

Issues Faced by Migrant Workers in India Due to Covid-19 Lockdown

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Abstract

This review paper aims to investigate in depth of various problems that migrant workers faced in the Indian context during the pandemic and the lockdown. The period of the study is from 2020 March to December 2020.

Keywords: *Covid-19, lockdown, migrant workers, issues.*

Introduction

With a large population, an increasing urbanisation rate, and regional disparities in development, the availability of jobs has been a major concern in developing countries such as India. As a result, people migrate from one city or state to another in search of work and a better way of life. Where population densities are high in relation to land, migration has become essential. The year 2019 brought with it a new pandemic, the COVID-19, which was first reported in December according to World Health Organization reports, and plunged the entire world into an unprecedented crisis, leaving it in a state of lingering uncertainty (WHO, 2020). On the 30th of January 2020, Andrew et al. (2020) identify the first COVID-19 case in India, from Kerala, of a student who has returned from Wuhan, China. COVID19 was declared a global pandemic by the World Health Organization (WHO) on March 11, 2020. The Indian government enacted a national-wide lockdown on March 25, 2020, due to the exponential development of the number of diseases.

Phases of Lockdown during the period of 2020

The lock down in India lasted for 68 days and in four Phases as under:

- Phase 1 of 21 days from 25 March 2020 to 14 April 2020.
- Phase 2 of 19 days from 15 April 2020 to 3 May 2020.
- Phase 3 of 14 days from 4 May 2020 to 17 May 2020.
- Phase 4 of 14 days from 18 May 2020 to 31 May 2020.

The first collateral casualties of the lockdown were migrant workers as they form the backbone of the informal sector that employs 80% of the workforce and contributes 40% of the GDP. About 2 to 3 million of migrants might have headed home. In the current circumstances, India's internal migrant labourers are believed to number over 450 million. However, field facts suggest that migrant labours are higher in UP and Bihar. They are followed by Madhya Pradesh, Punjab, Rajasthan, Uttarakhand, Jammu & Kashmir, and West Bengal. With no employment and little money, these migrant workers found it difficult to care for their families. Migrant workers have no savings and live on a shoestring budget.

Issues Faced by Migrant Labourers

According to surveys performed by NGOs such as the Stranded Workers Action Network (SWAN), many migrants had very little food and were on the verge of famine due to a lack of money and food (Staff, 2020; Shahare, 2020). Hundreds of individuals perished tragically their route to their homelands during the epidemic, as a result of hunger pangs and police violence (Santoshini, 2020).

Financial Struggle

Migrant workers are the hardest afflicted by the present economic crisis, according to the International Labour Organization (2020). Due to the pandemic, basic hygiene supplies necessary for individual health (such as detergents, soaps, and sanitizers) have become unaffordable for migrants, who have been laid off and have no other source of income (Srivastava, 2020). Many companies have either laid off foreign workers without warning or ceased paying their salaries. As a result of the COVID-19 epidemic, low-income households have been unable to afford food, clothing, and medicine (Mishra and Sayeed, 2020).

Anxiety of losing job

The migrants' desire to return home to their families was as strong as their fear of losing their jobs. As a result of the lockdown, millions of migrant workers from various industries such as construction, agriculture, manufacturing, transportation, and other services were trapped in their migrant locations.

Inadequate health-care facilities

The migrant population, which included mothers, children, and pregnant women, was deeply concerned about their well-being and their health inside the shelter homes. Because of malnutrition, socioeconomic status, occupational hazards, and poor living conditions, this group was already predisposed to communicable diseases (Choudhari, 2020). The deplorable conditions in the relief camps prevented them from taking any basic safety precautions, such as social distancing, regular hand washing, and the use of sanitizer and masks, which were all required as part of the standard procedure for combating COVID-19. Health-care facilities are insufficient.

Psychological Problem

Many migrants have experienced extreme mental stress as a result of their terrible living conditions and shortages of basic necessities, which has reflected in their lives as relationship issues, substance addiction, alcoholism, sexual exploitation, domestic violence, and psychiatric diseases (NACP III, 2007; Kumar et al., 2020). There was a massive surge of psychological disorders among migrant labourers, with suicides as its leading indicator, adding to the load of the pandemic's terrible shock wave of physical distress (Singh, 2020a, 2020b, 2020c). Migrants developed suicidal tendencies as a result of their persistent financial difficulties, loneliness, worry, dread, and feelings of hopelessness and isolation (Choudhari, 2020). Their psychological misery and discomfort have been exacerbated by their persistent worry of imminent doom and an utterly dark future.

Racial discrimination of the North Eastern migrants

According to the Rights and Risks Analysis Group (RRAG) on 26 March 2020, there were 22 incidents (in different parts of the country) of racial discrimination and assaults against individuals from the North East (Chakma, 2020). As a result of glaring at them and shouting expletives, they were called names such as "Corona", "Chinese", and "Chinki". India's mongoloid looking citizens were subjected to insults while they were strolling on the roads, doing their shopping or travelling in trains and buses. They were called "Covid", and coercively isolated, even though they had negative COVID-19 certificates. They were denied entry into public places, and were driven out of eateries and shared transports.

Women's plight in the camps

While residing in these shelter homes with unknown men, female migrant workers faced numerous obstacles. The use of public bathrooms with them was a huge issue, as it was extremely unsanitary and prone to spread illnesses under the current pandemic conditions. According to one study, 42% of pregnant migrant women didn't receive any medical attention during the lockdown (Pandit, 2020). These conditions were extremely distressing for the women who were forced to live in the camps (Shahare, 2020).

Conclusion

According to surveys, just about 4% of the whole population of migrants received government-issued meals. Ration cards were not used by 29% of people (Farooqui and Pandey, 2020). Almost all of the migrants lost their jobs or had their wages reduced (Shahare, 2020). Rations were distributed based on who had a ration card, but most migrants did not have a permanent residency or the appropriate legal documentation, and thus were unable to obtain a ration card.

The work should be assigned to the respective "panchayats" (Indian local administrative councils operating at the village, block, and district levels) to register and enroll these migrants and distribute the resources accordingly to ensure an effective distribution of financial aid and basic necessities. Subsidies must be raised rather than efforts like NITI Aayog, because they are already in dire financial straits. We need to promote a pro-migrant mentality among the general public as well as a better understanding of migrants' contributions to society and take proactive steps towards educating them and protecting their rights.

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