

A Perspective on Internal Labor Migration during COVID - 19 & Its Impacts on Migrant Health

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Abstract: *Since the outbreak of COVID - 19, many informal workers in the unorganized sector have had difficulty getting back to their village and ensuring their general sustenance after losing their livelihood. Social support dynamics played a vital role in disproportionately affecting women. The metrics used to measure this can be to examine to what extent laborers in the informal sector depended on external sources of funding (family, friends, lenders, etc.), how much their burden of responsibility had increased, and how COVID - 19 hampered their access to basic amenities, and finally, what they were feeling about COVID - 19 emotionally. Various studies have reported the possibility of being socially distant, an increasing trend of laborers needing to borrow money from their families, and ever - increasing debt, causing them to stress a lot. The paper aims to understand how pre - existing health problems commonly found among migrant laborers have developed into newly found core morbidities. Upon the advent of COVID - 19, it becomes pertinent to know how certain facets of a laborer's lifestyle have changed and have had profound effects on their physical and mental health. The study's primary objective is to draw solutions to help improve existing social support mechanisms to cater to migrant laborers and help them during times of distress. Semi - structured interviews of migrant laborers in Bangalore and a questionnaire analysis to gain a perspective on self - reported health defects will be conducted for the study.*

Keywords: COVID - 19, Public Health, Physical Health, Mental Health, Migrant Labourers, Rural - Urban Migration

1. Introduction

The paper examines the effect of the COVID - 19 pandemic and the lockdown on migrant laborers and their health. The process of migration is different in developing and developed countries. The response by the Indian government to the pandemic was debatable, as there was known to be a lack of planning and implementation which led to the migrant laborers being significantly affected financially, socially and also in terms of their health.

The Indian government (GoI) took a stance that could be summed up as "prioritizing lives over livelihoods". This is due to the Government of India's hasty announcement of a statewide lockdown on March 24, 2020, with a four - hour notice. The lockdown was initially set for three weeks, but it was extended three times, with slight relaxation, until May 31, 2020. Without any consideration for preserving jobs or extending state assistance, India's lockdown was the strictest in the world, creating an unthinkable humanitarian calamity.

The COVID - 19 virus is known to be significantly contagious, and each person affected by it can pass it on to at least three people around them. Though it is known to be less lethal, the speed with which it was spreading was highly high, and governments around the world found it difficult to take the proper steps on time. In India, COVID - 19 spread like wildfire, and the worst - hit population were the migrant laborers. Despite this, they were being blamed for the spread of the virus due to their constant mobility along the nation to get to their hometown. The causes of migrant deaths included famine, suicide, weariness, car and train accidents, police abuse, and failure to provide prompt medical care. Unskilled and semi - skilled workers from major urban centers began to leave in large numbers and eventually return to their villages as soon as the lockdown was announced. They did so without food or money. The migrants had to deal with a variety of emotional challenges

in addition to economic ones, such as high levels of worry and terror brought on by numerous worries about the COVID - 19 pandemic. Migrants are among society's most marginalized groups and rely on daily salaries to make ends meet. In these trying times, they require the compassion and knowledge of the local community. Migrants also face harassment from the local community, and their immediate concerns are food, shelter, wages and the risk of getting infected.

The transmission of diseases is focused upon, where it is seen that the unsafe workplace conditions constitute a significant factor in the migrant's health declining. Additionally, evidence supports the notion that migrants are more likely than non - migrants to experience mental health issues. Involvement in migration may also result in undesirable dietary changes, such as increased caloric and fat consumption. Because these barriers further exacerbate the poor health outcomes among migrant workers, it is thought that growing migrant workers' access to healthcare in conjunction with focused preventive public health initiatives will significantly enhance their health outcomes and lessen their vulnerability.

While the epidemic has impacted livelihoods across all social strata in India, those working in the informal sector, which accounts for 86 per cent of the workforce, are most negatively affected since they struggle to fulfill their basic needs and the risk of infection.

The women who work as domestic servants face total or nearly total unemployment and economic insecurities because of social exclusion and lockdown restrictions. However, other workers face similar limitations on their ability to make a living and access social safety nets. They largely continued to be absent from the country's relief efforts. The COVID - 19 outbreak impacts all facets of the population, but those in social groupings who are most at risk suffer the most. In India, there is a strong correlation

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between social identities and economic disadvantage, with Muslims, Scheduled Tribes (STs), and Scheduled Castes (SCs) having more disadvantageous identities than Other Backward Classes (OBCs) and Hindu upper castes. Therefore, it is likely that the socioeconomically more vulnerable group will experience more significant pandemic effects than other groups. According to several surveys, Muslims in India experience higher levels of economic hardship than members of other faiths.

Millions of rural laborers and returning seasonal migrants were expected to benefit economically from the government's move, which permitted the MGNREGA programme to resume functioning amid the lockdown. However, it is not entirely clear that there have been obvious economic advantages. To alleviate the effects of the pandemic, the government has also announced several stimuli and financial assistance packages.

2. Primary Purpose of Internal Labour Migration In India

For many years, statistical reports and census data have often failed to capture the intricacies of labor migration theories. They fall short of understanding the "circular" nature of migration in India (Haan, 2020). With the outbreak of the novel coronavirus, there has been a further deepening of pre-existing inequalities that have brought about drastic consequences to the most vulnerable communities within our society. Rural-urban migration has drastically increased since the onset of export-oriented policies in India (Visalakshi, 2016). These policies are historically rooted in a capitalistic structure and demand a labor surplus for lower wages (Haan, 2020).

A primary aspect of migration is often overlooked in the most census and statistical reports, which pertains to the gendered provocations that circumvent rural-urban migration. Women are often the most vulnerable stakeholders in such exploitative work environments since society often depicts them as "passive and docile" and would agree to work for any wage (Visalakshi, 2016). Our culture is patriarchal and has repeatedly placed women in a less dominant role, resulting in marriage becoming the predominant reason for female migration (Mahapatro, 2013). Over the last decade, patriarchal norms in India are gaining a certain level of flexibility which has warranted an upward trend in female migration.

This upward trend has manifested for many reasons, including but not limited to the need for economic empowerment, lesser employment opportunities in the hometown, and the need to provide for one's family (Saraswati et al., 2015). Mahapatro's (2013) regression analysis to understand a woman's autonomy indicators in an Indian household gives us a clearer picture of the inherent reason for the uptrend in female migration. Although, the aggregation of urban and rural localities into one study is unfavorable. It creates a dissonance in understanding why women migrate while not emphasizing economic and social capital. Any provision of healthcare, education, and employment opportunities to a laborer is contingent on the financial capital already available (Saraswati et al., 2015).

The lack of this financial and social capital often incurs a grave cost for women once they migrate to urban settlements in search of better economic opportunities. Kusuma et al., 2018, examined a cross-sectional survey of 458 migrant mothers and used logical regression to analyze different aspects of maternal health that are affected due to lack of accessibility to essential public healthcare services. The study found that the high level of livelihood insecurity and financial constraints cause psychological effects on mothers that could harm the baby's prenatal health. There are also projections that women often prefer to travel back to their hometowns during their first pregnancy to receive emotional support from families and avoid the high medical costs they would otherwise incur in the city (Kusuma et al., 2018).

Although migration causes an inflow of human capital to more developed areas to help assist economic development - it is often accompanied by an instant degradation of the general quality of living conditions and the kind of lifestyles people are forced to lead in informal urban settlements. According to (Dodd, 2017), after a research conducted in 26 villages in Tamil Nadu, it was observed that due to internal labor migration and its negative relation to health, household surveys showed that migrants were already suffering from a particular health problem. Back pain, chest pain, and joint pain were common issues in migrants below 40. The semi-structured interviews also provided information on the health issues of the migrants. Long working hours and physically draining jobs were significant issues faced by the migrant workers. Physical pain was reported to be a major health problem for the workers; connective tissue problems led to migrant workers' declining health. Mental health was also declining due to several reasons related to work, income, and personal lives. The workers were under a lot of stress due to loss of income during the lockdown, which led to them facing issues with procuring food, and water. It was reported that the government was also inefficient with its provisions for the workers, which led to more anxiety within the workers' community.

According to (Rajan, 2020) the internal labor migration has specific attributes and patterns; as per the census of 2011, there were found to be around 450 million internal migrants who are involved in the informal sector, which makes them a susceptible working population and restricts their immediate access to social benefits provided by the government and suitable working conditions. The paper also highlights the problems faced by the women that are migrant workers and brings out the issues in the pandemic that affected the migrant women, the bias in welfare programs and migration policies towards these women is explained and how it leads to unemployment. Loan debts and poverty lead to depression in young migrant workers, and the issue of the sex trade, bonded labor, and child labor can lead to disastrous effects on the mental health of women and children. The problems in migrant mobility have caused severe issues in the health aspect of these migrants in India, which led to physical disorders during COVID - 19.

Mitra & Murayama, 2009, conducted a district-level analysis of rural-urban migration to create a distinction between geographical circumstances the laborers are exposed to. It was seen that the states with higher levels of

migration often experienced boosts in industrial activity and were relatively lacking in adequate supplies of basic amenities and public health services to migrants. Having to live in crowded accommodations with intimately shared spaces, there is an instant deterioration in the quality of life for migrant laborers in informal urban settlements.

Being in such close quarters with one another in informal urban settlements while not being vividly educated - creates an inclination for unawareness among social networks formed in these areas. Contagious and infectious diseases can rampantly spread through the slums because people are unaware of ways to mitigate them - or which intermediary they can reach out to for medical help. A primary example of this was examined by Chowdhury et al., 2018, by using HIV unpreparedness as a spectacle in reviewing the level of risk female and male migrants are exposed. It was found that sexual behaviors reported by women can primarily be affected by socio - cultural factors - and can lead to a report of limited information about the heightened risk that informal laborers face with sexually transmitted diseases.

3. Migrant Labourer's Increased Vulnerability to COVID - 19

Saraswati (2015) provides a comprehensive analysis of common health problems among female migrants while comparing whether or not the migrants, as mentioned above, have access to any public healthcare services and social support mechanisms. On laying a parallel between the pre - COVID status of healthcare for female migrants and the post - COVID scenario, it is safe to assume that the situation has worsened. Following the outbreak of COVID - 19, migrant workers have become more susceptible to contracting the virus due to the living and working conditions they are subjected to (Haan, 2020).

Singh, 2020, reviews the effect of the pandemic on the migrant workers during their struggle to travel to their natives. The mental health of the migrant workers is discussed during this time due to the exploitation in the workplace and low wages, which significantly increased tension in the lives of these workers. The socio - economic change was considered to be a reason for the decline in their mental health. The lack of basic health facilities was also highlighted in the paper. Research suggests that due to the lack of healthcare for these migrant workers, it was assumed that they were infected with the virus, so there was an issue providing shelter for the workers. The pandemic also affected the sleep and appetite of the workers due to the stress in the environment, which was reflected in their physical and mental health. The study also addresses the concerns related to the pandemic that afflicted migrant women, the discrimination in welfare and immigration regulations toward these women, and how it contributes to unemployment.

Khanna, 2020, discusses the relationship between health and migration. The migration crisis roots in the environment's tension as the government take specific measures, which leads to the loss of jobs for these migrant workers. The effect of the pandemic on food insecurity is highlighted, leading to a decline in the nutrition of these migrant

workers, which worsens their health. This leads to the individual being more susceptible to contracting the infection. The measures taken by the government are reviewed in the paper, such as unemployment benefits and other local schemes. Still, it is seen that these measures are not adequate to solve the migration crisis, which leads to the decline in the physical and mental health of these workers.

Akinola, 2020, provides statistics on the living conditions of migrant workers. About one - third of the population of India are working long hours with low wages and have unsafe working conditions concerning their health. The spread of infectious diseases is extreme in these working conditions, and with the rise of COVID - 19, it is harder for these workers to take precautionary measures. Migrant women who become pregnant face issues in their reproductive health and cannot receive the maternity benefit schemes due to their constant mobility. Due to child labor, these children are put into unsafe working conditions, which results in health problems and hinders their development. Psychological distress is also a significant problem for these workers due to the absence of social support systems. Occupational diseases like injuries are not paid attention to by the law, which severely affects the migrant workers and their health.

Melo, 2016, provides information on the reproductive health of migrant women and how it is affected due to constant mobility. Using cross - sectional data from 711 women in Uttar Pradesh, multiple regression was used to explain the aspect of family planning and institutional deliveries. Lack of emotional support is a significant factor for these migrant women, as they don't have kin in their destination communities. Studies also show that low levels of maternal healthcare utilization were reported among the internal migrant women compared to non - migrant women in India. The programs' limitations for migrant women and their reproductive health are highlighted. The gaps in outreach and the inability to access these program benefits due to the mobility of the migrant women is an issue. They also receive low - quality care due to problems with isolation and stigma around their migration status.

Knipper et al., 2021, evaluate confinement measures upon being infected by COVID - 19 among migrant laborers in slum settlements and find that they can't distance themselves from being socially infected. Their respiratory are often adversely affected upon not receiving the medicines and care required when infected with the virus. The innate disclusion of such workers from social and public health policies often discludes them from any social support schemes the governments work on introducing. Not only does the after effect of suffering through COVID - 19 leave them vulnerable to respiratory disorders, but it has often been seen as the cause of mortality among these settlements. They are prone to developing tuberculosis and can often rapidly transmit these through their communities.

4. Effectiveness of Social Support Systems

Haan (2020) has also discovered various cases of public healthcare centers shutting down during the pandemic and additional difficulties for migrant laborers to access these

facilities due to the absence of social security and ID proof. Once the Government of India imposed the lockdown in 2020, the crisis faced by migrant laborers in India stemmed primarily from the loss of their livelihood, which prompted them to return to their hometowns. Since women typically did domestic work, their occupations had little to no safeguarding (E P, 2020). This, combined with the absence of social support mechanisms, left female migrants in a very vulnerable position and left them with no choice but to travel on foot back to their hometowns (Haan, 2020). Extreme circumstances like hunger, famine, and the increased spread of COVID - 19 accompanied this manner of travel.

Raju, 2021, focuses on the health inequality among the migrant workers of India. The inability to access fundamental human rights is an issue elaborated upon, as the lockdown had presented the migrant workers with extreme conditions that impacted their financial, mental and physical life. Regarding the factors that contributed to malnutrition, suicide, and withholding medical attention, migrant workers were the population that was struck most. The pandemic's effects on malnutrition are highlighted, which worsens these migrant workers' health and causes a decline in their nutrition. According to research, there was a problem with providing refuge for the employees because they were suspected of being afflicted with the virus due to the migrant workers' lack of access to healthcare. Because of the job stress, the pandemic also impacted the workers' sleep and appetite, which affected their physical and emotional health. The paper also discusses the issues surrounding the pandemic that affected migrant women, the discrimination that these women face as a result of welfare and immigration laws, and how this affects their work prospects.

Raju et al., 2021, analyze the innate insufficiency of the public distribution system (PDS) in India and its' inability to reach informal settlements to the total capacity. The sudden lockdown in India created a situation in which people had to resort to remote workspaces and practice general public health protocols to prevent the spread of the virus. Although the fact of the matter is that migrant laborer in India have menial jobs that require physical presence - and cannot be shifted to any online environment. There is also the problem of most slums being overly populated with little proximity to clean drinking water or toilets (Dodd et al., 2017).

Most authors have posed a standard recommendation in response to migration in India - ensuring the inclusion of all rural - urban and rural - rural migrations in the census and statistical reports. This inclusion will contribute to policy decisions in the future and safeguard social protection for them as well. The available literature on the impact of COVID - 19 is limited due to the absence of empirical data. It cannot create a linkage between the amplification of pre - existing problems due to the COVID - 19 outbreak.

The fundamental right to health has been reviewed by (Monteiro, 2021) as we see the existing legal framework under scrutiny. Malnutrition has been a significant issue during COVID - 19, severely impacting the workers' physical and mental health. The cramped working and living conditions followed by overcrowding made the concept of social distance impossible for the migrant workers.

Traveling these migrant workers was also very stressful due to the unavailability of basic needs such as food and medicines, which impacted their living conditions and led to some workers losing their lives while returning home. According to research, there was a problem with providing refuge for the employees because they were suspected of being afflicted with the virus due to the migrant workers' lack of access to healthcare.

Kumar, 2021 reviews the government's shortcomings during the COVID - 19 lockdown and how it affected the migrant laborers. Migrant laborers were the most complex hit population in terms of the effects which led to starvation, suicide, and denial of medical care. The pandemic's impact on malnutrition is underlined, which causes these migrant workers' nutrition to decrease and harms their health. The person becomes more vulnerable to catching the infection as a result. The lack of necessities like food and medicine impacted their living conditions and resulted in some employees losing their lives while traveling back home. The journey for all these migrant workers was also incredibly stressful.

Khan, 2021, looks into the reverse migration in effect during the announcement of the lockdown and the varied government responses through the obstacles faced in the economic reintegration of these workers. Telephonic interviews were conducted to gain information on the migrant workers. It presented the findings with the financial challenges faced by the migrants, which included low wages or no wages during the lockdown. It also looked into the social challenges faced by the workers as the discrimination that they faced as being the spreaders of the infection during their effort to go back to their hometown, due to which they had issues accessing the quarantine facilities. The mobility challenges were also highlighted as the workers had significant problems returning to their homes; some of them had to walk, which led to their death due to no food and hence a decline in their health. These challenges proved that the health of these workers was significantly impacted, which led to them contracting the virus.

Mobility challenges have been a topic of discussion among governmental and non - governmental organizations since the advent of the pandemic. Although there is a profound disparity between the level of vulnerability workers face in different states. Mega - cities are worst affected and place a massive strain on the limited health care services available to economically disadvantaged groups (Suresh et al., 2020). Community spread in overly populated areas is undoable and often leads these informal workers to be the most vulnerable to spreading the virus.

5. Methodology and Data Collection

a) Sociodemographic Profile of Respondents

The sample size of the paper is 52, sampled through purposive sampling. The survey respondents were migrant laborers in Bangalore, Karnataka, who migrated from different towns and villages predominantly in Karnataka, Tamil Nadu, and Andhra Pradesh. The respondents were contacted via the assistance of a third - party organization. 50% of the profiled respondents were in the 20 - 30 age

group, while the rest were older.90.5% of the respondents were married and had children enrolled in Vathsalya Charitable Trust for nutritional and educational programs. 63.2% of the laborers constituted the SC category, 26.3% were in the ST category, and the remaining were General. The following is a comprehensive tabulation showing the detailed profile of the migrants surveyed for this study. The laborers were inquired comprehensively about their physical health while primarily viewing changes in diet, mental health effects, health care accessibility, and the correlation their economic status has to the dimensions mentioned above.

Table 1: Sociodemographic Profile of Respondents

Category	Percentage of Respondents
1. Age	
0 - 20	2.40%
20 - 30	50%
30 - 40	38.10%
40 - 50	9.50%
2. Caste	
General	26.30%
SC	63.20%
ST	10.50%
3. Employment Status	
Employed	52.40%
Unemployed	47.60%
4. Marital Status	
Married	90.50%
Unmarried	7.10%
Widowed	2.40%
5. Education Status	
Less than 10th Grade	42.50%
Up to 10th Grade	19%
Up to 12th Grade	11.90%
College Degree	23.80%
6. Yearly Income	
0 - 30, 000	25%
30, 000 - 60, 000	2.50%
60, 000 - 1, 00, 000	17.50%
1, 00, 000+	55%

b) Variables Chosen For Study

The respondents were evaluated based on their self - reported health problems, nutrition intake, general lifestyle followed, and the level of cleanliness they are exposed to in their work and home environments. Since the spread of COVID - 19 is innately attributed to the lack of following public health protocols to prevent the spread, the study evaluates the ability of the workers to socially distance or stay isolated if affected by the virus. If one’s work/home environment is crowded, controlling the spread in certain communities becomes difficult.

The workers were also enquired regarding their employment status and whether their propensity to access basic amenities like food and water has been affected in the last two years. It was reported that 71.4% of the laborers surveyed reported immense difficulties in accessing basic amenities instead of the pandemic during the first and second waves of COVID - 19. They were comparatively better off during the third wave since the spread was less harmful.

Their difficulty accessing basic amenities affected their general lifestyles by causing lasting effects on their eating

patterns and nutrition intake. Pre - existing core morbidities generally found among migrant laborers included anemia, back pain, joint pain, and malnutrition (Borhade, 2011). To make a connection between the pre - COVID status and the current condition of such commonly found health problems among migrant laborers, the respondents' self - reported health status was examined. Inconsistency in one’s diet or disturbed sleeping patterns can materialize in the form of psychological problems one may face daily. The inherent stress caused by job insecurity and the financial loss the surveyed laborers experienced was found to have direct impacts on their mental health, which can further be connected to inconsistent diets and sleeping schedules.

Table 2: Dimensions Evaluated in Survey

Dimension	Explanation
Unhealthy Work/Home Environment	Exposure to clean or unhygienic environments on a daily basis could serve as a metric to measure whether the everyday lifestyle of a worker is based in a healthy or an unhealthy environment. Unhygienic work/home environments could often be the cause of infectious diseases in migrants or any other respiratory problems commonly experienced.
Consistency in Diet/ Schedule	An inconsistent diet or eating schedule could indicate low levels of nutrition intake. Low calorific intakes attributed to skipping meals in a day or not having nutritious foods in one’s diet could often lead to deficiencies in different vitamins etc., that one may need to be healthy.
Vulnerability to COVID - 19	Not being in a luxurious position to follow social distancing guidelines or work from home often leaves migrant workers at the epitome of the spread of COVID - 19. Since most of the occupations they engage in are seasonal and temporary, they often rely on daily wages for sustenance. Financial constraints force them to overlook the dangers posed by COVID - 19 and to work every day.
Mental Health	Increased incidences of debt, as well as an inherent threat posed to their livelihood, can cause deep psychological distress in migrant laborers. This could materialize in the form of anxiety, stress, fatigue, or even depression. The lack of a support system from friends or family can further worsen these psychological strains.
Awareness about Personal Health	Examining whether workers are aware of health problems they have directly correlated to their awareness about public health care centers around them that they can access. Questions were asked regarding their knowledge about any core morbidities they may have, along with an inquiry regarding whether they have resorted to buying any medicines or sought any medical help for the same.
Social Support Schemes	Any help from social support schemes introduced by the government, whether financial or medical, can often serve to be a significant platform for grievance redressal for migrant laborers. The lack of institutional support often causes socioeconomically disadvantaged groups to bear the expense of the pandemic.
Menstrual Health	Menstrual cycles are prone to face periodic delays when menstruators are faced with immense levels of distress as well as a shift in their lifestyle (due to a change in diet). The survey intends to understand a woman’s awareness about the regularity of her menstrual cycles while also addressing their accessibility to menstrual hygiene products.

c) Qualitative Methods of Analysis

Qualitative methods were used to analyze the results of the questionnaire via thematic categorizations as well as a detailed analysis of the self-reported health problems reported by the respondents. The respondents were given questionnaires consisting of 42 questions and were asked questions in Kannada, Tamil, and Hindi regarding general difficulties they faced during COVID, along with the state of their mental and physical health. The results obtained were analyzed and evaluated to understand how a migrant laborer's health/core morbidities (if any) had worsened throughout the pandemic. A relation was drawn between pre-existing and current problems, thus comparing a pre-COVID and the current period. The questionnaire presented posed Yes/No questions and provided options for any health problems they may face. The respondents were contacted through a third-party organization (Vathsalya Charitable Trust), a nongovernmental organization in Bangalore dedicated to providing education to children of migrant laborers and financial and material assistance to laborers in the form of food kits, medical kits, etc. during the pandemic.

6. Results

It was observed that most women surveyed were either unemployed or in the domestic work field. They held occupations like a house help or a cook and worked for wages not exceeding 20,000 - 30,000 INR a month. The unemployed women interviewed reported having lost their jobs because of COVID-19 and were discontinued from the household they worked in due to the fear of being infected with the virus. They now face the burden of needing to stay at home to take care of their children and manage their households while relying on their husbands as to the household's primary earner.

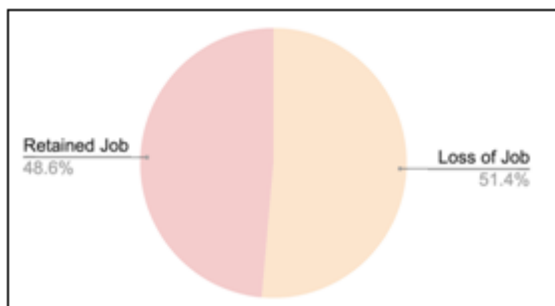


Figure 1: The Extent of Job Loss among Surveyed Migrants

The mean ratio observed of the number of members in a family as opposed to the number of earning members in a family was 3:1. It can be inferred from this that a disproportionate burden is placed on the earning member of a family as they need to provide for a large number of members that constitute their family while working for minimum wage. Living in crowded accommodations and having to procure basic amenities for large families places a lot of financial burden on a family and was observed to have been a common trend among the surveyed migrant laborers. Since this financial strain was adverse, many of the laborers surveyed did not opt to go back to their villages since they simply could not afford to go back and did not have the ability to relocate their large families amidst the pandemic.

From the pie chart given above, it can also be observed that around 51.4% of the respondents witnessed dynamic effects on their livelihoods and income streams, while 48.6% did not lose their job. While the percentage of respondents that did not lose their job did have some stream of income, there was no sustainable frame of income earned by them during the time of the pandemic. The laborers claimed to have lost their jobs around the time of the first and second lockdowns and had, in most cases, gotten employment only recently. Around 90% of the unemployed women surveyed have left the workforce and now rely on male family figures for sustainability.

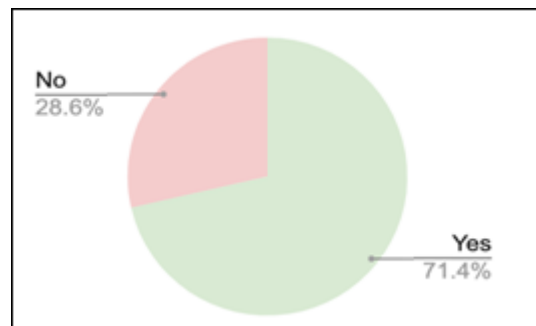


Figure 2: Percentage of Respondents that Faced Difficulties Accessing Basic Amenities during COVID - 19

71.4% of the respondents, including those that did not experience job loss due to the pandemic, reported difficulties in being able to access basic amenities like food, water, etc. during the pandemic. This can be attributed to the general financial strain upon families now that children are home all day and are not benefitting from receiving a free meal in school as per being beneficiaries of the Midday Meal scheme.

Lack of access to basic amenities can go on to deter one's regular eating patterns/diets and cause severe health defects in children and adults. The following variables were categorized to help understand how their nutritional needs could have been affected by this disruption to their lifestyle:

- 1) Number of Meals had in a day
- 2) Water Intake in a day
- 3) Experience of Weight Gain/Loss
- 4) Change in Diet

The variables mentioned above, when examined individually, provided a positive relation in the number of people that experienced severe weight gain/loss to the number of people who had experienced an adverse disruption to their typical diets due to COVID-19. Experiencing extreme weight gain or loss does not only point toward a significant change in one's lifestyle but also could result from psychological distress experienced during COVID. This directly signals the study to conclude that points to negative connotations associated with a migrant laborer's health. 50% of the respondents reported severe diet changes due to the pandemic, while 63.4% of the total respondents had experienced weight gain/loss. The female respondents that reported having problems with their thyroid levels were seen to have experienced the weight gain for that reason.

There was positive feedback about the level of awareness the laborers had about their primary healthcare facilities and their accessibility to medicines. Since they lived in informal urban settlements, their proximity to government hospitals and free medical help was significant. 62.5% of the respondents that had received the vaccination for COVID - 19 had received it from primary health care centers for free. The remaining vaccinated respondents were assisted by non - governmental organizations and other social entities with vaccination drives in their communities. The most common health problem among surveyed laborers was back pain and headaches. 71% of the surveyed respondents did not get their health problems checked by a medical professional and had not taken medications for the issues experienced.

This can be attributed to a general level of ignorance towards problems while also dismissing them as unimportant and manageable since they have other concerns that feel more pressing and urgent to address daily. The common reasons reported for the back pain experienced were the strains of manual labor that were associated with the occupations that they were in. Housekeepers and migrant laborers in construction jobs were consistently seen to have back pain. The other common reported reason among women for back pain and joint pain was pregnancy and the C - section they had while delivering their babies. Maternal health was seen not to have been paid much attention after women had had their babies during the pandemic since they were under immense emotional duress to provide for their families and basic amenities.

For those who reported having headaches, a positive relation was examined between their response to the headaches by often taking over - the - counter (OTC) medicines for it. 47.6% of the surveyed respondents experience at least one of the following health problems: chest pain, breathlessness, or headaches. For the respondents that reported having chest pain, there was a common relation seen to it being gendered and predominant among women. There was a certain level of awareness that was lacking when it came to the chest pain experienced since there were no efforts made by the selected respondents in treating their chest pain or reporting it to medical professionals.

The discrepancy thus observed was the fact that the surveyed respondents were aware of whom they could report any medical problems and did not face many difficulties with buying medicines. 83.3% of the surveyed respondents were aware of their local healthcare facilities, while 54.8% reported not experiencing any problems with being able to afford medicines. Even though awareness exists about public healthcare systems, there was an observed trend of migrants generally not opting to utilize these services in most cases. This can be attributed to a lack of affordability and time to get their health problems checked. When asked whether the respondents have general health checkups in the last year, it was observed that 72.5% of the migrants did not opt to go.

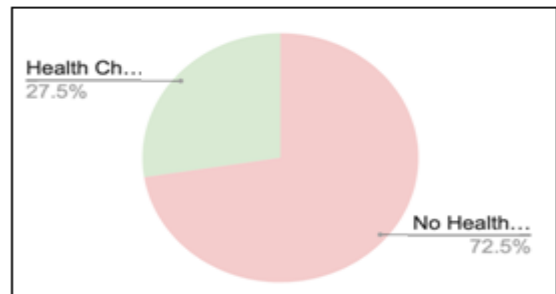


Figure 3: Percentage of Respondents that go for Health CheckUps

Finally, when asked about menstrual cycles and the regularity of period cycles for women, it was observed that 42.1% of women reported to experience irregular periods. 1% of these respondents reported to have PCOD, while the rest have not opted to go to their primary healthcare centres to check their menstrual well - being. Vathsalaya Charitable Trust also allowed for female migrants to access menstrual hygiene products through the platform provided by their organisation - so the a majority of the surveyed respondents did not report any trouble to accessing sanitary napkins, tampons, menstrual cups etc.

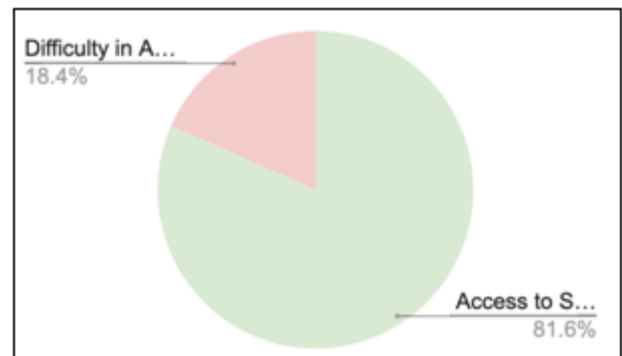


Figure 4: Percentage of Female Migrants that had Access to Menstrual Hygiene Products

Narrative Justification

Even though the physical health problems of migrant laborers have been magnified, there is a consistent problem of signs of psychological distress often overlooked due to the lack of a support system. When asked whether they experience symptoms of mental pain like fatigue, stress, or anxiety, it was found that 51.4% of the respondents consistently experience stress in their daily lives. The question was centric on the advent of the COVID - 19 and was focused on understanding how the pandemic has psychologically impacted migrants.

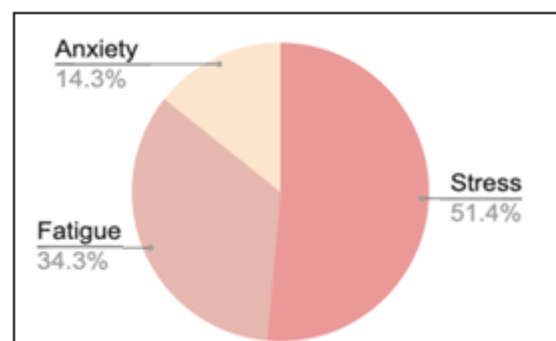


Figure 5: Signs of Psychological Distress Experienced

Since around 51.4% of our respondents faced difficulties with their jobs in the last two years, it can be inferred that insecurity surrounding one's livelihood and health can cause stress. Since the respondents surveyed were primarily parents and were married as well, they often carried the additional burden of needing to provide for their families while sending their children to school. During the incidence of the lockdowns in India, they were faced with the choice of trading off meals to provide for their children and had no support system in the informal urban settlements they resided in. Since most of their extended families lived in their respective hometowns/villages, they could not rely on them for any kind of emotional or financial support during the lockdowns - and experienced stressful situations.

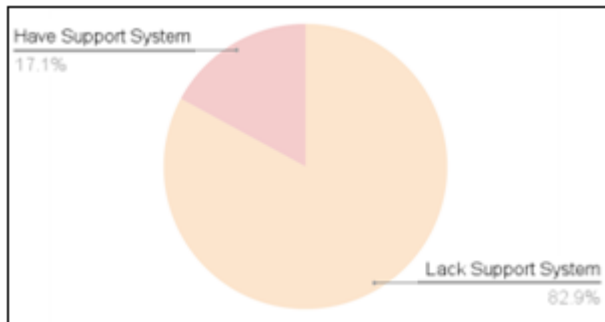


Figure 6: Accessibility to Emotional/Financial Support

During times of psychological distress, it often is advised for people to speak with family or friends, to share any kind of negative emotions, and to feel supported. 82.9% of the survey respondents claimed they did not have family/friends that helped them, and often felt alone through the difficulties they faced during COVID. This support can also be extended to the financial support they can get from governmental organizations or local authorities. A common trend was observed where all the laborers stated that they had received little to no help from the government and had not benefitted from any social support schemes. A tiny percentage of the respondents had received food rations from the government on one or two occasions. Although, it was not enough to supplement them substantially or make their livelihood secure.

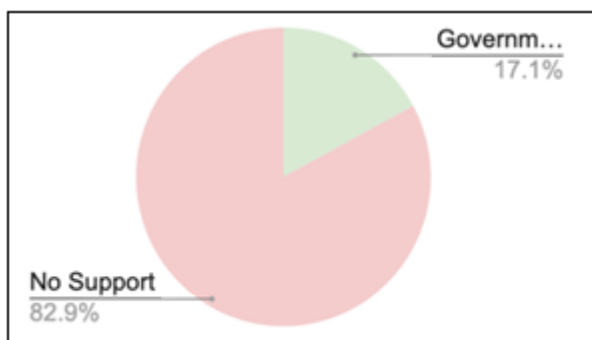


Figure 7: The Extent of Help Received from Government

7. Conclusion and Limitations

Through the course of this study, it was examined that social support mechanisms are significantly lacking with being able to reach the migrant labourers. With even a modicum of institutional support, the state of migrant labourers in each

state can be made better to a significant extent. The paper was only limited to migrant labourers in Bangalore, and hence poses a limitation of the geographical discrepancies in the state of migrant labourers in different states in India. Since the labourers surveyed were predominantly from nearby states, they did not opt to go back to their hometowns, and even if they did, did not face much difficulty with travelling. Another limitation this paper poses, is the limited number of respondents surveyed and does not exceed 52. There was an observed relation between the common health issues labourers faced due to the seasonal nature of their occupations before the pandemic as well as during the pandemic. It can be concluded, that these health problems have worsened due to a deterred access to nutritional supplements in their diet while also not being able to consume all meals in a day. The lack of emotional support from their family/friends, also poses a threat to indicate a mental health crisis among most migrant labourers surveyed. All the labourers surveyed reported to have problems with either stress, anxiety or fatigue and don't often seek counselling services to help aid such issues. Even though there is a certain level of awareness among the labourers about their primary healthcare facilities, there is an inherent disregard for most of the medical problems faced by them - while in most cases choosing to not opt for help. With the assistance of awareness programs on menstrual health for women or physical healthcare needs for all the laborers, there can be an observed change in attitude examined towards seeking medical treatment.

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