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Gender, Migration and Covid-19: Exploring the Intricacies

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Abstract

The COVID-19 pandemic has severely altered societies and labor markets. Within weeks, severe constraints on mobility were imposed via border and business closures, quarantines, and movement restrictions. The COVID-19 pandemic has had a devastating consequence on every aspect of life. Migrant workers, especially women, are more vulnerable and face many deprivations from being poor and from their occupation as informal workers. Women face losing their livelihood, facing human rights violations, and contracting COVID-19. Women are severely affected more because, in many contexts, they are considered less productive and consequently occupy a lower position and rank in society. Female-headed families and groups are significantly affected by COVID-19 and cannot meet household needs due to the lack of economic options. The pandemic also exacerbates prevalent gender inequalities and disparities. It is represented as a gendered pandemic in amalgamation with its classed and racialized dimensions. COVID-19 has severely impacted women and girls in health, economy, social protection, and gender-based violence. There persists gender wage gap, and migrant women disproportionately work in more precarious, insecure, and informal employment that receives low pay. Women are more vulnerable to experience violence within workplaces, and migrant women, particularly those working informally, face more hardships and have little to no social protection. This paper analyzes how the global health crisis amplifies existing gender dynamics and creates new gender-biased outcomes that disproportionately impact migrant workers. The focus of the study also examines the health, social and domestic care services that migrant women workers provide and are essential during the pandemic.

Keywords: Covid-19, Migrant workers, Gender discrimination, lockdown

Introduction

Women migrant workers worldwide are on the front lines of the COVID-19 pandemic. They work in essential services in the health care sector but are paid lower wages than their male counterparts. Women migrant workers have encountered multiple and intersecting forms of discrimination and inequalities, gender-specific restrictions in migration policies, insecure forms of labor, racism, and xenophobia. Women migrant workers face an increased risk of losing their livelihoods, having their labor and human rights violated, and contracting the virus. They generally work in the informal economy, especially household service and the care sector, with unguaranteed contracts and no paid leave or privilege to work from home. They are also engaged in short-term or part-time professions. Their jobs are generally secluded from contributory social insurance schemes, which mean little or no social safety benefits to compensate for lost income and limited or no access to health care and maternity protection.

The economies of many countries worldwide are sustained by the remittances sent home by women migrant workers. Remittances provide a lifeline for families and groups in their countries of origin, particularly during times of crisis. Given the economic slowdown caused due to the COVID-19, women migrant workers send fewer remittances, further accelerating the vulnerabilities of families that depend on this income. The pandemic and consequent mobility restrictions have severely exposed the front-line nature of most of the work done by migrant workers by laying bare how economic, social, and structural inequalities impact some sections of workers and migrants more than others. Gender is one such distinguishing factor.

Migrating overseas for work is driven by several factors. Many men and women migrate to seek higher incomes and better opportunities for themselves and their families. Women's labor migration is driven by specific factors in countries of origin and destination that are often gender-related.

A migrant worker's choice of jobs is strained by the gendered division of labor that characterizes the world of work. Men and women generally enter different sectors or perform various duties if working within the same sector. Women, especially migrant women, are often employed at the bottom ranks, typically involving culturally devalued tasks and receiving limited socio-legal recognition. In the migration aisle, where bilateral agreements constitute the fundamental regulatory mode, women are directly channeled into limited sectors, particularly domestic work or nursing. Migrant women are therefore less prevented from job losses and economic slowdown. Also, because migrant women are among the lowest income earners, they remit a more significant percentage of their income than men, leaving the issue of their mental health during their migration an open but necessary question.

Gendered labor: Migrant women engaged in front-line services

Lockdown and social distancing initiatives deployed to curb the spread of COVID-19 have seen numerous employment sectors grind to a halt, with many countries having permitted “essential services” to continue operations during this period. In many states, migrants (both documented and undocumented) make up a significant proportion of the workforce in essential front-line services and supply chains. These services include providing health and social care, transport, and the production, processing, distribution, and delivery of food.

Migrant women workers engaged in health and social care facilities

The health emergency caused by COVID-19 has marked that primarily women's labor keeps global health and social care systems functioning. While the virus itself poses a serious health risk to men who become infected, the accountability for caring for the sick falls inordinately on (migrant and non-migrant) women. Women constitute over 70 percent of global front-line health and social care workers and are more likely to work (both paid and unpaid) on the front lines during this crisis in hospitals, care facilities, and private households, caring for patients affected by COVID-19.

In several countries, women migrant workers (WMWs) constitute most health workers engaged in caring for patients and many as cleaners within hospitals and social care settings. Women include the vast majority of nurses globally and thus have exacerbated interactions with sick patients. This exposure brings them the most at-risk of contracting and communicating the virus.

There is a global meagreness of healthcare workers. The pandemic has proceeded in some countries – incredibly wealthy, highly developed States – calling for a heightened number of migrant workers to support their struggling healthcare systems. This "call" involves migrant healthcare workers who are already there in countries but had been considered unable to work or whose qualifications were not previously conceded and others who are still in their countries of origin. This emergency has driven an exacerbated global awareness and appreciation of the vital role that health workers, especially nurses, play during the pandemic, yet this does not translate into improved working conditions.

UN-Women (2020b) notes that during the pandemic, migrant workers in healthcare settings are at a heightened risk of facing sexual harassment and violence by patients, patients' family members, and other employees. WMWs in healthcare systems have an extra problem as women (not migrants), which exposes them to an increased risk of contracting COVID-19 as personal protective equipment (PPE). Front-line health and social care workers generally remain overworked and unprotected, as they cannot practice physical distancing and lack PPE.

Migrant workers, especially women, are overrepresented in the care sector, and migrant women provide a large proportion of child and elderly care services. Migrant care workers essential for long-term elderly residential care facilities are low-paid. They are predominantly part-time, which means they take on extra jobs in other care facilities to increase their working hours. These settings have become COVID-19

epicenters, as the working conditions aggravated the spread of the virus within these facilities, with workers switching to workplaces. This brings the workers and residents at risk of infection. There is also evidence that workers in social care settings, most of whom are women, have had little access to PPE than hospital workers.

Because of the pandemic, many WMWs with children are experiencing a double burden. Those employed in health-, social, and domestic care settings are now often working longer hours, not only at work but also at home, as ubiquitous school closures and shortage of childcare services bring extra caring and educational responsibilities on these women. Moreover, as health and social care settings change their working methods in light of the pandemic, women with children may strive to manage these changes alongside their child and elderly care responsibilities at home.

Migrant women in domestic work

There are an estimated 67 million domestic workers globally, 80 percent of whom are women and 11.5 million migrants. In several countries, migrant women constitute a large section of domestic workers, whose tasks span from cooking and sweeping to taking care of children, the elderly, and the sick. Before the current pandemic, the domestic work sector was already one of the most marginalized, least protected, and least valued employment sectors. The working situations of many migrant domestic workers (MDWs) are "characterized by insecurity and violence." Due to the movement restrictions imposed by countries worldwide to contain the spread of COVID-19, women MDWs are often employed in even more precarious positions. Because of the households' fear of possible transmission of COVID-19, many MDWs are being dismissed from their jobs. These women are generally unable to find new work or return to their country of origin, as governments have closed their borders.

Women MDWs' work mainly takes place inside the private household. Because of the intimate nature of domestic work, MDWs are at a heightened risk of being exposed to the virus, particularly when caring for the sick. Before the COVID-19 pandemic, full-time live-in MDWs were allowed to leave the domestic work to meet their friends and support networks on their leaves, but this has now been curtailed. Employers locked MDWs inside households and did not let them step out due to fears of the virus. Resultantly, women MDWs remained confined at home with their employers, and many experienced violence within these households.

For part-time MDWs, there were different but serious concerns. Part-time MDWs generally work for multiple families simultaneously. Therefore, their movement between workplaces increased their risk of contracting the virus. Moreover, many MDWs work informally (without employment contracts and work permits). For those MDWs engaging in irregular work during the pandemic, going to work means risking fines, immigration detention, and extradition if asked for their documents while traveling to their workplace.

Care work is vital for global economies to function, but being highly gendered and racialized translates into this form of labor being socially and structurally devalued. Many MDWs continue to lack labor and social protections. These workers generally have little or no access to healthcare services and cannot avail

unemployment or sickness benefits if they lose their jobs. As the ILO (2020) states, in the absence of these protections, there is an increased risk of spreading the virus among groups, including those in the MDWs' care.

Migrant women's labor keeps many countries' health- and social care systems and households running during this crisis; however, migrant women also need care and support during COVID-19. Owing to the pandemic and the subsequent movement curtailments, jobs losses, restricted living circumstances, and economic coercion that households are under, there has been a considerable increase in levels of domestic violence. However, many support services were temporarily closed. Migrant women are especially vulnerable in these situations because of language and information limitations.

Migrant women, especially those in risky and informal employment and those with irregular migration positions, were already experiencing barriers to obtaining health care and maternity protections before the pandemic. These barriers are now even more detrimental to migrant women's health. They may fear that receiving medical assistance may endanger their employment. They may fear that availing of health care will lead to fines or possible arrest, detention, and extradition if they are undocumented. For migrant women in household and care work, the lack of social protection, including sick leave and unemployment benefits, is pernicious for their health and well-being. If they contract the virus, they may feel constrained to continue working and not seek medical assistance.

Migrant women sex workers are also seriously impacted by the pandemic, as movement curtailments made them unable to earn money for themselves and their families. This "hidden" workforce is generally unable to access unemployment gains, and many have barriers to accessing health care. Moreover, those who continue to work are at a heightened risk of contracting COVID-19 because of the intimate nature of the work; migrant women are especially vulnerable in these circumstances due to language and information hurdles.

Millions of migrant workers lost their incomes because of the COVID-19. Since migrant women form an inordinate part of the informal economy, they are particularly vulnerable. They are generally the first to be let go, with little or no social protection or unemployment benefits. The healthcare systems and economies of countries of origin are also being impacted by returning migrant workers, concerning the availability of jobs and the ability of healthcare systems to cope with the extra number of COVID-19 cases brought in by returning workers.

Challenges and Risks for Women Migrant Workers

Loss of livelihoods:

- The International Labour Organization approximates that global unemployment figures could rise by almost 25 million due to COVID-19, disproportionately affecting the income security of women and migrants and the larger community.
- Women migrant workers are reported to have lost their jobs in large numbers in many sectors. Because they generally work in the informal economy in precarious conditions without formal employment contracts and limited coverage by labor laws, employers can more willingly end their employment in response to the economic slowdown caused due to the COVID-19 pandemic.
- Women migrant workers engaged in formal employment are also vulnerable to losing their jobs due to the economic slowdown, leaving many in oblivion related to their work authorizations and visa status and great precariousness about income and housing prospects.
- Negotiating red tape and language barriers to access unemployment or other benefits are significant hurdles exacerbated by the shutdown in migrant support services.

Reduced remittances:

- Remittances are critical for the existence of many families and communities globally. A recent analysis approximates that remittances will register a negative seven percent decline in 2020 compared to 2019, from \$76 billion to \$70 billion.
- Women migrant workers' remittances are generally used to meet the educational, health, and livelihood needs of households and communities in their countries of origin. These remittances often substitute for lack of social protection in countries with limited public welfare systems; the impact of lost remittances will be most complex on low-income families, who are least likely to have access to social protection.
- With large numbers of women migrant workers losing their jobs due to the global slowdown caused by the COVID-19 pandemic, the repercussion on the individuals and local economies dependent on this income will be disastrous.
- Many in-person cash transfer services cannot operate during the pandemic, a significant worry for numerous migrant women lacking access to digital literacy for online monetary transactions. The reduction in in-person cash transfer services is also a problem for migrants with irregular migration status who do not have the required documentation to access the formal digital transfer services generally intervened by the banking system.

Stresses on care and domestic workers:

- Women migrant household workers are at particular risk of losing their jobs due to COVID-19 as they generally work informal employment, often unregistered and excluded from labor protections. The lack of assistance and protection mechanisms for women migrant domestic workers, their social isolation due to language and cultural differences, and the limited availability of accurate information heighten their vulnerabilities during the pandemic.
- Women migrant domestic workers go through a significant risk of abuse, leaving them trapped and unable to reach their homes due to increased travel restrictions.
- Migrant women working in domestic work like caring for children, the sick, and the elderly are at more risk of contracting the virus as there are chances of them being in direct contact with the patients.
- Several women migrant domestic workers, sweepers, and care workers in COVID-19 affected countries have had to go through increased workloads to ensure cleanliness and hygiene and provide the necessary care, often without personal protective equipment or overtime remuneration.
- Human rights violations of women migrant workers in domestic and care work – inordinately long hours, no guaranteed leaves, lack of social protection, sexual and gender-based violence, and restrictions on freedom of mobility– are further accelerated during the pandemic.
- COVID-19 has exacerbated the burden of unpaid care work on most women, including migrant women, due to the closure of schools, kindergartens, creches, and many other public and social services. This additional burden of unpaid care work on women needs to be addressed as part of a comprehensive response to the pandemic.

Limited freedom of movement:

- Travel bans and restrictions prevent women migrant workers from returning to their countries of origin as cross-border travel become more complex and challenging. This includes screening initiatives and health certificate needs for entering a country. Those willing to go home may decide against traveling for fear of not returning to the country.
- Women migrant workers unable to go back to work due to travel restrictions may face a complete loss of their livelihoods, in the deficiency of social protection, as well as of their families who depend on their remittances.
- In some countries, the impact of lockdowns and business closures has led to mass movements of migrants trying to go back to their countries of origin, accelerating the risk of community spread of COVID-19 and escalating the virus to areas with less preparedness and capacity to counter.

Lack of social protection and health care:

- Migrant women, especially working in the informal economy, have little access to social protection, health care, and maternity protection because they are usually omitted from contributory social insurance schemes.
- Women migrant workers with a lack of health insurance or irregular migration status may be skeptical about following COVID-19 screening, testing, and treatment protocols due to fear of documentation checks by authorities and possible fines, arrest, detention, or repatriation.
- The sexual and reproductive health of women migrant workers is compromised by a lack of health insurance and access to health care, even more so as health systems are stretched to the limit by COVID-19.
- Women migrant workers with no access to child or family benefits are compelled to leave their children at home, generally without guardianship, to go to work.
- Women migrant workers in areas requiring physical contact with other people often have limited personal protective equipment and hand-washing facilities.
- Existing legal services and emergency shelters are operating with limited capacity or have closed down due to COVID-19 measures and impacts.

Violence against women migrant workers:

- COVID-19 aggravated women migrant workers' increased risk of sexual and gender-based violence at all stages of migration, mainly migrant women with irregular migration positions or sexual and gender minorities who are least likely to report violence because of discrimination or fear of arrest or repatriation.
- Past epidemics indicated that women and girls, including migrant women and girls, were at increased risk of gender-based violence, exploitation, and abuse. The Ebola pandemic demonstrated that multiple forms of violence are exacerbated within crisis contexts, including trafficking, child marriage, and sexual exploitation and abuse.¹⁸ COVID-19 is likely driving similar trends at present¹⁹ and will mainly affect migrant women and girls given their vulnerable situations.
- Domestic violence has skyrocketed because of forced coexistence, cramped and confined living conditions, economic stress, and fears about contracting the virus. This is intensified for migrant women who struggle with language barriers and lack of accessible information to access essential services.
- Migrant women may be compelled to live with potential perpetrators without leaving abusive relationships because of travel curtailments, quarantine procedures, or job loss. Migrant women and girls experiencing gender-based violence strive to access healthcare and essential support measures because of restrictions on mobility, closed health centers, and fear of contracting coronavirus.

- Women migrant workers in the health area are at increased risk of sexual harassment and violence due to the severe stress that the pandemic places on patients, their relatives, and other healthcare workers.
- The possibility of sexual exploitation and violence by state officials and armed guards abusing their power over migrant women at border crossings has increased.

Need for equity and an inclusive approach

While the threat of COVID-19 is indiscriminating, the impact of the virus does discriminate. Migrant women workers' health, well-being, and livelihoods, including their families and communities, are disproportionately impacted, yet government policy responses to the crisis predominantly exclude these workers. The pandemic has marked that migrant workers, particularly women, do essential jobs. Still, these workers are also the most likely to be denied human rights and prevented from accessing critical services. This emergency has thus marked the need to redefine what – and who – constitutes an "essential" worker, a classification marred by political implications and practicality.

Migrant workers are often omitted from accessing the COVID-19 means implemented by the countries where they work, including monetary support packages, wage subsidies, income support, and social protection. Many barriers exist, which stem from immigration and employment laws that place many migrant workforces, especially migrant women, outside the scope of healthcare provisions. Global emergencies such as the current health crisis quickly become an (intended or unintended) opportunity to discard labor and human rights, amplifying a situation exposing severe structural inequalities, termed by some commentators as "modern forms of slavery." The reaction to COVID-19, both in terms of containing the spread of the virus and recovering national economies, provides a chance to address systemic gender disparities and to include migrant worker people in countries' responses in the essence of the Sustainable Development Goals and the Global Compact for Safe, Orderly and Regular Migration. Pandemics and their repercussions are not gender-neutral because societies and labor markets are not gender-neutral. This health emergency will have long-term social and economic impacts, and governments' policy responses and guidelines must be gender-responsive and inclusive of migrant women. Authorities and employers are accountable for reaching out to all migrant workers, including those working in private households, to diffuse correct information about COVID-19 risks, initiatives, and services in suitable languages. It is vital that the most marginalized migrant workers, such as sex workers and MDWs, are included in this outreach.

Conclusion

The COVID-19 pandemic has pervasive impacts on people across the globe. However, the vulnerable segments of the population have been disproportionately impacted by the pandemic, and the case of migrant workers is an issue of grave concern. The study emphasized the dismal state of migrant women workers and their families due to the random lockdown and subsequent periods of socio-economic and health crisis. The significant issues revealed from the study about women's experience include the loss of livelihood and debt. The migrant workers had to compromise many essential needs in their daily survival. The burden of accountability and captivity made the life of women stressful and traumatic. Women experienced a significant disturbance of access to services as a result of lockdown and restrictions.

Life in the urban areas left migrant women and their households with limited options regarding maintaining appropriate social distance. This also leads to significant distress. It was also apparent that women migrant workers followed precautionary protocols to prevent COVID-19 because of fear of spreading the virus. The government measures meant for the vulnerable sections of society have not reached most of the intended groups. However, the contributions of migrant workers are significant for the sustained urban economy, and therefore policy measures and programs should consider them central to interventions. Efforts should also be made to restore inclusive economic activities, where migrant workers feel confident, secure, and safe.

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