

Eurasian Geography and Economics

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/rege20>

The impact of COVID-19 on migrant women workers in India

Abdul Azeez E P , Dandub Palzor Negi , Asha Rani & Senthil Kumar A P

To cite this article: Abdul Azeez E P , Dandub Palzor Negi , Asha Rani & Senthil Kumar A P (2021) The impact of COVID-19 on migrant women workers in India, Eurasian Geography and Economics, 62:1, 93-112, DOI: [10.1080/15387216.2020.1843513](https://doi.org/10.1080/15387216.2020.1843513)

To link to this article: <https://doi.org/10.1080/15387216.2020.1843513>



Published online: 02 Nov 2020.



Submit your article to this journal 



Article views: 3958



View related articles 



View Crossmark data 



Citing articles: 1 View citing articles 

EURASIAN PULSE



The impact of COVID-19 on migrant women workers in India

Abdul Azeez E P ^a, Dandub Palzor Negi^b, Asha Rani^a and Senthil Kumar A P^c

^aDepartment of Social Work, Amity University Haryana, Gurugram, India; ^bDepartment of Social Work, Central University of Rajasthan, Ajmer, India; ^cSchool of Social Work, University of Jigjiga, Jigjiga, Ethiopia

ABSTRACT

COVID-19 has emerged as a crisis that has impacted all spheres of human life. The pandemic has disproportionately impacted the world's poor population in terms of livelihood and survival. India witnessed a massive crisis among migrant workers. In this context, this paper explores the impact of COVID-19 on women migrant workers and their families, analyzing qualitative interviews in two localities in Delhi and in Gurugram in Haryana State. Six themes were developed from the interview data about the impacts on, and experiences of, women migrant workers: loss of livelihood and resulting debt; compromises; captivity and the burden of responsibility; disrupted access; emotional geographies of COVID-19; and insufficient support. The study underlines the dismal state of women migrant workers and their families and argues that urgent policy interventions are required to address the impoverishment they are experiencing. The strengthening of social security measures is of the utmost importance.

ARTICLE HISTORY

Received 13 October 2020

Accepted 26 October 2020

KEYWORDS

COVID-19; female migrant workers; informal economy; India

Introduction

The COVID-19 pandemic has brought about unprecedented change in societies and amplified many socio-economic crises. It has impacted people across all regions and classes, but with a more adverse effect on the poor and disadvantaged. Efforts to control the spread of the virus have led governments worldwide to take necessary steps to encourage social distancing, including the closure of economic activities. In India, a nation-wide lockdown was declared on 24 March 2020 for 21 days. It was further extended in a phased manner until 31st May. The enforcement of strict lockdown and other measures, including restrictions on inter- and intra-state movements to contain the spread of COVID-19, resulted in a severe blow to the livelihood of millions of people in the informal sector, especially migrant workers.

India has a vast workforce with more than 450 million people in the informal sector (Sharma 2020). According to one estimate, about 90% of women work in informal sectors, of which 20% work in urban areas (Geetika, Singh and Gupta 2011). The informal sector in India is highly insecure and unregulated, with few or no social security provisions. The COVID-19 crisis is expected to have a long-term impact on informal sector workers (International Labor Organization 2020) as they are the most vulnerable communities and are more exposed to the current global pandemic (Sengupta and Jha 2020). Pachauri (2020) argues that COVID-19 will result in a long-term shock for poor people in the informal sector. Extreme poverty and food scarcity are already an issue for most informal sector workers (Khan and Mansoor 2020).

The pandemic and subsequent measures to control its spread have posed profound social, economic, and structural challenges to migrant workers across many countries (Foley and Piper 2020). The loss of livelihood options created fear among them of falling back into poverty (World Bank 2020). Recent research shows that the pandemic has exacerbated existing disparities, further deteriorating the conditions of poor and migrant workers (Che, Du, and Chan 2020; Baas 2020). The lives and livelihood of poor communities in south-Asian countries are disproportionately impacted by COVID-19 (Hamiduzzaman and Islam 2020), but in particular migrant workers in countries like India are negatively impacted (Bhagat et al. 2020).

Migrant workers, and particularly women, are more vulnerable and face multiple deprivations from being poor and from their position as informal workers. Women face losing their livelihood, suffering human rights violations, and contracting COVID-19 (UN Women 2020). Women are potentially affected more because in many contexts they are considered to be less productive and subsequently have a lower position and rank in society (Chakraborty 2020). Female-headed families are significantly affected by COVID-19 and are unable to meet household needs due to the lack of economic options (Kamanga-Njikhoand Tajik 2020). The pandemic also aggravates prevalent gender inequalities and vulnerabilities. It is characterized as a gendered pandemic in combination with its classed and racialized dimensions (Harvey 2020). COVID-19 has unevenly impacted women and girls in the domains of health, economy, social protection, and gender-based violence (UN 2020).

COVID-19 has added considerable burdens to the lives of women migrant workers and their families in India. A telephone survey of migrant laborers in north India found that around 92% have lost their work, and 42% are negatively impacted with no food or supplies (Jan Sahas 2020). Though they are crucial to the urban economy, policy and social security measures have largely neglected them, which further disadvantage their inclusion in urban communities in India. Amid the nation-wide lockdown, lakhs (100,000s) of migrant workers had to flee to their home place on foot. It was disheartening that many suffered from hunger and lost their lives on this journey. Migrant workers who remained in

their urban enclaves encountered similar experiences (The Hindu 2020; Bailwal and Taniya 2020). Besides the loss of livelihood and income, the pandemic has a myriad of implications for the lives of migrant women workers. However, we currently lack empirical evidence documenting the experience of India's migrant workers during the pandemic. In this context, the present study aimed to explore the impact of COVID-19 on migrant workers and their families from the perspectives of migrant women workers who remained in their urban areas during the lockdown.

Method

The research aim of this study was to explore the experience of women migrant laborers during the COVID-19 pandemic in India. A qualitative research design was adopted, and the study was carried out during May-July 2020.

The study was conducted in two localities in Delhi and one locality in the city of Gurugram in Haryana State (see [Figure 1](#)). These localities are slums, largely occupied by migrant laborers from different parts of the country, mainly from West Bengal, Bihar, and Uttar Pradesh. Large-scale migration from these states is the result of a diversity of socio-economic and historical reasons including poverty, underdevelopment, and high rates of unemployment. Many migrant laborers are attracted to Delhi and Gurugram because of employment opportunities in different sectors, mostly in the informal sector. Both Delhi and Gurugram come under the National Capital Region. Delhi is home for 63 lakh (6,300,000) migrants, constituting 40% of the total population of the national capital territory of Delhi. Among these, around 2 million people are migrant workers, who mainly work in the informal sector. Most of them are engaged as factory workers, construction laborers, rickshaw pullers, street vendors, unskilled office workers, and domestic helpers. Gurugram has more than 5 lakh (500,000) migrant workers engaged in similar work to those in Delhi.

A large proportion of these migrant workers live in slums and other marginalized localities in the cities. All of the slum areas studied share similar characteristics in terms of cleanliness, water availability, and sanitation facilities (see [Figures 2](#) and [3](#)). Most of the slum dwellers live in rented semi-pucca¹ accommodation, mostly a single room. Few of the migrant workers live in their own private spaces and most of them live with their families.

The 19 respondents in the study were migrant women living in the selected localities of Delhi (14 respondents) and Gurugram (5). The sample size was determined by code saturation. The analysis of the 19th interview resulted in the saturation of codes, and no further interviews were conducted. The women were all above 25 years old, had lived in the localities for at least one year, and were living with their families. Most women in these localities migrated there with their family, most likely after marriage. Women who migrate alone to work in the informal sector in these localities are rare.

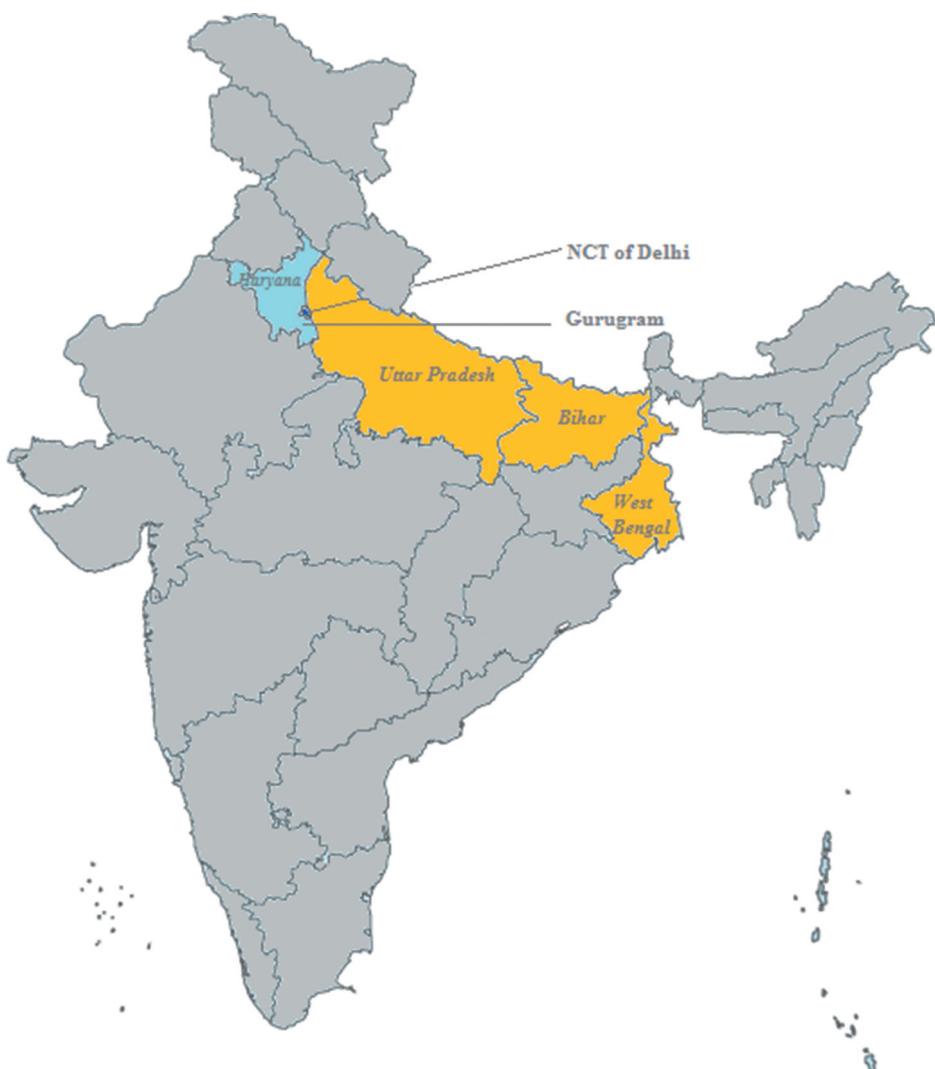


Figure 1. Map showing key locations of the study and the states migrant workers belong to.

Women living with their family were selected in order to understand the impacts of COVID-19 on families.

The first and third authors of this study are involved in the fieldwork element of a social work program in these localities which helped to locate the most appropriate participants. The interviews were facilitated by a local NGO in Delhi and by a volunteer in Gurugram. The time slot for the interview was arranged with the participants who took part in the interviews from their home. The participants took part in the interviews by using the electronic devices of the NGO personnel and volunteers. Since most of the participants do not have any electronic devices themselves this necessitated the involvement of a third party. The study strictly adhered to appropriate ethical considerations. All the

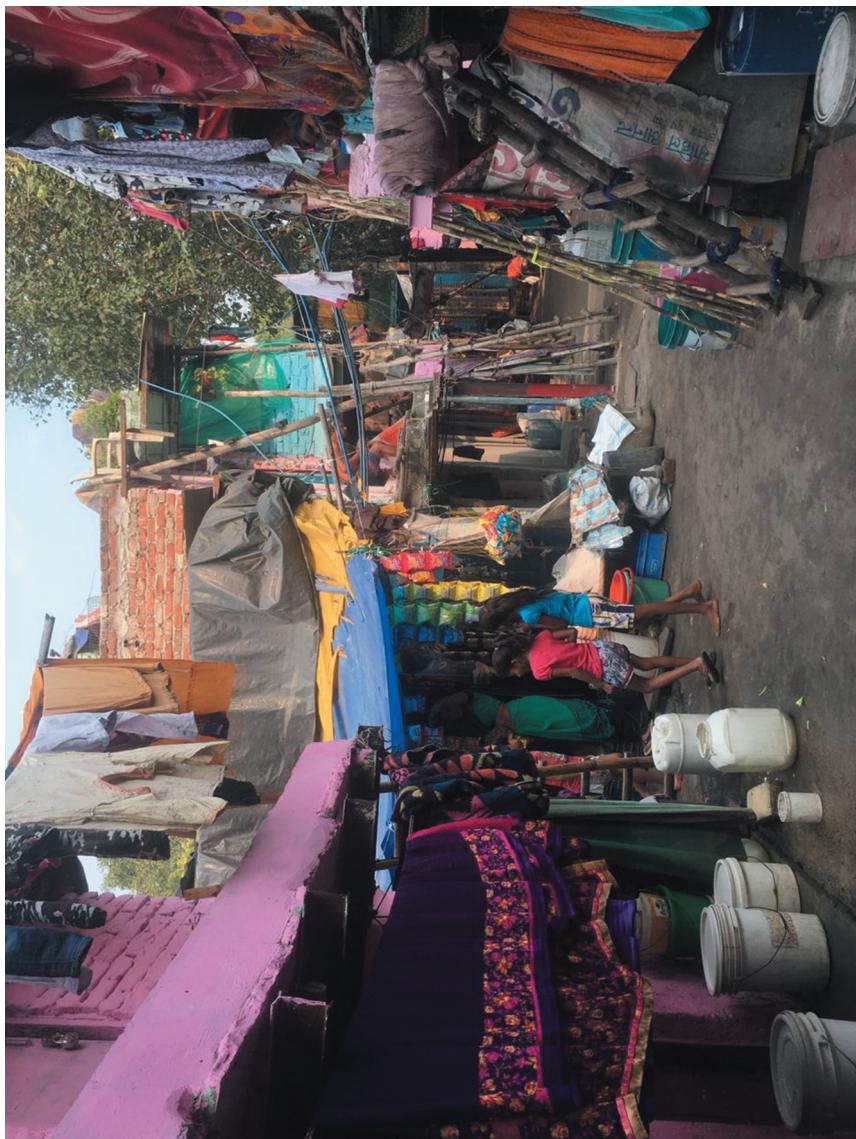


Figure 2. Study location in Delhi.



Figure 3. Study location in Gurugram, Haryana.

participants were contacted by telephone and informed about the nature and objectives of the study and the voluntary nature of participation and their rights were explained. Written informed consent was obtained from every participant.

A semi-structured qualitative interview schedule, consisting of questions focusing on the experiences of women during the nation-wide lockdown, guided the interviews. The lockdown and restrictions on movement imposed due to the COVID-19 outbreak did not allow for face-to-face interviewing. In this circumstance, to ensure the real-time dialogue between the researchers and participants, all the interviews were conducted virtually with computer-mediated communication. Video conferencing was preferred for the data collection since it would help understand the women's experiences in detail and the verbal and non-verbal clues associated with such experiences. Interviews lasted between 70–90 minutes and were conducted in Hindi. All the interviews were video recorded and transcribed verbatim in Hindi. Later, the Hindi transcripts were translated into English. Standard qualitative coding was applied, and the data analysis was guided by thematic analysis proposed by Braun and Clark (2006).

Two measures were used to ensure the rigor of the present study. Firstly, after finalizing the themes a few of the participants were approached to review them. Secondly, investigator triangulation was employed, where two researchers were involved in the process of data analysis who then compared their coding and modifications were made to produce the final set of codes.

Results

Profile of the participants

The participants of the study originally belonged to three states, Bihar, Uttar Pradesh, and West Bengal (see Figure 1). Among the 19 participants, three had lived in their current location for ten years or more, while 11 had lived there for 6–7 years. Five participants were comparatively new to the locality, living there between 2–5 years. Participants were in the age range of 29–56, with most of them 30–40 years old. Most of the participants belong to "Scheduled Castes" (11) and "Other Backward Classes" (6). A few were in the "General" category (2).² These categories are the official classifications of population in India based on socio-economic status. All the participants are living in a nuclear family set-up with their husband and children.

Among the nineteen participants, 15 were working as housemaids while four were working as cleaning staff for different organizations. The spouses of all participants also worked in the informal sector, mainly as rickshaw pullers, construction laborers, street vendors, and security staff. Only two families had their children working and earning. Most of the other participants' children are studying. Except for two, all the participants reported that they are living in

rented accommodation. Most of these rented facilities just had a single room with rent ranging between US\$35-55 per month. All the participants reported that they have a bank account while only two had a ration card.³ Six were illiterate, while nine had primary and four secondary education. The living conditions and profile of the participants in these localities are typical of the informal sector migrant population in the urban localities of India.

Indian migrant women workers' experience of the COVID-19 pandemic

The core aim of the present study is to understand the experiences of migrant workers during the COVID-19 crisis from the perspective of women. Data analysis resulted in six themes about women's experience. The miserable situation of migrant women and their families is evident from the themes that emerged. The results show that COVID-19, the lockdown, and the subsequent period were a blow to the most vulnerable population, including the migrant women studied.

Loss of livelihood and resulting debt

Many thousands of migrant workers come to Delhi and Gurugram from other states every year because of the better livelihood options available. Wages and potential earnings are comparatively high in these localities. The outbreak of COVID-19 and the subsequent unprecedented lockdown has seriously impacted the livelihood options of the migrant laborers. Thus, the theme *loss of livelihood and resulting debt* represents the women migrant workers' experience of a complete loss of livelihood opportunities and the resulting increased debt. This is a common experience for the participants during the lockdown and subsequent period, as they expressed in the interviews:

I used to work as a maid for four families. Since the lockdown declared, I have been told not to come for work. Resultantly, I had no income throughout these periods. My husband is a rickshaw driver, and he started going to work after the two-month lockdown, but he is not getting enough customers and earning. We had to borrow money from our relatives. Still, we have not paid the rent for the last three months. (39-year-old woman from West Bengal resident in Delhi for five years).

Another woman, originally from Bihar (a state in the east of India bordering Nepal) and currently living with their family in Delhi, recounted how:

Ever since March, I had not gone for work. The situation of my husband was also the same. Now he is going to work but not regularly. We are struggling a lot due to having no income. My mother-in-law sent us some money, and we had to borrow money from a money lender. Everything was going fine, but this situation [referring to COVID-19] put us in debt. We do not know how to return all those money. (46-year-old woman from Bihar usually working as a housemaid in Delhi).



As illustrated by these responses, all the participants experienced the loss of livelihood and resulting debt during the lockdown and subsequently. The complete closure of economic activities accompanied by mobility restrictions have negatively impacted the informal sector laborers. Most of them were dependent on daily wages, and their loss has negatively impacted their life. Though the complete lockdown was withdrawn after two months, many of the migrant workers were not able to access the same employment options as before. Opportunities, in terms of daily work, are significantly less, even if they were able to get some work. In this adverse situation, most of them still had to pay rent as well. To meet daily living expenses, all the participants reported that they had borrowed money from friends, relatives, or moneylenders, particularly since they lacked savings of their own. COVID-19 and subsequent crisis have made the migrant workers and their families impoverished. A sense of worry was experienced by the participants over the debt they built up during this period, as many felt it could take months to repay.

Compromise

The economic distress resulting from the loss of livelihood compelled the participants to compromise in different areas of their lives. The theme, *compromise*, refers to the participants' need to make life-changing adjustments in response to the unprecedented situation, especially the loss of livelihood and the limited resources they had available. Many participants reported that they were not able to meet their daily needs nor those of their families. The types of choices and compromises being forced on these migrant women are evident from the following narratives:

These four months since March was of compromise. We did not have any income. We did not have enough to eat. I compromised with having adequate food too. We cannot eat as before the lockdown. I was able to buy milk for my two children, but now it has become a challenge. They just eat whatever the minimal we prepare for everyone. (30-year-old woman from rural Uttar Pradesh staying with her husband and two children in Delhi for six years while working as a cleaner).

Another woman who migrated with her husband and three children from Bihar to Gurugram four years previously spoke of how:

This disease and lockdown compelled most of us to adjust to whatever we have. For the last three-four years, I [was]using pads during menstruation. We are not eating enough now. Then how can I think of menstrual pads? As before, I am using cloths now. (32-year-old woman who worked as a domestic helper).

All the studied participants emphasized their experience of compromise. The extent of compromise varied from participant to participant. The most evident compromise was with regard to food. The quantity and quality (diversity of diet) of the food consumed was significantly reduced during

the lockdown and the subsequent period. Many participants talked of their helplessness regarding providing nutritious food for their children. Apart from food, women shared their experience of compromising with the need for menstrual pads, and recharging mobiles, using gas for cooking, and the health needs of the entire family. The dependents of these migrant workers still living in their home villages also had to compromise.

Captivity and the burden of responsibility

This theme refers to women's experience of limitations, restrictions, and being overwhelmed during the pandemic. Lockdown and mobility restrictions brought about feelings of isolation and captivity for most of the women. Sudden changes in routine, from being at work to no employment, negatively impacted women psychologically and socially. The feeling of captivity is exacerbated by the burden of a series of responsibilities, including managing the household with limited resources and childrearing.

A woman living with her husband and three children who had migrated from West Bengal and currently lives in Gurugram narrated that:

The problem of not having an income is on one side and on the other hand, the whole day I had to stay back at home. I feel imprisoned. Apart from household chores, I do not have anything to do now. For many years I have not stayed home like this. Unlike before, our interaction with neighbors is also reduced. All are in worry. I have to take care of my children and husband all the time. It is not like before. Earlier, my husband and I used to be at work and children at school. Managing the children throughout the day is a difficult task. (36-year-old woman who worked as domestic helper).

The feeling of captivity and isolation is a common experience amid the pandemic among all segments of the population due to the mobility restrictions. However, the marginalized population has been especially impacted due to their impoverishment, limited entertainment opportunities, and the burden of responsibilities. The need for physical distancing also impacts on normal social interaction with neighbors and wider social networks. Because of the gendered nature of social activities, women were disproportionately impacted by social distancing requirements, while men were still able to achieve some social interaction by going out of the house. Further, women felt overburdened with household responsibilities and childrearing. The gendered nature of caring roles and household duties doubled their responsibilities amid the pandemic.

A woman who has lived in Gurugram with her husband and two children for seven years spoke about how:

I feel I am stuck at home. When there was work, everything was fine. Throughout these periods, I am just waiting when I can go to work. Financial problems will be solved, and



I can also go out. There is nothing to do at home now. We have a TV, but we did not recharge it for the last two months. I am just tired of managing the children at home (Woman aged 31 from Bihar normally working as a cleaner).

Most of the migrant women are living in rented accommodation with limited space. Managing their children throughout the day inside the home in this limited space is a challenge for many. The sudden loss of livelihood also deprived most families of their means of entertainment, including the television and smartphones. The feeling of captivity is largely framed by socio-economic circumstances and life in the ghettos.

Disrupted access to services

Normal access to resources, services, and facilities has been severely disrupted due to COVID-19 and lockdown. For people living in slums, whose access was already limited, this has become particularly problematic. The theme *disrupted access* refers to the participants' experiences of difficulties in accessing necessary services and facilities during the lockdown and throughout the pandemic, which added to making everyday life a struggle.

One woman, who has lived in Delhi for 14 years with her husband and four children after migrating from Uttar Pradesh, spoke about how:

Even before the lockdown, we had the problem of toilet access. There are toilets, but all are located at the end of the slum. I rarely go there. We often use the deserted space near to the slum. After the lockdown, as all the people stay at home, the toilet becomes very crowded. It is not hygienic and safe, as well. Going to the open space is also difficult now due to the surveillance of many men who stay at home. (49-year-old woman normally working as domestic helper).

The disrupted access to resources and facilities added further distress to the experience of participants amid the pandemic. The already dilapidated facilities have become inaccessible during the pandemic. One important issue women experienced was access to toilets. The lockdown resulted in the overcrowding of the public toilets available in the slums. Accessing open spaces to use as toilets is also difficult due to surveillance by men, which was less prevalent before the pandemic. While none of the participants had experienced violence during the pandemic, women are scared of the potential for violence on the way to or from open spaces.

Everything in daily life has become more difficult and stressful. A woman from Bihar who has lived for five years in Gurugram with her family shared that:

Everything becomes a challenge during these times. Schools are closed, and my children are not attending the online class. We do not have such facilities on the mobile phone. The same situation is with health. The doctor we used to see is closed his clinic. I had to go to the hospital with my daughter. It was really tough to see the doctor. They just gave some medicine without asking much. The items which were

available easily before the lockdown is not available now. Vegetables become costly. We do not have a gas connection. We have to take it from the market. After trying many days, we could fill our small cylinder. (37-year-old woman normally working as domestic helper).

The closure of schools, parks, and Anganwadis⁴ has significantly impacted the poor. Most of them were not able to access online teaching facilities due to the lack of and cost of electronic devices. Increased prices for essential items also negatively impacted most of the participants. Access to health services has also become a challenge for many due to the closure of clinics operated by informal healthcare practitioners and limitations imposed on government clinics/hospitals.

Emotional geographies of COVID-19

The theme, *emotional geographies of the virus*, indicates the participants' anxiety and fear concerning COVID-19. It is common to experience anxiety and worry in such circumstances. However, the worry experienced by the participants of the present study is primarily framed by their socio-economic circumstances. Most of the participants possessed substantial knowledge about social distancing and precautionary measures which they had obtained from different sources. However, at the same time misconceptions were also prevalent. Anxiety about the virus compelled most of the participants to adopt positive traits to help prevent its spread. Worries over the virus and their framing are evident in the words of one participant from West Bengal who has lived in Delhi for 11 years:

Since this disease started spreading, I am really worried about my family. If anyone from the slum gets infected with this virus, it will spread everywhere in the slum because maintaining distance is impossible. Houses are very close. I am worried because we do not have money for the treatment if anybody gets the disease. Also, we do not have separate rooms if anybody had to sit back home. I am taking all the precautions by wearing a mask and washing hands. We are poor people, and we will not survive if we get infected. (55-year-old woman normally working as domestic helper).

Anxieties around infection was one of the dominant experiences of these women migrant workers. Slum-dwellers are worried mainly due to the limited scope for social distancing and increasing cases of COVID-19. The nature of work currently available to migrant workers also makes social distancing very difficult and increases the high chances of contracting the virus. Most of the participants knew that COVID-19 treatment is costly, and hence they cannot afford it. Participants also reported anxiety issues amid the lockdown. While the Government has initiated tele-counseling services to address mental health issues, few of the participants are aware of these developments.



Another participant from Bihar who has lived in Gurugram for three years shared these anxieties:

Every day is a struggle now, and it is tough to live here with the fears of getting infected. I have seen the miserable state of patients on the TV. That is why I ask my children to stay back at home. But they cannot. It is difficult for them to stay inside a single room the whole day. They want to go out play with others. Other houses are very close, and the chances of getting the disease from others are high. I am really scared. We are outsiders. What if we get infected? (29-year-old woman working as cleaning staff).

Most of the participants reproduced this discourse of themselves as “outsiders” with the result that they would not get treatment if they tested positive. This discourse is largely based on their previous experiences with government facilities, which were not very accessible. Also, such framing is the result of their status of belonging to socio-economically vulnerable communities. Moreover, in June, the Delhi government proposed that COVID-19 treatment in Delhi government-run hospitals should be exclusively reserved for the residents of Delhi, who have official identity cards bearing an address in the city. Most of the migrant laborers do not have such identity cards showing a local address, which makes them stressed about difficulties in accessing COVID-19 treatment and increases the feeling of being outsiders. The potential financial liability that may result from treatment also remained a serious concern. Visual and social media coverage also generates anxiety and worry among the participants.

Insufficient support

COVID-19 has emerged as a crisis and almost all sections of society have been negatively impacted. However, the underprivileged sections of society, including migrant laborers whom the pandemic has rendered impoverished, require support from government systems and measures. The theme, *insufficient support*, refers to the participants’ experience of limited support from the government and other sources. The sudden declaration of lockdown created a vacuum in the life of the socio-economically weaker sections of society. They expected proactive support from the government in the absence of any other viable sources of income. However, the participants felt that such support has been minimal or even non-existent. The feeling of lack of support is evident in the following narratives.

A respondent working as a domestic helper in Delhi for 8 years recounted that:

We are going through a bad time. We become jobless when the lockdown is declared. But people were saying we will get support from the government. They have not done anything for us. We do not have a ration card like most people living here. I applied for

the ration by filling an online form. Still, I did not get ration or financial support. The case is the same for most of the people here. At least the government should help us getting work. (51-year-old woman from Bihar).

Another woman from Bihar who has worked as a domestic helper in Gurugram for six years discussed how:

In these troubled times, the government did not help us very much. We applied for the ration online with the help of NGO workers. We got it, and it was of great help. But as you know, nobody can live with [just] wheat and rice. We did not get the money. Very few people in the neighborhood got money and ration. Because of these difficulties here being outsiders, we decided to go back to our native place in Bihar. But there were no trains. The government should have supported us going back home. Later, when there were trains, we heard the charge is high. (38-year-old woman).

Most participants stated that government support for poor people like them in response to the COVID-19 emergency and lockdown is insufficient. Participants also highlighted how their identity as an outsider significantly impacted their chances of getting support during the pandemic. The prevailing discrimination and stigmatization of migrant workers contributes to the Othering experienced during the tough times of pandemic. The Othering of migrant workers is evident in terms of excluding them from social security measures, even amid the pandemic. Most of them do not hold a ration card and the necessary local certification required for accessing social security. In India, state governments and their departments operate the social security schemes, and proof of local identity is required to enroll in them. Being migrants, most of them did not hold any. Though there was some relaxation of these requirements, many did not get any such support. A few of the participants received support from local NGOs in terms of ration and groceries. The crisis and uncertainty that emerged due to COVID-19 compelled many migrant laborers to go back to their home place. However, participants reported that government support for such travel was non-existent. A feeling of being neglected by the government was prominent among the studied participants.

Discussion

The present study attempted to explore the impact of COVID-19 on women migrant workers. The themes that emerged illustrate the widespread impacts of the pandemic on women and their families. The unplanned lockdown consequent to the spread of COVID-19 has resulted in the plight of people in the informal sector, especially the most vulnerable migrant workers. The dominant experience was the loss of livelihood and the increase of debt. Most of the migrant workers worked for daily wages. The nation-wide lockdown and closure of economic activities have adversely affected the migrant workers in terms of livelihood options available. Subsequently, most of them had to

borrow money to meet their daily needs and are now living in debt. This parallels the predictions made by the United Nations (United Nations 2020) about the impact of COVID-19 related employment loss on women migrant workers involved in domestic work. The socio-economic crisis that emerged from the COVID-19 crisis will result in extreme poverty and impoverishment of migrant workers.

The second theme corresponding to the experiences of women in the COVID-19 crisis is compromise. It was evident from the study that women, as a result of the COVID-19 crisis, have to compromise around basic necessities such as food and nutrition. Lack of resources and loss of livelihood compelled many families to cut down expenditure on food. This will have negative impacts on the health status of the most vulnerable population, especially children. Dahir (2020) reports that the COVID-19 crisis is adding more complexity to hunger and estimates that 265 million people will face acute hunger by the end of 2020. The COVID-19 crisis is likely to pose a challenge to food security and malnutrition (Khanna 2020). Gender dynamics play a crucial role in compromises. Though the entire family is affected by the impoverishment caused, women are at the forefront in skipping meals, having a reduced quantity of food, and compromising their sanitary and hygienic needs. The present study found limited access to and affordability of menstrual pads amid the pandemic. This result aligns with a national survey which found that 84% of the participants reported no or severely restricted access to menstrual pads during lockdown (Menstrual Health Alliance of India 2020).

The third theme is the experience of captivity and the burden of responsibility. The lockdown has more or less removed any options for women to engage in work outside of the home. The burden of responsibilities accompanied the necessity of living with limited resources. Sudden changes in routine and child-care required by social distancing were stressful for the women. Most women had to stay in their single rooms throughout the lockdown period with no or limited means of entertainment and recreation. However, men had comparatively better opportunities to go out of the house to meet household requirements, and some of them had smartphones which was the major source of entertainment. A recent study analyzing the situation of women in Malaysia, Sri Lanka, Australia, and Vietnam, indicated that the COVID-19 outbreak has disproportionately impacted women, and they have a significant reproductive burden (McLaren et al. 2020). It has also been demonstrated that the care burden of women has increased significantly due to the COVID-19 crisis (Power 2020).

Women's experience of the COVID-19 crisis highlights the disrupted access to services and facilities. The closure of schools, Anganwadis, parks, and other recreational facilities have negatively impacted migrant women and their families. This is not only because they are deprived of education, but children did not get mid-day meals, and families had additional responsibility to take

care of children throughout the day. Access to toilet facilities become complex during the lockdown, and women suffered. The lack of availability of necessities like cooking gas and the rising price of vegetables also impacted migrants who are already jobless. It is evident that the urban poor largely depends on informal healthcare providers for healthcare (Abdul Azeez et al. 2020). The closure of such clinics also impacted the health access of migrant workers.

Another theme that emerged, manifesting the experience of migrant women workers, was anxiety over the virus. Fear of getting infected was prominent among the studied participants. These worries have a basis in the material reality of everyday life for these migrants, as maintaining social distancing in crowded slums is barely an option. Having children at home throughout the day in a single room is a challenge for many. Studies among the general population have established significant psychological impacts of COVID-19 (Varshney et al. 2020). The case of migrant workers is even more complex due to the uncertainty, high chance of getting infected, and impoverishment. Life in urban ghettos makes them more vulnerable to worries and anxiety.

The migrant women workers studied here have experienced that government measures devised for them are insufficient. Most of the participants did not receive any support from the government. The two-month, nation-wide lockdown in India was criticized for a lack of planning. Azeez (2020) reports that measures devised by the government excluded the vulnerable segments of society like migrants. Participants being outsiders to the city and not having local entitlement has also resulted in exclusion from government measures. Evidence from different parts of the globe also shows that the Othering of migrant workers and vulnerable populations was exacerbated amid the pandemic (Cretan and Light 2020; Monterio and Renugaa 2020). The situation is critical in countries like India during the pandemic, where access to healthcare for migrant workers is a challenge even in normal circumstances (Suresh, James, and Balraju 2020).

Anticipating the impending crisis, most of the migrant workers attempted to go back to their home places. However, most of these efforts were in vain since the government did not formulate any strategies for facilitating the travel of migrant workers in the initial days of lockdown. The migrant workers experienced neglect due to their identity as outsiders and being poor. Bansal (2020) reported that a large proportion of informal urban workers have not benefited from social welfare schemes due to the lack of accurate databases.

Conclusion

The COVID-19 pandemic has ubiquitous impacts on people across the globe. The vulnerable segments of the population, however, have been disproportionately

impacted by the pandemic, and the case of migrant workers in countries like India is an issue of grave concern. The present study is one of the first documenting the experience of migrant women during the COVID-19 crisis in India. The study shed light upon the dismal state of migrant women workers and their families, due to the unplanned lockdown and subsequent period of socio-economic and health crisis. The major issues arising from the study about women's experience include the loss of livelihood and debt. The participants had to compromise many essential requirements in their daily living. The burden of responsibility and captivity made the life of women stressful. Women experienced a significant disruption of access to services as a result of lockdown and restrictions.

Life in the urban ghettos left migrant women and their families with limited options regarding maintaining appropriate social distance. This also lead to great anxiety. It was also evident that participants are following precautionary measures to prevent COVID-19 because of fear of infection. The government measures devised for the vulnerable sections of society havenot reached most of the participants. However, the contributions of migrant workers are crucial for the sustained urban economy and therefore policy measures and programs should consider them as central to interventions. Efforts should also be made to restore economic activities that are inclusive, where migrant workers feel confident, secure, and safe.

Acknowledgments

The authors thank Professor Craig Young for the critical comments and feedback on earlier versions of this paper. We also thank Ms Usha Jha for the assistance in data collection. We extend our thanks to Ms Sophia Raju and Garima Sharma for the photographs.

Disclosure statement

No potential conflict of interest was reported by the authors.

ORCID

Abdul Azeez E P  <http://orcid.org/0000-0002-4627-6550>

References

- Abdul Azeez, E.P., G. AnbuSelvi, Garima Sharma, and A.P. Senthil Kumar. 2020. "What Attracts and Sustain Urban Poor to Informal Healthcare Practitioners? A Study on Practitioners' Perspectives and Patients' Experiences in an Indian City." *The International Journal of Health Planning and Management*. doi:[10.1002/hpm.3068](https://doi.org/10.1002/hpm.3068).
- Azeez, A.E.P. 2020. "Stay at Home' but Home Is Away: Plight of Migrant Workers". *The Eastern Herald*. 4 May. Accessed 20 September 2020. <https://www.easternherald.com/op-ed/plight-of-indian-migrant-workers-63055/>

- Baas, Michiel. 2020. "Labour Migrants as an (Un)controllable Virus in India and Singapore." *Asia-Pacific Journal Japan Focus* 18 (14–16): 1–8. <https://apjjf.org/2020/14/Baas.html>
- Bailwal, Neha, and Taniya Sah. 2020. "Travails and Travesties: The Plight of the Migrants Who Didn't Leave Delhi". *The Wire*. 26 June. Accessed 12 September 2020. <https://thewire.in/rights/migrant-workers-delhi-lockdown-stayed>
- Bank, World. 2020. *The Cursed Blessing of Public Banks Washington*. World Bank.doi: 10.1596/978-1-4648-1566-9
- Bansal, Rajesh. 2020. "India Has Social Schemes for Poor in Crises like COVID. But It Needs a 'Who to Pay' Database". *The Print*. 23 April. Accessed 22 September 2020. <https://theprint.in/opinion/india-needs-a-who-to-pay-database-COVID-crisis/406783/>
- Bhagat, R.B., R.S. Reshma, Harihar Sahoo, Archana K Roy, and Dip tiGovil. 2020. *The COVID-19, Migration, and Livelihood in India*. Mumbai: International Institute of Population studies. https://iipsindia.ac.in/sites/default/files/iips_COVID19_mlli.pdf
- Braun, Virginia, and Victoria Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101. doi:[10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa).
- Chakraborty, Shiney. 2020. "Increased Care Work, Reduced Wages: Informal Women Workers are Rarely Getting By". *The Wire*. 25 May. Accessed 12 September 2020 <https://thewire.in/women/women-informal-workers-lockdown>
- Che, Lei, Haifeng Du, and Kam Wing Chan. 2020. "Unequal Pain: A Sketch of the Impact of the COVID-19 Pandemic on Migrants' Employment in China." *Eurasian Geography and Economics* 1–16. doi:[10.1080/15387216.2020.1791726](https://doi.org/10.1080/15387216.2020.1791726).
- Crețan, R., and Duncan Light. 2020. "COVID-19 in Romania: Transnational Labour, Geopolitics, and the Roma 'Outsiders'." *Eurasian Geography and Economics* 61 (4–5). doi:[10.1080/15387216.2020.1780929](https://doi.org/10.1080/15387216.2020.1780929).
- Dahir, AbdiLatif. 2020. "Instead of Coronavirus, the Hunger Will Kill Us. A Global Food Crisis Looms". *The New York Times*. 22 April. Accessed 20 September 2020. <https://www.nytimes.com/2020/04/22/world/africa/coronavirus-hunger-crisis.html>
- Foley, Laura, and Nicola Piper. 2020. *COVID-19 and Women Migrant Workers: Impacts and Implications*. Geneva: InternationalOrganization for Migration. <https://publications.iom.int/system/files/pdf/the-gender-dimensions-of-the-labour-migration.pdf>
- Geetika, Tripti Singh, and Anvita Gupta. 2011. "Women Working in Informal Sector in India: A Saga of Lopsided Utilization of Human Capital." *International Proceedings of Economics Development and Research* 4: 534–538.
- Hamiduzzaman, Mohammad, and M. Rezaul Islam. 2020. "Save Life or Livelihood: Responses to COVID-19 among South-Asian Poor Communities." *Local Development & Society* 1–13. doi:[10.1080/26883597.2020.1801334](https://doi.org/10.1080/26883597.2020.1801334).
- Harvey, David. 2020. "Anti-capitalist Politics in the Time of COVID-19." *Jacobin Magazine*. 20 March. Accessed 14 September 2020. <https://jacobinmag.com/2020/03/david-harvey-coronavirus-political-economy-disruptions/>
- Hindu, The. 2020. "96% Migrant Workers Did Not Get Rations from the Government, 90% Did Not Receive Wages during Lockdown: Survey". *The Hindu*. 20 April. Accessed 16 September 2020. <https://www.thehindu.com/data/data-96-migrant-workers-did-not-get-rations-from-the-government-90-did-not-receive-wages-during-lockdown-survey/article31384413.ece>
- International Labour Organization. 2020. *ILO Monitor 2nd Edition: COVID-19 and the World of Work*. <https://www.ilo.org/global/topics/coronavirus/impactsand-responses>
- Kamanga-Njikho, Veronica, and Qandigul Tajik. 2020. "Female-headed Households Bear the Brunt of COVID-19 as Livelihood Gaps Increase". UNICEF. <https://www.unicef.org/afghanistan/stories/female-headed-households-bear-brunt-COVID-19>

- Khan, Faraz, and Kashif Mansoor. 2020. "COVID-19 Impact: Informal Economy Workers Excluded from Most Govt Measures, Be It Cash Transfers or Tax Benefits". *First Spot*. Accessed 11 September 2020. <https://www.firstpost.com/business/COVID-19-impact-informal-economy-workers-excluded-from-most-govt-measures-be-it-cash-transfers-or-tax-benefits-8354051.html>
- Khanna, Anoop. 2020. "Impact of Migration of Labour Force Due to Global COVID-19 Pandemic with Reference to India." *Journal of Health Management* 22 (2): 181–191. doi:[10.1177/0972063420935542](https://doi.org/10.1177/0972063420935542).
- McLaren, H J. Wong, K R. K N. Nguyen, Komalee Nadeeka Damayanthi. Mahamadachchi and Komalee Nadeeka Damayanthi Mahamadachchi. 2020. Covid-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia Social Sciences9 (5): 87. doi:[10.3390/socsci9050087](https://doi.org/10.3390/socsci9050087)
- McLaren, Helen Jacqueline, , Karen Rosalind Wong, Kieu Nga Nguyen, Komalee Nadeeka Damayanthi Mahamadachchi. 2020. "COVID-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia." *Social Sciences* 9 (5): 87. doi:[10.3390/socsci9050087](https://doi.org/10.3390/socsci9050087).
- Menstrual Health Alliance of India. 2020. "Impact of Corona Pandemic on the Access to Menstrual Products and Information: Findings from Rapid Survey". <https://menstrualhygiene.org/resources-on-mhm/mhh-web-dialogues-2019-2020/>
- Monteiro, Sanam, and R. Renugaa. 2020. "The Danger of Othering during Pandemics: Learning from the Example of Singapore." *International Health Policies*. <https://www.internationalhealthpolicies.org/blogs/the-danger-of-othering-during-pandemics-learning-from-the-example-of-singapore/>
- Nations, United. 2020. "Policy Brief: The Impact of COVID-19 on Women." 9 April. Accessed September 15. <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-COVID-19-on-women/policy-brief-the-impact-of-COVID-19-on-women-en-1.pdf>
- Pachauri, Swasti. 2020. "COVID-19 Outbreak Brings Attention Back to Informal Sector." *Down to Earth*. 23 March. Accessed 11 September 2020. <https://www.downtoearth.org.in/blog/urbanisation/COVID-19-outbreak-brings-attention-back-to-informal-sector-69947>
- Power, Kate. 2020. "The COVID-19 Pandemic Has Increased the Care Burden of Women and Families." *Sustainability: Science, Practice and Policy* 16 (1): 67–73. doi:[10.1080/15487733.2020.1776561](https://doi.org/10.1080/15487733.2020.1776561).
- Sahas, Jan. 2020. *Voices of the Invisible Citizens: A Rapid Assessment on the Impact of COVID-19 Lockdown on Internal Migrant Workers*. New Delhi: Jan Sahas. <https://ruralindiaonline.org/library/resource/voices-of-the-invisible-citizens/>
- Sengupta, Sohini, and Manish K. Jha. 2020. "Social Policy, COVID-19 and Impoverished Migrants: Challenges and Prospects in Locked down India." *The International Journal of Community and Social Development* 2 (2): 152–172. doi:[10.1177/2516602620933715](https://doi.org/10.1177/2516602620933715).
- Sharma, Yogima Seth. 2020. "National Database of Workers in Informal Sector in the Works". *The Economic Times*. January 19. Accessed 15 September 2020. <https://economictimes.indiatimes.com/news/economy/indicators/national-database-of-workers-in-informal-sector-in-the-works/articleshow/73394732.cms?from=mdr>
- Suresh, Rajani, Justine James, and RSj Balraju. 2020. "Migrant Workers at Crossroads-The COVID-19 Pandemic and the Migrant Experience in India." *Social Work in Public Health* 35 (7): 633–643. doi:[10.1080/19371918.2020.1808552](https://doi.org/10.1080/19371918.2020.1808552).
- UN Women. 2020. "Guidance Note: Addressing the Impacts of the COVID-19 Pandemic on Women Migrant Workers." <https://www.unwomen.org/en/digital-library/publications/2020/04/guidance-note-addressing-the-impacts-of-the-COVID-19-pandemic-on-women-migrant-workers>

- Varshney, Mohit, Jithin Thomas Parel, Neeraj Raizada, and Shiv Kumar Sarin. 2020. "Initial Psychological Impact of COVID-19 and Its Correlates in Indian Community: An Online (FEEL-COVID) Survey." *Plos One* 15 (5): e0233874. doi:[10.1371/journal.pone.0233874](https://doi.org/10.1371/journal.pone.0233874)
- Varshney, Mohit, Jithin Thomas Parel, Neeraj Raizada, and Shiv Kumar Sarin. 2020. "Initial Psychological Impact of COVID-19 and Its Correlates in Indian Community: An Online (FEEL-COVID) Survey." *Plos One* 15 (5): e0233874. doi:[10.1371/journal.pone.0233874](https://doi.org/10.1371/journal.pone.0233874).

Notes

1. A semi-pucca house is a structure which has permanent walls made of stones and bricks but the roof is made of materials such as mud, bamboo, thatch, and asbestos or iron sheets.
2. "Scheduled Castes" (SC) is a socially disadvantaged group in India who are constitutionally protected with special privileges and status. SC are "untouchables" as per the Indian caste system. The "Other Backward Class" (OBC) includes people who belong to castes that are socially and economically vulnerable. The "General" category is the mainstream population who fall under the upper caste groups in the Indian caste system or those who are comparatively better off in socio-economic and educational terms.
3. The ration card is an official document provided to individual households to allow them to purchase subsidized food commodities from the Public Distribution System.
4. Anganwadi is a type of childcare center started under the Integrated Child Development Scheme (ICDS) in 1975. It is one of the largest government schemes in India aimed at providing health, nutrition, and pre-school services to children of 0-6 years.