



The exodus of migrant workers during the coronavirus disease 2019 (COVID-19) pandemic in India: thematic findings on emotional concerns

One of the most painful aspects of the coronavirus disease 2019 (COVID-19) crisis in India has been the exodus of migrant workers (MW) from various parts of the country back to their hometowns and villages, often hundreds of miles away. Due to the lockdown and absence of public transport, many took recourse to walking or cycling for hundreds of miles. Many had to suffer abuse at the hands of police who were manning the highways with orders to stop all movement and some have died from exhaustion or trauma.[1]

The workforce represented by MW is the backbone of construction, industry, and agriculture in many parts of the country. MW often migrate temporarily to places of work for a few months, sometimes accompanied by their families. This is mainly driven by economic reasons; the work is mostly unskilled and usually the labourers go back to their native villages when the work is complete, or if they have made enough money, and, whenever they are needed for agriculture or other work back home. There is indeed a very poor economic or social security for those involved in these occupations. This circular economic migration is characterised by inequality and poor integration of the migrators and host communities.[2]

The exodus of MW during the and in the aftermath of the lockdown became an ill-understood humanitarian crisis. A review of literature revealed very little data into this phenomenon.[3] Clearly this was and remains an issue that needs better understanding as the COVID-19 pandemic unfolds and there are signs of a reverse migration.

One of the authors was involved in an attempt to counsel MW in a government setup shelter in Chandigarh during the lockdown as per a mandate received by the Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh, India.[4] The concerned author interviewed 20 MW in this facility. Those interviews became the source of the study and were conducted in Hindi language which were then, translated into English. All the authors are familiar with Hindi and English, and agreed to the veracity of the translations. We attempted to find the patterns regarding the concerns and motivations of MW that led to the situation. The authors discussed the interviews and tried to find the key themes of the experience of MW.[5] We attempted to find patterns regarding the concerns and motivations of MW through the available content. The themes regarding MW experiences were discussed, reviewed, and classified by the authors.

The following themes and issues were revealed on the basis of the clinical interviews.

1. **An absence of any obvious psychopathology that could explain the exodus.** Most of those who were interviewed had at least primary schooling and were aware about basic facts of COVID-19. Many were initially guarded and appeared evasive on any attempt at inquiry and development of rapport was somewhat difficult. None of those interviewed was found to be suffering from any obvious severe mental disorder. However, many expressed distress, anxiety, and uneasiness at the prevailing situation which was understandable given the circumstances. MW did not have any obvious cognitive impairment or severe mental illness that could explain their willingness to undertake this hazardous journey.
2. **A sense of insecurity.** MW expressed a sense of insecurity that was beyond that explainable by financial distress or worry of illness alone. It was as if when faced with an uncertain situation (uncertain with regards to the course of pandemic, income, food, and essential commodities), the first recourse was to get back to their native places at any cost where any situation could be faced along with their own family and community. MW did not feel integrated and secure enough to be able to face adversity in an alien state. This was true even for many people who had been working in these areas for a long time. Indeed, when pointed out that they would face the ramifications of the pandemic even at home and that it was not necessary that they find work and food at home, they agreed, but, mentioned that at least they would be with their families and they would feel more comfortable facing any eventuality there. Some also said that, it was less likely that the pandemic would affect rural areas and, thus, they would be safer. Most were aware of the basic facts of COVID-19, but, were willing to take the risk of getting infected or carrying the infection back. They also claimed that their families in their native places wanted them back for the support that they could provide.
3. **A sense of distrust.** Many also did not believe that they would be looked after either financially or otherwise by their employers or the administration of the state in which they were living. When pointed out that many had been paid or supported through food security, they claimed that these were exceptions. This sense of distrust would extend to any agency that represents the state which would include healthcare workers.[6]
4. **A sense of affiliation.** MW would travel in groups, and most of the groups would be composed of people from a

certain geographical area. MW have their own channels of communication, were prone to believing rumours spread by social media, were influenced by reports of similar movements in various parts of the country, and found safety in numbers. Once most people from a certain group decided to move, even the vacillators would find it difficult to resist. As the first step was taken, it became progressively more difficult to retract. They also spoke of strong bonds through marriage, property, and family with their native places which had to be protected by their physical presence in uncertain times as represented by the pandemic.

5. **Financial reasons.** Most said that, since their primary reason to be in another state was financial, it made no sense to stay in the absence of any work or employment. They also claimed that they would be able to find work and employment by themselves somehow in their native places.
6. **A sense of injustice and being let down.** Many also did not perceive any sense of responsibility for a society or system that they felt did not value them enough. This lack of value and integration was from their employers, host communities, and administration. Hence, in uncertain times, they thought that they were justified in trying to look after their own interests foremost. While the more affluent were able to get back to their families even from other countries, even basic transport was not available to them. This increased their sense of grievance.

It is well-known that stress impacts decision making.[7] The stress of the lockdown has affected all sections of the society and led to psychological distress. There are various theoretical frameworks that can be used to understand the reasons behind and the management of the manifestations of stress.[8] The stress of lockdown, and the implied financial and social upheaval in a traditionally less rooted, mobile, affiliated within a particular group, and disadvantaged bloc of people may have been responsible for the phenomenon of the exodus. A recent study in this population group also revealed similar psychological factors in this population.[9]

The following recommendations can be made. Firstly, major disruptive steps like lockdowns should be taken with due notice and taking into view the effects on the most vulnerable, disadvantaged, and also, the most mobile and less rooted sections of the society. MW need better legislative, occupational, and financial security than they currently enjoy. Finally, there is a need for more systematic research into the psychosocial factors impacting MW. Table 1 is a platter of suggested interventions for addressing psychological issues in this group of people during the pandemic as per the consensus of the authors. The limitations in our report include the small sample size and also, we did not control for variables such as substance abuse, history of mental illness, and other sociodemographic variables such as income and family structure. However, these were inevitable given the experiential aspect of this study.

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Table 1: Suggested psychosocial interventions

Psychoeducation
1. Rapport establishment
2. Keeping migrant workers informed with honest and simple but correct information
3. Educate
4. Dealing with misinformation and rumours
5. Limiting media exposure
6. Anticipate and address stress reactions
Psychological management
1. Relaxation
2. Mindfulness
3. Culturally validated psychotherapies for acute stress, anxiety, and depression
Multi-disciplinary interventions including mental health professionals, primary healthcare doctors, medical officers already associated with factories and labourers, community healthcare teams, local government officials, dedicated organisations working for welfare of migrant workers.

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