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Migrant Workers' Needs and Perceptions While Lodged in a Shelter Home in India During the COVID-19 Pandemic

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ABSTRACT

Objective: India is combating a large-scale migrant crisis in many states during the coronavirus disease 2019 (COVID-19) pandemic. The objective of this study was to identify migrant workers needs and perceptions regarding lockdown while staying in a shelter home during the COVID-19 crisis.

Methods: This exploratory study was conducted with 54 migrants staying in a makeshift shelter home in Chandigarh, India. Three discussions were conducted with groups consisting of 15–20 participants to maintain social distancing. Five discussion questions were designed to facilitate group discussions.

Results: One important theme among migrants was their eagerness to return to their native homes. Participants were also concerned about pending agriculture-related work, their families back home, and job insecurity. Most of the migrants supported the government-mandated lockdown and agreed that they would follow all instructions.

Conclusions: Physiologic requirements, safety, and security were the predominant needs of the migrant workers while staying in the shelter home during lockdown. The participants feared contracting COVID-19 and were uncertain about when and how they would return to their native homes.

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Migrant workers in any society are particularly vulnerable given their economic and social status as an expatriate workforce.¹ Migrant workers face significant psychological and emotional challenges throughout the migration process, which can stem from the loss of familiar support structures and difficulties integrating into a new environment and community.² The stage of reverse migration also entails emotional and structural losses. The immediate loss of family structure and social support networks greatly impacts migrant workers. In most cases, spouses, children, and other family members of migrants stay behind, which can lead to anxiety or social difficulties in the long term.

Lockdown was enforced throughout India on March 24, 2020 to curb the transmission of coronavirus disease 2019 (COVID-19). Forty million migrants began walking back to their native homes after imposition of lockdown, making it the second largest migration in history after that which occurred during the India-Pakistan partition.

In the states of Punjab and Himachal Pradesh, Chandigarh police did not allow migrants to move through the city and shifted them to a makeshift temporary shelter home, which was a community center situated on the outskirts of Chandigarh. To provide safety and privacy, separate rooms for families, women, and children were designated, and security arrangements including installation of closed-circuit television and police presence were ensured. Migrants were provided access to adequate food and water, regular medical facilities during the day, and emergency medical help, as well as entertainment and recreational facilities in the form of television and indoor and outdoor games. Daily yoga and counseling sessions were arranged to address stress.

Given the lack of qualitative research on this subject, the objective of this study was to explore migrant workers' experiences and perceptions while residing in this shelter home during lockdown due to COVID-19. To our knowledge, no similar study with migrant workers during the COVID-19 pandemic has been published.

METHODS

Setting and Participants

This exploratory study was conducted with 54 migrants who were staying in a makeshift shelter home in Chandigarh. The faculty from the Department of Psychiatry, Govt. Medical College and Hospital Chandigarh was asked by India's Ministry of Health and Family Welfare to provide counseling services to the migrant workers during their stay in the shelter home. During this period, in addition to providing clinical services 3 times per week, the department faculty decided to investigate the migrants' views regarding the sudden lockdown. Therefore, focus group discussions were conducted with migrant laborers staying at the shelter home. Three discussions were conducted with each group to maintain social distancing. The participants were recruited through the initial interactive meeting sessions in the shelter home. Participants

Clinical Points

- Empathetic listening is helpful to alleviate stress in migrant workers during a pandemic.
- Engagement of migrant workers is easier when need-based interventions are provided.
- In multidisciplinary teams, the role of mental health professionals is crucial.

over age 18 years who had been staying in the shelter for at least 2 weeks qualified for inclusion in the study. A total of 54 participants met criteria for inclusion. Study approval was obtained from the institutional research committee. Each participant provided informed consent.

Focus Group Discussion Procedure

Focus group discussions were held for approximately 1 hour in groups of 15–20 participants. For the purpose of goal-directed discussion, the following open-ended questions were formulated by the research team, consisting of 3 senior faculty members from the department:

1. What difficulty did you encounter in dealing with the current situation?
2. What were your various concerns that have not been addressed/resolved as of yet?
3. When you came here to stay, there were many issues, and over a period of time, the physical infrastructure has been modified to a large extent. Do you think the changes to the infrastructure have made any change in your mental well-being?
4. How do you feel about the decision to lock down the country and extension of the lockdown period?
5. Do you see any benefits of lockdown?

Of these 5 questions, the first 3 addressed needs and the remaining 2 assessed perception. Participants' qualitative responses in focus group discussions were recorded as written notes by 2 research staff independently, and summarized responses were assessed. Analysis of focus group discussions was conducted, and all focus group comments were transcribed.

RESULTS

The participants were young (mean age = 25.83 years, SD = 10.30) and predominantly single (60.6%) men (77%). Most were from rural areas where joint family systems are in place with small land holdings. Some members of these families typically go to urban areas to work and earn money but return home during the harvesting season to help family, as most of the farm work is done manually. People moving to urban areas may take their wives and children with them but consider their parents and siblings in their native home as family. Focus group discussion identified common areas of concern among the migrant workers.

Physiologic Needs

The immediate concern was regular access to food, water, and a place to sleep. Most of the participants expressed difficulties in dealing with the current situation and were uncertain about their basic physiologic needs, especially if small children were with them. The majority of participants reported that they were from rural backgrounds and had not faced such a critical situation in the past. All of the migrants were satisfied with changes in the physical infrastructure as well as the physiologic needs (food, clothes, water, electricity, medical facilities) being provided at the shelter home. Participants had to adjust to sleeping together in a big room, which was not their routine habit, and doing no work increased their worries, as was evident in this statement from a migrant, "When I was working, there were no worries, but now I have this nagging feeling." Most of the participants expressed that the current situation was having an impact on their mental well-being. A social worker also talked to the migrants' families in their native homes and assured them that their family members were safe and that their basic physiologic needs were being met by the Chandigarh administration.

Safety and Security Needs

When the migrants were initially detained by police, no one told them where they were being taken (eg, jail). One migrant said in a group discussion, "We were being treated like thieves and criminals." Once taken to the shelter home, they became concerned about the safety of their female companions, children, and personal belongings. However, these concerns lasted for 24 hours, as the departments of police, health, social welfare, and education worked overnight to resolve all their concerns. Some of the migrants reported that their tension had lessened due to adequate security measures in the shelter home. Provision of safety and security measures (24-hour security guards, closed-circuit television, lockers for valuable items) provided relief, enhanced well-being, and helped them cope with the situation.

Fear of Contracting COVID-19 Infection

Since the migrants did not know each other, there was concern about COVID-19 infection. However, when they were counseled and told to maintain a distance of 6 feet, wear masks, and use hand sanitizer frequently, their fear decreased. They were also screened for any flu-like symptoms and comorbid medical and surgical conditions to ensure that they would receive regular medical attention. Many of the migrants expressed feelings of anxiety and confusion about contracting COVID-19 infection and reported sleep disturbances.

Uncertainty About Returning to Their Native Homes

The migrants were concerned about their pending agriculture-related work and families back home. They expressed that farm-related work like harvesting and sowing crops needed to be done. Many were feeling home sick due

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to separation from their families, expressing the need to be with them for moral support, and were encouraged to talk to their family members on a regular basis. Various concerns voiced by the participants included how and when they would go home, job security, financial needs and liabilities, and expenditures for their families and children. They were also worried about how their families would function in the future without their help.

Perception of Lockdown by Migrant Workers

Most of the migrants supported the government's decision to lock down the country and said they would follow all instructions. They were convinced that lockdown would halt the spread of infection. The majority expressed that the lockdown duration should not be prolonged. Young participants felt that staying in the shelter home was mandatory during lockdown. Many participants reiterated that the lockdown had been imposed for their safety and that conditions in other countries were very bad. Like other citizens of India, the migrant workers believed that lockdown was necessary for the safety of the country.

DISCUSSION

This qualitative study reports on the needs and perceptions of migrant workers unable to return to their native homes due to lockdown during the COVID-19 pandemic. The study is important because of the following reasons. First, such an unprecedented pandemic has not happened in the last century, and, thus, there is no literature regarding the needs of such an underprivileged population to ensure that their journey home is safe and comfortable. Second, human suffering, accidents, and deaths could have been avoided if knowledge of the migrants' needs during such a situation was available. Third, it is important to know the migrants' perceptions of a sudden government-ordered lockdown.

The key finding of the focus groups was that provision of physiologic, safety, and security measures was important in alleviating stress among the migrants during their stay in the community shelter. During the initial days of the pandemic, the mental health team empathetically listened to the migrants to understand issues and meet their basic needs, which helped them cope with stressful lockdown-related situations. The participants had persistent fear of contracting COVID-19 and were concerned about when they would be able to return to their native homes. Regular group counseling sessions by the mental health team played an important role in helping them manage stress. In focus group discussions, participants seemed optimistic toward life and were more concerned for their families' well-being. Research staff members were surprised to find that despite hardship and suffering, the majority of participants supported the government's decision to impose lockdown. Despite coming from different places, collective contribution by all participants was observed. Similarly, qualitative studies³⁻⁵ have highlighted advantages of context and collective participation rather than individual participation.

The outcome of government interventional strategies for major health issues depends on the understanding and participation of the community. The World Health Organization has stated that health outcomes among the world's poor is not good and perceive the need for "a shared responsibility" and adoption of harmonized approaches.⁶⁻⁸ As countries around the world are seeing escalation in COVID-19 cases, governments should focus on implementing effective methods of disseminating COVID-19 knowledge, teaching correct containment methods, and ensuring availability of essential services among the masses including migrant workers.⁸ In a recent analysis from Asia, Wang et al⁸ reported that the toll of morbidity and mortality would have been vastly worse without lockdown, social distancing, travel restrictions, and other interventions.^{8,9} Our study results reflect these findings. Wang et al⁸ also reported that protective factors found in their study included level of confidence in clinicians, perceived survival likelihood and low risk of contracting COVID-19, satisfaction with health information, and personal precautionary measures. Our study also found that a consistent mental health team relationship with migrants and emphasis on precautionary measures helped resolve their concerns and fear of COVID-19 infection. Consistency of the mental health team was important for achieving familiarity and building positive and trusting relationships with the migrants.

Migrant workers constitute about 139 million people according to an economic survey conducted in 2017.¹⁰ These workers travel across India in search of a better livelihood and work in the construction sector, as domestic workers, and in brick kilns, mines, transportation, and agriculture. Most do not wish to settle down and intend to return to their native homes once their work is completed. Many lack identification and proper living conditions, as they do not wish to become citizens in the place of migration. Due to lack of proof of residence, they do not receive benefits from the social welfare department of the state of their migration, which may be the reason that their needs and concerns are often ignored. When the government of India suddenly announced lockdown, the concerns of migrant workers were not considered. Once they returned to their native homes, the state governments came forward and announced many special relief packages for migrants.

Our study has many clinical, administrative, and policy implications for this vulnerable section of society. A separate ministry or department for Indian migrants is suggested, as has been done for nonresident Indian migrants who migrate to foreign countries. Employers should be required to register all migrant workers so that they have documentation and can receive benefits during a crisis. Government provision of financial assistance and insurance would also be helpful in such future crisis situations. There is a lack of knowledge among clinicians and mental health professionals on how to work with migrants in pandemic-like situations. Clinicians and residents lack specific medical information about the needs and well-being of migrants. It is recommended that resident courses and university education include cultural

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sensitivity training to better handle crisis situations. It would be helpful to organize a short-term orientation training course in this field for mental health and allied professionals.

CONCLUSION

Our study found that physiologic requirements, safety, and security were the predominant needs of the migrant workers during their stay in a shelter home during COVID-19-related lockdown. All of the migrants were satisfied with the need-based services provided to them in Chandigarh. Focus group discussions identified major concerns among

migrant workers, and multiple themes emerged from data analysis in the present study. The migrant workers were worried about being infected by COVID-19 and were uncertain about when they would be able to return to their native homes. Lockdown drained migrant workers both physically and emotionally. Despite their hardship and suffering, most of the migrant workers supported the government's decision to impose lockdown. Comprehensive support should be provided to all migrant workers in all states of India to combat the migrant crisis. This support, as was provided in Chandigarh during lockdown, would safeguard the well-being of migrant workers in India.

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