes of poverty. I mean the unemployment rate is extremely high and people without jobs are living below the bread line. You have no money, someone offers you a thousand rands to do something illegal, and it's the same way as offering someone with a job of a million rands. So, it doesn't take much. I mean if you look at all these hits and issues when they had that Dewani case, the media went out. For R500 you get someone murdered. So unfortunately, that's the way the situation is and the government's focus is not on the big picture. They take care of themselves as the government, and the people are grouped out".

These participants expand on the reasons for such a dire situation and allocates blame to government and its intervention strategies to ameliorate the situation.

The country's complex political history of colonialism and industrialization has produced egregious conditions of life to flourish in South Africa. The old saying that “a hungry man is an angry man” has implications for how the vast majority of south Africans who live in poverty embrace their lived reality. The manifestations of poverty in South Africa have become more widely visible since the first general democratic election in 1994 when the state’s Reconstruction and Development Programme (RDP – now somewhat abandoned) placed emphasis on an urbanization programme that ignored the rural sector. Unbridled informal settlements began to flourish in the country’s urban areas that has now resulted in surmountable problems in terms of service delivery in housing, sanitation, water supplies, electricity and employment creation. According to Stats SA (2017) “poverty is on the rise in South Africa. More than half South Africans were poor in 2015, with poverty headcount increasing to 55, 5% from a series low of 53, and 2 % in 2011”. The participant below cites how within the occupation of medicine he witnesses and encounters close contact violence, which is yet another push factor.

“*You see violent acts and you start to think that this was done with the intention to take a life. These violent acts are not over very important things, it’s over trivial things, most of the time its friends, they sit with each other, they consume alcohol, they irritate each other and then they start stabbing and cutting each other. Not that I’m so desensitized to these things that when one of my family members gets an injury I’m like ‘oh you know it’s nothing’ but to them it’s a big thing you know, it’s like that. It’s nothing because I’ve seen such weird things in the past. You know you see things in the papers and it’s becoming more frequent now. Guys getting shot and stabbed and especially in my line of work. I have worked in casualty settings and I see these things in trauma*

and its acts of violence, real bad violent acts you know. It's not with like gunshots and things, its close-contact violence, people with panga's and bush knives and so that's the kind of things you see and it makes you think about going overseas".

Violence is undoubtedly a huge influence when considering migration. According to Roher (2010) South Africa is known as a place rampant with violent crimes. Johan Burger, a senior researcher in the crime and justice programme at South Africa's Institute for Security Studies endorses argued that "there are high rates of unemployment, which leads to a large element of frustration and often sparks violence in South Africa"[3]. Similarly in the African continent, another country like Zimbabwe it was declared that 840 doctors, of the estimated 1200 trained there during the 1990s, had left by 2002, as the economy deteriorated and violence increased(Burnham et al., 2009).

3.3.2 Job Dissatisfaction

In South African medical institutions, especially those that are state funded, job satisfaction is determined by a complex set of factors. These include ethnicity and race, availability of equipment, availability of medicines, the types of exposure to contagious diseases and infections, and extraordinarily heavy workloads. In a study conducted on the brain drain of doctors from Southern Africa, "the push factors motivating health professionals to leave South Africa included poor remuneration, lack of job satisfaction, lack of future prospects for further education and career advancement, poor working conditions (Oberoi SS, Lin V, 2006: 25-33). There are often

[3] http://news.bbc.co.uk/2/hi/8668615.stm

complaints about budgets, sensitivity towards employees working conditions by senior officials which were severely lacking. These are alluded to:

"Overworking, also you constantly exposed to HIV, TB like I had TB as a medical student during my internship and had to be on treatment. Very long working hours and the stress is a lot because there are so many patients you supposed to be seeing and responsible for in the short space of time and the environment is quite stressful because we get abused a lot by a lot of the patients. Swearing, shouting and physically harmed by some of the patients. Some of the doctors have been hit, assaulted and just the ratio of doctors to patients is quite large and that makes life very stressful. The emotional aspect is also tough to deal with how you break barriers to deal with losing a patient. Something that we could have did to save a patient or sometimes it's something that you cannot do to save a patient. There are a whole lot of different aspects with, and the crisis's that we face every day".

"We cannot deal with the workload and the HIV burden is just literally sucking us dry. Its exceptionally scary, even the different conditions we have got to treat, all the metabolic syndromes, hypertension, diabetes, heart attacks, strokes, that's also increasing so it is the HIV burden concurrently with that. I just think the burden of the disease is so high and health is just not enough of a priority at the government and it really needs to be. The ratio of patients to doctors is very high, patients wait a long time for investigations to get done and they wait a long time for treatment. It doesn't fall on us; it falls on the fact that there is so many patients and not enough doctors to see to the patients. Sometimes it can be frustrating waiting for simple things like blood test results and therefore I feel that we are really under-sourced".

Besides the lack of resources, the burden of HIV and the ratio of doctor to patient the attack by patients themselves was a contributory factor is producing a stressful and unsafe work environment.

"There is lack of resources, shortage of staff, we work more hours because there are less people to cover the hospital, also during the day it's frustrating because there is a huge workload and there are a lot of patients that need to be seen. I think that this hospital cannot cope with the number of patients it has to see to, so the drainage area is quite big. So in terms of that it's quite frustrating".

Extraordinarily large number of patients will inevitably lead to added responsibility and workloads per doctor. The consequence of this workload will necessitate working overtime. According to a survey by PPS (June 2014) revealed that the biggest challenge facing the profession included inadequate training, shortage of doctors, pressure on doctors to work up to 36 hours a time and lack of medical supplies. The HIV/AIDS pandemic is yet another concomitant factor in South Africa that has substantially increased the workload on the health workers and exposed them to additional occupational risks at a time when the number of available health workers has not been increased to enable adequate staffing of both existing and new health facilities (Chikanda, 2006). Logically this further exacerbated burdensome workload on not only medical graduates but all health personnel. A committee on Social services instructed the Provincial Department of Health to provide a report on the challenges facing the healthcare system in KwaZulu Natal. The challenges that the committee found was that although there was a "high vacancy rate within the healthcare system there was slow, supply chain management turnaround time, infrastructure challenges, lack of equipment, low skills base and underfunding. The committee further found out that due to the shortage of staff at Addington hospital the mortality rate within the maternity ward

was high mainly due to lack of staff" (Parliament, 2017). Due to the challenges faced in the healthcare system, there is an exodus of skills from the public healthcare system. The latter participant claims how such a dire deleterious situation has contributed to poor service delivered to patients, merely to address the long queues. In a study conducted in Durban on the Examination of the factors fueling migration amongst community service practioners, the study revealed that "a large proportion of doctors and nurses are wanting to move abroad due to a challenging and a frustrating year during their community service. The frustration and challenges included poor working conditions, including long hours, high patient loads and inadequate resources and equipment, as well as low salaries and the perceived ambivalence of the government to the complaints of health practioners, were influencing decisions to migrate abroad" (Reardon C, George G, 2014: 2). In addition, one participant addressed another occupational hazard that presents itself with a lack of basic resources to execute their duties:

"It is the workload and I think the language barrier a bit of a problem. Then obviously the type of patients you know with the needle stick injury and HIV and I think the facilities. Sometimes we don't have gloves in the ward. We have to go around looking for gloves in other wards and there have been times where we don't have gloves and there have been times where we don't have basic necessities like cotton wool. It makes it difficult to work. I mean you want to be safe but at the same time what can you do if there are no gloves. You have to take the blood and the lab systems are very delayed with the results and the lab systems are very slow and I think they over-worked so I mean you cannot really blame them. I remember a time when the laboratory staff was not paid and they went on strike and it just makes it very difficult to work without blood results and without resources".

The participant' above and below both explain the language barrier that impacts as a contributory factor:

"I do think there's a language difficulty with the language barrier you know. So, I think that is a major problem. Even if we do Zulu, it doesn't really help us. There are so many different languages and it becomes very difficult and even the translators, sometimes they can't adequately translate what you want to say so it is very difficult. You can't counsel patients adequately; you can't explain to them so that is think is one of the biggest problems. I mean you have to work sometimes more than twenty-four hours. So, once you reach a certain point, you are tired I don't think that's benefiting the patient because you become irritable. That's when you get needle stick injury or you tend to be mean to patients".

The participant below directly endorses how such resource constrained work environment which makes migration an ease concept to explore to ameliorate their working conditions:

"There are constraints in terms of resources, not just human resources, so where ever, in any government department that you work, particularly in the medical field, you are always short-staffed. There is a shortage of equipment, so it's very, very frustrating because you know what's available, what you can offer your patient but you have things that just don't work properly. So that adds to your frustration apart from the fact you are working much harder to make up for the numbers, then your equipment doesn't work, then you don't have facilities that are available for you to work in what you have been trained to do and then unfortunately the remuneration is also not that good. So the temptation is I might as well put all of this effort somewhere where I know

what I put in is going be equivalent to what I am going to get out and so the lure of private sector and migrating is always there because it really takes somebody that's really committed, that really has no other options to stick around in the government sector for many, many years. The stocks that you do get are either poor quality like especially the drips are very poor quality, you can't really use them, many of the equipment or resources are out of stock. Sometimes you find that much needed supplies are not around so you have to go looking for them and ordering them. All these things affect service delivery to the patients. Government hospitals in South Africa are poorly resourced and there is lack of equipment to treat patients. There are a lot of Indian patients with heart diseases. They need things like exercise, stress test etc. There's a machine that we have that's broken. I think it's broken for like a year now, it hasn't been fixed. So, things like that where we need equipment but we haven't been able to get and cannot treat patients and it becomes so frustrating".

Poor governance of health services and the lack of technology and equipment to perform professional tasks remains contributory factors that undoubtedly force medical graduates to migrate (Dovlo, 2004) .

Beyond the lack of equipment etc. the occupational hazard of injury on duty is a reality in the South Africa which is asserted by the participant below:

"There is a lot of exposure to occupational diseases especially with HIV & TB. I think, I'm not sure but I've heard that the current statistics is 7/10 healthcare professionals that get TB. So, there's a lot of exposure to diseases here which you don't have in other first-world countries. The conditions we are working under, is not getting better but it's getting worse. With HIV and other

diseases, it is not a conducive environment and the conditions are getting worse in hospitals, so the workload is too much and we are doing a disservice to our patients. If I ever migrate it would be for these reasons".

Infections within the professional capacity became a salient area mentioned also by the participant below who also establishes structural challenges like the lack of ventilation etc.:

"I was in my block here and I got TB and the thing is you have to suffer with that. If you get needle stick at that time, you on anti-retroviral and TB treatment which can really screw you up with complications. In our block most of the guys, I think they all first-years, almost all of them are on anti-retroviral. There's no infection control. You find patients who are drug-resistant to TB sitting out on open wards not isolated. First of all the problem is not picked up, when it is picked up they not isolated because there's just no place to isolate them, half the time we run out of masks. There are no masks for them. They are coughing all over the place, there's no ventilation and if the windows don't open most of the time and the air-conditioning don't work. The bugs are just all over and you just have to breathe".

Evidently, the vast majority of the participants conclusively mention the high risk of contracting HIV and TB, needle stick injuries and poor infection controls in the hospitals that is a fertile space for contracting infectious diseases in a work environment. It is within such a unsafe health environment occupational space that medical graduates feel insecure and they therefore desire moving to a safer and more protected working environment (Padarath et al., 2003). In addition the lack of protective wear at work is coupled with a perception of increased occupational risk arising from the HIV/AIDS epidemic. (Dovlo, 2004). These contributory factors prompted these medical graduates to explore migration. The costs of their own health is a constant reality and at a micro-

level, neo-classical migration theory views "migrants as individual, rational actors, who decide to move on the basis of a cost-benefit calculation" (De Haas, 2010: 9).

Another interrelated factor that emanated was the remuneration:

"Most qualified health professionals are not earning good salaries. In South Africa physiotherapists are treated like an object, where physiotherapists work so hard and do not earn lucrative salaries for their services".

"In South Africa dental therapists do earn a good wage and if I go overseas I can earn a lot of money and support my family as well". I want to earn a lot of money so I can provide for my family and live a good life".

It is imperative to be cognizant that there is inadequate incentive for the medical graduates in South Africa as discussed in chapter 1. The low remuneration levels are potentially one of the most influential factors in a healthcare worker's decision to migrate (Padarath et al., 2003). This pattern is not a phenomenon only in South Africa, but health care professionals migrate from developing to developed countries is somewhat unresponsive to wage differences between source and destination countries at current levels (Vujicic et al., 2004). Moreover, Massey (1990) also extrapolates that the greater the net gain of value between the current income and the one expected from migration in the present, influences the migrant more, that the latter is expected to gain cumulatively into the future. "Therefore, individual and structural elements are simultaneously involved in human migration. Decisions are inevitably made by actors who weigh the costs and benefits of movement, but these decisions are always made within specific social and economic contexts that are determined by larger structural relations in the political economy" (Massey, 1990: 7).

3.3.3 Post-Apartheid Transition

The notion of the post-apartheid transition in South Africa among Indian medical graduates as a contributory social push factor for migration met mixed reactions from the participants. A majority of the participants highlighted that they were coping adequately within the post-apartheid transition. The effects of post-apartheid transition were basically measured by the participants' ability to access and participate in areas of study and work. The two responses hereunder reveal the mixed reactions to migrate or not.

"I think Indians have done well. They have worked very hard for whatever they have got. They had to do it on their own merit. They had no assistance in whatever they have done for themselves so I think they have done very well. But I think things are getting more difficult now. There is no room for us to flourish no matter how well you do, you still going to be classed out as an Indian person end of the day, no matter how many exams you write you still going to be seen as an Indian person".

The participant below admits being challenged within an environment where stigma prevails:

"I don't think we coping very well because we still have all those stigmas, still all those old viewpoints, so as much as things have changed and on the outside people are behaving one way and seeing one thing. Quietly, in the privacy of their homes, they saying and behaving differently. There are *certain things that are politically correct that everyone abides by and when there are no ears to eavesdrop, it goes out of the window. There are certain terms no one is allowed to use, everyone is still using. I think it is a bit difficult because with the quota system and I mean you know Indians are still in the middle, maybe on the lower end of the spectrum so I think it is making things a bit difficult in the post-apartheid South Africa. I don't know what it was like before, I think*

it is a bit difficult but I think opportunities are less for Indians. I think we are sandwiched in the middle. You are not black-enough, you not white-enough so what are we?"

Despite the progressive post-apartheid environment, the participant above narrates the ambiguity of his identity as an Indian. He extrapolates the various layers the transitional state and its embryonic evolutionary pains that South African society is experiencing.

Clearly equity policies the political intentions in recent years form "horizontal discrimination" which may "signify both the "racialization" of privilege and oppression during apartheid, and a "racially" defined re-polarization of South African society around initiatives aimed at redressing and transforming the socio-economic base which continues to reproduce patterns of privilege and disadvantage in the image of an apartheid past (Franchi, 2003). The question of racism, stigmas and conventional views about being middle class as was in the past still prevails. Franchi's perspective is echoed in the two responses below:

"Personally, I feel that the post-apartheid South Africa has helped us to an extent but now it's starting to retard the progression. We have gained more access. Before you used to see a lot of the Indian teachers not so much like medical professionals but now you seeing a lot of more medical professionals with higher qualifications. Before it was more White medical professionals then you get the Indians. But now the roles have reversed. You are getting a lot of Black professionals qualifying, a lot of Whites and Indians as well because they have given us access to the tertiary institutions so like engineers and doctors. If you looked at the families before in the past, in every family you would find they had teachers. Now in every family you will see there is a doctor".

"The new South Africa has been a big adjustment mostly for the older generation because apartheid really impacted on them, they have really seen the change but the younger generation

like myself, I can't remember pre-apartheid times. If you speak to someone older who can remember exactly how it was like during apartheid, maybe you would get a better answer. I think in the recent past things have stagnated to a certain extent and let's hope that that changes in the near future".

There exists optimism despite the stagnancy as illustrated by the narrative above.

The 2 narratives above implicate the reflection on post-apartheid transitioning and offers a view on the evolutionary process being slower than anticipated, despite the initial opportunistic phase being encouraging.

3.3.4 **Marginalisation of South African Indian Medical Graduates**

It is through feelings of threats of violence and reduced accesses to enrolment at medical colleges, as well as opportunities for appointments in state hospitals that have brought about an apparently high degree of marginalisation among Indian medical personnel. "Discrimination and exclusion policies on the basis of race and gender, startling income inequalities, and violence have all formed part of South Africa's troubled past and have affected all social, political and economic aspects of South African society" (Coovadia H, Jewkes R, Barron P, Sanders D, McIntyre D). The word "marginalisation" is about groups of people who are other than the dominant group (Danaher, 2006). Marginalisation also involves people being denied degrees of power (Carmen and Adrian, 2012). Other academics have extended this concept to include a window through which persons are peripheralized on the basis of identities, associations, experiences, and environments (Supples and Smith, 1995). The determination of the existence of marginalisation has conventionally been

distinguished by experiences that cause economic or political oppression and/or segregation of individuals or groups over an extended duration (Duchscher and Cowin, 2004).

Black Economic Empowerment (BEE) has in essence sought to redress the historical socio-economic imbalances that were created by a volatile, polarized and apartheid ideology (race-based segregation) that existed within the country. In pursuance of BEE, the government of South Africa has seen the passing of crucial landmark legislation that among others include the Employment Equity Act of 1998, the Promotion of Equality and Prevention of Unfair Discrimination Act of 2000 which have imposed important obligations upon employers to render the workplace demographically representative (Southall, 2007). However, in its more popular sense, BEE has come to refer to a mix of political pressures, government procurement practices and legislation, notably the Broad Based Black Empowerment Act of 2003, which is designed to advance black ownership of and control over the economy (Southall, 2007). There were mixed reactions as to how the Black Economic Empowerment (BEE) Policy of South Africa has been one of their principle push factors in medical graduate's decisions to migrate.

"We not Black-enough. I mean if the Chinese can be considered for BEE, yet Indians are not. If you as an Indian have to go today and open up a company, you cannot get a BEE certificate, unless you have a certain number of Black people with certain percentage holder in your company. But a Chinese person will get a BEE certificate. So how is the government being fair to Indian people? I mean sadly how it is, the Indians have gotten the raw end of the stick, and I think a lot of the older generations who have been involved in this struggle are very disillusioned because when the liberation movements were all exiled, it was the Indians who remained in the country, who fought the course for them while they couldn't do it physically themselves in the country. And then they come back and say sorry you are not black-enough".

These sentiments were echoed within the focus groups also who emphasized the sensitivity of race and the privileges afforded to those previously disadvantaged and presently advantaged:

"I don't know where we belong anymore because they say you Black but now you not Black anymore so I don't know if those policies do cater for you".

"Indians and whites have to work so hard for what we want to achieve. African people are given first priority for jobs, even at universities and some of them do not make entrance requirements but they are given a place at university. This is so unfair. There is no democracy in our country".

"BEE is just a waste, because there are so many people who are qualified and skilled yet they do not have jobs because they not black enough".

"People get accepted on a quota basis. So, half of the people who deserve the place to study are denied because a certain number of African individuals should get through. It is so unfair of those people who have the necessary skills. If you not black enough you just do not get the job".

"There has been progressiveness for African people. BEE and Affirmative Action with regard to equalizing the workforce, admissions to universities, I feel it's more aimed towards black people. Again, I'm at the risk of sounding racist. At the medical schools for example, Africans are given first preference and this is very disheartening. A lot of Indian students study very hard but they do not get the places in university that they deserve purely because of the numbers. They take more African students, even if the results are not as good, not as good as your Indian counterpart, and they still get the place in universities. That's what I'm saying is happening and that's why I feel that we are still being marginalised".

The racialization of the BEE in essence incites the potential to migrate. The migration of health workers is strongly influenced by the regulatory frameworks of individual governments that control the training, recruitment and deployment of health professionals; such frameworks give rise to particular national patterns of migration (Bach, 2003). Having noted the assertion from the narratives they are not considered as black. The definition of black in terms of the BEE Act, No. 23 of 2003 is:

> *"Black People" is a generic term which means Africans, Coloureds, and Indians who are citizens of the Republic of South Africa by birth or descent or who became citizens of the Republic of South Africa by naturalization-*
>
> *(a) Before 27 April1994; or*
>
> *(b) On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date but were precluded from doing so by Apartheid policies".*

In accordance with the above definition, these Indian medical graduates are correctly interpreting the definition but the ambiguous realities offer a different experience although BEE actually recognizes Indians as being previously disadvantaged. A new selectivity has emerged in the application of the BEE policy, restricting it to Africans especially, and creating doubts in the minds of Indians and Coloureds about their future prospects. As political scientist, Sanusha Naidu in an unpublished report to the ANC in 1999 states that "Within the new political dispensation, the Indian working class perceive their existence as an uncertain one. Their concerns and fears are real. Many are unsure of their future under an African government. They see the ANC as

preserving the interests and needs of the African people vis-a-vis the Indian worker" (quoted in Desai and Maharajh 2007: 83).

One female Indian participant in particular mentioned the meeting criteria within the department:

"When you do apply for a certain position, it's specified further that Black is an African male or female, then Coloured male or female, Indian female, like that. I guess it is because there's lot of Indians who are smart so there's lot of Indians in every department, whether it's Radiology, in general medicine, in surgery etc., so we are prejudiced the most because our numbers are highest at the moment. So, they trying to blow that and get more black doctors. Which is not fair because we meeting every other criteria so just because we Indian we do not getting the post".

The participants below narrates how BEE sustains exclusionary policies despite the progressive intended ethos:

"I think BEE is more for Africans and not for Black people. As an Indian it irritates me because we are neither black nor white. I have seen my African colleagues get preferences over me due to race even though one can be better qualified. There is no future and hope for Indians in South Africa. BEE is punishing hardworking people, like Indians and whites by restricting them job opportunities. Although BEE has been implemented to correct the injustices of the past, it is indirectly implementing the same principles of apartheid, which are racial preferences. The quality of health professionals is shocking as people are appointed jobs according to race and not on merit".

The BEE policy has been criticized for threatening to re-racialize the country, widening black inequality gaps, and precluding the rise of a black bourgeoisie with a nurture capitalist agenda

(Iheduru, 2004). Some have critically argued that the BEE has been a process that provides enhanced opportunities for black individuals (rather than groups) to improve their position via affirmative action. This is done by allocating extra resources created by higher economic growth, rather than by redistributing existing resources (Ponte et al., 2007).

One participant concedes that BEE has lauded intentions and ultimately navigating round it will be necessary:

"I know the Indian people did go through many struggles in Apartheid, not as much as the black people but they did as well so I think it's fair, I think I agree with it, I think it's fair that they include the Indian people with this whole black empowerment and that it should be implemented and they should take advantage of it. Of course, it favours the Black population but that's the policy of the country and we just have to find ways to get around it".

Another participant argues that such marginalisation was a push factor within a new democratic environment:

"Democracy is a nice way of expressing what actually Communism is. We don't have a proper democracy in our country because our definition of democracy is that everyone's voice is heard and everyone has a right. It doesn't exist in this country. From experience, from what we've seen, what we've gone through it doesn't seem to happen and the sad thing is because Indians are the minority in the country, Coloureds as well. You always left out of this situation when it comes to work, schooling and everything".

The inability to voice their concerns was cited by the participants as a form of marginalisation. According to Hall (1999) one of the properties of marginalisation was voice, consisting of an

expression of one's experiences as valid and different from the dominant myths, and the risks of being silenced. The marginalised have voices that are rarely heard, through which they make demands that are for the most part incomprehensible and therefore exteriorized, however, it is not irrational (Hall, 2004). To elaborate on this, 2 participants who were undertaking their community service shared that:

"Indians was like a filling in the middle of a sandwich by the previous government and we are still like a sandwich by THE current government. When it comes to for example for entrance to a university, lots of us are eligible especially for medical school. Like I was not given a place here but my results were very good so I thought it's a bit unfair that I have to go overseas to study. So yeah it was a bit difficult and I think we, Indians do get marginalised but I think it's just one of those things we have to put up with being like you know in the middle. They take more Black students, even if the results are not as good, not as good as your Indian counterpart, and they still get the place in universities. Things are not happening on a merit basis. If you do well at something you should get the credit for it but I understand in a sense what they are trying to do. They are trying to equalize the workforce but the way it's happening is incorrect I think. So, I do think we are being marginalised as we are not getting the credit for the work that we are doing".

The marginalisation beyond being recognized on merit also includes a gender lens:

"In an Indian family the main focus of your parents is to educate your children and when that happens, they focus on that and when the children get to high school and tertiary education, they are not getting judged evenly compared to all the other race groups. So slowly but surely you have to be excellent to get into medical school rather than an average student who is of another race group. So definitely we are getting marginalised. Even now if I want to specialize, most fields is

difficult for me to get in as being an Indian female. If you look at departments now, this racial code has now started in our working environments as well. So even though you might be worth getting into the department, you might be more experienced then someone else, it is your colour that lets you down".

In addition to the above within the focus groups the narratives contextually revealed the following on marginalisation:

"I do not see any hope for Indians and Whites in this country. For example, many Indian and White students who want to study in the health sciences are rejected because blacks are given first preference. Even if we achieve excellent results we do not get accepted to study in the health science discipline. Whites and Indians have to work twice as hard if they want to have a future in South Africa".

"The number of Indian students accepted in the health science discipline is pathetic. This is the reason why many students are also seeking the opportunity of studying abroad. Every year Indian students are turned down at medical schools, even if they get all distinctions in their matric exam. This is unfair practice because African students with lower grades are given first preference".

"I do not feel that there are enough opportunities for Indians and white graduates in South Africa. Rehabilitation services are being undermined in South Africa. Indian and whites are not accepted due to the quota system even though they produce good results. The selection process to get into speech and audiology is ridiculous. White and Indian students have to work so much harder otherwise they will face the possibility of not being accepted".

Interestingly the participants also establish that such encounters are not only experienced in medicine but within other cognate disciplines in health sciences also. Hence, the potential for other professional considering migration becomes a reality within the health care sector in South Africa

These narratives do reveal that many of the participants want to migrate because of being marginalised. Indians access to admission in tertiary institutions have been significantly reduced, often as perceptions have it, at the expense of maintaining the high standards that South Africa's medical institutions. According to a study conducted on South African medical schools: Current state of selection criteria and medical students demographic profile it was revealed that "the undergraduate students in the medical school training programs in 2014 demonstrated that Indians compromised of 13.6%" (L J van der Merwe, 2016). There is an implicit assumption among the participants that their exclusion from the historically influential job positions can no longer prevail because of the selectivity with which equity admissions are made.

The narrative below endorses the perceptions that exists about the racial strata in South African society and the impact of the reality he encounters:

"I think that there is a certain group of Indian families that are connected to the ANC that are getting into positions, are getting lucrative contracts and deals, and then I see there are other Indian families who are lower to middle class who are marginalised, who are assumed as Indians. There is a presumption that Indian people through the colonial legacy, through their position as better than African people but lower down than Whites. A position that made them look as if they were sort of crafty go-getters and at the present time in South Africa there are disadvantaged Indian families, unsubsidized schools, there are areas where Indian teachers and parents do not have access to materials to teach their indigenous languages. All of these factors contribute to the

sustenance or nourishing or misrepresentation of dis-acknowledgement of the Indian community and therefore the assumption that all Indians can do it for themselves is erroneous as well as very unjust".

The historical legacy and evolution within the South African context was a key aspect in an attempt to expand the analysis of push factors

3.3.5 Opportunities for South African Indian Medical Graduates

Opportunities in the state funded sector are plenty; however young graduates posited feeling constrained by several challenging issues towards upward mobility viz. a lack of choice about where to do their community service immediately after graduation; a lack of opportunity to move upwards in the ranks of government service because of racialized restrictions, and bursary opportunities to further one's studies. Some of the narratives below from the medical auxiliary students in Durban, KZN,

"Some Indian students who are studying physiotherapy find it very difficult to go and do their community service at government hospitals in rural areas. They are forced to take on the challenge because if we don't one would not move forward to make life for themselves in South Africa".

"In the department of dental therapy individuals are accepted on race and not academic excellence. People should be accepted based solely on their abilities and credentials".

The participant below contributes her thoughts on access to bursaries also:

"In the department of occupational therapy there are bursaries available to all races. Due to the need for occupational therapists, Indians are left behind and therefore many of them will practice as an occupational therapist abroad".

"I believe that black people have the upper hand. I personally got turned down to study radiography at DUT based on my race group as I was told by the radiography department that preferences are given to African students".

The participants below communicates how the decision to practice abroad was an unequivocal one:

"As a young female I could have more opportunities outside South Africa. I have lived overseas and I think I would have better opportunities to practice as a physiotherapist abroad. I have already made my decision that I would want to leave the country once I have completed my community service".

Beyond the racial factor the reality of the limited number of posts available in hospitals proves to yet another challenge:

There are limited opportunities for audiologists as government hospitals take a maximum of two audiologists per hospitals. This becomes problematic as there are no new posts opened per year for graduates.

Within the restrictive job market, two participants validate their positions as following:

"I don't think that there are so many opportunities even to get posts anymore; you cannot even get a registrar post. I know of an Indian doctor in this department who applied for a registrar post

and got turned down because he was Indian. Like I know many doctors are uptight, not because they are not smart, not because they don't fill the criteria, it's because we Indian. I think there are opportunities and I also think that it just it depends on if you want to apply for certain a thing like you becoming a registrar is very difficult. There is so many people competing for the same post then also candidates are selected on the basis of race its basis of which race and sex group one belongs too".

The participant above illustrates that beyond race gender also complicates the access to such opportunities

"I think lots of Indians are actually moving away from South Africa so I think it is a bit difficult because you competing for posts not on an academic basis, you competing more with the quota system so I think it is a bit more difficult now. My view is that things should be given to you on a merit basis. If you deserve it you should get it, but I don't feel that is happening at all. A lot of Indians are working hard, but are not getting the end results they deserve. Indians are being targeted for things that they are not doing so that Black people can get into those positions especially because of the issue of power but I feel that we are not getting the credit that we deserve".

Affirmative action was cited as being the chief hindrance in the promotion of Indian doctors. While the opportunities in the public sector were promising it was career pathways that appeared bleak. It is within a racialized competitive work environment that race also became a concomitant factor. When upward mobility is compromised repeatedly migration represents an attractive alternative. One participant expressed such sentiment eloquently:

"When it comes to getting into universities and specialist training posts where the government and the department of health has outlined specific criteria that need to be met and how many females and males and Blacks and disabled and Coloureds have to be met. I think there are opportunities but it's difficult to get into. It's always a challenge. You have to work extra hard, prove yourself more."

Paradoxically, the opportunities in the private practice were plenty as it afforded room for further specialization. As opportunities become a challenge, the level of job satisfaction is affected. The numerous push and pull factors cohere as they incrementally influence the choices. In particular role in the choice of destination. Evidently, from the data most of the participants mentioned that the countries that they will most likely migrate to are the developed countries, parts of the common wealth world and to the Middle East.

3.3 Pull Factors

3.4.1 Preferred choice of destination

Pull factors are determined by the choice of destination where particular Indian medical graduates intend to migrate. The commonality established from both the interviews and focus group discussions noticeably highlight that pull factors are predominantly linked to the lucrative opportunities in the first world countries like Canada, United States of America, England, Australia, New Zealand, Portugal and the emerging Arab countries like Saudi Arabia and the United Arab Emirates. The data suggests that they perceive it as incorporating a perfect working environment with all the necessary equipment and that it created room for personal development and growth within their occupation. Evidently this has been noticed by the developing countries

who have embarked on a massive recruitment drive of health professionals from developing countries. This scenario is not only confined to the medical profession (Eastwood et al., 2005). Migration is deemed to occur in the context where a number of metropolitan governments have implemented aggressive recruitment campaigns to attract doctors and nurses (Brown and Connell, 2004). This phenomena of migration has made medical health professionals from South Africa to be part of a global labour market (Burnham et al., 2009). The massive recruitment drive in turn makes Indian medical graduates wanting to migrate due to greener pastures. The aggressive drive for recruitment is compounded by economic variables, and especially the relationship between income levels and cost of living, as being key in influencing migration decisions (Brown and Connell, 2004).

The associated factors in developed countries independent to the medical profession also contribute such as low crime rate and better quality of life. The following related narrative illustrate the preferred choice of destination from the focus group:

"There are a lot of opportunities for nursing in the United Arab Emirates. As a Muslim woman this is the ideal country for me to practice as a nurse because it's an Islamic country and I can speak the language."

The cultural and language aspect was a definitively attractive factor for the participant above and the participant below cites the political stability and remuneration.

"Australia also has very good favorable climatic conditions and I have heard that dental therapists earn better salaries in Australia and there is not much violence and political instability. I would not have problems to communicate since it's an English-speaking country."

"I think I would go to an English-speaking country like Canada because of the language and it's a Common Wealth country."

Language according to the 3 participants above demonstrate how this is a huge influential factor that determines the choice of destination. Seemingly those who have a predominately English back ground or those who use English as their first language are likely to relocate to English speaking countries. This explains the reason why a large number of the participants desired a move to a mainly English-speaking country, namely the United States, Australia, the United Kingdom, New Zealand, Canada and India. According to an article "I love South Africa. But I hate my government" (2008) reveals that "Canadian clinics and hospitals are snapping South African physicians willing to brave the Northern climate for a new life. The trend has increased dramatically in the post-apartheid era, with the number of doctors moving to Canada nearly doubling since 1994 when the country's first democratic elections was held.

Other Health Science Focus Groups participants also extended and substantiated the reasons for their choices below:

"I would prefer to go to Portugal. They have relatively low crime rates, there are great job opportunities and they have an environment that is suitable for raising a family".

The participant above beyond declaring her choice also comments on the conducive environment for raising a family

"I would prefer Portugal, Mozambique or Scotland. There are good job opportunities in terms of dental therapy and low crime rates."

"I prefer going to Canada, Australia and New Zealand because there is a lot of demand for South Africa doctors"

The participant below also justifies her choice as it impacts on her professional registration:

"Canada, UK, Australia and New Zealand because it is not very difficult to get a job and registration with the council in those countries."

The increased demand for health professionals in developed countries include attractive remuneration, new career and personal development prospects and active recruitment by those countries (Eastwood et al., 2005). Other choices from the focus groups expanded on why such countries improved their career, ensured upward mobility and continued to offer capacity development:

"I would migrate to New York or America or anywhere in North America. American development in the field physiotherapy is very vast. The skills and exposure in a first world country in a clinical setting has a lot more to offer and is different to what other countries have to offer".

"There are better opportunities for audiologists in America. There are better working conditions and more advanced facilities. My aunt is an audiologist and is currently working for two years in America and she said that they more advanced with equipment and resources and that she is so happy with her salary".

"I have lived in the U.S.A for one- and- a half- years and I have had the opportunity to see physiotherapy and rehabilitation facilities and I believe that it is the best country for me to develop and grow as a physiotherapist".

The participant below reveals another concomitant factor of a conducive research environment that will be advantageous:

"America, UK and Canada are at the forefront of the medical field and they are the first world countries. Advancements would be good and doing research there would be great."

The recruitment campaigns have strategically marketed first world countries where the quality of life in social and working environments are attractive alternatives than in South Africa. It is perceived that the life style in these countries is better and these countries provide a better career path, better working facilities, better education system for their children and health care security is much guaranteed than here in South Africa. It is the perception of the Indian medical graduates that the working environments in these countries offer better opportunities for further improvement within their fields of specialty because the medical infrastructure provided a conducive and facilitative learning environment. The perception of a good working environment and professional and technical proficiency that allows for international peer recognition is important for tertiary-trained professionals (Dovlo, 2004). This is articulated by the participants below who also acknowledges the similarity in the curriculum amongst other factors:

"The thing is that we are part of the common Wealth and we follow a medical curriculum very similar to that in the UK, so it's easy to get a job because our qualifications are well recognized as the same with theirs. Obviously, they are at the forefront of the medical field and it is a first-world country. So, the advancements would be good, the research would also be good in those countries. Also, in Australia the medical system is extremely good. I have actually been to Sweden so I would also want to go there because they have a socialist-type of country & their medical system is also very nice".

"The United Kingdom is part of the Common Wealth countries and we follow the medical curriculum very similar to theirs so to get a place there you would have to write an exam but you will be very well recognized throughout the world. Also, the lifestyle's pretty good. USA on the

other hand also you will have to write an exam there. They have got a very broad spectrum in practicing medicine. You could do whatever you like over there and also the thing is their medical schools have been internationally recognized".

The participants of this study articulated that similarities of the curriculum inform their migration options. For example in Canada admission of medical graduates is highly selective and largely restricted to the graduates of medical schools in Commonwealth countries where academic standards are compatible with those in Canada(Grant, 2006). Canada evidently was a popular choice, especially the focus group responses of auxiliary services:

"Canada because I have got a lot of friends there. Maybe even Australia because I heard that the college of anesthetics is very good and I have a friend who left South Africa and who is an anaesthesis in Australia"

"United Kingdom because my mother works there and she is about to get citizenship there for she has been working there for a long time".

The participant below adds another dimension to the choices, namely the existing Indian population in Canada, and how assimilating within such a preexisting structure makes it more conducive.

"Canada because there is a large Indian population and you feel more at home and the life style is more secure as you can access more services."

Family ties and close relationships between those in the diaspora and those in South Africa can be noted as a reason that influences South African Indian medical graduates to migrate.

3.5 Conclusion

The migration decision by medical doctors is mainly caused by the conditions the working environment (Adetayo, 2010). This chapter explained the push and push factors that influence the Indian South African medical graduates when considering migration. Poor socio-economic conditions coupled with poor remuneration, workload, risk of exposure to diseases like HIV/AIDS and TB, inadequate equipment are some of the reasons that Indian medical graduates experience in South African hospitals. Apart from these perceptions social structure of Black Economic Empowerment, post–apartheid transition, crime and violence played a critical role in Indian medical graduates wanting to migrate. Racism has now become an issue in terms of how far it has branched out socially and economically as the debris of it and still has an effect on people and groups. A lot of negative perceptions have arisen out of this politically as well as which directly affects the structure of professionals like Indians in the medical fraternity in this case. As a result of these post-apartheid policies on BEE and Affirmative action, Indians are Indians are marginalised and stand little or no chance compared to their African counterparts as preference is given to Africans. From the responses it can be argued that most Indian medical graduates feel that they have no future in South Africa. The root that the marginalisation of Indians in South Africa would be largely due to the fact that when Indians came to South Africa as indentured labourers, apartheid was in its fullest form and divisions and sectors were in existence. This chapter further discussed how first world, Common Wealth countries and the United Arab Emirates will influence their preferred choice of destination. Thus, the participants may endure many encounters in searching for what they strongly feel and hope would be a better future.

The motivation for migration among potential Indian medical graduate migrants are embedded within a multi-layered range of push and pull factors and can be understood within the framework

of Migration Theory. Within the neo-classical model (Sjaastad, 1962; Todaro, 1969; Harris and Todaro, 1970) the positive benefits of migrating such as higher salaries coupled with improved working and living conditions were pertinent factors steering the prospect of mobility. The benefits of migrating were numerous, thus producing a positive net value which enhanced the desire to leave. However, the fact that few of them were financial contributors to the household as well as their perceived obligation to care for parents and/or grandparents were important factors dissuading the likelihood of migration, and can thus be understood within the "new economics of migration" (Stark and Bloom, 1985; Stark, 1991). In this case, the decision to migrate becomes part of a joint household decision. Taking into cognizance the network theory of migration (Boyd, 1989; Massey et al, 1993; Massey et al, 1994), it can be deduced that some Indian medical graduates were motivated by their network of individuals, those consisting of friends and family members abroad, who experienced migration and its outcomes positively.

The following chapter will address the South African White identity for medical graduates. It will also include the motivating factors that influence migration. Furthermore, it will further elaborate on two associated components namely how white medical graduates who were part of a hegemonic minority in South Africa are coping with the post-apartheid transformation and challenges. The option of which countries they prefer to relocate is also elaborated upon.

CHAPTER 4

Being South African of White descent: The intersection of push and pull factors that impact on migration

4.1 Introduction

Similar to the previous chapter this chapter extends the analysis of medical graduates but of those of the South African White descent. Their narratives are captured from both the individual interviews and focus group discussions. The push and pull factors as they implicate themselves from the data are utilized as an analytical frame similar to the Indian sample cohort, which was also detailed in the previous chapter. This chapter therefore includes both these factors. However, it became evident that the pull factors were similar to the Indian cohort and therefore be summarized in this chapter. The final section of the chapter is devoted to the conclusion.

Much of the discussions and analysis in the previous chapter addressed several pull and push factors that contribute to medical graduates decisions to emigrate. Some of the narratives inform of such a decision being informed and negotiated with by family members. In this chapter the White cohort of the sample's narrative speak to similar and dissimilar factors. Historically, the extended family system pertained to the traditional Indian family structure as compared to nuclear family system of the white. The exclusivist sub-urban lifestyles created by the apartheid era was adjudged to have established a unique mode of living among the white populace population, which suggests notably difference, which in turn render them different from the Indian household in Durban.

There exists adequate evidence that many White South Africans are known to have dual citizenships due to links to their ancestral countries in Europe, Britain and other parts of the western world, where individualism is the maintain of decision- making. This was also supported in the present study that white medical graduates in South African communities are often migrate to better geographical areas that offer a more lucrative and stable environment. The decision often to emigrate are often largely influenced by individually. Apartheid had foisted upon the different racial categories of people different circumstantial conditions through differentiated resource allocations, enhancing the white the most privileged positions in the country. More specifically, the push and pull factors that determine how and when to migrate often give them an advantage over their Indian counterparts. This advantage largely fetches the white the dual citizenship that they enjoy between South Africa and their designated countries of origin in Europe, Britain and other parts of the western world. Comparatively, the main factors that motivate their migration of Indian medical graduates compared to the white medical graduates are somewhat grossly different due to certain various factors. One of such factors considered in this thesis is that the majority of White South Africans enjoyed a peculiar and significant advantage during the apartheid era, which in essence differentiates the context in which the two races (Indians and the White) interact and survive within the same socio-cultural milieu. Thus, the reasons why the latter would intend to migrate from South Africa would be different from those of the former, and such reasons are constructed from two diverse contexts. Therefore, the push and pull factors were explored in order to determine what it is that has attributed to the movement of White medical graduates in the healthcare field. Factors pertaining to the health care system such as low remuneration levels, work-associated risks, inadequate human resource planning with consequent unrealistic

workloads, poor infrastructure and sub-optimal conditions were explored. Push factors, which pertain to the socio-economic and political life style of the white medical graduates were critically analysed in order to provide an understanding of the factors accountable for their motivation to migrate.

One of the persuasive attractions to White medical graduates aside from their possession of European passports, is the awareness that post-World Two conditions have created levels of stability that have positively impacted upon social, economic and political conditions. Each of these conditions lays the major attractions for a productive life experienced among the South African medical graduates. Among the social conditions for instance, the extent to which gender equity has been achieved in most of Europe and other English-speaking countries now serves as instructive policy measures to the developing world. This level of equity has extended itself to racial and ethnic equity as well. The extra-parliamentary support structures such as those which enforces accountability by both individuals and the state to ensure the minimization of discrimination is a convincing factor to people who hail from countries where such measures do not prevail. However, among the open-minded, the acceptance of the ability to socialize and learn from across racial, ethnic and religious boundaries is convincing to those who want to be part of such environments. Economically, western countries have consolidated their positions through the enormous progress that they have made in their countries. Their achievements have been spread out to both densely populated industrial-suburban localities as well as far outlying areas. Such stability has brought about a fair distribution in the sharing of technological progress that spans across their respective countries. It is in this kind of stability that most of the developing countries are aspiring towards. But it is often in their failures to emulate the democratic patterns

of debates and discourses in the west that lead to their failures in establishing economic stability. Very often, so-called democratic election results in Africa are considered free and fair because of opposition factions are not ready to accept the outcomes of voting at general elections. Social and economic disruptions through mobilization, often accompanied by violence creates serious setbacks to socio-economic stability. The failure to address issues through approved legislative structures is a feat that is yet to be accomplished in the continent. However, while post-apartheid politics in South Africa has shown significant adherence to democratic processes, many of the White medical graduates express either implicit or explicit concern about the future sustainability of these processes.

It is against the background of what occurs in the western world and what is happening as regards the delivery of medical services in South Africa that most White graduates have alluded to. While in the immediate aftermath of the dismantling of apartheid, the talk of reconciliation and fairness created an euphoria in the country, developments over the next two decades are widely viewed in at least in various ways. The first is that successive governments after Nelson Mandela's presidency reneged on the legitimate expectations of fair treatment to all. The second is the growing concern of falling standards and possible breakdowns of democratic processes and institutions. Herein lies the major concerns of White medical graduates. It is in these situations that the medical graduates view themselves in ways that demonstrate commitments to serving the country. On the contrary, the act of feeling marginalized through legislative devices such as affirmative actions and deteriorating management of health services that their views about residing in the country are being increasingly reviewed over time and space.

4.2 Identity: How South African White medical graduates perceive themselves

Identity is an important aspect of human culture which addresses how an individual view him or herself across a wide variety of socio-cultural settings. This part of the study was based on interviews with twenty white medical graduates. They were asked to provide an insight into their identities as South Africans. Each of the interviews lasted for about one hour and thirty minutes, and the discussion was always encouraging and cordial. There were moments when emergencies required their immediate attention, yet did not make them feel indisposed to the research despite the pressures under which they had to respond to patients in dire need. The researcher was respectfully asked to be seated and await their completion of duties before they could continue participation in the interviews. Their willingness to respond generated much enthusiasm to continue with the research with a positive mind. All of the respondents were significant in at least three respects: they were below the age of 30 years, they were born at a time when the politics of legislated discrimination (apartheid) was radically transforming into an era of non-racial politics, and they worked in environments that dictates the nonexistence of racial barriers.

The relevance of being below the age of thirty years suggests that for the first time in South Africa's twentieth century politics, schooling was increasingly becoming integrated. In Durban, affordability was the condition upon which previous White schools could be accessed. The increasing enrolment of learners from other racial categories from the apartheid era brought about a concomitant increase in White learners' exposure to them. The learners of this period were among the first of those classified White who were entering an era of new inter-racial experiences. It has created a different brand of thinking among descendants of those who have acquired an international reputation for segregated thinking. Their responses to the ways in which access to

general privileges in society differed significantly from the thinking of what prevailed prior to the 1990s.

Entry into tertiary level education institutions no longer requires the prohibitions of the past when those who were not White required Ministerial permission to study in all-white institutions. A further breakdown in the entry into work environments of giving the white preferred access dissipated to a point on non-existence. This new reality has now enforced among the previously most advantaged a cessation of privilege that has been transferred especially to the previously most disadvantaged (African). While this attempt to bring about equity is widely welcomed as a necessity to redress the inequities of the past, it also rapidly turned into negativity and that portrays inadequacies, such as those in the management of health care delivery. It is in these emerging perceptions that issues of race, patriotism and future commitments to serving the state pervade all segments of the country. This narrative below of a white South African medical intern captures his thoughts on patriotism and citizenship:

"*I am a true South African as I was born and raised here even though I might not be in the racial majority. I was born here, therefore, I think I am entitled to call myself a South African and I am entitled to all the rights that are enjoyed by other citizens. Most of the people that I know or I have known all my life are here, so in this regard there is a sense of belonging. I have tried my best to contribute in whatever ways that I could in the developments that are taking place and in contributing towards the new South Africa. So, it is not only about being South African, born here, entitled to all the rights, one needs to also try to make oneself best by contributing in whatever way that is possible towards the post 1994 transition and the new South Africa. I have realized that there are many people who see themselves as South Africans but we do not share similar sentiments so I think the whole question of being a citizen in a particular country that is supposed*

to share certain ideas and be patriotic, it needs to be looked into again because I do not particularly think that the politicians and myself share similar sentiments. I probably share more with someone in America or Japan who's in a similar position as myself than some of the people here who are South Africans. However, in terms of the geographical location, South Africa, I was born here; I think that entitles me to all what my fellow South Africans enjoy like freedom of expression and rights".

The pride of patriotism, despite the challenges with the present government was also evident in another participant:

"I am proudly South African. I do vote during the elections but have my reservations as to why I am not a happy citizen. I don't know how to say this without being contradictory, but I am happy in South Africa. I would not want to be somewhere else. I love the country but I just think it's not going in a good direction. I was born into a new country, a new anthem and a new flag. The Rugby World Cup in 1995 was a whole new beginning for South Africa. With the release of 'Madiba' I am full of hope, passion and belief for my country in wishing to make a difference and I am open to all cultures. Yet I see the corruption, failure to deliver housing, jobs, basic services, and education in South Africa".

It is evident that both participants express some degree of disconnect although they reiterate their patriotism as South African citizen. However, by nationality, social identity and geographical location, they strongly maintain that they are South Africans regardless of their colour or their genealogical affiliation to the European world.

The participant above cites sports and a unifying aspect and so does the participant below.

"We are reasonably laid-back, we always make a big fuss about little things but on the grand scheme of things everything seems to work out fine. Nonetheless, I am proudly South African and I think we all are in some aspects proudly South African. What makes me South African is the sport, like watching soccer or rugby. I guess I am proud to be a South African, not the most patriotic though. I perceive myself as a law -abiding, honest, hard-working and loyal South African. I am a true South African. The way we South Africans are vibrant and with the diversity of cultures and everything, brings us all together as South Africans. I see myself as part of a diverse group of people, even if we do come from different backgrounds and ethnicities we are under one flag. I perceive myself as a culturally mindful South African. I love my country and I respect and enjoy its diversity".

From the above narratives, the salient aspect identified that despite the differences the diversity is welcomed and the nationalism and patriotism is central to their existence and identity in the country. Their identity is shaped by the exercise of political rights and dispensation towards to the rule of law as law-abiding citizens play an imperative role in attributing to the question of how one identifies oneself. These assertions corroborate Lawlor's findings (2006: 28) that Citizenship has become a status with associated legally enforceable rights and responsibilities which more substantively define identity that exerts allegiance on human societies.

In addition from the narratives above patriotism and the unifying power was asserted by sport like rugby and cricket. For South Africans, sport is more than religion, and is regarded as a guardian to the nations character (Nauright, 1997). It is within such a supportive spirit of sport that contributes to some extent in the formation of identities as it establishes ways in which people interpret and make sense of the world and locate themselves in it, as it is intractably woven into their lives (Dolby, 2001).

This pride and patriotism, in contrast was not shared by two white female intern participants respectively:

"I am not a proud South African. I do not feel safe in my own country and as a white person I do not have equal opportunities. As a South African I am ashamed. Our government is corrupt and our president is uneducated. I can honestly say I will never call myself a proud South African as I find it difficult to cope with the fact that our country still blames the contemporary white generation for apartheid dispensation and we are being punished for it. I am not very proud of my nationality. I kindly feel looked down upon because of my ethnicity. I see myself as a citizen of the country but marginalized to an extent because I am white".

The participant above articulates her dissatisfaction eloquently and justifies her opinion on state corruption and being ostracized because of her race which is also communicated by the participant below:

"I see myself as a South African who could have a bright future and full of possibilities outside of South Africa. I am not patriotic because I have seen first-hand the evidence of crime and the terrible conditions that most people in South Africa live in. I am one of the privileged South Africans who can afford the cost of a university education, while others are not so lucky. I feel socially accepted because of the efforts of citizens but politically I feel discriminated against because of the racist attitudes that are displayed towards white people and the approach and policies of the government are not in order. Considering all these factors, I don't consider myself anyway a proud South African".

A different response by a white Zimbabwean, who is a community service doctor and presently a citizen of South Africa observes the racial tension:

"I feel accepted by the vast majority, but being a white person, I find that there are lots of hostility between the racial groups especially the black and the white in South Africa. I am of the white ethnic group from Zimbabwe and it is easy for me to accept people for whom they are regardless of their colour; so, I find it rather enjoyable experiencing different cultures, which makes me who I am".

Irrespective of colour or citizenship, some white participants did not identify themselves as South African and this was attributable to the absence of social and or personal security. Contextually there were push factors identified that influence the migration of White South African medical graduates, these are briefly discussed in the next section.

4.3 Push Factors

Within the transitional evolutionary period many social challenges continue to prevail in South Africa such as crime, poverty, homelessness and unemployment. In this study, socio economic conditions was identified as a major push factors for the White medical graduates' migration. Crime, unemployment, poverty and many other socio-economic conditions were emphasized in the narratives.

4.3.1 Intersecting realities of crime

From the narratives the high and rising levels of crime was the most prominent push factor identified. Crime is a chronic social pathology of endemic proportions in South Africa. Breetzke and Horn (2009: 1) attribute that "the growth in crimes in the country amount to existing and emerging socio – economic inequalities". The participants revealed their thoughts as follows:

"With the high serious violent crime rates in South Africa, one will always feel unsafe and afraid of being victimized, including myself. We live in a country of abject poverty and unemployment, a

violent society, thus we see that the levels of corruption and fraud in society exacerbate this phenomenon. Nobody wants to stay in a place where crime is escalating. Everybody wants to be safe so I would not like to stay in a place where I do not feel safe, I do not feel at home and I do not feel free. So, I would like to go to a place where I can feel like I am safe I am free and I am at home".

Clearly, for the participant above personal safety was a priority. The freedom is restrictive especially if a victim of a crime like the participant below:

"Crime is on the increase and I am from the province of Gauteng and already wanted to move. I was just staying in Gauteng because of my studies. I wanted to move because of the crime and I have also been a victim of crime. The South African government does not do anything about the crime in our country. I think the crime rate is astronomical and us as South Africans just become quite concerned about it and if we're attacked or hijacked or something, you say well as long as I am alright even if your car is stolen. In overseas that would just not be tolerated. So in terms of crime, I would definitely leave this country as it will be the main push factor".

The above participant communicated this push factor as being an aspect that has even normative responses to crimes committed, where not adequate outrage is produced.

Furthermore, this view extended to the health science students in the focus group discussion, where reverse racism was cited also:

"Crime is too high in this country. As a white person, I don't feel safe because I strongly believe that there is a lot of racism and I feel like I am a target. If one has to look at the newspapers every day you will read about crime, murder, rape, house robbery, car hijacking etc. How can one feel safe in this country if crime is increasing"? One is never safe to enjoy the things you have and you

have to always be on the alert and watch your back in whatever you doing. The magnitude of the different types of crime committed in South Africa is increasing and the South African government is doing nothing to better the situation".

Another critical aspect was the safety afforded in other countries:

"I would migrate because of crime and I feel that crime is everywhere. I would feel much safer going to Saudi Arabia because there is a large demand for health professionals and also there is zero crime. During prayer times in Saudi Arabia, in the likes of places like Jiddah, shop owners leave their shops open and go for prayer and no one steals because people know that their wrist will be chopped off if they steal. I think the South African government needs to adopt this approach for crime in this country. Crime is going out of control in this country and our president, Jacob Zuma, does nothing about this. All he is interested in is getting married and making more and more wives. I am sure he is seeing what is happening in this country in terms of crime. The death penalty should be reintroduced in this country".

The participant above mentions several concerns about crime and the lack of control over such crimes by the government. Moreover, a solution, which is not constitutionally sanctioned in South Africa as a deterrent is offered.

The prevalent and astronomic crime rate in South Africa appears to be a major influence on White medical graduates considering migration. It should be noted that crime is not exclusive to South Africa only, but the severity of crimes is higher in other parts of the world. The high prevalence of violent crimes that are perpetrated in South Africa among others include armed robbery, car hijacking and rape. For example, approximately 2 121 887 serious crimes were committed in the 2009/2010 calendar year. Over 30% of the 2 121 887 serious crimes were contact crimes while

25% of the 2 121 887 serious crimes were property related crimes (Thorpe, 2010). The nature and form of crime in South Africa do not bring all the required comfort to the people that reside in any residential suburb as they know that the risks of crime might befall them. Therefore, the violent nature of crime creates a high volatile environment whereby safety and protection of oneself and property is not a certainty.

This study revealed that the fear of crime has become an inextricable part of the lives of people within any specific environment in South Africa. For instance, 57.4% of South African Households fear house-breaking or burglary. 49.8% of South Africans feared home robbery. The third most feared crime was street robbery (39,6%), followed by murder (38,8%) and sexual offences (29,8%) (South African Department of Statistics, 2012: 7). From the above statistics, it can be deduced that a significant percentage of South Africans across the demographic spectrum fear falling victim to some types of violent crime. The clearest indicator of how South Africa compares to other countries when it comes to violent crimes is murder. Indicators reveal that during 2011/2012 national crime statistical survey, there were 30.9 murders per 100 000 people which means that South Africa has a murder rate four and a half times greater than the international average, which is 6.9 murders per 100 000 people (See Lancaster, 2013). All this official crime statistics clearly exacerbates the feeling of fear among the white medical graduates which is identified as a push factor to white medical graduates to consider migration as an option out of insecurity bestowed on South African communities. The uncertainty of harm on a person's individual body, reiterate and further increase the fear of crime, thus acting as a major motivator for their desire to migrate. Therefore, these the findings of this research substantiate and support Özler's submission (2007) that crime prevalence leads to the emigration of South African professionals of various population groups.

Beyond the crime, an associated factor was the economy and its implications.

4.3.2 Economy

There are currently many challenges facing the South African economy. Challenges include political uncertainty (which has an effect on high unemployment rates), crime, inflation and exchange rates amongst others. Some salient thoughts are expressed below:

"South Africa's economic status is going downhill and I do not want to live in a country with such a weak economy. The cost of living in South Africa is increasing daily yet salaries or wages do not increase. Inflation is rising too fast and people's salaries can't keep up to the situation. We pay too much of taxes in this country and there is a rise in unemployment and the higher the rates of unemployment the higher the rates of crime. South Africa is going in the same direction as Zimbabwe economically. South Africa seems to be collapsing economically where there are very few job opportunities. The South African government is becoming incapable of managing South African economy. The economy which is inferior to other leading economies is nothing against first world countries. Medical doctors do not earn good salaries. The money in South Africa that one can earn in a job is far less than if one worked overseas. The opportunities to better myself financially are higher than here. The social conditions such as poverty, substance abuse, children begging the streets and rape would definitely influence my decision to move".

The participant above concedes that beyond the crime and its related effects, the remuneration he would receive in a first world country is not comparable.

The economy was also a focal point of discussions in the focus group discussions:

"The South African economy is not favorable and the Australian economy is much more favorable so if I had to leave this country I would definitely go to Australia because of their economy. In South Africa, we pay too many taxes. There is always an increase in food and petrol prices yet salaries don't increase. Other first world countries have a much stronger economy compared to our country. Germany is known for its stable economy and I also fear that in the next ten to twelve years I would not be able to find a solid ground within South Africa as I don't see a future in this country for myself as an occupational therapist".

As an occupational therapist student, the above participant communicates her choice of county because of the strength of their economy.

The overall performance of the South African economy is deemed to be a major contributory factor that motives white medical graduates to emigrate from South Africa Run-away inflation has been identified as being one of the economic determinants that influence them to migrate. The effect of inflation increases the propensity of professionals to migrate in search of better stable economy which guarantees predictability (See Massey and Espinosa, 1997). The continued rise in the cost of basic commodities, such as electricity and petrol, is increasing beyond the reach of ordinary South Africans. Adding to this, the rate of inflation continues to rise exponentially and the working class of this country are unable to sustain themselves on their salaries. The rate of inflation and the salaries earned are not in proportion. The high taxes was also mentioned as a factor of discontentment that encourages migration.

Clearly socio-economic factors are inter related to each other in South Africa.

4.3.3 Social Factors

The relatable social factors offered by participant's are as following:

"Certainly, the socio-economic conditions form the moral decay of South Africa societies. Although these socio-economic issues are an inherited issue which form the basis of South African weakness. The conditions in South Africa are under dire straits but the conditions continue to escalate at a downward scale, yet the socio-economic conditions would influence my decision to migrate, because when we have no education then access to opportunities and jobs become minimal and the cycle of poverty continues. As inflation continues to rise and life for those who do work and pay taxes would become far more difficult. As we are forced to support those who rely on our taxes. Salaries can no longer keep up with this problem as many are being retrenched and therefore we would be inclined to move elsewhere where life is more affordable. South Africa has a low employment rates for white people and it is difficult to find a job and make a stable income".

Eloquently captured above are the socio-economic factors that prevail within the South African environment that exacerbates the situation, particularly the low employment rates for Whites.

When questioned on the impacts of politics, one participant expressed that:

"Politically, the government is not controlling the unemployment rates in South Africa. Every year graduates are produced from tertiary institutions yet it is very difficult for them to find employment. The education system is so pathetic and inadequate in this country. Moving to a country where job availability is on the increase would provide a secure reason to leave South Africa. If I cannot get a job in the future then this will influence my decision to migrate. The social aspects, such as the attitudes of the general population, will play a prominent role in determining my attitude towards the country and its future development".

Another white male medical graduate, an intern validated an alternate optimistic view by suggesting that:

"For me, personally, socio-economic conditions will not be the main reason why I would want to go somewhere else based under the economic growth conditions that we have here. We can in fact continue to get used to that and we have managed to find ways in which to manoeuver within those socio-economic conditions. It would be for reasons of better opportunities in terms of studying and better resources."

Interestingly, the participant above did not identify the socio-economic factor as being a motivator but improved opportunities for further studying and improved resources.

Similarly, the focus group narratives also supported the individual interviews:

"Poverty, unemployment, housing, HIV and street children street children are many of the social issues we face in South Africa, and these social issues are continuing every day. The gap between the rich and poor is growing. The rich is getting richer and the poor is getting poorer. Poverty and unemployment will never end in this country. South Africa is a beautiful country but with these social issues that we are facing, I would definitely leave, so I can start a family in a country where there is no poverty or unemployment, so my children can also have a better quality of education."

The participant above discusses the ramifications of starting a family within such as challenging socio-economic environment that will inherently compromise the standard of education in South Africa.

Another participant offered further justification:

"I would like to earn a higher salary and make enough money in Rands and Dollars. The Social conditions in South Africa are pathetic. Informal settlements are growing every day. A large number of foreigners are living in these squatter settlements. It shows that the Reconstruction Development Program (RDP) has failed as a policy in this country. It is sad to see poverty like a pandemic ailment".

He further illustrated how these social conditions contributed towards the decline in South African society:

"If one had to go to the Workshop area in Durban, it would be very sad to see a number of street children. These street children are becoming involved in drug abuse, prostitution and various sorts of crime day by day. The social conditions are deteriorating in South Africa, he added".

South Africa's unemployment rate has risen from 23.1% in January 2008 to 25.2% in May 2013(Trading Economics, 2013). Therefore, there are 4.6 million people who are unemployed in South Africa(Times Live, 2013). While these may have not demonstrated a direct impact on the participants' lives, they have been cited as major contributory factors that cause crime, fraud and corruption. These consequentially results in informing the choice to explore other more conducive countries as a home to relocate to. The governmental responsibilities have been reiterated by the vast number of the participants who have not adequately addressed the socio-economic needs of the vast majority of its citizens who continue to live and experience poverty. Other factors like the abuse of drugs and diseases, such as HIV/AIDS, have been cited as impacting hugely in the South African society, especially in Durban where the study was conducted the, there exists the highest figures of TB and HIV infections. This province is also one of the poverty-stricken provinces, which has to deal with all the socio-economic components associated with high infection of TB and HIV, which is witnessed by white medical graduates.

A participant also mentioned the worrisome concern of raising a family within such an environment and therefore it will be a salient factor in motivating him to relocate to afford his children desirable social conditions which other first world countries offer.

Ultimately, satisfaction will be compromised not only in their private lives but professionally too.

4.3.4 Job Dissatisfaction

Job dissatisfaction as a factor within a under resourced work environment was yet another salient and prominent theme that prevailed especially in governmental and provincial hospitals. Three interns communicated the following realities of working at a provincial hospital:

"I think there are still a few graduates that we get from the university at large so most of the hospitals are still disadvantaged as the number of doctors working there are few, I think the major reason is because the doctors in South Africa are going into private practice so the government hospitals are so overloaded with work so that we get overwhelmed. The conditions of the hospital are terrible and one cannot work under such terrible conditions. What you seeing now is like nothing because if you go to Out-patient department (OPD) we get to see 700 patients per day with few doctors. There is also a lack of resources like gloves that we use on a daily basis. The lack of all these specialized equipment makes things very difficult for us to work effectively".

The participant summarizes his experience within the provincial hospital that constrains his efforts to render effect assistance to patients. The associated huge patient numbers increasingly add to the pressure of offering optimal services to recipients. In a South African study on medical and nursing student migration intentions post-qualification found that medical and nursing students cited poor working conditions, including long hours, high patient loads, inadequate resources and

occupational hazards as being the primary push factors encouraging them to consider to leave the country" (George G, Reardon C, 2013).

The second intern also offers thoughts of the public sector conundrum of employment equity vs experience and merit:

"There are minimal job opportunities in the public sector as there is too much emphasis on balancing the employment quota rather than seeking adequately qualified and committed medical personnel. There is too much nepotism in the public sector and hospitals need to promote personnel based on merit and not on skin colour. There is too much of interference from Unions promoting "dead wood" and ineffective workers. There is a severe lack of air-conditioning and large patient numbers, the fact that some things that we have been able to do at the protocols are different to these hospitals. When graduates get employed as a doctor, there are always insufficient resources in the hospital, understaffed conditions, late delivery of medication and a miss-management of the hospital generally. They are often put in rural areas for their internships and if they are placed in urban settings they experience high volumes of work and seeing to several hundreds of patients daily. They are also paid below average salaries".

The intern above emphasizes the disparity in salary which was also a contentious issue.

The third medical intern declared that:

"There is a huge lack of resources and we work long hours, long unresolved hours. Some patients are very difficult to deal with. So, I think it is basically the lack of resources and the fact that we work long unreasonable hours and we have to deal with the attitudes of patients. Whatever we have to say, the government thinks "oh there they complaining again," whereas they form the noble profession, they are the most-paid. It is not about the most-paid. At the end of the day we

are supposed to be on one page with the government and that is to deliver health to the community. So, government is supposed to at least make sure that their doctors are satisfied so that we can make work to the maximum but whatever we say, government says 'oh well, there they are complaining. They got no reason to complain and as soon as we start to complain, whatever we trying to say to them, they go to the public first so that they look good on the public and the public turns against the doctors so that way it is never going to work so it's just the government which is our biggest challenge."

These narratives from above summarizes the frustrations and dissatisfaction experienced within the work environment that creates a fertile opportunity to consider a much more conducive alternative A study conducted on the reasons for doctor migration revealed that South African healthcare workers preferred gaining international experience is a salient pull factor for considering emigration (Bezuidenhout, 2009).

"There are much more opportunities overseas like in the Middle East and first-world countries. There are much better resources and equipment to work as a speech therapist at hospitals in the first-world countries and to gain experience abroad. Another beneficial factor would be to earn a higher salary".

The dissatisfaction is also extended to further training and development to improve the career pathway. The participant below also acknowledges the migration of nurses that has been a common occurrence in South Africa:

"I would like to specialize in trauma and critical care and therefore I find it more applicable to further my education levels overseas as a nurse one day. Migration would open numerous

opportunities for experience and knowledge. Nurses are always striking in this country and there are more opportunities for nursing in the United Arab Emirates".

In addition, the third participants added the dimension of remuneration for overtime work and contributes to dissatisfaction:

"The South African government hospitals are not well equipped and resourced. It is overcrowded and one has to overwork and one is not remunerated for their over time. I would like to work as a pharmacist in a first world country because of higher salary and one will be satisfied with the working conditions in those hospitals".

Evidently, the work and patient loads exacerbate an already resource depleted health system in KZN in particular, which the two cohort from the sample frame capture. It is the lived realities of these numerous constrains that contributes to dissatisfaction. In South Africa, 29 000 positions in the public health sector are currently unfilled, yet the national AIDS treatment plan aims to create 12000 new medical posts (Kober and Van Damme, 2004). The absence of adequate hospital personnel and doctors was attributed to the fact that most doctors in South Africa go into private practice thus creating a huge vacuum in governmental hospitals. Often these posts remain unfilled burdening the existing staff even further. In 1999, 73% of general practitioners were estimated to be working in the private sectors, despite the fact that this sector catered for less than 20% of the population (See Kober and Van Damme, 2004). According to the World Health organization (2006) "it was estimated that by 2015 South Africa will experience a critical gap of 15 380 staff nurses, 22 121 professional nurses, 3930 doctors and 5677 medical specialist who would have left the country". This has inevitably resulted in a dismal situation.

Poor management and lack of intervention by the government of the dire working environment as suggested contributes to stress. The complaints are viewed as frivolous and vexatious and an immediate appropriate response is often not forth coming. Health care professional in government employment are thus then labelled as "unproductive", "poorly motivated", "inefficient", "client-unfriendly", "absent" or even "corrupt" (Van Lerberghe et al., 2002). As a result, doctors become frustrated by bureaucracy, protocols and procedures and often so not have adequate time to engage with this appropriately due to the heavy workload, time constrains and understaffing. (Kotzee and Couper, 2006).

The deleterious effects of not being appropriately remunerated also witnesses' doctors migrating even from the public to the private section. In KZN of recent, it has been reported that many of these posts remain vacant and essential services cannot be performed because of lack of staff. Globally, the world, dissatisfaction with income is one of the major causes of doctors leaving public service (Kotzee and Couper, 2006). This study also reasserted in the present study as the sample identified financial reasons as the most important motivation for white South African doctors to relocate to overseas destination.

Yet another push aspect was the interrelated post-apartheid transition and marginalisation factor.

4.3.5 Post-Apartheid Transition

There have been structural changes in the post post-apartheid South Africa which requires acclimatizing to as a process that is slow. It is within the transitional process that the White medical graduates find themselves challenged by as attested to by a female intern below:

"Honestly, we are living in reversed apartheid, meaning a black apartheid government, where the black race is always the likely 'candidate' for all factors in society; even if one is not qualified. I'm not a racist, it is just a proven fact and it is truth. I believe the end of apartheid was the worst thing that ever happened to this country. It is 19 years after our first democratic election and people can still not let go of apartheid. White people are still being punished and blamed for everything that happened during the racial policy of discrimination adopted in South Africa decades ago".

Similar sentiments was also shared by another who expressed that:

"White people are not coping; many White people no longer have employment and face many setbacks as it is a punishment for apartheid. I think white South Africans are coping but some of them have migrated to another country but for white South Africans here in South Africa especially the old white Afrikaans Boer, I feel like they are the most targeted. Over the years many have been murdered on their farms; their land being taken away and many white families are left struggling in a country that they don't feel welcome in anymore".

The participant above details her concern about those being victimized as citizens.

The transition poses challenges which are construed an era of reversed apartheid where the black socio-ethnic groups favorably considered. Resentment and anger present themselves through this evolutionary period as illustrated by the narratives for example of white farmers being murdered on their farms and their land being taken away from them.

Nonetheless, other participants offered a differing opinion on coping with the post-apartheid transition as cited below:

"I think people are generally coping very well with the democratic era. Although for black people, the playing fields have not quite been levelled, but people are starting to realize that the vision of democracy that they waited for is not really ideal anymore and millions are left to fend for themselves. I think some white people feel guilty about the atrocities of the past but others are not willing to change but they have however integrated quiet well with the rest of society. I also think that we have to work harder than other race groups and are willing to work hard to succeed".

It is within democratic answerability that the participant above who recognizes the inherent challenges that a young democracy should anticipate and nevertheless appreciates the process.

Another communicated his optimism as well:

"I think most White people cope quite well; however, we, who were not even part of that period are being blamed and discriminated against because of what the past generations have done. We are coping well because we make concerted attempts to act in alignment to new ideas to abolish discrimination in all contexts. Inter-racial relations are good. Although we are a democratic country but it's on the racial lines. The ANC was a liberation movement for 90 years, people will vote for the ANC no matter what they do and it's because they see the ANC as their great liberators. White people voting for all the White politicians, so whether it's democratic is another story but I think everyone is trying to work out well in the 21st century South Africa".

The post-apartheid transformation elicited varying views as noted by the narratives above. While some of the participants acknowledged that the process is slow others were resentful of occupying their spaces in the new era of possibilities with this transitional stage.

These several push factors do influence the pull factors.

4.3.6 Marginalisation

Marginalisation has been described as an attendant consequence of Black Economic Empowerment (BEE). According to the South African Institute of Race Relations (2014: 2) "Affirmative action policies are usually concerned with three goals: compensation, correction and diversification. Compensation is backward - looking in that it seeks to remedy past injustices. Correction aims to rectify present discriminatory practices while diversification attempts to create a multicultural society. However affirmative action policies aim to achieve these goals either on a race – neutral basis or by taking 'race' into account". Many of the participants in this study experienced these policy changes and pronounced that there is a lack of opportunities for them to prosper impacted on upward mobility within the health care sector in South Africa. Although acknowledging BEE policies many of the participants expressed that they were being marginalised as revealed below:

"I think now that my generation who has not been involved in apartheid is now suffering and facing the wrath of it. We are being marginalised, and being disadvantaged. There are very few white students at the Nelson R. Mandela Medical School. Other races have been disadvantaged before but I do think that we as the white race group are now paying the price for it. We are also battling to cope with the fact that we have limited opportunities and cannot get the jobs that we are capable of doing".

"I think BEE is limiting white people's options and this is a waste of talent. I believe the best possible person should be chosen irrespective of skin colour. BEE is preventing able-bodied and qualified people from getting jobs because of their race. I feel that people who have worked should

get the jobs they deserve. I think even though they don't mean to, people are reversing apartheid and discriminating against the white South Africans. White people are not given equal opportunities as the black. South Africa is supposed to be a democratic society where everyone is supposed to be treated equally, but reverse is the case. I believe that white people are being marginalized because they are taking the punishment for apartheid. We are treated unfairly due to the BEE act. Most jobs at various organizations such as the university job vacancies etc. are being given based on skin colour rather than accolades and achievements".

The participant above once again emphasizes the essential nature of addressing past injustices but shares that is almost sustains discrimination in the work place.

Another participant was in agreement and suggests further that racism perpetuates itself in such sensitive situations:

According to an in-depth interview with a community service doctor participant:

"Many South Africans cannot get jobs. I feel that we are still blamed (the new generation) for the mistakes of our grandparents. BEE, I feel, should have ended already, to enable the 'Born frees' to get jobs fairly and not based on their race, but on merit. We are basically being treated like how the black people were treated during apartheid (obviously less severely). We don't get jobs easily, we have to work harder and be more intelligent to get into university and there is a constant discomfort when being around other races like we are being treated as though we are inferior. We can't acquire the jobs that we would be able to do because of our colour as they are instead given to other people of colour. We don't seem to have a great voice in South Africa any more as we are overridden by people of other races. The White also can't express themselves fully without being called racist whereas other races are allowed to express what they feel."

These opinions are further supported by, the narratives from the focus group discussion:

"BEE has disadvantaged the white population. BEE is just a waste of time, it is not fair. I strongly believe that everyone should be given equal chance at everything and this is now apartheid in reverse. The number of white students taken into the health sciences is pathetic. This is the reason that many white students are seeking the option of studying overseas. In my class, of Speech and Audiology, we are only two white students of a class of forty students".

The participant above in particular raises the concern of the disparity of representation even at university.

The issue of merit and the quote system was also captured by another participant:

"People should be accepted on the basis of academic achievement, not on skin colour. The truth is that the White are being disadvantaged. Even if we get all distinctions or certificate of merits we stand no chance of furthering our career in this country". The White have to work twice as hard if they want to move forward in this country. For example, white students who want to study in the Health Science disciplines are rejected because of the quota system. This is so unfair because some of us get A's in matric and we perform exceptionally well. BEE needs to get abolished".

Reiterating the point of reverse discrimination, the participant below suggests that it inflicts irreparable damage to the country:

"BEE supports the African race group. The Whites are being marginalised and side-lined. People are being given jobs because of their skin colour and not because of their skills and abilities. BEE is not doing anything good for this country".

The participants were of the opinion that white medical graduates are being marginalised on the basis of race, of which their opportunities were being limited by BEE. This stated scenario was viewed by the participants as a reversal of the apartheid policies on them, whereof the previous oppressors had become the oppressed while the previous oppressed had become the oppressors. The reason for such an exclusionary approach was deemed to be paradoxical, especially in light of the fact that South Africa's constitutional democracy, which guarantees equality, discriminates whites on the basis of what they had done to the blacks during apartheid. Thus, from this perspective, the marginalisation of white medical graduates is viewed as form of revenge or punishment that is now being meted out against the whites for the deeds that was committed by their grandparents or great grandparents during apartheid.

It was a point of contention that it was not easy for White medical graduates to get access to universities and jobs easily as their black compatriots are always given first preference. On this basis, most White medical graduates deem themselves the "born frees", they opine that opportunities should be presented equally to all and not to be based on race or the quota system, but that they should be based on merit. Affirmative action or the quota system is thus factored as a reason for the exclusion. In a South African study on the migration of community service doctors, the data revealed that "several doctors shared their anxieties about job opportunities after their community service. Two white doctors from a Pietermaritzburg hospital in Kwazulu-Natal considered going abroad to the UK because of the lack of specialist training post available to them since particular race groups were being disadvantaged for even being considered for a registrar post because 67% of their posts are given to black South Africans" (Reardon C, George G, 2014).

It is on this basis that the participants of this study state that the selective application of policy and law against them represents the machinations of marginalisation that are being perpetrated under

the guise of justice and law. The perceived marginalisation of the white race is one that can be traced back to colonialism and more recently to apartheid. A resentment is perceived to be held by the majority race groups that the problems South Africa faces currently is as a result of the white population within the country and that resentment has continued even after the transition to democracy, and thus has become the norm that anything that happens is because of white people and white people have the full country's wealth and black people are not given access to it.

However, not all the white medical graduates interpreted their situation as being marginalised as attested to below:

"I am not actually sure about being marginalised because we do not have enough doctors to marginalize with. I suppose a doctor is a doctor, no matter what. We have all got the same qualification so I do not see why anyone should be marginalised, really. However, in terms of specialist posts, maybe there may be a bit of marginalisation".

The above participants suggest that marginalisation does not materialize due to inadequate staff however; he continued that it is present within the specialization arena.

Another shared this opinion and elaborated that:

"I don't feel that way at all because this is a rainbow nation, this is the only nation where you can mingle with different cultures and you can get along. You have to appreciate what you have at that moment, it is better if you compare yourself with the people you are living with who are not in the same situation as you are. If you want to grow, you have to compare yourself with the people that you really understand who are within your circle or territory or anything. But you can only go a step further if you know where you are and where you are going to".

"This is my observation with regard to marginalisation and the context is post-1994. There was this talk about reconciliation and I think people bought into that but I think in a way during that time that talk about reconciliation, some of the things that we should have discussed back then were kind of relegation to the back seat. I think they are coming back to haunt us. Some White people I speak with, some White people I know, some Indian people, some minorities I know, they will point out to some of the statements that have been made by the main stream politicians in the way to say that look, we are quite un-eased about that, we feel that we are being marginalised and I think in some instances they have valid reasons to say that they do have legitimate reasons to say it, but again, you find Black people also feel marginalised and they would feel that the White are still dominating or people who are perceived previously advantage to be slightly better than Black people and they still feel that you know those perceptions that were like "oh this person is treating me like this because I am Black. Unfortunately, the issue of feeling marginalised, not whether you are Black or White, within the context, given the things that are happening, it says in a sense that when people complain about being marginalised, you look at some of the things that are happening and you feel that some of their concerns are valid but I wouldn't say there's an agenda to marginalize White people you. What I think is happening though is that people are being marginalised also not because there's an agenda because of the socio-economic status. People are being denied access to basic services and some are being denied of their basic rights. But I think their conditions are different, they would not think they are marginalised".

The participant above offers a politically contextual opinion.

From the 3 narratives above they differed in the view as compared to another participant's interpretation of marginalisation. Black economic empowerment was a policy that was created by the new South African government during the post – apartheid South Africa. However, BEE, as a

policy, and affirmative action, does not include people of the white race and many of the participants expressed their frustration and anger with BEE as a policy. However, an in-depth interview the participants, shared the following sentiments:

"I feel that as BEE is preventing deserving people from getting jobs because of the race group that they belong to. I feel that people who have worked hard should get the jobs they deserve. I think even though they don't mean to, people are reversing apartheid and discriminating against the white population. I also believe that white people are being marginalized because they are taking the punishment for apartheid. We are treated unfairly due to the BEE act".

BEE has been construed as a tool that seeks to reverse the injustices caused by the apartheid regime. This development is paradoxically deemed threatening to re-racialize the country, widening inequality gaps, and providing the rise of a black bourgeoisie with a nurture capitalist agenda (Iheduru, 2004). The vast majority of white medical graduates suggested essentially that BEE was designed to perpetuate discrimination against them when it came to lucrative opportunities at the job market. Rising anxiety that affirmative action is driving skilled professionals out of South Africa has heightened resentment towards the policy (Adam, 1997).Despite this assumed novelty of BEE and its unfairness, the policies of the post-apartheid South African state have historical precedents nationally and internationally(Ponte and Van Sittert, 2007). In South Africa, the assistance given under apartheid to the poor white in the interwar years and to Afrikaner capital in particular, furnished the ANC government with a home-grown model of state manipulation of the economy to benefit a particular social group. The post-apartheid democratic context has formalized and generalized rather than terminated the previously informal practices of state ethnic engineering of capital. Furthermore, these are now given an unassailable legitimacy by being pressed into the purported service of redressing the economic effects of

historical racial discrimination under apartheid, segregation and colonialism. (Tangri and Southall, 2008).

"*There are perceptions but there are facts. I think the government idea is that we are undoing the wrongs of the past. We can debate again how that is being done but personally I don't think policies such as BEE or Affirmative Action in a way side-lined the White. In fact, Indians do qualify because they are considered Black. But I also don't think that given the facts that the White are side-lined or marginalised by policies such as BEE or Affirmative Action but again as I was saying earlier on, we need to have a serious debate about BEE as a programme and Affirmative Action as a programme. The extent to which it benefits those who are supposed to benefit from it, you know the Black people who are benefiting from it and to what extent. I think there are serious imitations of those programmes as they stand now. They tend to be elitist and who you know. But in terms of such policies side-lining the White or marginalizing them, I don't think that is the case at all, given the facts".*

"BEE doesn't cater for the White man and well it should not as the name speaks for itself. Its Black Economic Empowerment that is trying to correct the disparity of the past, whether or not they are going about it the correct way is another story but they just making the few Tokyo Sexwale's at the top richer and richer. It's not benefiting the Black man either, so, they should scrap it all. As everyone is complaining, why not scrap it?"

BEE was enacted to address the imbalances that were still entrenched in South African societies, which obviously created courtesy of the apartheid regime. This they exemplified in highlighting that 72% of all managerial positions in South Africa were being held by the white and at the same time the white population also controlled and contributed vastly to the economy. Essentially, it can be deduced that BEE was conceived as a project to redistribute productive resources to groups

(or, more specifically, individuals) previously disadvantaged by the system of apartheid (Ponte and Van Sittert, 2007). There was mixed responses in support of marginalisation with the cohort of white participants. Marginalisation are inextricably linked to job opportunities.

4.3.7 Opportunities for White South African medical graduates

A vast majority of white participants are leaving South Africa due to the lack of job opportunities after 1994. As noted in the two preceding sections of job satisfaction and marginalisation job opportunities from an affirmative action perspective proves challenging for white medical graduates as noted below:

"There is a huge vacuum that needs to be filled in terms of availability of doctors, there are huge opportunities for doctors in this country and elsewhere just as the students who went to study medicine in Cuba but what cripples the opportunities are our health systems which fail the people and its workers. The opportunities are still good because when it comes to the health of the people race is not an issue they choose the best. I think there is a lot of opportunity, it depends if you going private or public but I think it's a general problem that there are 90% of the doctors serving 10% of the population whereas 10% of the doctors are in government serving 90% of the population. In terms of posts, in the private sector there are always opportunities for everyone, that's the nice thing. On the other hand, in the government sector, certain posts have to be filled but they make it less likely that a White doctor or at least a White male doctor would get a post, and with regard to intermedicine, the white male is at the bottom of this chain".

The participant above captures several pertinent issues that prevails in the health care system in South Africa presently, including the private and public debate. Moreover, he captures the essence

of why the NHI is promoted by the ministry of health to address the disparity of the ratio of patient and health care professional in the country. Also, with the NHI there is the entire thought that it will outsource to private hospitals and create more jobs for medical personnel.

Another participant stresses the reality of positions within rural setting in country where many posts remain vacant because medical staff do not want to encounter challenging environment:

"I personally believe there are a lot of posts here in South Africa, and if you look at it, doctors are in need basically. That's how it is because we have a large population of poor people that we need to take care of. I also think that the opportunities are available but I think you have to either specialize within a certain field to become a highly specialized person or you know drop the whole expectation of getting a very high position and just be willing to do almost any job in order to gain an income and then work your way up in the in the medical field, and I think from a White perspective, it's almost seen that you are above doing the very basic jobs and you expected to go into a position of power and that needs to change".

The participant above captures the medical staff should not lose focus on what the essence of medicine is.

Another perspective from an in-depth interview suggests that the discrepancies are glaring between the races:

"It is very grim and weak in the 21st century. You can be amongst the best scholars in high school; but the chances for you to attend medical school are very low; as your high performance at school will be replaced by a par Black student, of every 10; it would be 6 blacks, 2 or 3 whites and 1 or two Indians. I think opportunities are slim as white students require aggregates of +- 90% to get into medicine, whereas black students need a mere +- 50% pass to get into the course. Something

so important should require the same results regardless of race. In this country we do not have equal opportunities. Black doctors are usually employed at the expense of white doctors; and therefore, many white medical students emigrate from the country."

A participant differed in his opinion on available posts:

"Opportunities are nearly non-existent. The University of Cape Town (UCT) course manual stipulates that in order to be merely considered for medicine black students need to achieve an aggregate of 70% (490/700) whilst Indians need a minimum of 85% (595/700). At the school of medicine at the University of KwaZulu - Natal (UKZN) my best friend achieved an aggregate of 91% but was declined acceptance. This minimizes opportunities for White medical students and thus hopes of becoming a doctor by profession. Being a white doctor is possible but you have to have achieved really high marks in high school to be accepted into university. Black and Indians have preferences. There is little or no opportunity for the white."

He continued to offer an illustration of his concern on the racial ratio even at medical school:

"There was a further expression whereby the respondent claimed to know of only 5 white students at UKZN's medical school, two are male, three are female and most of them had to study B.Sc. prior to the time in order to get into first year medicine".

Also in the focus group discussions, similar thoughts were evident:

"There are more opportunities for African students in the health sciences. However, because of BEE, African students have first preference. There are not enough opportunities for White students. Therefore, many of the white students resort to seeking an option of studying and working abroad".

"Everyone must be taken into consideration in terms of job opportunities irrespective of one's race, colour or nationality. The South African government needs to allow for equal and fair practices. If the government could improve the state and conditions of government hospitals and employ more graduates so we can gain experience and serve the large population of the poor people; then of course we will remain in this country".

The governmental challenges and the reasons for not retaining staff is a concern communicated by the participant above

Another reiterated the call of equal opportunity to become a translatable reality:

"Graduates should be recruited on their skills and academic record and not because of BEE. The government should give jobs to individuals who deserve to be in that position no matter what race they belong to. Everyone should be given a fair chance and equal opportunity".

From the narratives above the concern that has been raised by the participants in this study is that job opportunities in South Africa are grim and bleak, and that they are deprived of equal opportunities. One of the paramount examples cited was the abnormality of the entrance requirements into university medical school that exists between the white and their black colleagues. This notion was deemed to be solidified and consolidated further at the labour market as the black are usually first considered for employment at the detriment of the white graduates. It is on this basis that the limited job opportunities are deemed to arise, thus becoming a reason that frequently inspires the white medical graduates to migrate overseas in search for greener pastures. However, with a particular regard to managerial posts in the public sector, it is stated to be less likely because affirmative action would prevail every time when it comes to appointment of those positions to the exclusions of the White race.

In any new democracy, the evolutionary process witnesses constant changes and requires appropriate adjustment.

4.4 Pull Factors:

It became evident from the narratives of the white sample cohort that they shared similar themes as their Indian counterparts. This section therefore presents a summary of the interrelated themes on the pull factors. One such salient theme that emanated from the narratives was the preferred choice of destination.

4.4.1 Preferred Choice of Destination

The choice of destination when considering option was certainly a salient theme that emerged from the narratives. Many participants mentioned that the first-world countries, including the Common Wealth countries as a preferred choice of destination since the hospitals I would allow them to prosper in their career and offer appropriate training needed to further their studies. The narratives that follow provide justification:

"I would choose between England and Australia as there is no racial discrimination as experienced in South Africa. There are ample job opportunities in their health sectors. We pay a lot of taxes in this country. Although I come from a upper-middle class family, which means that I am not really subject to poverty as such, but things like taxes and medical aid laws that this country wants to bring into practice will influence my decision to leave the country and I would prefer to immigrate to England as I have family who have been living there for +- 20 years now and have had no complaints of the country. It is also easier to get employment and start a life by living in your own apartment".

Similarly, the above participant the one below also validated his choice for England amongst other countries that offered a more conducive work environment:

Another participant expressed that:

"I would move to England, America or Australia because I feel I would fit into these societies because I would fall into the majority group because in South Africa we, the white South Africans, are considered the minority group. In Australia, even though it is not considered the first-world, the infrastructure is far superior to South Africa's infrastructure. Many South Africans are in England and Australia so I would not feel like a stranger in the country and become totally isolated. I think I would like to go to Australia because it has the same climate and is like South Africa and there is less crime and corruption. There are jobs available and not based on racial discrimination. The climate in Australia is about the same as South Africa and not so different. They also speak English as their national language which is vital because I can understand and communicate freely and there will be no communication barriers. I have also heard the hospitals are well equipped and resourced unlike the government hospitals in South Africa. I have also heard from a nurse from this hospital who went to Malaysia for two years and worked there as a nurse and she said that the hospitals are more advanced in Malaysia".

Another suggested that another country would offer career advancement within a teaching and learning space:

"I would go to England because of health policies and high standards of education and thus possibilities of career advancements in the medical field and I will definitely feel more comfortable in England. Well with regard to my professional field, we have been colonized by the English during the apartheid regime. I think I could also go to the UK, Australia or the United States of

America. I will go to Australia because of the language and there is a large population of South Africans. The UK because they are advanced, they have advanced medical instruments in the hospitals and the best equipment and it will also be a good opportunity to work with well renowned professors in their field. This will therefore help with advancing my career. In the U.S.A they are also more advanced in terms of everything from equipment, diagnostic tools, everything you can use in hospitals. In the hospital that I am currently doing my community service, sometimes there is a shortage of simple equipment like gloves".

Another participant was attracted to common wealth countries with a suitable culture: *"I would like to immigrate to Canada. It's part of the common wealth countries. There is less crime and corruption unlike in South Africa. I also have a cousin who immigrated to Canada two years ago and she mentioned to me that I should come and work as a doctor in Canada since the hospitals are well resourced and she is an occupational therapist and she is earning very well. My father is also a medical doctor and he worked in Canada for two years and he really enjoyed it. Well, I have been to New Zealand recently, not with a view of looking there although lots of people thought that. I don't think I will go there. I found it too boring but it would most likely be a place that would suit with my culture and probably language and I like the type of lifestyle in the country. So, it would have to be either Australia or England".*

The narratives from the focus group discussion also shared similar destinations:

"I would like to go to the United Kingdom. These are first-world countries and are very good to further one's education and will allow me to further my studies in the nursing profession. An added benefited is that I could be earning in dollars and pounds which will allow me to live a good life if I decide to return to South Africa".

The choice of destination for the above participant was determined by the financial rewards that country would potentially offer which the participant below also noted:

"I would like to go to Germany or Australia as these countries have very good stable economies. I would feel very comfortable to go to Australia because of the language, they have a similar climate to South Africa and there is a large population of South Africans in Australia. There are low crime rates and it will be a good country to start a family".

Another destination that will also be lucrative financially was captured by the participant below: *"I would like to go to Ireland. I have heard that it is an awesome country to work as an occupational therapist. The hospitals are well resourced and equipped and because of the higher salaries". I would like to work in Saudi Arabia. I have heard there is a good hope for pharmacists. At the same time, I will be gaining a lot of experience and of course earning a higher salary".*

From the narratives favorable destinations were identified as Australia, Britain, Canada, New Zealand, America, Europe, and Malaysia as their preferred choices of destination if they decided to migrate, most of which are first-world countries or and common wealth countries. They justified and validated their choices by comparatively considering the prevailing existing conditions in South Africa. More specifically, the selected destinations have a plethora of job opportunities which would easily sustain their livelihood. Thus, the preferred choices of destination were predominantly white, as such in the main will insulate them from further racial discrimination.

There is a presumption that in developed countries there are lesser crimes and the level of safety and personal security is much better rather than as compared to the violent nature of the South African community. Better quality of life and appropriate infrastructure that efficiently supports

social service delivery was cited as a definitive pull factor that attracted them to those developed countries.

This study also reveals that the higher demand for South African medical graduates from the developed countries acts as a pull factor that influences white medical graduates' decision to migrate. This practice has been described as "aggressive recruitment of physicians from other countries (See Bezuidenhout et al., 2009). This demand is also accompanied by higher remunerations and promises for better packages for the medical doctors, which serve as the biggest incentive that attracts them to developed countries as compared to South Africa. The "pull" and "push" factors determines the propensity for the white medical graduates to migrate from South Africa and consider more conclusive countries that promises more security and socio-economic rewards.

4.5 Conclusion

An analysis of the fore going clearly demonstrates that push factors play a much greater role in white medical graduates' decision to migrate from South Africa than do pull factors. Push factors included among others, dissatisfaction with remuneration packages and working conditions, high levels of crime and violence, political instability, lack of future prospects, racial discrimination, the absence of equal job opportunities and a decline in education systems. In addition to a depletion of intellectual resources through losing highly qualified and skilled individuals, South Africa faces substantial monetary implications caused by the migration of medical practitioners. Hence the migration of white medical graduates originates from the social, economic, and political transformations that are existent in South Africa vis a vis the globalized economy. Several studies

have consistently shown that international migrants do not come from poor, isolated places that are disconnected from world markets, but from regions and nations that are undergoing rapid changes as a result of their incorporation into global trade, information, and production networks (See Massey, 2002:95).

The incorporation of South Africa into global networks accounts for the pull factors that influence White South African medical graduates to consider new ways of achieving economic sustenance. Wages are higher in developed countries , and the larger size of these international wage differentials inevitably prompts some displaced people to offer their services on international labour markets as the command economies they come from are undergoing a structural transformation toward the market, since they are already quite highly urbanized (Massey, 2002: 144). However, wage differentials do not solely account for the pull factors that incentivize White medical graduates to migrate, as other factors like family ties and relations, and the similarities between the education and work curricula from the country of origin to the developed countries also play a huge and significant part. The spread of migratory behavior within sending communities sets off ancillary structural changes, shifting distributions of income and land and modifying local cultures in ways that promote additional international movement. Over time, the process of network expansion itself becomes self-perpetuating because each act of migration creates social infrastructure capable of promoting additional movement. Furthermore, White medical graduates who intend to move to developed capitalist nations are generally responding to a strong and persistent demand of their skills that are built into the structure of post-industrial economies. The push and pull factors underlying the desire to migrate among potential White medical graduate migrants were equally diverse as their Indian counterparts and can thus be contextualized within the varying components of Migration Theory. Within the neo-classical

model (Sjaastad, 1962; Todaro, 1969; Harris and Todaro, 1970), better economic gains and career prospects together with improved working and living conditions were influential factors prompting the desire to migrate because they produced a positive net value. While the neo-classical-model and the "new economics of migration" (Stark and Bloom, 1985; Stark, 1991) argues that the decision to migrate is part of a larger household decision, findings among the White medical graduates showed otherwise; decision making would be greatly individualistic. This stemmed from the fact that none of them were significant financial contributors to their families resulting in independence and freedom to make individual decisions that does not directly affect the family or household. Within the network theory of migration (Boyd, 1989; Massey et al, 1993; Massey et al, 1994), many potential White medical graduate migrants were motivated by their network of friends and family members who migrated abroad and experienced migration positively.

The following chapter will look at whether migration changes the Indian family structure. It will further discuss whether the decision to migrate for greener pastures may be influenced by family and friends. Within the context of family relations, it will discuss how the decision to migrate is made. It will further discuss that although Indians may live in a nuclear family, they are still bonded among the extended family, hence less individualism.

CHAPTER 5

Being a Family Member: South Africans of Indian Descent

5.1 Introduction

This chapter examines the decision-making process within the context of the family. The family institution is one of the fundamental sectors of society. It is the bed rock of human interaction and social relations; Haralambos and Holborn describes the family as the "cornerstone of society" (See Haralambos and Holborn, 2004). Thus, the family trains, equips and influences individual's perception of society's roles, responsibilities and the general belief system. Family is often identified as group of people bounded by blood and kinship ties, but in the context of the South African Indian family, the family network transcends relations bonded by blood alone, to include mutual friends. This view is not particularly peculiar to the South Africans Indians alone. The family is a social unit that consist of both nuclear and extended relations. "The family unit which is larger than the nuclear family is regarded as extended family'' (Haralambos and Holborn, 2004: 466). This includes spouse's parent, siblings and in many cases, introduction of additional wives.

The South African Indian family maintains close affinity with the extended family. It is not uncommon then, that when their male children marry, they tend to still stay with the family in order to keep the bond intact. However, this does not rule out the fact that the structure of the family system has been transformed in recent decades. This introduction emphasizes one of the major tenets of the traditional Indian family, a group of people that values religion, family philosophy, and convention. The essence of this chapter is to examine the influences of migration

on the traditional Indian family structure, considering the relevance of affinity bonds in a highly transformative society and the influences of family on the decision to migrate.

The structure and formation of the family system has undoubtedly been altered and is constantly re-evolving as a result of the influences of globalisation and changing world economic policies. Most of those who choose to immigrate or emigrate do so in search of better economic prospects. Liverson and Wren (1998), as well as Pierson (1996), are of the opinion that large scale social and economic trends promulgated by globalisation are factors restructuring the family system. These social and economic trends include the demand for labour across continents and aspirations for better economic prospects.

Considering these dynamics of migration, the chapter will analyse the impact and perception of the relationship of migration and changes in the family structure of South African Indians. The incidence of migration of one or more members of the family will influence the way the family functions and the way it distributes its roles within itself. The absence of a particular family member, either on a permanent or temporary basis, will influence family structure, both in destination and origin areas (Hugo 1987). Following the changing of its structure, the family has to make adjustments, especially in terms of the roles of family members left behind. For example, during the husbands' absence, the wives may take over several roles in order to maintain the family functioning, such as handling more financial or administrative tasks (Siegel 1969; Colfer 1985, Rodenburg 1993) or acting as a *de facto* household head (Hetler 1989). In addition, there is always a chance that migration of adult children will influence the wellbeing of their elderly parents who are left behind (Hugo 1988a).

According to Hohn (2003) and Cliquet (2003), economic development coupled with enhanced opportunities for upward social mobility across nations and the demand for labour force has

increased the rate of migration. However, it must be noted that the process of migration has devalued the communal nature of the large extended family system at the expense of individual progress. It becomes very pertinent to examine the ways in which migration impacts the structure of Indian families the South African Indian family, as these families are highly structured and often very close. In addition, there is a dearth of literature on this subject.

5.2 The Impact of Migration on the Indian Family Structure

Migration has become a prominent reality in the modern world (Pyakurel 2009). Historically, people have moved from one place to another either voluntarily or by force. Many people opt to migrate in order to improve their employment prospects and economic conditions. In addition, there may be influential factors such as culture, politics and conflict, which accelerate migration. The process of migration has constraining effects in many ways. While migration is largely undertaken with the hope of a better life in an unexplored world, it creates many contentious issues in society, especially in relation to the family unit. Migration, may involve individual families and even whole communities. Thus, families, communities and societies experience migration in various ways. (Pyakurel, 2009).

"The family has been and continues to be one of the strongest institutions of society, in all regions, among all communities, and in all social classes" (Beteille 1999: 143). However, the process of migration today has strongly affected the family structure of Indian families living in South Africa. The close-knit extended family structure, has to a large extent, shifted towards a smaller nuclear family structure. It is mainly because the youth who migrate for the purpose of pursuing their career hardly return home. Compounding this is their tendency to marry and settle in their country

of destination (Pyakurel, 2009). Beteille's argument is relevant to this study in understanding that migration alters the traditional family structure and more importantly, that migration often results in the long-term geographic separation of family when migrants decide not to return home.

Whenever migration takes place, it is obvious that not all our 'belongings' will follow us to our new place of abode. Migration influences the South African Indian family structure and this assertion is drawn from the experiences and perceptions of the research respondents. The factors influencing the structure of the Indian family are located with social, economic and psychological variables. The fact that migration alters the original structure of the family became evident as a majority of the participants believed that the movement of family members had distorted the original structure of their families.

Of the 20 respondents who participated in the in-depth interview of this research, seventeen respondents agreed that migration has a great impact on family structure while just three believed migration did not influence family structure. The position of those that disagreed is quite illuminating; they do not contest the changes and transformation that has affected the family structure generally but argue that migration is not the sole cause of family transformation. Rather, they felt that globalisation has changed society in general, and the change of the family structure was a part of this. One of the respondents mentioned westernization as a promulgator:

"With westernisation, many of us or I think most Indians in South Africa don't practice the extended family system anymore. People live a very independent life compared to the days of our fathers, parents and forefathers. So I think we are too independent and we have smaller families so I think that's what impacts most."

The respondent quoted above further mentioned that they have less interaction with the extended family, thus the size of their family (those they interacted with regularly) had become smaller. Theoretically, globalisation, which has weakened barriers between countries (culture, communication, movement of labour) has in effect, weakened close ties between and within families. Bauer (1984) noted that globalisation has led to the "reorganization of the household with its emphasis on the nuclear family and the geographic distances separating the extended family as well as the disparity between access to information and control over its use that challenges the traditional ordering of family authority"

De Silva (2003:22), summarized the impact of westernization, globalisation and industrialization on the South Asian family structure. In line with the above respondent's word, he says, "In South Asian countries where predominantly a traditional society existed for generations especially with an extended family system, a vacuum is created between the traditional society and the modern society, when modernization, industrialization and urbanization take place. This leads to adjustment problems and feelings of insecurity and alienation from traditional land and family. Extended family no longer exists due to physical, social and economic environments, particularly in the urban settings, creating the problems of caring for children, older persons and the sick. Family disruptions take place specifically due to adjustment problems and collapse of family values."

Bearing in mind that many South African Indians are descendants of South Asian families and still hold close ties with them culturally and religiously, it is clear that De Silva's words collaborate for this study. South African Indian families are equally close knit and do negotiate the terrain between close traditional family and modern society. The link between families cannot be easily broken, thus it is quite difficult and very challenging for families to make decisions to migrate to places

that will put them at distance from their clan and kin. One of the respondent captures this unease in the following manner:

"Historically speaking even if one has to relocate from Durban to Gauteng or Cape Town it is a painful thing for an Indian family. Even if it's a non-permanent thing. It is very painful to even send your child to a university outside the province but sometimes we as Indians are forced to send our children to study outside Durban because you have no other option. As soon as you complete your studies you need to come back to Durban. If one has to go abroad they will come back because of their families. Historically our Indian family structures are very close. When Indians talk about friends and families there's very little difference between the two. While growing up, the people that you went out with was usually were your cousins, family and friends. The people you associated with in school and in university you have very little association, unless they were incorporated into your family structure so that means you knew their parents, their parents knew you, you got invited into each other's' family functions and the distinctions between friends and family is lost. Well that's probably one of the main reasons why I haven't exactly made a move, is that my family's still here so if I go abroad it means leaving the entire family behind."

Probing further into reasons why migration will further break up family bond and ties, the respondent elucidated further:

"The Indian family is quite close-knit and your mom and dad are the most important people in your life so it really causes a rift there. So, if I was going to migrate, then I would probably take my mom and dad with me as well."

From the above response, it is evident that the South African Indian community attaches so much importance to the continual existence of the close bond between family members, at least to the

best knowledge of the respondent above. It is believed that migration will distort family arrangements, separate an individual from loved ones and affect the continuity of family bond and traditional practices. To avoid this kind of scenario therefore, when migration is to be considered as an option, relocating the entire family is usually the underlining factors influencing movement. This speaks to De Silva's notion of 'insecurity' and the 'alienation' from land and family. In order to hold traditional values close, and remain close to one's parent in order to avoid the neglect of older parents as De Silva highlights, migration for the members of a South African Indian family often means the migration of more than one family member, or as I will show later in this chapter, means not migrating at all.

Research conducted on the effect of family change on geographical mobility has a long history (Rossi 1955, Long 1972). Studies that are based on longitudinal data and apply event-history analysis, however, have only emerged over the past three decades, along with developments in life-course research. In their path breaking study, Sandefur and Scott (1981) examined the effect of age, family, and pre-war cohorts in the U.S. Their analysis shows that married individuals have lower rates of migration than do single, and that the rates of migration decrease significantly as family size increases. The authors conclude that two factors are responsible for this reduction. First, the economics of a move increases as the number of persons living in a family unit rises. Secondly, and more importantly, the presence of additional members in the family means that more ties must be broken at the place of origin and established at the place of destination. Courgeous (1989) examined the interrelations between family formation and spatial mobility in France. He extended previous research by making a distinction between the effect of family change

on rural-urban and urban-rural migration. Migration might affect the passage of the knowledge of this religious rite from one generation to another if they are detached from family members and closely related to religious factors is the cultural implication of migration. Cultural practices, peculiarities and practices are often eroded as individuals and groups move to new places, they begin to assimilate other cultures and practices. One participant who was born and raised in Mauritius and who is doing his community service in Durban posited that;

"Indians have a very cultural background and are very religious. They have all their familial commitments and Indians make sure they consult with their elders. All those Indians that emigrated and went to America, Canada or even Australia and other parts of the world, they go there and their first objective is to learn how to change their accent. Those that used to eat with hands start eating with spoon or fork and their children become totally Americanised. I can tell you that because in my university, out of the 125 foreigners of us in medical school, there would be at least 90 students form the United States who were Indians. They perhaps were born and brought up in India and emigrated to United States. Their kids were born and brought up in the United States and that is one generation that migrated. Imagine the kids of those kids, so it definitely has a negative impact, provided what we consider in our Indian culture to be something good that we have and not adopting a white or the western culture. If we believe that western culture is way better, then maybe it's a plus point but honestly I don't think western people have any culture".

Common attributes of culture are that it is learnt, shared and transferred from one generation to another. These characteristics are often jettisoned by migrants for the desire to learn new ways of life at the expense of their culture as migrants assimilate and internalise new ways of lives in their settlement.

It is deducible that individuals that often migrate risk the survival of family heritage, their relatives begin to examine what role they play in the family survival. The perception of family and relatives about migration will determine how it impacts on the family structure. These are crucial questions that are often asked and underlining the migration decision. One of the respondents for instance believes that his family will be affected if he decides to relocate because of the significant position he occupies as the economic pillar for the family:

"I think it depends on who is migrating in the family. Taking me for an example, everybody's looking up to me, if I migrate, they will feel like they are losing something because I am more like a breadwinner at the moment, so if I migrate, they will lose that. Even if I send money back home, it won't be the same as I'm not here to do things for them. But I guess if I wasn't an active member of my family it would be different.

As a result of the divergence of culture all over the world, people tend to adapt to the existing culture around them and consequently align their beliefs upon it tenets. It is natural for people to easily adapt to social change. The perception of migration differs as some other respondents viewed migration as a temporary arrangement for better economic prospect that will not take away their cultural uniqueness and family loyalty.

"My family is here and my mother, my granny and my grandfather and that is one of the reasons that I would not permanently migrate. I will return because they are too old to emigrate, they won't go so that's the reason that's keeping me here including my nieces and nephews."

If migrants can see themselves as part of the family, in spite of the distance, they will not completely want to leave their country and their family. While we cannot ignore that technology does improve the communication, culture is seen as a very sensitive topic as Indian South African families want to perform ritual together, for example weddings. They will always have an arrangement to continually visit and reconnect with family and relatives. As industrialization and other elements of globalisation continue to alter the structure of the family, advanced technology also closes the gap that geographical distance might cause. The advent of telephones, social network platforms have made reaching families easy and quick from a very far distance. This technological invention is a vital weapon in filling the gap created by migration. The use of this gadget depends on the level of economic capability of the individuals involved and emigrants use this platform to continually connect with family, engage with traditional and cultural rituals from any part of the world but despite the bridging role of technology a majority of the South African Indian belief migration will seriously influence the structure of their families and might not want to take the risk of losing intimacy with family and relatives.

5.3 The Influence of migration by family members and friends

Various factors have been found to be responsible for the movement of South African Indian medical graduates decision to migrate, the majority of which are influenced by the experiences of family and friends who have also migrated. This section will include the experiences of family and friends, improved academic prospects and working conditions. This will be linked to the impact of migration on the close-knit structure of the South African Indian family.

For most of these migrants, their life experiences are influenced by factors such as personal and familial characteristics and community and cultural contexts (Zentgraf & Chinchilla, 2012). Even though the close-knit family structure is valued, it has been noted that as long as migration promises better living conditions based on opinions of family and friends who are already residents in the country of choice. This claim is supported by the respondent below;

"Families and friends do play a big role in the decision to migrate because when they come from overseas, they tell you about their lifestyle and how much better life is compared to living in South Africa. They hardly ever mention the bad things, so after you see someone from overseas you always think about migrating".

The above participant agreed that family and friends can influence their decision to migrate based on the good news of better lifestyles, better working conditions, better financial records and so on. Participants from the focus groups said that:

"I could migrate because I know of friends and families have better lifestyles, they have better working conditions, the financial records are better, and they safer that side, their risk at work is minimal". I know a lot of people that have migrated that are really happy where they are and I have spoken to them".

"I have family and friends that are in the medical profession who are living abroad. Some members of my family have migrated to Canada and they are living there for twelve years. I have friends in New Zealand and Australia who are also in the medical profession. So family and friends can influence my decision to migrate because when we talk they are always mentioning how much better facilities and resources are available at the hospitals. They always telling me how good it is, how nice it is, the training programmes for people in the medical field there are excellent, and

also you know you have some sought of a home base there because of being there with family or friends".

"You hear such wonderful stories from friends and families. I mean maybe the people who migrate don't always tell you the bad stuff so you get this idealised picture of the context they find themselves in and definitely I mean people send photos or post photos on face book. People often mention how things are much cheaper and how they are enjoying themselves abroad. So people abroad can influence my decision to migrate.

"I have got friends and family who have moved to Australia and some who have migrated to the United States of America. I have also got some family that now live in India and travel back and forth regularly so they generally bring me back information about how the government and society work so it's quite a lot of information that comes back. By hearing their stories, it can influence my decision to migrate".

Following from the above, the perception of emigrant family members and friends affect the decision of a prospective migrant. They rely on the information of better economic prospects and opportunities available in the proposed country before making decisions to emigrate. Without direct head-hunting by the foreign institutions, the decision to migrate is personal (and family); a decision which takes into account personal ideas about income, social networks, employment opportunities and the other conditions in their homeland and in the target country (Bauer and Zimmermann, 1999: 26). Everyone wants to live a better life, work in a safer environment and have better economic prospect to enhance their social mobility. These represents the pull factors

that influence the decision to migrate even at the expense of leaving family members behind. Some of the participants of the focus groups mentioned that:

"I think if you see people prospering you know it's because they have migrated and they are making a better life for themselves and living the life that you are hoping for. It actually influences you very easily if they are doing well then one will also feel like moving abroad".

"There are a few people I know who are on the other side of the globe. They tell you about how good schooling, tertiary level education safety and security and healthcare are. So they can give you a better idea rather than you receiving it from media because the media can be biased at times, and by listening to them it can influence your decision to migrate.

"They tell you how awesome life is there. I have aunt who in now living in New Zealand. She is in the medical field. Since her income is so good she is always travelling to other countries. Because she can now afford to do that. You work a week or 2 weeks and then you take a break and see the rest of the world. There seems to be so much better, you know, in a stress-free environment."

"My cousin who is a dentist is now living in Australia. He recently applied for permanent residency and has got it. He's been completely agreeable to go way outback and even though he is gone to the outback as rural as it can get, first-world rural is like Margate here you know. That was his exact words. 'First world rural was like Margate for me.' He does not mind being in rural. I understand as a young South African professional coming in without specialising or anything like that. You can't expect to go to first-world and be in the city. You not going to go into Toronto and

Canada I know that for sure but we actually willing to experience their rural because I mean it's completely a different plane altogether".

From the focus group discussions responses above most participants are willing to give up much of their lifestyle in South Africa as long their country of destination holds better economic prospect through enhanced working condition. In line with this, many respondents highlighted academic development as a motivational factor for migration.

5.3.1 Academic development reasons

The desire to advance one's academic goals most especially when there is opportunity to secure grants, scholarships, bursaries and to gain experience are significant reasons why people decide to migrate. This decision is also made based on the perception of the success rate they have about their family and friends who have migrated to the said country, some participants shared their thoughts about migrating based on academic reasons. One intern participant said that:

"I have been in touch with a friend of mine. He left about two years ago from South Africa and is currently doing his PhD abroad in Holland. He suggested some sites for scholarships and possible opportunities. I like travelling internationally and meeting new people. I get bored easily and I have been here in this country for far too long. I would like to go out and meet new people and learn about different cultures. I don't really have many friends who have migrated and this guy I just made reference to. I met him on campus in the computer room and he was applying to go abroad. The only reason why I contacted him was that maybe if I want to go to Holland then I would have someone I know there. However, I think academically he is very happy. In fact, he has been encouraging me to come to Holland. He has mentioned to me on several occasions I should

migrate to Holland because it's the right thing to do. So, I don't think he's experienced that many problems to make him to want to leave."

The reasons why people decide to change location are diverse but sacrosanct is the fact that, they migrate to enhance their careers or improve their standards of living. This decision is influenced by family and friends from both the country of departure and the intended host nation. State of the art medical facilities also arose as another reason for considering migration.

5.3.2 Improved medical facilities

Closely related to academic opportunities are good medical facilities. Here, the factors that can easily influence migration will be examined. According to Andres et al. (2008), these factors should be the target for health policy makers if their aim is to reduce the potential migration flows. For medical students, access to good medical facilities will make them want to consider migration and good medical working conditions will influence their decision to relocate. The most important reason that health care workers state why they work abroad is better wages, followed by better working conditions and better quality of life abroad (Andres et al. (2008). This view is expressed by a community service participant:

"I have a cousin that lives in Australia at the moment and his wife is a nurse and she says that the medical facilities there are quite good. The working conditions are also great so it would be a good experience to go there. So, she is always telling me, nudging me along because she once worked at R.K Khan Hospital and she moved to Australia. So, she says it's quite a good experience to have."

Also, recurrent amidst participants perceptions is the fact that, the traditional family structure which ordinarily does not welcome migration, could also be a pull factor for migration. The desire to be with family and friends who have migrated also influence the decision to migrate. One intern participant said that:

"I have family in Canada, so I would move to a place where there are people I know. That's one of the reasons I will choose Canada because my wife and I have family who have emigrated and settled there. They have been successful in setting themselves up, happy with the structures there as compared to what things we have had in Durban. I would like to go there even for two years and then come back, but I haven't seen what the lifestyle is like there. You would want to stay around people that you know and friends basically with regard to moral support and everything so that might be a pull factor for one to migrate."

From the foregoing, it is clear that the experiences of family and friends who have migrated, academic development and improved medical facilities influence the South African Indian medical student's decision to migrate. Another factor that may discourage migration is the financial commitment usually required to process relocation and the difficulties usually experienced in going through the medical examination in the immigrant country. A participant, who would have loved to migrate, noted that, the difficulties and challenges usually experienced discouraged him: *"I know a lot of people who have migrated and they are really happy where they are and I have spoken to them. I think the main reason that doctors are not leaving now is because they have to write an exam. If you go to the UK you have to write the UK board exams and if you go to the US you have to write US MED's, so the exams are expensive, you not guaranteed to pass as well, so*

people don't just opt because you have to restudy your final year. So, it's one of the reasons a lot of people have not migrated if you look at the number of people that have left before and in the last 2 to 3 years, it's dramatically reduced."

Furthermore, most participants believe the information provided by family and friends about the host country may not be sufficient to make decisions to migrate. They argue that, people are not always clear and truthful enough about the economic, social and general living conditions of the intended immigrant country. This is to say that, the decision to migrate most times cannot only be based on the information provided by family, friends and colleagues residing in host countries but at times, migration is more of a risk and taking chances. Some of the participants said that:

"You would generally listen to your friends or your family, you would tend to trust their opinion and they come up having opinions about where they stay and what experiences they have. So if they tell you that 'listen it's been wonderful, I have had no problems in UK' of course it makes you think wow it sounds amazing but when you get there your own perception could be different. Also, you would have to be a bit wary of trusting other people's opinions.

"I think once people move out of South Africa they find it very difficult. I mean they always try to justify why they moved so especially those that go to Australia you know, they say oh no because of the crime and whatever but then they will never say 'oh you know I miss home'. They try and influence that you move as well you know. I am happy here but I think they do try and get you to come across you know to the other side but no, no, no. They do influence."

"They will tell you about greener pastures they would want you to come to this side of the world. Even if it's not working out for them, they would still give you the same advice 'no don't come

back here we are struggling'. So whatever advice you get from other people, it influences your choice of destination."

Nevertheless, it must be noted that migration decisions usually involve the examination and re-examination of several factors and usually at the crux of this are the opportunities available in the proposed host country. Meanwhile, migrating is an issue some other participants believe they cannot consider. This gives credence to the fact that not every individual base their desire on the praised economic, social, cultural or political prospect outlined by their family members or friends in other country, to them therefore, the desire to migrate needs a greater level of motivation far beyond people's influence. Perceptions continue to vary about how family and friends who have migrated encourages or discourages a similar move from other family members. While, the views of those who believe family and friends encourage them to migrate, others have learnt from the harsh experiences of those who have migrated. Two respondents said that:

"I do have family and friends who have migrated and they also experience a lot of hardships there so I don't think it's as rosy as everyone thinks it is. I have cousins in New Zealand. My aunt has been there for many years. She does enjoy it there and she has settled there but she has her own set of problems that she's faced with and then I have close friends in the UK as well."

"It's very expensive living there, so although you earning in pounds or Australian dollars, it's just as expensive to live there and they don't have family support, they don't have healthcare or domestic help. Having a domestic worker and nannies is easily accessible in South Africa. It makes a working person's life much easier."

One of the major issues people and some Indians consider before deciding to migrate is the receptivity of the host country. Discrimination discourages migration specifically to countries with a history of unfriendly attitudes. Most times, people also find it difficult to assimilate the culture of the new country. This further emphasizes the fact that, the experiences of friends, relatives and other non-nationals in such countries play huge role in affecting other peoples' decisions. It is important to note that one cannot ignore the experiences of others while examining the factors influencing migration decisions.

5.4 Participants' perceptions on the Indian family Structure

An important factor in terms of the family is the structure and family size. Many studies have shown that the migrants tend to come more from relatively larger families because of the pressure of the family hierarchy, limiting earning potential of the family, increasing social requirements of the family, higher dependency ratio, insufficient resources including the land to support the family members and family's kinship network both inside and outside the family of the sending village (Bratti et al., 2016; Kulu and Milewski, 2008).

The Indian society consists of predominantly joint families that are often large in size. In such a family generally, the head of the household or in his absence is the eldest son in the family who exercises economic and social control. The general feature of the Indian family is its patriarchal nature with an in-built hierarchy of social statuses as against the equality or near equality of status in a nuclear family (Andres, et al., 2008). In a joint family the principles of inheritance and maintenance of the family's tradition are considered as important correlates of migration from the household. The principle of inheritance is combined with the birth order in the family being

governed by the rule of primogeniture (Bratti, et al., 2016). When land inheritance and the perpetuation of family traditions are tagged with this rule, a family not only tends to pull and impede migration but it also tends to push and promote migration. If a family tends to pull and impede migration it also tends to encourage migration to counteract the social pressures of dependency to increase the family's earning potential to afford larger families to meet the increasing social demands and to enlarge the kinship network of the family (Bauer, KT & Zimmermann, KF, 1999). Although migrating family members experience stress due to acculturation transitions in their new environments, remaining family members may also experience considerable distress resulting from absence of family members (Graham &Jordan, 2011; Lahaie, Hayes, Piper & Heymann, 2009; Solhem, Zaid, & Ballard, 2015).

Transnational migration of a close family member like the case of South African Indians, will affect all members of a family system and may result in psychological distress (Silver, 2004). For children, psychological distress may lead to behavioral problems and difficulties in school (Castaneda & Buck, 2011; Derby, 2007; Lahaie et al., 2009; Suarez-Orozco et al. 2011), especially when the migrating family member is a care-giving parent (Heymann et al. 2009; Lahaie et al. 2009). Others, particularly extended family members such as grandparents, aunts, or uncles become the primary care-givers who take on parental roles and functions. They provide physical support and form strong emotional bonds with children in the migrating parent absence (Castaneda & Buck, 2011; Hafford, 2011).

The siblings of those who have already moved out and started living in urban areas help others from the younger generation to move out and join them. The younger family members who are

ready to move find the motivation and desire to join them and use their kin-contacts in urban areas. Thus, a link-migration or a chain migration and a tradition of family migration develop (Schans, 2011). The extended joint family household prefers the younger generation to move out because due to its traditional authority of control, dependency and limited freedom it is conflict prone household (Silver, 2014). The South African Indian family structure has earlier been posited is a close-knit family structure. This type of family is the type that loves seeing their children around. They live most times under the same roof, eat the same food and even share beds together. They see migration as an attack on their family structure. Migration to them, does more harm to their family structure than good. It affects their mode of decision making. Families that have people abroad finds it difficult to agree on some certain family norms and values because of the newly acquired realities of the migrants. In the case of the first born, which most often is the breadwinner, his role will become vacant and sometimes irreplaceable whenever he is not around. One participant mentioned what would be the effect of his migration on his family, his response was:

"I think my family would probably lose one of the contributing members. I think they will be stressed and worried. That would stress them out very seriously. I would also be concerned who would look after them while I was away. Sending money back is one thing, but sending you know, sending like the watchful eye, you know that's a difficult thing to make sure that your parents are taken care of. The crime in South Africa is a worry for me. So, I will wonder if my parents will get robbed or murdered or mugged. There's some serious violent crimes that happen here".

One obvious fact from the above response is that South African Indians are not keen to migrate if their parents are left behind in South Africa, where the crime rate is high. Physical contact is very

important to them, as well as seeing each other. For these reasons, the perception of migration is unfavourable. Majority of the participants feel that migration will disrupt or alter the existing family structure; some even argued that migration effect is already being felt by the disintegration of the family structure. The South African Indian family structure is a close-knit system; movement of family members may affect the existing bond in the family. A community service participant said that:

"I think migration will impact on the family structure because Indian families are very close. Even if they are within the same country they tend to sort of become independent very quickly and live their own lives even though they might be you know in the same country. I think it would have an impact. Like if I look at my own family, they just come once a year or twice a year. It's difficult. I mean they do have people going across but then again, it's not often. It's expensive first of all in the UK, but they are quite happy with that choice so but it definitely changes the entire family structure altogether.

Also, it is believed that the younger generations stay with the older ones for their care and support. There is a greater emphasis on the care for the aged in the Indian family structure. The aged in the family are believed to have paid their dues by bringing up the younger ones. Hence their need to be well catered for. However, migration has altered this arrangement because, young people decide to migrate the ageing parent are sometimes left to themselves without proper care. An intern said that:

"I know in our family, a lot of us won't leave because our grandparents are old and for us part of our belief is that you should look after your parents or your grandparents or so. Only once they

have passed on, that would only be the time that you will consider leaving, otherwise they would come with you. You wouldn't consider leaving without them."

The participant above values and prioritises the care for his ageing parent than migrating. Generally, migration has both "distance" and "time" dimensions (Woods 1982: 232). Also, migration offers upward mobility and educational development for many, despite a few respondents pointing out the high cost of living overseas. This is said to have much impact on the family structure as many will opt for a single life rather than marry and settle for family life. So on the long run, family influence tends to wane overtime. A "culture of migration" (Kandel & Massey, 2002, p. 981) has emerged and is transmitted across generations that experience high rates of transnational migration. This position is asserted by the two participants below:

"I think also in South Africa at the present moment with BEE and with quotas, a lot of Indian men and women are using their qualifications to migrate and get better jobs. I think also predominantly women, Indian women who do really well in their studies will get lucrative opportunities to leave. Therefore, instead of probably following the normal usual path of building an Indian family, getting married, having a career and supporting that family and household, many women and young men would choose the single life. They would rather migrate and go work for their own purposes and then decide whether they want to settle into a family or not.

Migration also affects the marriage structure. The following participant summarizes their perceptions of the relationship between migration and marriage as follows:

"Migration can affect the family structure because it is difficult when you married and then to leave your partner and migrate. This will create a distance and you not going to see them that often. Indians are very, very conservative in a sense that they want to get married to their own kind. They sometimes end up in an arranged marriage and would not like to just marry outside the

race group because it can affect your culture and the rituals you perform and which can affect your way of life".

From the excerpt above, it is clear that migration in a way influences the choice of marriage and marriage outside the Indian family will make one to adopt other way of life. So the once closed knitted family becomes diversified and this explains the reasons why so many Indians might fear migration. It will expose them to other people and culture, in fact, migration is one factor that distorts the traditional arrangement of the Indian family network. Migration to some people have eroded the traditional family system as some may even find it difficult relating with members of extended family, consequently, the family structure will be further disintegrated as the world continue to evolve. An intern participant said that:

"We are becoming less of an extended family structure, so it's your brother, sister, mum and dad, and your friends are your families now and they need not be known to the rest of your actual immediate family whereas previously if you had a friends who was a really good friend, everybody in your family knew that friend. Whenever there's a crisis in the Indian family, it's difficult to help from a distance. So that becomes a problem. Because Indians are very close-knit also."

In addition, the what families usually consider when any member is to migrate is the role of the individual in the family, person's whose presence means a lot to the family and whose absence might affect the family operation might face challenges with family members, such person are usually faced with making tough decision that will demand they choose between their family and their desire to relocate (Hafford, 2010). Some respondents believed that if such people who play important roles within the family decide to migrate, it will seriously alter the family structure:

"Migration can alter the family structure because if you are the pillar of the strength for the family and then you go away, they will feel like they are losing that part of the family. If you an active

member of the family and you go abroad it can create instability within the family structure. For example, if they are looking up to you for advice, for anything and then you are no longer there physically, they will have to call you and some things are not really easy to discuss over the phone, you have to be there to discuss some of the things."

Furthermore, some participants, though very few, are of the opinion that migration will not have much alteration on the family structure, especially if the initial contribution of the migrants to the survival of the family has not much effect. One of the participant believe there wouldn't be any gap because of one's contribution to the family is something the siblings can do:

"I don't think so. I don't think so mainly because my siblings are not there, both of them are above 15 and my parents I mean they are you know mid 50's or 60's. probably the impact it will have is they will miss me while I'm gone but I don't think it will significantly or, I'm not contributing very significantly at home financially so that won't be an issue so the only problem is that they will be missing me while I'm gone not that you have severe impact that some of the family will break up. I don't think so."

Two other participants from the focus group discussions' even feels no matter how far the country of immigration is, the family basics structure will still remain intact. To them what is important is the ability to still remain connected which is very possible with improved technology. One respondent said that:

"I don't think it changes the structure of the family because no matter where you go, I think we still have that basic family connection so no I don't think migration really changes the family structure."

"As Indians we have always migrated. I mean the fact that we here, our forefathers migrated here. If you see the rest of the world, I mean Indians all over adapt very well to where ever they are and they progress as well. I mean they do. I have had friends who migrated initially and now the entire family is overseas. I mean their extended families have been offered the chance to do so you know because Indians in general can make do with very little and they are prepared to work hard. I know the ones who's emigrated, I got friends and family and they have held on two jobs, have worked very hard in order to improve themselves and that applies to the Indian trend that used to be all over."

The participant above based his perception on the premise that Indians have always migrated and they easily adapt and carry each other along with them. So, this allows the family to retain it close knit structure. However, the issue of individuality is also noted. Some participants claim that it depends on how liberal the migrant's family could be. Most liberal Indians encourage interaction and welcome change, especially for their children. One male community service participant said that:

"You get individuals who are dependent on their families, you get people who don't mind just being alone with their spouse or siblings. With me, personally I don't mind being by myself and my family. I'm not very attached to my parents but the opposite is untrue. They are very attached to us. That's the thing so with regards to affecting us, it would affect them more than it would affect me. I feel like we have technology at our disposal. Things like Skype, emails, video calling and so on which can make interaction easier. But for them now it's a different thing because they grew up in an old-school, a different time. I am married and I stay with my wife, it's just she and

I but my mom feels I must be with her every day. I mean it's not possible. We finish here at 4pm every day and now for me to go there every day and sit there it becomes very tiring".

Flowing from above, the reason why migrating wouldn't be problematic for some people is because they are more individualistic, they are not emotionally attached to family, hence, the participant do not have a problem relocating to any location of choice. However, the feeling is not mutual from the family who always want the participant to be around them. The following excerpt also supports this argument:

"I think it could make it elastic but it depends. The thing is its very individualised, you. You know we can't generalise specific people like for example my dad's very liberal, it doesn't mean that every family or Indian family is like that. Many families have different ways with how they deal with things. Maybe some families are matriarchal. You can never say you know. So, I think it could alter the family but it's very individualistic"

It is deduced from the response presented above, that in spite of the close-knit family structure, Indians believe with the opportunities migration offers they will move even though that will bring about alteration in family structure. Socioeconomic factors have changed the extended family system to an extent and the family network is finding new ways to cope with the changes of a highly globalised and evolving society (Schans, 2011).

5.5 Participants' perceptions of migration by family members

The perception of the families on their migrating family members varies. Some people see it as a means of educational advancement, to some; it is a means of improving the economic wellbeing

of the individual and the family (Vujicic et al., 2014). It is clear nevertheless, that a great number of Indian family members is not in support of any member of the family migrating most times anchored on the need to preserve family heritage and tradition. However, it is also evident that families at times support migrants if they are migrating for better economic opportunities because of the dwindling economic condition in South Africa. They might be left with no choice but to allow their relatives explore economic enhancement opportunities outside the country. Lack of job opportunities within South Africa and the variable of medical practice in other countries, such as Australia constitute why the Indian families are left with no option than to realize their family members to travel (Bauer and Zimmermann 1999: 26). From the responses below such positions was be ascertained:

"My family will support me to migrate. They know about the lack of opportunities here I mean you struggle from the time you get into medical school, everything is just an uphill battle. Even though you clearly deserving of it."

"My family will be very supportive because my husband and I are both doctors. We both have families that are very keen on us going because they know there's no opportunities here and the rate of HIV, TB and other diseases are increasing daily. There's no hope here in South Africa"

"I think my family would be sad to see me go. If I go it would be for purely because the training there uses more sophisticated measures then here. So, there is particularly specialist training. So training as an under-graduate doctor, I think is very good in South Africa and even slightly post-grad in your Internship, Community Service. However, when it comes the time to specialise I think

overseas has more to offer then here. So, if I were to go overseas for a scholarship or for a period of training, I would but I think I will always definitely return."

From the above responses it is perceived that their choice of migration is based on the benefits and opportunities inherent in the immigrant country.

Despite the close-knit family structure, some still retain their individualism and will do what they feel is good for them irrespective of their family's opinion. This shows that the individualistic views of some people on migration is fast disempowering the rigid family tradition against migration. Underlining this individualistic nature is better economic and advancement opportunities, therefore, to have collated opinions from participants who believe their decision to migrate is not totally dependent on the feelings of their family, shows that the South African Indian family structure is gradually becoming individualistic rather than the communal structure for which it is known. Migration should be based on opportunities and available benefits and it should be considered at a time that is proper and right for individuals to harness benefits (Falicov, 2007). For instance, some make their decision before they get married or if they have the capacity to leave with their parents. While some families are completely against migration other believe it is important to explore the opportunities around before reaching out for those outside. Below is an excerpt of one participant:

"My family did not want me to go and study in Cuba. They just don't believe in that. They believe we have to live here together and see each other all the time." They wouldn't be supportive of it but obviously if I wanted to go, I will go but they wouldn't be supportive."

With the advent of industrialization and the consequent socioeconomic hurdles that follow, it is quite difficult to move with the family for economic reasons, and difficult to even come back home and marry from among Indians (Silver, 2014). Also, the source countries of migration are developing strategies to reduce the emigration or even to reverse the trend of migration (Vujicic et al., 2004). More so, the decision to even migrate is influenced by family and friends that have migrated coupled with the promising work opportunities. However, the nature of the family structure is gradually being altered and becoming more individualistic. Yet the ones that have refused to migrate still keep the structure of the extended family bond intact.

5.6 Conclusion

The most important thing in the past was that the migration used to be a family migration in either voluntary or forced migration. Under the circumstances, each member of the family would have to bear the benefits or hindrances. All the members of the family could be benefited by learning the culture and tradition of other societies rather than by confining to their own society. Hence, there would be no gap among family members in the matters of socialization (Conway, 2003). Also, such migration had hardly any effect on balanced distribution of population as the migration would be mainly from community to community area, especially to the place of more socioeconomic advantages. However today, the nature of migration has changed drastically. Taking into consideration the underlying premise of the Family Systems Theory, the study revealed that the family will play an important role in the decision to migrate among Indian medical graduates. This is due to the centrality of the family as the basic unit among members of the Indian community and is a vital context within which decision-making occurs. Moreover, the fact that some participants were significant financial contributors meant that the decision to migrate would

directly affect their family members, thus decision-making becomes a consultative process. The Family Systems Theory notes that family functioning is affected if one or more of its members no longer occupy the same physical space. In this regard, many participants were in agreement. Reasons cited such as the inability to care for parents and/or grandparents if they migrate, marital relationships being affected if one partner migrates without the other and the inability to have personal intimacy with regards to important matters all pointed towards family structure being affected due to the absence of family members. However, a few participants mentioned that family structure would not be affected due to them not being significant financial contributors and that being removed from the same physical space does not translate to a breakage in family ties. They reiterated that the age of technology allows for open lines of communication which allowed for the maintenance of emotional bonds with significant others, such as family and friends.

The following chapter will look at whether migration changes the White family structure. It will explore what it is to be a family member since the level of individualism, encouraged independence of children and nuclear families are more normative among people of White origin and how Whites are not inclined towards an extended family system.

CHAPTER SIX

Being a Family Member: South Africans of White Descent

6.1 Introduction

This chapter examines the decision-making processes within the context of the White family. The study focuses specifically on the transnational migration of White medical graduates from South Africa to the western world for numerous reasons as discussed in the previous chapters of this thesis. This chapter evaluates the cultural, social, emotional dimensions and impacts of migration on the family system, as well as how families and friends play a role in the decision-making process. However, despite migratory movements across borders, the participants of the study revealed that the family stills remain a functioning unit through contemporary forms of technology. This assertion may be linked to this study as White medical graduates from South Africa may emigrate, but their family ties can still be maintained through the correspondence that characterizes this age of modern globalization.

The findings from the study revealed that despite the high levels of individualism among White South African families, the data demonstrated that the decision to migrate is a personal decision. Although traditions change over time in the country of origin, the participants mentioned that cultural understandings are critical in reinforcing traditional family values and behaviors. Although young immigrants may incorporate western values and behaviors, the study further revealed that the White South African medical graduates represent independence or freedom from traditionally prescribed roles.

Migration as a process impacts on the age structure and distribution of the population provincially. For the period 2016 to 2021, Gauteng and Western Cape provinces are projected to experience the largest outflow of migrants of approximately 1.6 million and 485,560, respectively. Moreover, beyond South Africa, emigration experts have reported increases in the number of White South Africans inquiring about emigrating to countries including Australia, New Zealand, the United Kingdom, the United States, and even Canada. The main reasons for the migration as cited by (Stats SA, 2017) include financial and political concerns, high crime rates, concern about the standard of education, and BEE requirements in doing business. More recent concerns, include recessionary anguishes, and sovereign downgrades by top rating agencies. This accounts for a radical decline in the South Africa's white population and further shrinking of the white population even into the present year 2018. At the international scale, globalization has increased labour mobility, especially from the Global South to the Global North. As local economies are transformed by global economic restructuring, skilled and unskilled labourers cross national borders in search of better employment opportunities (Ferro 2006; Ong 1999; Sassen 1998). These new migration patterns have had four significant outcomes. First, the immigration process has sparked debates in receiving countries about how to control immigration and how to cope with immigrants from diverse cultural and linguistic backgrounds (Kearney 1986). Second, aided by new technologies (such as modern transportation, cell phones, the internet, electronic banking), contemporary migrants have been able to maintain strong economic and cultural ties with their home country (Horst and Miller 2006; Mahler 2001; Trager 2005). Third, these transnational communities of migrants have transformed their home communities through wage remittances and other non-material forms of exchange (Conway and Cohen 1998; Eversole 2005; Grigolini 2005;

Jones 1998). Fourth, women have become an increasingly significant proportion of international migrants, and many of them work abroad while family members (parents, husbands, children) remain home (Simon and Brettell 1986; Pessar and Mahler 2003). However, at an individual or family level the decision to migrate represents a complex interplay of individual perceptions, needs, and desires (push factors), coupled with the ability (financial, legal) to move, and real or perceived benefits offered at the destination (pull factors). Behavioral approaches to the study of migration focus on the "mechanisms behind individual acts of migration" (Boyle et al. 1998: 62) seeking to integrate and acknowledge the importance of subjective evaluations of place and individual perceptions of place utility in the study of migration decision-making. The process by which potential South African White medical graduates decide to move or not to move thus is dependent upon economic, cultural, social, familial, and perceptual factors. Also included is the broader national and global contexts in which these decisions are made.

The analysis in this thesis of decision-making processes of White medical migrants considers economic, political, cultural and social influences, but perhaps more importantly; it examines the incentives and motives of individual migrants and their extended families. This chapter of the thesis demonstrates how migration changes the White family structure, and further determines whether individual's decision to migrate for greener pastures may be influenced by family and friends. Within the context of family relations, this study further informs how white medical graduates' decision to migrate is considered, impacts of migration on white family structure, the influence of family and friends in migration decision-making, perceptions of migration on white family structure and family's perceptions of migrating family members. The study further offers evidence that the White family structure has been known to embrace frequent migration of family

members from time immemorial but the incidence of migration is not always deemed to negatively impact their family structures. From the narratives of participants from this study, it can be argued that the nuclear pattern of the White family structure is more susceptible to migratory movement than the extended family system of the Indian family structure. Framed by the theoretical and conceptual arguments of the family, the study explores what it is to be a family member of a South Africans of white descent, since the level of individualism, encouraged system of children's independence and nuclear families are more normative among the individuals of South African White origin; and how the white ethnic groups are not inclined towards an extended family system which is endemic to the South Africans of Indian descent.

6.2 The Impact of Migration on the White Family Structure

Migration affects families on numerous levels. These include demographic impacts, the cultural, economic, and social structure. In addition, family dislocations are also experienced psychologically when family members feel a loss of a member to migration. Unfortunately, these negatively impacts on friends and families. Moreover, migration causes economic, sociall, psychological and environmentall problems for the citiess, citizens, friends and families (White and Rice, 2007).

This section examines the impacts of migration on the well-being of migrants' family members remaining in the country of origin. Previous literature discussed the processes of family separation and adaptation to new roles as being very trying for immigrants in host countries, but very few studies address the effects of migration on non-migrants. The process of migration, however, is a transnational phenomenon that has profound effects on the lives of migrants and family members

remaining at home. Members of transnational families remain linked to one another and experience the process of migration on both sides of the border. This study explored how migration of South Africans of White descent may impact on their family if they decide to go abroad. From the in-depth interviews and focus group discussions these thoughts on the family structure was captured in an in-depth interview with a community service doctor who mentioned that:

"Migration will always affect a family because it leads to a more individualistic culture being formed. It also requires that several bonds be broken, or in the least, be strained in some way. When a person migrates, certain roles that family members assumed are lost and now either need to be taken up by the individual or need to be found elsewhere. It also has an impact on the future generations of that family, as they may never know their cousins or aunts and uncles or even grandparents due to migration. This leaves a gap in the family relations. Even though White cultures tend to be more individualistic, I would like my husband and children to not only know their family members but to be a part of them and migration would strain that. More so, it may also affect one's economic status and cause depression, it may cause the family to break apart".

The above participants illustrates how migration can impact on familial relationships. Evidently, maintaining and sustaining of these family bonds is a challenging reality, which the participants cites as a concern. By addressing the familial connectivity of individuals, family system theory emphasizes the importance of the household or a family unit. (Smith, 2005).

An intern doctor stressed further that:

"*Migration might have an impact on the family structure depending on who migrates and when. If only one person in a family migrates the impact will be considerably smaller than when more people in a family migrated. If one person migrated the family structure will change as the rest of the family that was left behind will try to fill the role the family member left behind. Depending whether an entire family is to leave or just one member, it tears apart a family to the point that children can become confused and resentful towards their parents for uprooting them from their comfort zones. Less time is spent with your extended family that you may have spent a lot of time with before and it puts strains on the family ties within the immediate family as well as within the extended family. Important milestones are missed and so on".*

From the above response it demonstrates that the larger the numbers of individuals that migrate from their home countries, the greater the impact of migration on the family structure. As noted above if an individual migrates from a family, there is tendency for his or her position to be filled by other members of the family who are left behind. However, in a situation where by many members of the family migrate, it may be difficult to fill the gap created within the family structure; and it is believed that the entire family structure would suffer the depressive symptoms and feelings of the departed members in greater proportions. In some circumstances, it generates weak family structures, moral decadence and poor upbringing of children. These findings align with Paykel's (1973) and Alexis' (2006) claims that migration of large family members would create a long-lasting feelings of depressions and dislocations compared to an individual migration of which the effects might not really affect the activities of the family structure left behind.

When questioned further on the impacts of migration on white family structure, an excerpt captured during the course of an in-depth interview with two Intern doctor who mentioned that:

"Migration can impact on the family structure. Not everyone can have a positive experience like I had. I think there can be negative experiences like, if you are leaving someone behind, then they are not going to be very happy in terms of culture and tradition of the family. If you are close to your family, you will plan, if you are not close to your family, you won't make a plan".

"I think it's devastating, it's heart-breaking to have people that you love so far away and that makes you lose a support system. A good example is the feeling of the absence of my brother in England and it is always difficult for us to see him because of the distance. Hence, we miss him and it changes our family dynamic. My sister has also gone abroad because of her career and it is just difficult having someone that you love so far away".

A critical interpretation of the two participants demonstrates the negative impacts of migration on the white family structure. The participant above specifically relates to the absence of two family members and how such a situation invariably affects the maintenance of familial bonds. These distances are not only disturbing to the participants but the loss of the support system is also a vital component. The adverse effects of this situation on the White family structure would be either to lose a sense of belonging in terms of depreciation of cultural traditions which determines an individual social identity in society or truncate a long-standing family bond that exists. These findings relatively corroborate Barcus' (2006) observations that migration negatively affects the family structures in terms of disorganizing a good family composition, destroying age-long family bond, leaving families and friends in a state of emotional depressions and loneliness, and loss of national identity.

When further questioned on the specific impact of migration on the White family structure, three intern respondents revealed that:

"Migration destroys the close-knit family unity which White families have had for centuries. Children or parents are divided and the elderly are abandoned with no support system in their old age. Families lose connectiveness as cultural activities (e.g. weddings or funerals) are not possible to be attended by entire families- either here or abroad".

The respondent above interestingly observes the abandonment of the aged that migration results in.

"In the white culture, our families encourage us to leave and make a better life for ourselves. I believe in Indian families, they are not as keen to let their kids go because they are so close and family members live together so it would be a challenge to migrate".

The respondent above suggests a difference with Whites and Indians families and suggests that these differences merely occur because of the close familial bonds within the Indian family structure.

Interestingly the respondent below communicated a positive influence on the family structure.

"My family emigrated to Dubai so now it didn't really influence the family structure negatively if anything it had influenced it positively but I think it does vary in families. My sister and I never really spoke; we didn't have a good relationship at all. When she moved abroad, we called every day and it made us closer. I am the only member from my immediate family that is here in South Africa. When I was doing my matric, my parents moved to Dubai and they living there for seven years. They actually moved over during my matric year with my brother and then my sister moved with her boyfriend who's now her husband. I was living in Gauteng and had to relocate to Durban because of my internship. My dad returned to South Africa this year because he was tired of living in Dubai and he got a job in South Africa. I will return to Gauteng after my internship. I coped and managed living without my immediate family and I remained in South Africa because I got

accepted to study medicine. They do offer medical degrees in Dubai but it's not worldly accredited so I will be only able to practice in the Emirates, Sharjah or Dubai".

The results from the in-depth interviews and a cross section of focus group discussions was conducted to incorporate further insights into the questions of migration impacts on the white family structure. The responses from the focus group discussions are as follows:

"90% of my immediate family is in Melbourne, Australia. It has impacted on family structure and relations in the household but keeping in contact is virtually important. They are not here to be able to celebrate Christmas and although they will phone on Christmas day but it's not the same. The atmosphere is so different and one can feel that there is something missing. It changes the family's situation."

The respondent above suggests that despite the effects on the family structure constant communication is essential to maintain some degree of connectivity. The respondent below shares this but acknowledges how social interactions are nonetheless impacted.

"Coming from a White family, my family is very dynamic and one that is very liberal. You have to work hard and do what you love. There will always be a safety net at home. Although permanent migration may result in broken relationships with family members, but you can only keep in contact with them through emails, chat rooms, skype but one is limited in the social interaction".

The respondent below from the focus group supports the electronic communication mentioned by the other respondents but reveals another contextual perspective on the Indian and White differences:

"*I don't think migration changes family structure because family members can still keep in contact through face book, skype, emails so interaction can still take place and you can visit family members once a year. As White parents and children live very separate lives, we have more freedom than Indian children. I do not think it would change family structure. This is entirely personally and contextual as to whether you white or Indian. It's based upon the upbringing and the values one's parents has instilled in them".*

"There is not much change of the White family structure if an individual migrates because the family remains the same and family life goes on. I have sister who has migrated to Canada and we keep in contact through face book, skype, e-mails so these kinds of social networks allow us to communicate. Most of my aunts and uncles are living in the United Kingdom and we all still do communicate and we and visit each other during holidays. However, we do miss them during Christmas, because that's the time for the entire family to be together, as distance makes the heart grow fonder".

The respondent above introduces another salient aspect of the distance that necessitates visitation during vacations.

"In my view I do not necessarily feel that migration impacts on family structure, even though family members may migrate but there is a wide range of technology that one can keep in contact with. In my case I am the only child at home as my eldest sibling is married and I am the only child that resides with my family so if I have to migrate it would not impact on my family. My parents have expressed that they will be lonely. Migration separates families, it's a benefit to educate

people because you always bring back something to your family and support them financially. However, migration will not impact on my family.

The respondent above offers another dimension of why the family structure will not be impacted negatively, which is also shared by the respondent below. This respondent reasserts independence being a key factor and refers to the migration being normative within White families.

"*I think that any family member that migrates would have an impact on the family especially if it's a close-knit family. However, my household would function normally if I had to migrate as my family does not depend on any financial support from me. I feel in a White family household, migration is more accepted and has been done for years. White families are not so close-knit and coming from White family children are given a lot of freedom from a young age and we are taught to be independent. I think that in most White families there is some family member that has migrated".*

From the above responses, migration might not, at all occasions impact on family structure due to the advent of modern technologies and invention of all kinds of social media network such as skype, Facebook, twitter, e-mails, video call, etc. The study unfolds that some of these electronic devices have functioned to bridge the gap left behind by migration impact in recent times. This submission finds a support in the work of Boyd (1989) when he argued that family and personal networks can still be maintained with the development of modern technological equipment into the 21st century.

The above narratives demonstrates that despite the multifarious numbers of negative impacts of

people's migration on family structures, the study has found that migration still has some positive effects on the family structure such that are adequately associated with self-development, exposure and grooming of individuals to withstand the stress of the economic world. The narratives further indicate that migration does not impact family structure negatively, in spite of some participants acknowledging missing their familial interactions.

6.3 The Influence of migration by family members and friends

To date, few studies have focused on analyzed the impact and involvement of the extended and or nuclear family on the decision to migrate. One such study on return migrants conducted by Tiemoko (2004), whose survey based on some 600 West African return migrants, illustrated that families play an vital role in the decision. The decision of migrants to return to their country of origin or not is strongly affected by their families and kin. In contrast to the neoclassical economic theory, the new economics of migration considers the importance of the family and the household as the "relevant decision-making unit" (Massey et al. 2005: 53). The family and the migrants are often joined by a mutually beneficial "contractual arrangement" (Stark and Lucas 1988: 466). This approach views migration as a strategy that shifts the focus from individual independence to mutual interdependence. The family supports the migrants before and shortly after leaving home and expects remittances in compensation. Migration decisions are explained by an "intrafamilial implicit contract" based on an unwritten understanding about the obligations and benefits of the two parties (Stark and Lucas 1988: 478). Decisions are not taken by an isolated actor, but rather by families and households in order to maximize the expected income and minimize risks. Adepoju (1995: 329) "emphasizes the role of senior members in the household who often decide who should migrate and who should not do so. The person with the greatest potential of supporting the entire

household in terms of remittances is chosen. Gerontocracy strongly influences the migration decision in order to guarantee the family's living".

Despite conflicts and tensions which exist within individual family systems, the support system of the family and friend still remains the main agent through which the adjustment and decision-making to migration occurs. Based on the narratives of individual participants that took part in this inquiry, this study emphasizes on family and friend networks, strategies, and their influence on the motivation and decision of White medical graduates to migrate from South Africa to the Western world.

However, on the questions of whether families and friends who have migrated can influence one's decision to migrate, the following responses from the focus group discussions demonstrate specific circumstances that influence individual tendencies to migrate:

"*If my friends and family all migrate, I will be motivated to migrate because I would want to be in a place near them so that I can visit them. I also believe that the reasons that led my family to migrate would be reasons that would affect my decision to migrate because their beliefs are similar to mine. My family is very important to me and having my parents and sister around one day when I have a family of my own is vital, so that would also be a factor that would motivate me to migrate"*.

The participant above emphasizes the centrality of family, and how that specifically will influence any potential decision to migrate. The participant below concurs but suggests that such a decision will ultimately be individually determined.

"Family members can influence my decision to migrate. If I feel that if my family members are living a better life at their new destination and they are happier, it would make me consider migrating as well. My decision to migrate would however depend on my own situation in life. If I had no problems and was happy with my life there would be no reason for me to want to migrate".

The participant below differs slightly from the 2 participants above and emphasises the support of friends.

"I have a lot of friends who have emigrated, I know of a lot of people who have emigrated, I don't think they will give an honest opinion of emigration because they are of are too proud to say that they not enjoying their experience. However, I do think it plays a role and if there are people where I would emigrate too, I think it will make it easier because it's not only a family support structure but a friend support structure".

The influence of family and friends maybe not that significant but plays a significant role in individual decision-making to migrate from one geographical location to another. It also signifies that the roles of family and kinship system. Drawing insights from family system as revealed by the available data, the migration of one family member, kin or friends has a high tendency to influence the interest and decision of other members of the family. The findings and analysis also reveal that an individual cannot be easily separated from families and friends and the actions of individuals are fundamentally independent of one another. Hence those factors (both push and pull factors of migration) that influence the decision of a close friend, cousin, nephew or one member of a particular family to migrate can equally influence the decisions of others within the social network. These findings show some degree of similarity with (Van Dalen 2003: 29) when he submitted that the structural 'push and pull factors' that trigger migration in individuals can also trigger the migration of any member of the entire family household and friend networks. Evidently,

a participant from the focus group asserted that having an existing person in the considered migrant country was necessary:

"I would go to London. I already have family members living in London so I don't think I would have problems to adjust. I always visit London once a year with my family and their lifestyles are so much better compared to South Africa. They also have a very good, stable economy.

The participant below also offers two specific influences on the destination she would consider which are both friends and family in New Zealand:

"*I would go to New Zealand as I have lived there before and also have friends in New Zealand. There are very good opportunities for audiologists in New Zealand. It's also part of the common wealth countries and also, it's an English-speaking country. I also have family in New Zealand so it will be much easy for me to adapt in New Zealand.*

The findings also express that the family plays a crucial role in social control, economic, social and demographic changes in society, which cannot be analyzed without reference to the extended family and nuclear family structures and its involvement in the decision-making process of individual family members

6.4 Participants' perceptions on the white family structure

Recent times have witnessed a striking increase in public attention to migration, such as the drowning of Africans in the Mediterranean and the Atlantic Ocean as well as terrorist threats (Faist, 2004). The outcome of the study has also revealed that expected economic gains from migration

outweighs the potential psychological costs during the decision-making process, since migration has been defined to be a normative life event among the participants sampled for the interviews. Even in advanced market societies where additional income may not increase individuals' or families' chances of survival, or drastically alter the quality of their lives, the majority of individuals indicate that increases in pay will increase their life satisfaction. Additionally, individuals in market societies tend to pursue economic gain at the expense of family solidarity and personal intimacy (Lane, 2000). In more dire situations where increased income is more of a necessity than a luxury, it is likely that economic influences will act even more persuasively on the decision-making process of migrants and their families. Although potential migrant-sending families may anticipate the emotional costs of migration, this expectation may not lessen the importance of the financial motivation to migrate. In contrast, neoclassical and feminist household models of migration do not address psychological costs, and instead focus more on cultural norms of migration. Theories of migration that are not based in rational choice models, such as cumulative causation and life course migration models, focus on normative practices that occur within migrant-sending communities with strong network ties to migrant receiving communities abroad (Massey, 1999). Migration in some communities becomes an expected rite of passage or transition into adulthood. Parents of migrants may experience less psychological distress if they regard the migration of their adult children as a normal event within this stage of life. Migration likely results from a mix of the aforementioned theories as they differentially apply to individuals and their families in distinct life situations and communities. Migration, particularly international migration, may induce considerable stressors on both migrants and their family members. For migrants, international migration poses challenges in the forms of unfamiliar language, culture, foods, and daily interactions. Migrants' family members remaining in the country of origin must adapt to

lengthy separations from their loved ones, and may have trouble relating to the new lifestyles of their migrant relatives.

Conversely, migration may decrease familial stress by providing income for basic necessities, and occasionally removing hostile family members from immediate participation in family interaction. Ideally, families offer family members psychological and emotional support, nurturing environments, and social integration. Families, however, do not fit an ideal type and familial relations may be strained, or even hostile in more extreme circumstances. One study examined distinct familial situations in which the migration of fathers leads to improvements in the emotional well-being of remaining family members due to the disappearance of a hostile familial environment that dissipated with the migration of the father (Aguilera-Guzman et al. 2004). When migration is accompanied by the reduction in domestic violence or verbal abuse within the family, the separation of the family due to migration can actually decrease familial stress. Regardless of this, migration may dramatically affect not only migrants, but their families as well. When questioned on whether migration can change or alter the White family structure, the following responses were obtained:

"*I think migration can affect the family structure because not everyone holds the same values and attachments to family as I do. If someone in the family decides to migrate and the rest of the family does not have strong desires to also migrate and it can lead to disconnections within the family structure. Even if the family has detached relations, the structure will still be disconnected because future generations will not know their family due to the separation. The family members will grow apart, in turn creating separate lives and growing in various communities".*

"I think that depends entirely on how strong the family ties were to begin with. Some people have adapted as a family incredibly well after migrating and others have fallen apart, but most times, it seems that those who were not a strong family before the move will be the ones to find the pressure of migrating the most difficult".

The two participants above reiterate the strength of the family structure as being vital component when migration is considered.

"I think especially in the White community, migration is a massive thing at the moment and I think the population in South Africa of White citizens is rapidly decreasing and on the family structure because I know that the Indians have a very strong family structure so do us Whites but yet we sought of see past that and one of the reasons why I wouldn't go is because of family. As I stand at the moment, my family is in Cape Town and I have been away from home already for seven years so moving even further would be worse but I'm already use to not being close to them".

The participant above introduces a different dynamic of already being away from family for protracted period of time and its influence on adapting to such a reality. In addition, the participant narrates his perception of difference that exists between Indians and Whites.

An interview with two community service doctors on whether migration can change or alter the White family structure is cited as follows:

"Migration can change the family structure because if a father migrated, the rest of the family will then compensate to fill the roles that the father fulfilled. Also, if a whole family migrated, the family structure will also change as the family will then adapt to their new surroundings, and the

roles that the different members have could change. Also, the economic status of the family will also change and the well-being of the entire family could change along the line".

"It doesn't change the family structure. Relationships become stronger and because of this families get closer. It would not impact but rather be an adjustment for my mother with whom I live with if had to go abroad. She is a single mother and I am the only child who still lives at home so if I had to migrate it would take some time for her to adapt".

The participant above offers nuances response particularly because of his family structure which comprises of his mother and himself. He suggests that although the structure will not change substantially, the adaptation process ultimately facilitates the process upon migration. This process of adaption is what both participants stress as being a salient concept

6.5 Participants' perceptions of migration by family members

Migration is experienced not only by individuals who migrate but also by the perceptions of their family members that remain at home. While previous research inquiries have focused primarily on how emigrants perceive and blend with their new locations, this study emphasizes not only the economic impacts of remittances on migrants but also the perceptions of migrating family members. This study concurs with Berkeley (2006) that migration is potentially beneficial to receiving countries and societies, as well as for countries of origin, families and migrants themselves.

Relatively, from the narratives there is a difference from how White and Indian South African families view migrating family members. In this chapter, it was evident the perception of the White families on their migrating family members varies from one family structure to another. However, research has demonstrated that migration is viewed as a means of professional and educational advancement, while to many, it is perceived as a means of improving the economic wellbeing of the individuals and the family (Goodhart, 2004; Vujicic et al., 2014). Nonetheless, an appreciable number of White family members is fully in support of any member of the family migrating most times and this is anchored on the need to promote family growth, social network, reputation and welfares. However, it is also evident from the present study that families at times support migrants if they are migrating for better job opportunities that will advance the economic and financial prospects of their families. Consequently, a good number of the White families are supportive of the choice to migrate for economic enhancement opportunities outside the country. Evidently from the narratives and cited reasons in this study, the crises of job opportunities for medical practitioners, severe discrimination against the White nationals from the ANC government, precipitated better job incentives for medical practice in other countries, constitute reasons why the white families encourage their family members to travel (Ruhs M. and B. Anderson, 2006). These are supported by the narratives from the focus group discussions:

"*I think my family would be rather disappointed if I migrated because we are relatively a close-knit family and enjoy spending time together. However, I also know that my family supports me and that if I had to migrate due to reasons that would benefit me, they would support me in that".*

"I would make a point of it to visit my family regularly if I had to migrate as they are the most important people in my life and I would need to visit them and have them be a part of my life even

if it is from a distance. I don't think they will be very happy if I had to migrate because I have a big family. They would not be happy because I think we a close family and it will just split up the family tradition and culture. I think they will be happy and at the same time sad because they will miss me and they will also want me to broaden my horizons by progressing in my career. I think the only negative aspect in terms of migration is that I will be far away from them".

The two narratives above provide justification for support to migrate. The participant below communicates how such a decision is ultimately hers to consider despite wanting support from her parents.

"I think my parents will be very sad. I would want to work as a physiotherapist abroad. I would want my family's support and guidance in the decision I will make but it would solely be my decision and before I go abroad I will want my family to support my decision. It's a personal decision but I will let my family know about my intentions of wanting to migrate. I will not involve them in my decision because they can change my mind. I am also old enough to choose what I want with my life. I can only inform them that I will want to migrate but I will return after some time".

The participant below also suggests the independence of his decision.

"Coming from a White family, my family always supported whatever decision I made. I don't have biological parents as I was adopted. So, any decision I take they cannot influence it. I am an independent person. It would solely be a personal decision. I think I am mature enough to make my own decisions, hopefully my family will support me in whatever decision I make regarding my career".

The participant below similarly continues the independence of decision making within a supportive family environment.

"Migration would be a personal decision for myself. I am mature and single and I have no dependents. Coming from a white family I always made my own decisions in life about anything. My parents always gave me advice but I will make the final decision. I have a sister who migrated to Canada who is an optometrist, and my parents had supported her on the decision she made. She does visit once a year during the festive season of Christmas, but it's always sad when she has to leave. There is also no hope and future for Whites in South Africa, so the best thing is to migrate".

Similar to the above participant the narrative below also acknowledges that having a sibling already who lives abroad does demonstrate unequivocal support from family.

"It would be a personal decision as my family has always supported me in whatever decision I have made in my life. My family supports and encourages me to experience new opportunities and expand my horizons as a student audiologist or even as a qualified audiologist. My family will not restrict me from migrating as I am mature enough to make my own decisions. My family has always supported me in whatever decision I had to take in my life. My sister migrated to Dubai, were she is working as a nurse. It is two years now and my family supported my sister in her decision".

The participant below reiterates family support on a decision that will reassert independent decision making. She also draws a distinction between such decision-making processes with her Indian colleagues:

"It would be a personal decision; my family would want what is best for me and by migrating they know that it will help me develop and mature in my career. I come from a very educated family so

I know that they would not be against me if I consider to migrate. It will be my own decision. I have always been given the option to make my own decisions and my family will think it's a great idea if I had to migrate. From a very young age I have always made my own decisions and I know my family will support me if I had to migrate. Coming from a White family I know that they will encourage me to migrate unlike Indian families they are very close knit. My parents have spoken to me about migrating after I get my degree in nursing and I know that this will allow for many opportunities for myself to grow and develop. Also, there are no opportunities for Indians and Whites as the ANC rules in South Africa".

Evidently, independent decision making was prominent in the narratives above which was exhibited with a liberal white family structure. However, the decision to migrate is not totally dependent on the feelings or decision of their family but on the potential migrant's decision and rationale for choosing to migrate. For instance, some families make a decision for members of their household to migrate in order to explore better opportunities, even before they get married; while some families are completely against migration for fear of losing their family heritage, tradition, love, cultural bond; and others believe it is important to explore the opportunities before reaching out to outside opportunities. A cross examination of the above data submits that migration should be facilitated by opportunities and available benefits; and it should be considered at a time that is proper and right for individuals to harness the benefits. This research outcome finds support in the work of (Coenders, Lubbers & Scheepers'2003; Falicov, 2007) when they argued that job opportunities and benefits are the major reasons for migration, not the feelings or interest of the migrant's family members.

6.6 Conclusion

The study has fully demonstrated the influence of migration on white family structure as well as how families and friend networks can impact on an individual's potential to migrate. Findings show that the decision to migrate are not only affected by the migrants but maybe also influenced by family and friends. The study finds support in the work of Ryan (2011) stressing that high crime rates, human rights violations, political persecution, wars, and economic collapse are push factors (economic reasons, job security, easy access to communication technology, and the promise of better education for children) that compel many South Africans to leave their countries for greener pastures. Based on the previous findings and the narratives of participants in this study, it is established that the same factors that compel the participants to migrate to the western world as submitted by Ryan are also responsible for the migration of White medical graduates in the study. The impacts of migration of one family member are keenly felt across the entire family structure, including the Whites of South African descent whose lives are characteristics of high level of individualism, encouraged independence of children and nuclear family system rather the extended family system of the Indian origin. The findings of this study clearly suggest that migration has marked effects not only on migrants, but also on their family members who remain at home. The family system theory suggests that the emotional repercussions of family member migration are particularly strong for spousal and parent-child relationships.

While the Family Systems Theory purports that the family is a unit confined to a single place and that individuals cannot be understood in isolation from one another, the ethnographic findings among the White medical graduates shows that the dispersion of members across a geographical terrain through potential migration will not disrupt family ties. For instance, White medical graduates mentioned that although their dear ones and the celebration of important milestones and

festivities would be sorely missed, their emotional bonds would be maintained through regular cyber contact and other forms of tele-communication as well as occasional visits to their homeland; thus, the family continues to remain a functioning unit. Moreover, many participants highlighted that independence and freedom were aspects imparted to them at young ages, and that despite the latter, they still maintained their familial and friendship bonds, thus going abroad will not alter these bonds.

CHAPTER 7

Conclusion

This research focused on the perceptions of migration among Indian and White South African medical graduates in Durban KwaZulu-Natal. This study further sought to explore how migration impacts on families and households and showcased how migration is seen as rewarding and a beneficial strategy that minimizes risks, loosens constrains, and provides an array of opportunities for the for medical graduates. The position taken in this dissertation is different in exploring the role of violence and affirmative action policies in the decision to migrate, and its likely impact on households. The utilization of open-ended questions made it possible to generate a wealth of descriptive information on why would Indian and White South African medical graduates migrate, who will migrate and how does migration impact upon conventional household expectations and norms in a rapidly changing society. The literature in this study provided a suitable framework within which to understand the debates characterizing migration of medical graduates. At a global level, literature on migration revealed that people in health professions migrate from developing countries to developed countries namely the United Arab Emirates (UAE), United Kingdom (UK), United States of America (USA), Canada and Germany with the purpose of furthering their careers and improving their economic situation. It further highlights the push and pull factors that impose a need to relocate. The literature utilized in this study was valuable in that it depicted not only why South African medical graduates have the inclination to migrate but also its impacts on identity, family and household responsibilities, commitment to the national interest in South Africa and their long term aspirations as potential/budding family persons, (how they make their choice and form their networks). Violence, crime, unemployment, poverty and marginalisation constitute the

push factors and first world countries and common wealth countries are seen to be the host destination for potential migrants with the perception that these countries provide stability and prosperity.

The study also takes cognizance of that migration is not a new phenomenon and that it is very complex and dynamic in a rapidly changing world. Perceptions are fundamental to how individuals and families make their decisions and chances about where to work, where to live and how to plan their future. The study attempted to provide information on various related issues such as the reasons for wanting to migrate, how the decision to migrate is made, the choice of destination, and whether families and households will be affected if an individual migrates. An analysis of push factors demonstrated that socio-economic conditions in South Africa including political instability coupled with poor governance, poverty and high rates of unemployment are some of the reasons graduates want to migrate. The information gathered from some of the participants indicated that migration can affect families and households. Therefore, the movement of individuals to migrate is solely driven for their satisfaction or fulfillment for better livelihoods to sustain their living for a prosperous future. This research shows that both Indian and White South African medical graduates hope to attain a better and improved quality of life if they had to migrate.

In terms of the decision to migrate, this research portrays the notion on how the decision to migrate is made and how the family as a social institution is affected. This research further viewed that the decision to migrate amongst Indian medical graduates becomes a consultative process with family members compared to the White medical graduates. Even though many of the participants aspire

to migrate, the age of globalisation will allow potential migrants to maintain contact with families and friends through modern day technology. While globalisation provides potential migrants with a platform to maintain ongoing ties with families and friends through technological advances, the data from the study shows the limitations that are perceived to be imposed on interaction since migrants will be removed from the physical space to fully enjoy and partake in festivities, such as Christmas, Diwali and other ritualistic activities. Thus, the physical connection to time and space is an aspect that technology cannot compensate for.

While South Africa is seen as a host destination for other migrants, many South Africans have left the country after 1994 or are thinking of leaving. South Africa is seen as the economic hub for Africa and many migrants from East and West Africa flee to South Africa due to war, civil unrest and an unstable economy. South Africa is also seen as a popular destination for people from other African countries and over the years, South Africa has become a booming metropolis and is perceived a 'rich country' with the most prosperous economy in Africa. International migration is a dynamic and fast-growing phenomenon, not only characterized by an increase in scale and speed but by diverse groups of people. An examination of the pull factors revealed that if a country is known to have a strong economy, better career opportunities in the medical field, improved standard of living, better wage and incentives migration may be possible amongst Indian and White South African medical graduates. Discussions with participants in the study through the focus groups and in-depth interviews revealed that existing networks of families and friend that have migrated can influence their decision to migrate.

The theories of migration also served to be an appropriate theoretical framework guiding the issue of migration. The theory was relevant to the study as it helped to understand why medical graduates want to leave within the wider political and economic contexts. Related to the Neoclassical theory is the push-pull framework that continues to emphasise the economic context of the flow people. Therefore, the push and pull factors from the data gathered by the participants of this study portrayed the relational aspects into the thinking of individuals. The theory further helped to explain how wage and income differentials arguably played a role in affecting medical graduate's inclination to migrate. While the New economics theory of migration argued that migration is not made by isolated individual actors but typically families or households. However, the decision of medical graduate's perceptions of wanting to migrate are also influenced and shaped by various factors within the family and household. While the Network Theory of migration maintains the assumption that migration alters the social, economic and institutional conditions at both sending and receiving ends, it is seen that within this study medical graduates perceived that migration will impact on their cultural and social aspects within the family which therefore forms an entire developmental space if medical graduates had to migrate. The dual labour market economy links structural changes in the economy and argues that migration is driven by labour demand. This study revealed that due to better prosperous opportunities in their career and a stable economy in other countries they would migrate because of demand in labour in the health profession of medical doctors including auxiliary services.

The Family Systems Theory proved to be suitable framework for this study within which this theory visions the family as one geographical unit, the study aims to show that in the context of globalisation and transnationalism and it's redefining of time and place, families do not necessarily need to be confined within the same physical space. Regardless of geographical dispersion, the

family is an open system where ties persist since members maintain relationships. This is made possible through an assortment of widely accessible technology such as telecommunications, which range from, but not limited to internet, cell phones, email, and chat sites. These become portals through which not only important information is channelled, but also a threshold which consists of other processes such as decision-making, behavioural conduct among others. In this regard, the study depicted that individuals need not be in physical proximity to each other to be considered as part of a family and that over time and across space, families continue to exist and bonds are sustained.

The underlying ideologies of this theory are of particular relevance to this study. Firstly, migration from does not exist in isolation from one's kin; instead family members become key players in initiating the migratory process itself. Family members influence decision-making, ultimately determining the shape and nature that migration takes. Migration is therefore both a family-oriented process and approach that begins from the time one decides to migrate and continues through the actual migratory process, resettlement and everyday life in the receiving country. The theory states that each member within the family has a specific role to play and rules to respect which ties in with Bowen claim that all families are actually systems (Papero, 1990). This means that members of the system are expected to respond to each other and their roles in a certain manner as decreed by relationships (Rosenblatt, 1994). In this instance, the theory does not contextualise what factors/rules/guidelines, or more importantly, how social institutions of religion and the role of the state among others influence family relations and activities within the household. Across space and time, factors and rules may differ and are therefore not universally applicable.

Violence and affirmative action are widely viewed as central to the political "problems" that the post-apartheid state is failing to address impacting on whether new graduates will remain in South Africa or not. The information gleaned from the participants was that they would leave due to political reasons. Coupled with this is the perception among many of the participants that the country is heading for an implosion with uncontrolled immigration, high levels of crime and violence, and ongoing service delivery protests. This is the background against which young medical graduates choose whether to remain or leave the country. To retain medical graduates in South Africa, the South African government needs to choose strategies that are relevant of their context. To prevent healthcare workers from leaving the country there should be opportunities for staff promotion to senior positions across all race groups. Instead of increasing the supply of doctors, the government needs to retain the skilled doctors we already have by creating and maintain favourable and secure working conditions together with good remuneration for medical graduates in the public and private sector. The challenge that South African medical graduates face could be a complex and dynamic situation. Thus, it is fitting that the key objectives which formed the core of this study pertained to the issue of the migratory process. The loss of skills is thus a growing concern and this can impact negatively on the delivery of the health care system in a country.

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APPENDICES

Informed Consent

My research project is entitled Perceptions of Migration and Ethnic Marginalisation: A comparative study of Indian and White medical graduates. This research study seeks to investigate why South African medical graduates want to migrate and their reasons for emigrating. However, the broader purpose of this study is to investigate the impact of migration on the family structure and how decisions are made that will impact upon conventional household norms. This research project is part of my PhD degree in Anthropology and will be conducted by me (Soomaya Khan). The information provided will be used solely for academic purposes. Participation is voluntary and anonymity and confidentiality will be guaranteed in this research. No personal information such as names or contact numbers will be used. All responses will remain anonymous. If you feel uncomfortable, you may wish to withdraw from the interview.

Should you have any questions/queries, do not hesitate to contact me or my supervisor on the following contact details:

Name: Soomaya Khan

E.mail:20020456@ukzn.ac.za

Name of Institution: University of KwaZulu Natal

Faculty: Humanities, development and Social Sciences

Discipline: Anthroplogy

School: Anthropolgy, Gender and Historical Studies

Supervisor: Professor Anand Singh

E.mail:singhan@ukzn.ac.za

Name of Institution: University of KwaZulu Natal

Faculty: Humanities

Discipline: Anthropology

School: Anthropology, Gender and Historical Studies

If you give consent to participate, please sign this form below:

I…….. (Full name) hereby give consent to participate in this research project.

Signature of Interviewee……

Thank you for your participation

Interview Schedule for interviewees: South African Medical Graduates

Name:

Age:

Gender:

Race:

Internship/Community Service/Medical officer:

Name of Hospital:

The decision to migrate

1. Why would you want to migrate?
2. Which would be your preferred choice of destination if you had to emigrate from South Africa and why?
3. Do you think that the socio-economic conditions in South Africa will influence your decision to migrate? Why
4. Would you want to emigrate immediately after your period of community service and why?
5. If you had to emigrate would you want to settle permanently in that host country or would you want to resettle in South Africa and why.

Migration and Family Structure

1. How does migration impact on the Indian / white family structure?
2. Do you think families and friends who have migrated can influence your decision to migrate and why?
3. Do you think that migration can change or alter the Indian / white family structure and why?
4. How would your family feel about you wanting to migrate?

South African Identity

1. How do you perceive yourself as a South African?
2. Do you think Indian / whites are being marginalized in South Africa and why?
3. How are Indians / whites in South Africa coping with the post-apartheid transformation?
4. What do you think about the opportunities for Indian / white doctors in South Africa?
5. Do you think the South African government policies cater for Indian/ white South Africans?

Experiences of Medical Graduates in South Africa

1. What are some of the challenges that medical graduates experience in South Africa
2. Can you please tell me about your internship/community service experience thus far?
3. Do you think that the health care system is deteriorating in South Africa? If yes, what do you think should be done to add to the betterment of the Healthcare system.
4. What do you think about the existing healthcare system in our country?
5. What do you think about the period of internship and community service?
6. If you had to emigrate would you want to settle permanently in that host country or would you want to resettle in South Africa and why?

Focus Group for Health science students

Name:

Age:

Gender:

Degree of health science:

Name of University:

1. Would you consider to migrate from South Africa and why?

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2. What factors contribute to you wanting to migrate?

   ---
3. If yes, what would be your preferred choice of destination and why?

---

4. Would you want to resettle permanently, or would you return and why?

---

5. Is the decision to migrate solely a personal decision or would you have to consult with family members and why?

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6. Does migration change the Indian / white family structure and how does this impact on household relations?

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7. What do you think about the BEE/Affirmative action policies in South Africa?

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8. Are there enough opportunities for Indian/White graduates in the health sciences?

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9. What can be done by the South African government to improve on recruiting graduates from the health sciences?
