



THE REFLECTION OF COVID-19 PANDEMIC SURGE ON MENTAL HEALTH AND SOCIAL ENVIRONMENT OF MIGRANT WORKERS TO THEIR NATIVE PLACES: AN ANALYTICAL STUDY OF THE VILLAGES OF NADIA DISTRICT, WEST BENGAL

Soumita Saha, Assistant Professor

Geography Department, Magrahat College, University of Calcutta, South 24 Parganas, West Bengal, India

Abstract: The instability and uncertainty of the COVID-19 pandemic, the accompanying lockdowns, physical distancing, and other restraint policies; and the subsequent financial cessation could increase the risk of mental health glitches and aggravate health inequalities among the masses. When the global focus has generally been on testing, finding a cure, and averting transmission of the disease; The footloose people especially the reverse migrant labourers, the vulnerable groups, are going through innumerable psychological problems in losing jobs, staying outside of the home, fear of the disease, adjusting to their current lifestyles, and so on. Back at their homes, the migrants are experiencing stigma, discrimination, and poor social security, economic crunches. The aims of the paper focus on the psychosocial issues and dearth of mental health support to the reversed migrants from different parts of the country dropping their work pushed themselves towards an uncertain future including the loss in productivity and job disruption due to the restrictive measures of COVID-19 lockdown. The progress is based on a cross-sectional survey inside the villages where the presence of inverted migrant communities are present during the pandemic. To prevent the looming humanitarian crisis, empathetic management combined with social support and positive will is a must. Observing the significant psychological impacts among the returnees indicate a more systematic assessment of the psychological needs of the population, which can help the government in planning holistic interventions for affected individuals and develop positive well being is also a matter of discussion in the paper.

Keywords: Covid-19 pandemic, Lockdown, Reverse migrant labourer, Mental health, social support.

INTRODUCTION:

Migrant workers found 37% of the total Indian population, which is nearly 45.36 crore people according to the 2011 census of India. Migrant labours mainly include daily wage labourers working in the informal sector. They leave behind their villages due to the lack of agricultural land and other socioeconomic obstacles. (Das, 2020). Although these labours make the groundwork of the Indian economy due to their huge percentage of the population depend on migration to metro cities to get their livelihood (Suresh et al., 2020), they are one of the weakest sections of the social frame (Yadav and Priya, 2020). They face a greater number of glitches in their daily life after migration than the native workers. Their problem ranges from protracted poverty, unsuitable residence, cultural variances, language hitches at a new place, lack of family nearness and support, discriminative behaviour toward them because of their low socioeconomic status (Choudhari, 2020). The lockdown imposed in India in March 2020 had upset the life of migrant workers. These internal migrant workers, who were already facing several disputes, had to deal with a different set of challenges. They were existing in small and congested places but now had to follow the norms of social distancing, which is almost impossible (Guadagno, 2020). The worldwide emerging coronavirus pandemic led everything and everyone in crisis with feelings of anxiety, stress, and fear from last year. The spillover psychosocial impact of the pandemic has been seen in almost every sector globally. Among the various groups of population, migrant labourers are considerably the most affected vulnerable groups of the population having no perception of what the next step would be. The sudden lockdown, closing

of the work sector, physical distancing, extended lockdown, losing jobs, money crunches, social insecurity altogether pushed all of us including the footloose people at the utmost level. During the covid phase fear of falling ill and dying, loss of economic stability, separation from near ones turn into prolonged grief and anxiety which remarkably stay with them although the disease will get over the footprints of the pandemic stay back deeply.

OBJECTIVE OF THE STUDY:

The present study focused on the subsequent objectives:

1. to find the initial psychosomatic impact of COVID-19 among the workers returned to villages.
2. To analyse the causes of mental issues occurred among the community.
3. To investigate the socio demographic relation with psychological symptoms of the workers during the epidemic.
4. To explain the changes of behavioural patterns among the migrants during the pandemic phase.

RATIONALE OF THE PAPER:

The study of the Paper undergoes to a microlevel as fairly on attempt for understanding the mental status of the growing trend among home coming workers from different states of the country. For understanding the viewpoint of the returnees who are already retreat to their destination and a few of whom are attempting to plan for going back to their Job destination are interacted. The pandemic has stopped working the gate way of the incomes of various levels. The reverse labourers from mostly informal sectors are crowded to their origin without having any option. Their psychological disorder takes place silently although studies have documented how migrant workers have an increased risk of adverse mental health outcomes, petite is known about their mental health burden during a large-scale psychological health crisis. So, the purpose of the study is to drag out the key reasons for such adverse mental state of reverse migration trends and place spotlight on the mental well-being of migrant workers. This study also uncovered the dynamic situation-specific approaches they used to deal with the stress for bringing a stage of mental balance.

LITERATURE REVIEW:

Migration is an integral part of the Indian Economy and constitutes a significant share of the country's GDP. Out of 482 million workers in India, about 194 million are permanent and semi-permanent migrant workers as per the 2011 census. Literature survey was done on mental health issues and physical exhaustion of Migrant labourers are being More than 1.14 crore workers returned to their native places during the lockdown. Uttar Pradesh saw the highest reverse migration with more than 30 lakh workers going back to their villages followed by Bihar and **West Bengal** that received 15 lakh and 13 lakh migrants, respectively.(Shastri, 2020). R.choudhari (2020) highlighted the need for both mental and physical health services, particularly for the vulnerable populations during the pandemic situation , and the strengthening of social capital to reduce the adverse psychological impact of the outbreak.The migrant labourers working in unorganized sectors mostly live in unhygienic and polluted environment are riskprone to health problems and sickness. They are facing Psychosocial Disorders which are rarely mentioned. (Jane A.C 2020). The absence of strong social support to the migrant workers perpetuates the psychosocial distress and has an adverse effect on the migrant labourers' mental health (Rogaly B. et al, 2002).As migrant workers in India tend to live and work in megacities in crowded conditions that do not permit social distancing, putting them at an increased risk of contracting the disease.(Rajani, S. 2020).Hence, The largest incidence of peritraumatic mental distress, particularly among migrant workers across all occupations was documented by a large-scale survey during the COVID-19 epidemic in China (Qiu et al., 2020). Few studies were conducted on this population during the COVID-19 pandemic. These show that due to the novel coronavirus, discrepancies occur among of internal migrant workers (Das, 2020). Brooks et al. (2020) suggest that the psychological impact of quarantine is wide-ranging, substantial and can be long-lasting. Studies also focused on the level of vulnerability of migrant workers at the time of global pandemic and need for change at the political level (Fasani and Mazza, 2020), and a few of them assessed the metal health degradation of migrant workers at the time of COVID-19 (Chaudhari, 2020). But in India large scale survey has not been yet actively summarized. Migrants who belong to the native place reversed being traumatised or mentally ill being effected by the pandemic are rarely investigated. Hence, this paper tries to focus on the sight and gives a overview of their mental status during this critical phase.

SELECTION OF STUDY AREA:

From the census data, it's evident that out-exodus migration usually happens in rural sectors. In west Bengal nevertheless shows the same situation too. While studying the raising pattern of covid-19 pandemic cases, the Nadia district shows positive trends of reverse migrants too. So, The choosen area is located in the Jugal Kishore Gram panchayet having 10 no. of villages under Ranaghat II block in Nadia district, West Bengal. The census data provided within the further study gives a transparent view of the gap between the working group of population and total workers. Hence, it's significantly perceptible that a major number of populations are going out to other states for job opportunities. The study initiates with such labour respondents in selected villages for the perception of the objectives of the study.

METHODOLOGY:

Migrants who were residing in various states had reverted to their native places, are approached for participation in the study. Verbal informed permission was attained from each participant before involving into the study. The sample size for data collection was chosen from the available migrants who are staying in their villages for the last couple of months identified through a cross-sectional survey between January to July 2021.

A total of 180 people from six villages have participated in the questionnaire survey. Purposive sampling is the main method for quantitative and qualitative interpretation. Corona Anxiety Scale is one of such implications to assess the mental status of the reversed migrant workers and the level of social-environmental degradation during the pandemic period.

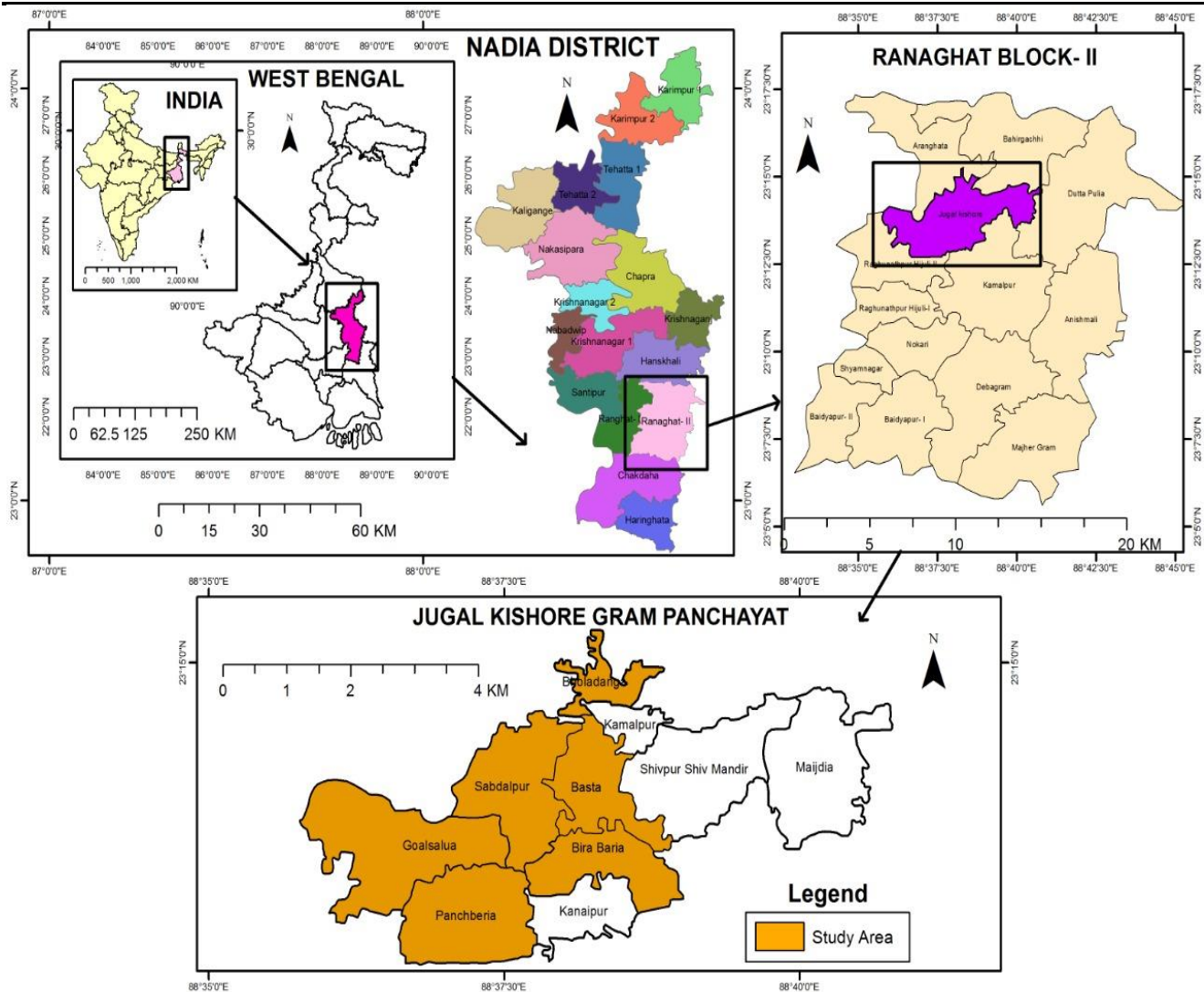
FINDINGS OF THE STUDY:

30 respondents from each village, altogether 180 migrants are taken as target groups who had returned to their villages from various places. Purposive Random sampling is done with the sets of questionnaires to obtain the quantitative as well as qualitative data. The gram panchayat has 5074 no of households with 21,074 rural populations within an area of 1606.42 hectares (CENSUS, 2011). The field survey was done from January to July 2021. The 6 concerning villages have a total population of 16,248 under 3936 no. of households. From the following table:1, it is visible that, the total number of workers compared to the working group is considerably less 33.1515. as the ratio of workable population and the total population is ranging 91% approx. So, it is evident that a large group of the population has to migrate from the state or within the state as the worker's ratio varies from 31 to 35. The study randomly collects the samples from the migrants among these villages where the workers ratio is significantly present or had returned from their destinations compared to the other villages through chain-referral sampling.

Table: 1 showing the population size and worker ratio of the selected villages,Nadia

Villages	Number of households	Total workers	Total population (including institutional and houseless population)	working group of population	workers ratio
Basta	747	923	3074	2810	32.84697509
Sabdapur	1149	1755	4737	4346	40.38196042
Goalsalua	903	1218	3717	3404	32.76836158
Bira Baria	275	390	1252	1131	31.15015974
Panchbaria	611	832	2432	2211	34.21052632
Bholadanga	251	357	1036	945	34.45945946
Total	3936	5475	16248	14847	33.15159417

Source: Census of India 2011



Source: Census of India 2011, District Handbook Nadia 2011, Ranghat- II BDO Office

Figure:1

REVERSED MIGRANT WORKERS: A RISKPRONE POPULATION

1. Vulnerability for additional transmittable diseases:

Internal migrant labours are practically vulnerable to new infections due to inter-reliant predisposing issues, related to socioeconomic position, professional hazards, enduring malnourishment, unhygienic living conditions dominant in their urban housings, lack of proper hygiene and pre-existing respiratory infections. Migrant workers can act, as victims of infection and vectors of transmission, spreading the infection to newer areas on reverse migrations. From table:2 it is noticed that most of the migrants cross the boundaries without having proper mask and sanitization procured. So they could be highly potential carriers of the deadly virus. For these causes, they become more vulnerable to their native places.

Table:2 hygiene maintained by the home coming migrants

Name of the villages n=180	Having sufficient masks while travelling		Having hand sanitizer and soap	
	Yes	No	Yes	No
Basta	7	23	3	27
Sabdalpur	13	17	5	25
Goalsalua	5	25	3	27
Birabararia	7	23	4	26
Panchbaria	3	27	7	23
Bholadanga	4	26	3	27

Source: Primary Data

2. Exodus migrants' return with mental dilemma and hopelessness

Inverse migrant labourers had the attitude that it was benign to travel during the lockdown. About one-fifth of the inverse migrant workers reported the urge to come back deliberately with the panic to lose their lives or have no place to live or no work to be engaged in and fear of getting an infection. The reverse migrant workers also reported feeling low and miserable, agitated, and uncertain about the future and fear of death. Lack of jobs was the major factor that drives the migrant workers to get back to their native homes. Fig:2 shows they need mental support mostly as they stay far away from their families followed by having no works breaks their mental strength which also signifies that they are not being able to handle the situation all alone.

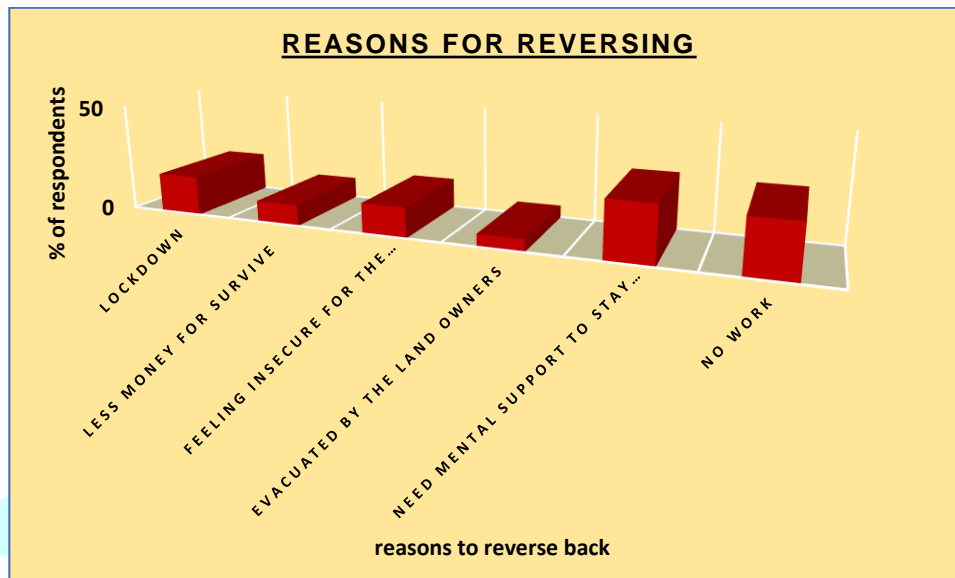


Figure:2

source: primary survey

3. Lack of family assistance and caretaker in the stage of epidemic

As most of the male migrant workers are not living with their family partners, their loneliness itself makes them fall down prey for mental concerns like depression (Zhou et al., 2020). Loss of loved ones in the pandemic and feeling of helplessness to join the health needs of the family members, staying away at villages might also aggravate the stress. If we look up to the table:3, it is found that all the migrants who are under the coverage of survey mostly married and the ratio of dependants to their native places are higher in respect to their total family members which is around 63 to 75%. It is also a reason for their mental sickness. If we give a glance to the fig: 2 the causes of the reason to reverse back, the scenario would be more clear that they seek mental support mostly as they are fully panicked due to the surrounding condition.

Table: 3 Demographic status of the Migrants

characteristics	Goalsalua	Bholadanga	Bira Baria	Panchbaria	Basta	Sabdalpur
No. single	10	6	4	10	8	4
No. of married	20	24	26	20	22	26
No_of dependant in family in native place	86	70	82	86	74	84
No. of family members	117	111	117	115	109	115
% of family members stay away from migrants	73.504274	63.0630631	70.08547009	74.782609	67.89	73.04348

Source: Primary Data

4. Social stigma

Social stigma in the course of well-being is the undesirable association between an individual or group of persons who share certain characteristics and a specific disease. In an outbreak, this may mean people are categorized, labelled, victimised against, preserved separately because of a perceived link with a disease. (WHO,2020)

Generally, people who returned from their destination can experience stigmatization and develop a mix of emotions. Everyone may feel differently and have a different welcome by society when they come out of the exhausting journey and quarantine stage. People who recently improved may have to implement social distancing from their family members, friends, and relatives to confirm their family's safety because of its unparalleled viral nature. Dissimilar age sets respond to this social behaviour in a different way, which can have both short- and long-term effects.

Social distancing, changes in the behaviour of family members, relatives and stigmatization for being suspected of carrying COVID-19 may develop sadness, anger, or frustration. Friends or loved ones may have unsubstantiated fears of contracting the disease from them. Even though the migrants have been determined not to be contagious. However, the current situation necessitates a clear understanding of the effects of the recent outbreak on the mental health of people of different age groups to prevent and avoid the COVID-19 pandemic. Some of them are being addressed or like to be discriminated as of being affected to be positive or potential virus carrier. Even they have been deprived of accessing drinking water from common well or tube well and any kind of help. Even the children of the migrants are the worst sufferer having been teased to be a potential carrier of the virus as their fathers had returned from far states. During the isolation period getting food is the main issue among most of the migrants in these villages following proper medicines and water.

Table:4 Evaluation of Stigmatizations work in migrants community

characteristics of stigmatization	No. of respondents with yes	No. of respondents with No	total	data not found
others are using abusive language	82	66	148	32
hiding inside the house for several days	79	70	149	31
having difficulty to access drinking water from well	50	31	81	99
stigmatized of being came from other state, must be a carrier	79	57	136	44
fear of losing family persons	93	44	137	43
feeling guilt of having returned to native place	89	39	128	52
children are teased by the neighbours or friends	71	56	127	53
worried of being affected by the disease	74	46	120	60
anxious about earning	111	23	134	46

Source: Author's own elaboration by analysing primary data

5. Social exclusion

This is adversely associated with the mental health of migrants. Internal migrant workers suffer from a high prevalence of anxiety, psychotic, and post-traumatic disorders due to socio environmental adversities, such as loss of social status, discrimination. In addition to the problems created by the pandemic, public health strategies such as mandatory isolation or quarantine in the Government's temporary shelters on return to their original places and social distancing, increase the feeling of loneliness causing mental issues even may lead often to suicide. Table:4 shows various levels of Anxiety that has been prepared based on CAS(corona Anxiety Scale)[ncbi.nlm.nih.gov] where more than 5 types of questions have been set up based on which the share of the group has been transferred to the score(no. of respondents). Thus it determines the level of their anxiety which will have a great future impact.

Table:4 Level of anxiety among the migrant labourers

anxiety scale	Scale	score [n = 180]	percentage%
Minimal	1	37	20.55555556
Mild	2	57	31.66666667
Moderate	3	65	36.11111111
Severe	4	12	6.66666667
max. severity	5	9	5

Source: Author's interpretation based on CAS(Primary Data)

6. Tendency to cultivate ordinary psychological illnesses

Lonely migrant workers can more likely to get affected by the negative emotional responses, secondary to the COVID-19 pandemic, because of pre-existing higher susceptibility to mental stress compared with the non-migrant background population. According to NIMH, 2021 feeling helplessness is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-term and with moderate or severe intensity, this may become a serious health condition. The returnees are significantly passing through the moderate stage of anxiety.

Anxiety is the mind and body's reaction to stressful, dangerous, or unfamiliar situations. It's the sense of uneasiness, distress, or dread one feels before a significant event (anxiety.org). The surrounding environment mainly accelerates the levels of anxiety among migrant workers. A study has been done by grouping the different anxiety symptoms of the workers. Figure:3 age-wise reversed migrants are shown where the groups of 30 to 35 aged labourers are anxious mostly about their present situation.

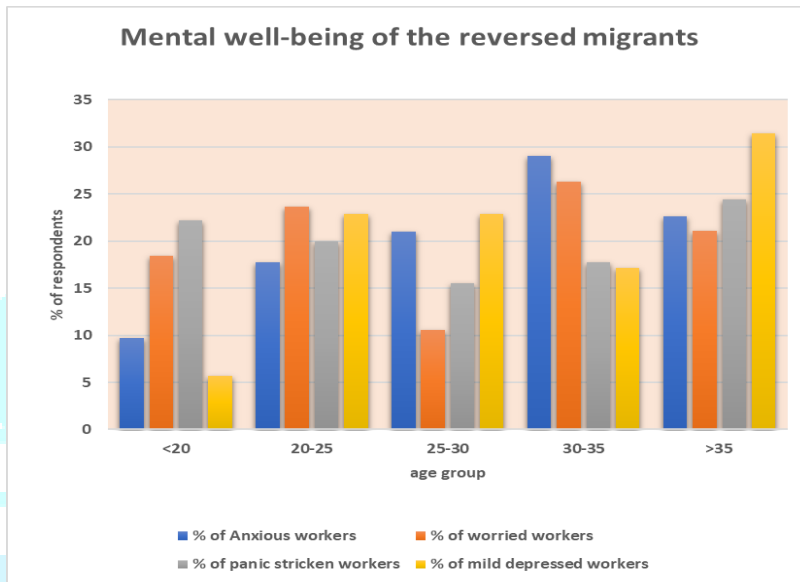


Figure:3

source: primary data

Mild depression (19.45%; 35/180) and anxiety (34.44%; 62/180) was found among respondents followed by worried(21.11%; 38/180), panicked(25%, 45/180). Anxiety and worries were independent of their socio-demographic characteristics. Perceived fear of contracting COVID-19, severity and death were prominent among the respondents. Respondents experienced stigma and discrimination in addition to being at the risk of disease and possible loss of employment and financial responsibilities. In addition, poor (quality and access to) health services. They are often not entitled to guaranteed income, unemployment benefits, food subsidies. Similarly, they might be excluded from relief and support packages governments are and will be rolling out in response to COVID-19 or deprioritized from assistance when resources are limited d poor living conditions at the quarantine centres adversely affected respondents' mental health.

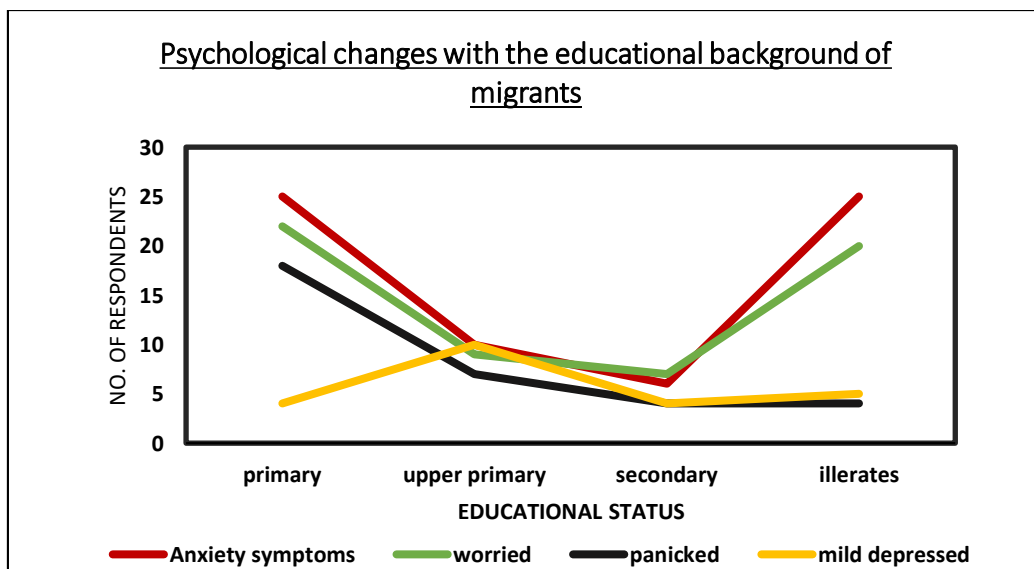


Figure:4

Source: Primary data

The study finds that among the people having no basic education found themselves most vulnerable as they lose their jobs, the anxiety symptoms and worriedness among the primarily educated migrants are significantly higher whereas the workers having upper primary education are suffering from mild depression the most. (fig:4)

7. Financial limitations due to loss of job

Predominantly workers in informal occupations are bound to suffer from job losses due to restricted or negative industrial growth. Recently, textile industries of Surat city, which mainly employ migrant workers from West Bengal as well as other states have announced stoppage of production activities anticipating the loss of export orders and decreased internal demands, repercussions can be the sudden unemployment for lakhs of migrant workers with minimal hopes to get new jobs in future. Fig:5 express the scenario of their income before lockdown that again proves that they can fit their expenditure accordingly with future savings.

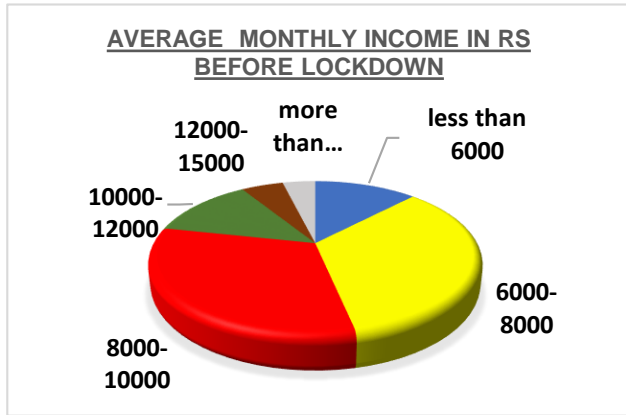


Figure:5

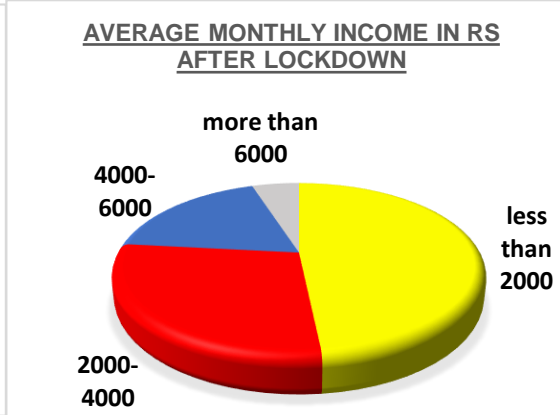


Figure:6 source: primary data

It is also an important indicator of well being. Fig:6 shows how badly they are passing through, among 180 respondents 87 no. of workers presently earn less than 2000 which is a mere amount to the present world where the cost of food and petrol have risen. They not even earn their basic essential commodities, often they have to take debt or loan. In this regard social help or support is rarely seen(migrant: Satish Biswas). They don't even get a proper meal. If we look at their expenditure(table:5) it will be cleared that how much it would be difficult for them to fit their basic needs of having minimum wages what they earn now as of maximum is workless.

Table: 5 showing the average minimum monthly expenditure of a migrant family

income invested in	average expenditure (monthly in rupees)
purchase of grocery	750
purchase of durable	560
house hold expenses	1000
medical expenses	800
education of children	750
Total	3860

Source: primary data

8. Absence of effective laws for unorganized sector workers

The unorganized sector migrant workers are not being covered by any employers' social security or insurance scheme and as such regarded as a neglected workforce, with only a few, insufficient legislations, like 'The Building and Other Construction Workers Act, 1996' to prevent their exploitation. They are mostly neither here nor there type of population or better to say footloose people who are deprived of maximum government subsidies.

CONCLUSION

After viewing the present mental conditions of the reversed migrants of the remote villages of Nadia districts it can be concluded that the internal migrant workers are the most vulnerable community for the development of severe, acute, and continuing, adverse mental health consequences due to the COVID 19 epidemic. It can generate various multidimensional issues, many acts simultaneously to cause physical, mental, and socio-economical adversities. Besides, the obstructive measures adopted during lockdown and containment COVID 19-policy, associated with the progression of the legislations and laws of occupational safety and health in our country as well as the state, have many potentialities to aggravate and precipitate the adverse effects on the psyche of internal migrant workers. Bearing in mind the complex occupational viewpoint, which enhances the susceptibility, the mental health civic should prepare themselves for conducting the challenge of an upsurge in the psychological illnesses among this occupational community which plays a significant role in boosting our economy upside. As psychological health is a critical facet that desires to be addressed by prioritizing it authoritative to initiate steps against the psychological ill effects.

During pandemic consciousness and mental preparation among the internal migrants is an utmost necessary action to be immediately taken by the governing authorities and Non-government organizations as well. Small scale awareness programs through digital mode or campaigning without social gathering, mental cure, procurement of food and basic amenities should be provided to them so that they don't feel worthless as they are the potential drivers of our economic system.

REFERENCES:

1. [24.cdr \(worldwidejournals.com\)](http://24.cdr.worldwidejournals.com)
2. [Anxiety and depression among people living in quarantine centers during COVID-19 pandemic: A mixed method study from western Nepal \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/35412345/)
3. Behra R., Mishra S., Behra M., The Covid-19 led Reverse Migration Labour supply Economy: Challenges, Opportunities, and Road Ahead in Odisha, the Indian Economic journal
4. Bilal. J et al. The coronavirus (COVID-19) pandemic's impact on mental health. *Int J Health Plann Manage.* 2020 Jun 22 : 10.1002/hpm.3008. doi: [10.1002/hpm.3008](https://doi.org/10.1002/hpm.3008) [Epub ahead of print]
5. Choudhari, R. COVID 19 pandemic: Mental health challenges of internal migrant workers of India *Asian J Psychiatry.* 2020 Dec;54:102254. doi: [10.1016/j.ajp.2020.102254](https://doi.org/10.1016/j.ajp.2020.102254). Epub 2020 Jun 18.
6. Das D. (2020). Regional disparities of growth and internal migrant workers in informal sectors in the age of COVID-19. *Journal of Public Affairs.* 20 e2268. [10.1002/pa.2268](https://doi.org/10.1002/pa.2268)
7. Fasani F., Mazza J. (2020). JRC TECHNICAL REPORT A Vulnerable Workforce: Migrant Workers in the COVID-19 Pandemic. Luxembourg: Publications Office of the European Union. [Google Scholar]
8. <https://www.mohfw.gov.in/pdf/RevisedPsychosocialissuesofmigrantsCOVID19.pdf>
9. IOM & WFP. 2020. Populations at risk: Implications of COVID-19 for hunger, migration, and displacement. An analysis of Food Security Trends in Major Migration Hotspots. Rome.
10. Khanna A. Impact of Migration of Labour Force due to Global COVID-19 Pandemic concerning India, August 11, 2020, *Journal of Health Management*
11. Lancet T. (2020). Editorial India under COVID-19 lockdown. *The Lancet* 395 1315. [10.1016/S0140-6736\(20\)30938-7](https://doi.org/10.1016/S0140-6736(20)30938-7) [Europe PMC free article] [Abstract] [CrossRef] [Google Scholar]
12. Mental health and coping during COVID-19. *Centers for Disease Control and Prevention* 2020. <https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>. Accessed May 03, 2020.
13. [Migrant worker has nervous breakdown in Ahmedabad | Ahmedabad News - Times of India \(indiatimes.com\)](https://timesofindia.indiatimes.com/ahmedabad-news/migrant-worker-has-nervous-breakdown-in-ahmedabad/articleshow/75000134.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)
14. Mohanty, B. 2020. Lockdown impact continues to affect migrants. In: *Telegraph India.* [online]
15. Qiu J., Shen B., Zhao M., Wang Z., Xie B., Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *General psychiatry.* 2020;33(2):e100213. doi: [10.1136/gpsych-2020-100213](https://doi.org/10.1136/gpsych-2020-100213). [PMC free article] [PubMed] [CrossRef] [Google Scholar]
16. Rajkumar R.P. COVID-19 and mental health: a review of the existing literature. *Asian J. Psychiatry.* 2020;52:102066. Advance online publication Epub 2020 Apr 10. [PMC free article] [PubMed] [Google Scholar]
17. Reverse migration to rural areas of origin in the context of the covid-9 pandemic, Food, and Agriculture Organization of the United Nations.
18. Shastri,2020, http://timesofindia.indiatimes.com/articleshow/75000134.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst.
19. Sonar A., Mukherjee R. Prof S., Migration and Livelihood of Doars Tea garden: Case Study of Chinchula Tea Estate, Alipurduar District, North Bengal, Vol-4, Issue-9, September 2018, EPRA Journals, ISSN(online): 2455-3662

20. Srivastava, s. 2020. Return to the city or struggle in the village? Migrant workers who fled lockdown are in a blind. In print [online]. New Delhi.
21. Survey on Migrant Workers: A Study on their livelihood after Reverse Migration due to Lockdown (All India Report) , since 2019. iSSRF
22. The coronavirus (COVID-19) pandemic's impact on mental health (nih.gov)

