

## RECENTERING GENDER, TRANSNATIONALISM, AND WAR: SOUTH INDIAN NURSES' EXPERIENCES IN THE 2014 IRAQ WAR

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### Abstract

Transnational migration experiences of women are shaped by socio-cultural factors in both their home and destination countries. This paper explores how the Iraq War (2014) transformed the everyday lives of nurses from Kerala, South India, highlighting the intersection of gender, migration, and violent conflict. Employing a feminist narrative analysis, the study examines in-depth interviews with rescued nurses, their families, and experts involved in the evacuation process. Data was collected through virtual platforms and in-person meetings. The findings reveal that while media narratives often sensationalized the violence, the nurses' experiences presented nuanced realities of resilience and disruption. Migration, driven by aspirations for a better standard of living, has redefined the perception of nursing in Kerala, challenging traditional gender roles. However, the violent conflict disrupted their professional and personal trajectories, exposing vulnerabilities in transnational support systems. The research also evaluates the Government of India's evacuation and rehabilitation strategies, identifying gaps in addressing the long-term impacts on these women and their families. By situating these experiences within the framework of the 16th Sustainable Development Goal (promoting peaceful and inclusive societies), this study underscores the urgency of integrating gender-sensitive approaches in conflict-driven migration policies. It contributes to broader debates on South Asian women's migration and the gendered dimensions of violent conflict.

**Keywords:** Iraq war, Transnational Migration, Feminist Ethnography, Gender, Migration

### Abstrak

Pengalaman migrasi transnasional perempuan dibentuk oleh faktor sosial-budaya di negara asal dan negara tujuan. Penelitian ini mengeksplorasi bagaimana Perang Irak (2014) mengubah kehidupan sehari-hari para perawat dari Kerala, India Selatan, dengan menyoroti persinggungan antara gender, migrasi, dan konflik kekerasan. Dengan menggunakan analisis naratif feminis, penelitian ini mengkaji wawancara mendalam dengan para perawat yang diselamatkan, keluarga mereka, dan para ahli yang terlibat dalam proses evakuasi. Data dikumpulkan melalui platform virtual dan pertemuan langsung. Temuan penelitian mengungkapkan bahwa meskipun narasi media sering kali menyoroti kekerasan yang terjadi, pengalaman para perawat menunjukkan realitas yang bernuansa ketahanan dan gangguan. Migrasi, yang didorong oleh aspirasi untuk mendapatkan standar hidup yang lebih baik, telah mengubah persepsi tentang keperawatan di Kerala, menantang peran gender tradisional. Namun, konflik kekerasan tersebut mengganggu perjalanan profesional dan pribadi mereka, memperlihatkan kerentanan dalam sistem dukungan transnasional. Penelitian ini juga mengevaluasi strategi evakuasi dan rehabilitasi Pemerintah India, mengidentifikasi kesenjangan dalam menangani dampak jangka panjang terhadap para perempuan ini dan keluarga mereka. Dengan menempatkan pengalaman-pengalaman ini dalam kerangka Tujuan Pembangunan Berkelanjutan ke-16 (mempromosikan masyarakat yang damai dan inklusif), penelitian ini menggarisbawahi pentingnya mengintegrasikan pendekatan yang peka terhadap gender dalam kebijakan-kebijakan migrasi yang dipicu oleh konflik. Studi ini berkontribusi pada perdebatan yang lebih luas tentang migrasi perempuan Asia Selatan dan dimensi gender dari konflik kekerasan.

**Kata Kunci :** Perang Irak, Migrasi Transnasional, Etnografi Feminis, Gender, Migrasi

## Introduction

Migration, as defined by the International Organisation of Migration (IOM)<sup>1</sup>, is the mobility of a person from their homeland to other places within the country or internationally for various reasons. Like other social markers such as caste, race and religion, gender continuously induces the process of migration<sup>2</sup>, as gender is a dynamic and ongoing process which influences the everyday social interactions<sup>3</sup>. Yet, the feminist scholarship on Migration Studies, seemed marginal until the 1970s<sup>4</sup>. Most studies were male-centred and considered men as the primary migrants. Women appeared in these studies as mere dependents of men in transnational locations. Migration literature which focused on marriage induced migration, failed to capture the intersection between women and labour at the transnational level. Feminist scholarship on migration since the 1980s showed that alike men, women also migrated to participate in skilled and unskilled works and substantially.

Contributed to the national economy<sup>5</sup>. Though women were migrating in significant numbers, their mobility was completely ignored in the discourse<sup>6</sup>. Instead of the 'add and stir' method of putting women in the migration scholarship, feminist critics of transnational

migration research in the 1980's have tried to incorporate a gender lens to analyse women in the migration circuit<sup>7</sup>. Understanding the nuances pertaining to migrant women through their varied positionalities, would enrich the gamut of probing into the experiences and perspectives of their transnational lives and thereby contribute to feminist knowledge production.

Locating the study at the intersection of war, gender and migration, this article explores how war shaped the migration experiences of Malayali women<sup>8</sup>. The study explores the lives of Malayali nurses who migrated to Iraq in 2013-2014 in the during Iraq war in 2014. Forty-Five Malayali nurses got stuck at the hospital where they were working in Tikrit [a city in Iraq]<sup>9</sup>. The nurses who were in Tikrit were hostages of Islamic State of Iraq and Syria (ISIS) for nearly twenty-three days and all of them were safely evacuated from the warzone with the help of Government of India in July 2014. The Government of India had conducted similar rescue operations to evacuate migrant Indians from conflict affected areas such as Kuwait, Yemen, Israel, Ukraine and so on in the

<sup>1</sup>IOM UN Migration. 2021. *World Migration Report 2022*, International Organization for Migration (INTERNATIONAL ORGANIZATION FOR MIGRATION) <https://publications.iom.int/books/world-migration-report-2022>

<sup>2</sup>Pessar, Patricia R., and Sarah J. Mahler. 2003. "Transnational Migration: Bringing Gender In," *the International Migration Review/International Migration Review*, 37.3:812-46 <<https://doi.org/10.1111/j.17477379.2003.tb00159.x>>

<sup>3</sup>Hondagneu-Sotelo, Pierrette. 2000. "Feminism and Migration," *the Annals of the American Academy of Political and Social Science/the Annals*, 571.1: 107-20 <<https://doi.org/10.1177/000271620057100108>>

<sup>4</sup>Mahler, Sarah J., and Patricia R. Pessar. 2006. "Gender Matters: Ethnographers Bring Gender from the Periphery toward the Core of Migration Studies," *the International Migration Review/International Migration Review*, 40.1: 27-63 <<https://doi.org/10.1111/j.1747-7379.2006.00002.x>>

<sup>5</sup>Kofman, Eleonore. 1999. "Female 'Birds of Passage' a Decade Later: Gender and Immigration in the European Union," *the International Migration Review/International Migration Review*, 33.2: 269 <<https://doi.org/10.2307/2547698>>

<sup>6</sup>DeLaet, Debra L. 1999. "Introduction: The Invisibility of Women in Scholarship on International Migration," in *Palgrave Macmillan UK eBooks*, pp. 1-17 <[https://doi.org/10.1057/9780333983461\\_1](https://doi.org/10.1057/9780333983461_1)>

<sup>7</sup>Pessar, Patricia R., and Sarah J. Mahler. 2003. "Transnational Migration: Bringing Gender In," *the International Migration Review/International Migration Review*, 37.3:812-46 <<https://doi.org/10.1111/j.17477379.2003.tb00159.x>>

<sup>8</sup> Malayali is a person from Kerala, South India who speaks Malayalam

<sup>9</sup>Al Jazeera. 2014. "Indian Nurses Stranded in Iraq Return Home," *AlJazeera* <<https://www.aljazeera.com/news/2014/7/5/indian-nurses-stranded-in-iraq-return-home>>

past as well<sup>10</sup>. These incidents have raised new concerns and questions about the situation of migrants during war and conflict in the migrated land.

Navnita Chadha Behera notes that, the global scholarship on women and war has evolved over the last twenty years<sup>11</sup>. However, it still holds a marginal position within the disciplines of political science and conflict studies. She also criticizes the gender-blindness of the earlier literature on war and conflict, which exclusively describes the experiences of men and considers women as passive recipients of war and political conflicts. Post 1980s gender scholarship has tried to focus on the impact of war on women. These studies delved into issues of displaced women, loss of livelihood amidst conflict, and sexual violence. But these studies were mainly centred around the case of native women who are affected by war, but has not looked into transnational migrant women's experience of war. Hence, studies on the lives of transnational women amidst war would provide an important lens to re-look into the ways how gender, war and labour reconstitute women's experience.

ISIS, a Sunni-Islamic extremist group emerged in 2003 against the U.S intrusion in Iraq. Initially it was known as al-Qaeda in Iraq<sup>12</sup>. In 2013, it re-emerged as Islamic State of Iraq and Syria (ISIS) after the withdrawal of U.S from Iraq. Moreover, the unsatisfactory Sunni communities under a Shia-led government paved the way for ISIS to enter Iraq. They conquered the northern and western part of Iraq through bloodshed

violence to establish a 'Caliphate'<sup>13</sup>. According to a report published by The News Minute (2015), there is no official estimate of the number of Indian migrants in Iraq, as many labourers migrate through illegal channels from Middle-East countries seeking better employment opportunities. However, nurses generally migrated through the legal channels.

Sustainable Development Goals (SDG), a comprehensive plan adopted by the United Nations in 2015 aims to ensure the well-being of all living beings and the planet Earth (UN SDGS). In the light of the SDG 10 on Reduced Inequality and SDG 16 on Peace, Justice, and Strong Institutions, Target 10.7 deals with facilitating safe and responsible migration and the implementation of migration policies and Target 16.10 aims to "strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime" (UN SDGS)<sup>14</sup>. However, these Sustainable Development Goals do not have a gender lens to understand migrant women's experience of political conflict and war at the transnational location<sup>15</sup> (O'Neil et al., 2016). The study attempts to point out that if terrorism and war are controlled, it will encourage people to migrate and will further provide better working opportunities at transnational locations.

The research question for this study becomes significant in this context, as nearly eighteen million Indians are abroad, which makes India as the largest diaspora community in the world<sup>16</sup>. The

<sup>10</sup>Jose, Neenu. 2014. "I Was an ISIS Hostage: A Kerala Nurse's Iraq Diary," *NDTV* <<https://www.ndtv.com/blog/i-was-an-isis-hostage-a-kerala-nurses-iraq-diary-593731>>

<sup>11</sup>Behera, Navnita Chadha (ed.). 2006. *Gender, Conflict and Migration (Women and Migration in Asia)* (Sage India)

<sup>12</sup>BBC. 2018. "Islamic State and the Crisis in Iraq and Syria in Maps," *BBC* (BBC) <<https://www.bbc.com/news/world-middle-east-27838034>>

<sup>13</sup>Islamic State

<sup>14</sup>"Goal 16 | Department of Economic and Social Affairs." [n.d.]. <<https://sdgs.un.org/goals/goal16>>

<sup>15</sup>O'Neil, Tam, Anjali Fleury, and Marta Foresti. 2016. *Women on the Move: Migration, Gender Equality and the 2030 Agenda for Sustainable Development*, ODI (Swiss Agency for Development and Cooperation SDC) <<https://media.odi.org/documents/10731.pdf>>

<sup>16</sup>IOM UN Migration. 2021. *World Migration Report 2022*, International Organization for Migration (INTERNATIONAL ORGANIZATION FOR MIGRATION) <<https://publications.iom.int/books/world-migration-report-2022>>

study aims to recentre migrant women's experience of violent conflict and its' impact on their families and gendered responsibilities. It also tries to explore their lives after the evacuation from the conflict land. Drawing insights from the transnational migration scholarship, the present research attempts to critically engage with the socio political and policy formulations that makes transnational women invisible and explore how war shapes women's aspirations, labour participation, family dynamics and gender roles.

Through narratives of nurses this study strives to unveil a discussion on the gendered impact of war, conflict, and terrorism in a transnational land.

### Methods

The study adopts a feminist narrative analysis framework<sup>17</sup>. According to Stevens, narrative analysis is a tool for understanding human experience by exploring how people construct and make sense of their lives through stories<sup>18</sup>. It could be their personal perceptions of reality as well. Feminist narrative analysis will unfold the underlying gendered process of migration and will address the question of why women's articulation of their everyday lives is important to understand the gendered experience of war at a transnational location. The primary data is collected from virtual in-depth interviews with three nurses who lived and experienced the war in Iraq in 2014 and their parents. The interviews were conducted in 2023. The consent of respondents is taken, and all the ethical protocols are followed. Among the nurses interviewed, a few of them were married and had a child during migration. The study has included married and single women as well as mothers. All

Interlocutors in this study hail primarily from the Northern and central part of Kerala. Name of the interlocutors is anonymised to ensure confidentiality. The interlocutors were selected through snowball sampling method. In addition to interviews, news reports and interviews of the returnee nurses.

### Result and Discussion

#### *Malayali Nurses' Migration to Iraq: Precarities and Possibilities*

Scholarship on gender and migration has replaced the age-old notion of men as the primary migrants and women as their dependents. Some studies on the nurses' migration from Kerala to various transnational locations have shown that women were the first ones to migrate for work, while men entered transnational locations as dependants of these women with expectations to find a job later on<sup>19,20</sup>

The nursing profession flourished in India during the colonial times, after the arrival of missionaries from the West. The initial set of nurses were nuns, widows, and women from the lower strata of society<sup>21</sup>. Both nurses and profession were stigmatised then, as the profession involved touching the body parts of men and people of other castes. This was considered as polluting according to the rigid caste

<sup>17</sup>Woodiwiss, Jo, Kate Smith, and Kelly Lockwood. 2017. "Introduction: Doing Feminist Narrative Research," in *Palgrave Macmillan UK eBooks*, pp. 1–10 <[https://doi.org/10.1057/978-1-137-48568-7\\_1](https://doi.org/10.1057/978-1-137-48568-7_1)>

<sup>18</sup>Stevens, Peter a J. [n.d.]. "Narrative Analysis: Analyzing 'Small Stories' in Social Sciences," in *Qualitative Data Analysis: Key Approaches* (Sage Publications), pp. 83–106

<sup>19</sup>George, Sheba. 2005. *When Women Come First* (Univ of California Press)

<sup>20</sup>Datta, Amrita, and Arani Basu. 2023. "Do the Kerala Nurses in Germany Break the Myth of Migration as a Male-Space?," *Migration & Diversity*, 2.3 <<https://doi.org/10.33182/md.v2i3.3066>>

<sup>21</sup>Healey, Madelaine. 2013. *Indian Sisters: A History of Nursing and the State, 1907–2007* <<https://ci.nii.ac.jp/ncid/BB18927916>>

system prevailing in India<sup>22,23,24</sup>. Increased demand from the West and the Middle Eastern countries due to the new development initiatives in the health sector required more nurses and they started to recruit nurses from third world countries like India. This led to the large-scale migration of nurses from Kerala<sup>25,26,27</sup>. Reasons such as lack of adequate income in the Indian private healthcare sector, lower position in the medical hierarchy, existing stigma against the profession, and better work opportunities abroad in terms of income and job security facilitated the migration of nurses from developing countries like India<sup>28,29</sup>.

A similar pattern can be observed from the data collected from the interviews. Drawing insights from the narratives of nurses, it is seen that better income and financial security are the major reasons for the migration of Malayali nurses to Iraq. Often women migrate to transnational locations with no adequate information or knowledge about situations there. The case is not different in the case of Iraq migrants as well. Neither the government nor the recruiting agency have provided them information about the changing political climate in Iraq.

As Rachel said,

“I did not have any clue about the war-like situation in Iraq at the time of my migration. None of them told me about this. If I had

known about it, I would not choose to work in Iraq. I heard about the Iraq-Kuwait war in the 1990s, but not about the attacks that were ongoing at that time.”

Rachel was Thirty-six years old during her migration to Iraq. She had worked in hospitals in Saudi Arabia and Singapore, prior to migrating to Iraq. She migrated with the help of a private agency. They charged her One lakh-Fifty thousand rupees as their fee. Rachel was married and had two children at the time of her migration to Iraq.

According to Salomi, mother of Veronica and Monica, the main reasons for her daughter's migration to Iraq was the financial constraints at home;

“After both my daughters completed their nursing degree, they were working in a private hospital in Delhi. Their salary was low and insufficient to repay their education loan. That was the main reason to go to Iraq. Also, both of them were around Twenty-four years old, a suitable age for their marriage. So, we required a large amount of money to conduct the marriages of our daughters. We hoped that their remittance would help us from this huge financial burden.”

Sheba Mariam George, in her study on the Malayali migrant nurses in the United States, observed a similar pattern where migrant nurses

<sup>22</sup>Abraham, Meera. 1996. *Religion, Caste, and Gender* (BI Publications Pvt Ltd) <[http://books.google.ie/books?id=CgHZAAAAMAAJ&q=Religion,+Caste+and+Gender:+Missionaries+and+Nursing+History+in+South+India.&hl=&cd=1&source=gbs\\_api](http://books.google.ie/books?id=CgHZAAAAMAAJ&q=Religion,+Caste+and+Gender:+Missionaries+and+Nursing+History+in+South+India.&hl=&cd=1&source=gbs_api)>

<sup>23</sup> Abraham, Binumul. 2004. *Women Nurses and the Notion of Their “Empowerment, Kerala Research Programme on Local Level Development*, (Centre for Development Studies) <<http://www.cds.ac.in/krpcds/publication/downloads/88.pdf>>

<sup>24</sup>Nair, Sreelekha. 2012. *Moving with the Times*, RoutledgeBooks <<https://doi.org/10.4324/97810031579>>

<sup>25</sup>Percot, Marie, and S Irudaya Rajan. 2007. “Female Emigration from India: Case Study of Nurses,” *Economic and Political Weekly*, 42.4: 318-325.

<sup>26</sup>Percot, Marie. [n.d.]. “The Women Who Paved the Way: At the Beginning of Indian Nurses Migration. (Pp. 1–11). Routledge,” in *India Migration Report 2022 - Health Professional's Migration*, ed. by S Irudaya Rajan (Routledge), pp. 1–11 <<https://doi.org/10.4324/9781003315124-1>>

<sup>27</sup>Datta, Amrita, and Arani Basu. 2023. “Do the Kerala Nurses in Germany Break the Myth of Migration as a Male-Space?,” *Migration & Diversity*, 2.3 <<https://doi.org/10.33182/md.v2i3.3066>>

<sup>28</sup>Percot, Marie. 2006. “Indian Nurses in the Gulf: Two Generations of Female Migration,” *South Asia Research*, 26.1: 41–62 <<https://doi.org/10.1177/0262728006063198>>

<sup>29</sup>Balan, Divya. 2022. “Migration of Female Nurses; Conceptual Errors and Realities,” *Sanghaditha* <<https://www.sanghaditha.com/wp-content/uploads/2022/02/layout-feb2022.pdf>>

become the assets of their families by sending remittance to their families, saving money for their dowry, and helping the family to improve their social class<sup>30</sup>. Similarly, Salomi also expected that her daughters would contribute to the family which would be sufficient to manage their economic crisis when they migrated to Iraq. Eventually, her dreams came true when Monica and Veronica migrated to the UK and Germany respectively.

In the case of Evelin and Diana who migrated to Iraq, economic motives were the push and pull factors for migration. Evelin was married and her child was four years old at the time of her migration. Like Monica and Veronica, Evelin was also working in a private hospital in Delhi. However, her salary was not sufficient to settle there with her family. Then she applied through an agency when she came to know about the job openings in Iraq and migrated in 2012 to work in a ministry hospital named Al-Ramadi Hospital in Baghdad.

Diana was interested in studying technical courses and she wanted to study in a polytechnic institute after her intermediate education. However, due to family pressure, she was forced to join for the nursing degree. Like Salomi, Diana's parents also asked her to study nursing with the hope of improving the economic situation of the family, when she migrates. She was also working in a private hospital in Delhi for five years before she moved to Iraq. She tried to migrate to Gulf countries, however, as the recruitment rates were less, she was pushed to take up the opportunity from the Iraq Government.

Adding to this, Reshma, another nurse who was evacuated from Iraq with a group of nurses, had given an interview to a private Malayalam (language) news channel (*Kairali TV*). She stated that she would not have migrated if she had at least Twenty-Five thousand rupees in a month in India. She worked in a private hospital in Pune,

where she was paid just Six Thousand to Eight Thousand rupees in a month which was insufficient to meet her basic needs.

The nurses who migrated to Iraq were from the lower middle-class background. From their narratives, it is understood that the stigma against the nursing profession has been reduced and rather it is now considered as an easy ticket to improve the standard of living through migration. However, the precarious conditions in the host country shattered their expectations and forced them to leave the country. The next sub-section of this study discusses the experiences of war and conflicts by the migrant nurses.

### ***War and Conflict at a Transnational Location***

The social and political climate in the host country shapes the experience of migration. Gender provides another lens to analyse the conflict and war situation in the host country. Inferring from the lived experiences of my interlocutors who have witnessed the Iraq war, the study poses new questions from the vantage point of gender and war in the migrated country.

Nurses, though they did not know about the political unrest in Iraq, got a better understanding of the place when they arrived at the airport in August 2013. They were welcomed by armed military officers who were with them throughout their journey from the airport to the hospital. As Rachel recollects,

“We were taken into a mini-bus by the government from the airport. It was followed by another army van for our protection. There were other army officials on the bus with loaded guns. The initial impression of Iraq was scary. It was an indicator of how our lives would be in Iraq. Though I have worked in other countries, it was totally new for me. Many of us had seen these type of people and

<sup>30</sup>George, Sheba. 2005. *When Women Come First* (Univ of California Press)

atmosphere in movies, not in real life. We were shocked and confused at the same time.”

Eventually, they came to know more about the country from their colleagues and patients. According to Diana, in due course, they became acquainted with their work and social set-up in Iraq. Apart from restrictions on their mobility that they could not go out, they got familiar with the sounds of gunshots and bombings. Since they were working in the Government hospital, they had a false hope that the government would protect them if they were attacked by the terrorists.

Salomi recalls;

“Everything was good and smooth for the initial seven to eight months. But I could hear gunshots through the phone when my daughters who were working in Tikrit, Iraq called me. Though there were several bomb blasts and terrorist attacks, they were safe at the hospital. The war did not directly affect them in the beginning.”

Neenu Jose, another nurse who migrated to Iraq in February 2014 published a short memoir in an online news portal. As per the terms and conditions, her salary was 750 dollars, which was around Forty-Five thousand Indian rupees. She did not receive her salary at all during this period, According to Neenu, the problems at the hospital started on 13<sup>th</sup> June 2014 when the ISIS terrorists bomb blasted at the hospital compound. After this incident, all the native Iraqi staff left the hospital and only forty-six Indian nurses remained there. On 15<sup>th</sup> June 2013, ISIS captured the hospital and the nurses became their hostages.

However, the nurses did not receive any instructions regarding the war from the officials. As Diana recalled,

“We were acquainted with the noise of bomb blasting and gunshots within this short period. We came to know about this war by observing

the situation outside and from our Iraqi colleagues.”

According to their narratives, the hostage nurses did not face any kind of harm from the terrorists who captured their hospital. They were provided with food and water. As Diana remembers, as they had seen in the movies, they were scared that the terrorists would molest them or even kill them, but their experience was different. Yet, all of them were scared and did not feel safe at the hospital. Nurses in the Tikrit hospital was allowed to use mobile phones, but nurses in Baghdad were unable to contact their families in India as they cut down the communication networks.

At the same time, the Government of India was trying to rescue the nurses who were trapped at the hospital through the Embassy. They were in constant contact with the Embassy. The Red Cross, a humanitarian organisation provided them with food and mobile recharge coupons which were kept secretly inside their food packets, for their communication. After almost twenty days of detention, the nurses were asked to move to Mosul, a city in Iraq by ISIS as they wanted to bomb the hospital. As Rachel shared,

“We were scared when they asked us to move to Mosul with them. However, there was no other way; finally, the government also instructed us to obey their orders. During our departure, they shot at a window, and a few nurses were injured. The travel was a near-death experience as we had no idea what they were going to do with us. Following the Embassy's instructions, I turned on my mobile for the Indian Embassy to track us, despite ISIS's strict order to switch off our phones.”

Evelin's journey of evacuation was quite different from others. She was working in Baghdad, capital of Iraq. Things got worse there in the month of January 2014. However, her native hospital staff were kind and they helped them as



much as they could. The agency facilitated their return migration to India by the middle of June 2014. The Government of India did not involve in this evacuation as their agency was supportive. According to her,

“The agency helped us to go back to India. Like the nurses in Tikrit, we also went through difficult and scary situations. Once, while attempting to make a phone call, a shell unexpectedly crashed through the window, landing perilously close to me. Fortunately, I narrowly avoided the potential danger. Our journey to the airport was also frightening. We did not know what to do if we would get caught by the terrorists, or what if they had planned to blast a bomb on our way. I was able to breath after I got on to the flight.”

The nurses who were unaware of the war and conflict became adapted to the ‘new normal’ and they came to be familiar with new terminologies such as shell attacks, bomb blasting and gunshots. This has hugely influenced their migration experience in Iraq as well. A recent study on the transnational migration experience of nurses, points out the vantage point of gendered transnational migration and the political conflicts at the transnational location. The study explores the life of a nurse from Kerala who was working in South Africa in the 1970’s and her experiences when her home was bombed and as her maid was killed in front of her, during the political conflicts in South Africa<sup>31</sup>.

It is to be noted that, even amidst a crisis, the nurses were resilient and courageous enough to follow the instructions by the Government and the Embassy, which finally resulted in the rescue of all them. From Tikrit, they were taken to the ISIS camp in Mosul where they were locked in a room.

Even though everyone was frightened, they handled the situation well and were able to negotiate with the terrorists without provoking them.

The transnational female support system was also significant in this context. During the crisis, they supported each other and held prayers in their room, despite the religious differences. And many of them still believe that, the prayers have helped them to come back safely to India. Since the experience of a war was new to them, this support system had consoled them.

Though the situation was worrisome, a few of the nurses were reluctant to come back to India as they had huge debts to repay. According to Neenu, a few nurses including her were not ready to come back to their families with empty hands<sup>32</sup>. Moreover, they were afraid of the response and support from their family after coming back. Adding to this, a few of them borrowed money from the local money lenders. So, the threats from them could also be another reason for them to think to stay back in Iraq amidst the crisis. Rachel, the ‘chechi’<sup>33</sup> among the nurses put maximum effort into convincing them to come along with them. As she points out,

“I could understand their difficulties and the pressure from their families. But there was no other way. If they stayed there, they would not be able to survive. Also, if they came with us, they would be able to find another opportunity to work and support their families. We did not have any choice, as no one asked us whether we would like to continue here instead of returning to India. If they had a choice, many of them would have preferred to stay in Iraq.”

<sup>31</sup>Kenoth, Chaithanya. 2022. “Recentring Gender in Transnational Migration: A Study of Nurses from Kerala through Feminist Narrative Analysis” [conference paper]

<sup>32</sup>Jose, Neenu. 2014. “I Was an ISIS Hostage: A Kerala Nurse’s Iraq Diary,” *NDTV* <https://www.ndtv.com/blog/i-was-an-isis-hostage-a-kerala-nurses-iraq-diary-593731>

<sup>33</sup>A Malayalam word used to denote elder sister



According to the United Nations International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, “migrant workers and members of their families shall be entitled to effective protection by the State against violence, physical injury, threats and intimidation, whether by public officials or by private individuals, groups or institutions.”<sup>34</sup>

The nurses did not receive any help from the government of Iraq or from the agencies which helped them to migrate. The State and Central Governments and Indian Embassy facilitated their evacuation. A few nurses and their parents were in constant touch with Late Oommen Chandi, the then Chief Minister of Kerala.

It was disheartening for them to come back to India by leaving behind their dreams. The situation warranted them to return to India. However, their life after evacuation was not easy and smooth. The next part of this article analyses the responses of their family and community members and their lives after the evacuation.

### ***Family and Work Dynamics: Life After Evacuation***

The migration to Iraq has induced several changes in the personal and professional lives of the migrant nurses. On 5<sup>th</sup> July 2014, all nurses from Tikrit, Iraq safely arrived at the Cochin International Airport in Kerala. The ‘extremely difficult operation’<sup>35</sup> left them with unemployment, post-traumatic stress disorder, and a change in the family dynamics. Most of the nurses were worried about how their family would further support

them and how to repay their educational loans and debts. Due to this, all of them were forced to work immediately after their return, at private hospitals in Kerala with less salary.

The interlocutors belong to different family backgrounds. Rachel and Evelin were married and had kids at the time of their migration. Evelin’s child was in kindergarten and he was taken care of, by her parents. She was unable to contact her family in Kerala due to the shutdown of networks. However, she contacted her father who was working in Kuwait. For almost three to four weeks, she could not talk to her son. During her work, she used to communicate with her child through Skype video calls.

“I do not know how to express my happiness after I rejoined with my family. It was such a pleasure to meet my child after two years.”

On the other hand, Rachel’s children were six and two years old at the time of her migration. Like Evelin, both the children were with their grandparents. Rachel has always been a transnational mother and worked in two different transnational locations before she migrated to Iraq. Now she works in Dubai as a nurse, leaving her children back home. Cervantes defines transnational motherhood as the motherhood experience of migrant women, who have left their children in their home countries, yet maintain an emotional and economic connection with them, across the geographical borders<sup>36</sup>. Communication with the help of digital technologies, and sending remittances, are the two significant ways through which she expresses her role as a mother. According to her,

<sup>34</sup>United Nations Human Rights. 1990. *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families*, United Nations Human Rights (United Nations Human Rights) <<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-protection-rights-all-migrant-workers>>

<sup>35</sup>IANS. 2021. “India Rescues 58 More Nurses from Troubled Iraq,” *The*

*Hindu* <<https://www.thehindu.com/news/national/India-rescues-58-more-nurses-from-troubled-Iraq/article60381524.ece>>

<sup>36</sup>Cervantes, Andrea Gómez. 2016. “Transnational Motherhood,” *Encyclopedia of Family Studies*: 1–6 <<https://doi.org/10.1002/9781119085621.wbefs091>>

“I am not in a position to bring my children here; I have been working abroad for more than fifteen years and have been sending money to make their lives better.”

There was a notable change in the familial dynamics for Evelin and Diana, as they both decided to stay back in India. When Evelin was a migrant nurse, her whole family depended on her. Since she was the breadwinner of her family, she was able to negotiate with her family. Though she continues working as a nurse, she could feel a difference in treatment, by her family members. She feels that her status in her household has reduced, the moment she became a returnee migrant. Her husband also works as an auto driver to meet their ends. She must also fulfil the duties of a full-time mother of her two school-going children.

On the other hand, Diana is not working as a full-time nurse at present. She got married three months after her return from Iraq and shifted to Bengaluru with her husband. She worked in a private hospital there for some time. As of now, she does not want to migrate alone for work, and prefers to migrate with her family. She chose to be at home to take care of her child. Once she supported her entire family with her earnings, but now she is financially dependent on her husband. Since she does not have a support system to look after her child when she gets out for work, she decided to stay back at home for the same.

The nurses who came from Tikrit, Iraq got financial help from some organisations. The government had conducted job fairs for them to find opportunities abroad. From this, many of them got selected and went abroad in the same year (Philip, 2018). Salomi's daughter Monica worked in a private hospital at Kottayam whereas Veronica migrated to Saudi after a year. Monica also joined her later. Further, they both migrated to the UK and Germany respectively. According

to Salomi and Diana, they did not get any experience certificate from the hospital where they worked in Iraq. Evelin got a job in Muscat, but she could not go because there were some technical issues with the agency. Later, she worked in a private hospital in Kochi and afterwards, shifted to another private hospital near her hometown. She still works there as a senior staff nurse.

None of the nurses wanted to go back to Iraq at all, if they got another opportunity. However, none of them are scared to migrate to another country where they can ensure their safety and security. To an extent, this attitude leads to the deprived condition of nurses in Indian hospitals and the poor economic stability of their families. All of them reiterate that, if they had better job opportunities here, they would not migrate.

However, Evelin did not receive any sort of financial help from anyone as other nurses from Tikrit received. She opined that the nurses who returned from Baghdad and other cities were neglected from all kinds of support mechanisms provided for the returnee nurses by the government and other organisations, since their stories were not portrayed in the media.

Surprisingly, none of the nurses had taken psychological support to manage their trauma. All of them observed noticeable changes in their sleep cycle along with unusual nightmares of bomb blasting and gunshots. However, they did not seek mental health support, nor the authorities offered any services regarding this. It could be because of the existing societal stigma on women for seeking clinical support for mental health issues<sup>37</sup>. Rachel had attended a few prayer conventions organised by the church to feel better before she migrated to Dubai. It seems, engaging in prayers is mostly the accepted way of addressing grief and trauma in her community. It is to be noted that, the nurses' partners or family members did not take any initiative to provide a professional mental health

<sup>37</sup>Davar, Bhargavi V. 1995. “Mental Illness among Indian Women,” *Economic and Political Weekly*, 30.45: 2879–86 <<http://www.jstor.org/stable/4403424>>

support. Since women are more vulnerable to major mental health issues such as depression and Post-Traumatic Stress Disorder (PTSD), a systemic support would help them to cope up with their triggers and trauma<sup>3839</sup> (Dawar, 1995; Astbury, 1999).

### Conclusion

Gendered analysis of war and conflict at the transnational location is significant to understand the complexities of transnational migration. Economic motives were the primary reasons for the migration of Malayali nurses to Iraq. Though all of them had migrated previously to other Indian states for their studies and work, transnational migration to Iraq led to major changes in their perception of migration. All the respondents were further conscious to choose a much safer and more peaceful country. Moreover, this experience made them resilient to migrate to other transnational locations.

This academic engagement with the case of nurses complicates the clearcut boundaries of privilege and powerlessness at the same time. Since the migrant nurses in Iraq were part of the few professionally skilled migrant women, they are privileged, but at the same time the political instability in Iraq made them vulnerable.

Subsequently, there was a significant change in the family dynamics of nurses after their return from Iraq. A few of them went back to work in lesser paid private hospitals. It is to be noted that, the family dynamics had changed when they returned from Iraq and some of the nurses went back to full-time mothering, from transnational mothering. Moreover, in many households, studying nursing course and migration is not always an individual decision, rather a collective decision. Economic mobility associated with the remittances has removed taboos and stigma associated with women's migration.

Effective execution of SDG targets such as 10.7 and 16.11 could prevent violence and conflicts at the transnational locations with the cooperation of both the governments of the home country as well as the destination country. Implementing gender inclusive migration policies which address the requirements and concerns of women migrants could make their lives better at the transnational locations. Global discussions on SDGs also imply that institutions such as the state also have a crucial role in shaping migration experiences. Hence, policies of governments should be inclusive of the diverse positionalities of women and their diverse work environments abroad.

### References

- Abraham, Binumol. 2004. *Women Nurses and the Notion of Their "Empowerment, Kerala Research Programme on Local Level Development*, (Centre for Development Studies) <<http://www.cds.ac.in/krpcds/publication/downloads/88.pdf>>
- Abraham, Meera. 1996. *Religion, Caste, and Gender* (BI Publications Pvt Ltd)
- Astbury, Jill. 1999. *Gender and Mental Health* (Harvard Center for Population and Development Studies) <<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=f8d3d0a88da7a5f17b8763fa3d452e2da146fe00>>
- Balan, Divya. 2022. "Migration of Female Nurses; Conceptual Errors and Realities," *Sanghaditha* <<https://www.sanghaditha.com/wp-content/uploads/2022/02/layout-feb2022.pdf>>
- BBC. 2018. "Islamic State and the Crisis in Iraq and Syria in Maps," *BBC* (BBC) <<https://www.bbc.com/news/world-middle-east-27838034>>
- Behera, Navnita Chadha (ed.). 2006. *Gender, Conflict and Migration (Women and Migration in Asia)* (Sage India)

<sup>38</sup>Ibid

<sup>39</sup>Astbury, Jill. 1999. *Gender and Mental Health* (Harvard Center for Population and Development Studies) <<https://citeseerx.ist.psu.edu/document?repid=rep1&type>

<<https://citeseerx.ist.psu.edu/document?repid=rep1&type>>

- Cervantes, Andrea Gómez. 2016. “Transnational Motherhood,” *Encyclopedia of Family Studies*: 1–6  
<<https://doi.org/10.1002/9781119085621.wbef5091>>
- Datta, Amrita, and Arani Basu. 2023. “Do the Kerala Nurses in Germany Break the Myth of Migration as a Male-Space?,” *Migration & Diversity*, 2.3  
<<https://doi.org/10.33182/md.v2i3.3066>>
- Davar, Bhargavi V. 1995. “Mental Illness among Indian Women,” *Economic and Political Weekly*, 30.45: 2879–86  
<<http://www.jstor.org/stable/4403424>>
- DeLaet, Debra L. 1999. “Introduction: The Invisibility of Women in Scholarship on International Migration,” in *Palgrave Macmillan UK eBooks*, pp. 1–17  
<[https://doi.org/10.1057/9780333983461\\_1](https://doi.org/10.1057/9780333983461_1)>
- George, Sheba. 2005. *When Women Come First* (Univ of California Press)
- “Goal 10 | Department of Economic and Social Affairs.” [n.d.].  
<<https://sdgs.un.org/goals/goal10>>
- “Goal 16 | Department of Economic and Social Affairs.” [n.d.].  
<<https://sdgs.un.org/goals/goal16>>
- Healey, Madelaine. 2013. *Indian Sisters: A History of Nursing and the State, 1907–2007*
- Hondagneu-Sotelo, Pierrette. 2000. “Feminism and Migration,” *the Annals of the American Academy of Political and Social Science/the Annals*, 571.1: 107–20  
<<https://doi.org/10.1177/000271620057100108>>
- Ians. 2021. “India Rescues 58 More Nurses from Troubled Iraq,” *The Hindu*<<https://www.thehindu.com/news/national/India-rescues-58-more-nurses-from-troubled-iraq/article60381524.ece>>
- IOM UN Migration. 2021. *World Migration Report 2022, International Organization for Migration (INTERNATIONAL ORGANIZATION FOR MIGRATION)*  
<<https://publications.iom.int/books/world-migration-report-2022>>
- “Islamic State and the Crisis in Iraq and Syria in Maps.” 2018. *BBC News*<<https://www.bbc.com/news/world-middle-east-27838034>>
- Jazeera, Al. 2014. “Indian Nurses Stranded in Iraq Return Home,” *Al Jazeera*<<https://www.aljazeera.com/news/2014/7/5/indian-nurses-stranded-in-iraq-return-home>>
- Jose, Neenu. 2014. “I Was an ISIS Hostage: A Kerala Nurse’s Iraq Diary,” *NDTV*<<https://www.ndtv.com/blog/i-was-an-isis-hostage-a-kerala-nurses-iraq-diary-593731>>
- Kofman, Eleonore. 1999. “Female ‘Birds of Passage’ a Decade Later: Gender and Immigration in the European Union,” *the International Migration Review/International Migration Review*, 33.2: 269  
<<https://doi.org/10.2307/2547698>>
- Mahler, Sarah J., and Patricia R. Pessar. 2006. “Gender Matters: Ethnographers Bring Gender from the Periphery toward the Core of Migration Studies,” *the International Migration Review/International Migration Review*, 40.1: 27–63  
<<https://doi.org/10.1111/j.1747-7379.2006.00002.x>>
- “Mental Illness among Indian Women on JSTOR.” [n.d.].  
*Www.Jstor.Org*<<http://www.jstor.org/stable/4403424>>
- Nair, Sreelekha. 2012. *Moving with the Times, Routledge eBooks*<<https://doi.org/10.4324/9781003157953>>
- O’Neil, Tam, Anjali Fleury, and Marta Foresti. 2016. *Women on the Move: Migration, Gender Equality and the 2030 Agenda for Sustainable Development*, ODI (Swiss Agency for Development and Cooperation SDC)  
<<https://media.odi.org/documents/10731.pdf>>
- Percot, Marie. 2006. “Indian Nurses in the Gulf: Two Generations of Female Migration,” *South Asia Research*, 26.1: 41–62  
<<https://doi.org/10.1177/0262728006063198>>
- . 2022. “The Women Who Paved the Way: At the Beginning of Indian Nurses Migration. (Pp. 1–11). Routledge,” in *India Migration Report 2022 - Health Professional’s Migration*, ed. by S Irudaya Rajan

- (Routledge), pp. 1–11  
<<https://doi.org/10.4324/9781003315124-1>>
- Percot, Marie, and S Irudaya Rajan. 2007. “Female Emigration from India: Case Study of Nurses,” *Economic and Political Weekly*, 42.4: 318-325.
- Pessar, Patricia R., and Sarah J. Mahler. 2003. “Transnational Migration: Bringing Gender In,” *the International Migration Review/International Migration Review*, 37.3: 812–46 <https://doi.org/10.1111/j.1747-7379.2003.tb00159.x>
- Stevens, Peter a J. [n.d.]. “Narrative Analysis: Analyzing ‘Small Stories’ in Social Sciences,” in *Qualitative Data Analysis: Key Approaches* (Sage Publications), pp. 83–106
- United Nations Human Rights. 1990. *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families*, United Nations Human Rights
- <<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-protection-rights-all-migrant-workers>>
- Woodiwiss, Jo, Kate Smith, and Kelly Lockwood. 2017. “Introduction: Doing Feminist Narrative Research,” in *Palgrave Macmillan UK eBooks*, pp. 1–10  
<[https://doi.org/10.1057/978-1-137-48568-7\\_1](https://doi.org/10.1057/978-1-137-48568-7_1)>