Pandemic Stress and Mental Well-Being of Migrants in Urban India

Sudhir Tanwar[1], Kamlesh Kumar Sahu[2], Soma Sahu[3], Ashok Singhal[4]

[1]Psychiatric Social Worker, [4]Professor Department of Psychiatry, Jaipur National University Institute for Medical Sciences and Research Centre, Jaipur, Rajasthan, India
[2]Associate Professor & I/C PSW, Department of Psychiatry, Government Medical College and Hospital, Chandigarh, India; [3]Assistant Professor Dept. of Clinical Psychology, Post Graduate Institute of Behavioural and Medical Sciences (PGIBAMS), Raipur, Chhattisgarh, India

ABSTRACT

Background: The present study investigates the mental well being of migrant labourers in times of pandemic, especially during the 1st phase of lockdown (24th March 2020 onwards). **Aim:** To see the level of pandemic stress and status of mental well being of migrants during lockdown i.e. 24th March 2020 onwards. **Materials and Method**: It was a cross-sectional descriptive study where 150 subjects were recruited by snowball sampling method with a pre-defined inclusion and exclusion criteria, at different construction sites in Jaipur city. Socio-demographic details and work-related data were gathered and Pandemic Stress Index and WHO (Five) Well-Being Index was used to assess their stress and wellbeing. **Result**: The finding of the study showed that migrant labourers were highly distressed and a majority of them shows the signs of fear, anxiety and depression. **Conclusion:** The study highlighted the current state of mental well being and also the need for psychosocial and psychological intervention at the community level.

Keywords: Migration, pandemic, wellbeing, social isolation, quarantine

INTRODUCTION

When an epidemic spreads across borders globally and infects masses on a large scale, it can be considered as a pandemic. More importantly, such type of epidemic can only be considered as a pandemic if it necessarily has a high infectivity rate.[1] Currently, the word is going through perhaps the toughest time. The COVID-19 pandemic, also known as the corona virus pandemic, is an ongoing pandemic caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2).[2] The outbreak was first identified in Wuhan, China, in December 2019. The World Health Organization declared the outbreak a public health emergency of international concern on 30 January and a pandemic on 11 March 2020. The outbreak has deep deteriorating effects in almost every aspect of human living. Apart from physical health risk of getting infected, people may face numerous other psychological and psychosocial issues too. Stress, anxiety and fear can be overwhelming and can cause strong emotional disturbance and may lead to mental health issues in society. Those who are vulnerable to external predisposing factors like low socio-economic status, poverty, unemployment etc. are higher risk of getting mental illnesses.

Migration is a multi-facet process which involves social change, physical relocation, cultural assimilation or absorption and other related events. It is always questionable that, how much time it will take individuals and families to adapt and adjust to their new place of relocation. Sometimes even after a long time or maybe years, migrant fails to get settled due to non-compatibility and other unavoidable circumstances and finally they either forced to return to their place of origin

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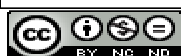

Address for Correspondence:
Dr. Soma Sahu
1220A, Sector – 32, Chandigarh – 160030 India
Email: drsomasahu@gmail.com

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or they sometimes move to another location with similar objectives.[3] Research from other parts of the world or outside Indian subcontinent has also documented that the process of migration is strongly linked with undesirable effects of mental health. Findings of these works suggestive of the increased sign of clinical depression and anxiety in participants.[4]

Concerning its effect on the mental health of migrants, the migration that deals with the movement of people from one specific geographical region to another has long been under investigation.[5-8] Rising migration rates worldwide have contributed to an increase in interest in its impact on the mental health of migrants.[9]Several studies have shown that relative to groups without migration, the incidence of common mental illnesses among migrating groups is higher.[10] It has been argued that migration and relocation effects pose some risks to migrants' psychological well-being due to accompanying changes in their physical and psychosocial environment.[11-13] Social support, social involvement and feeling of powerlessness are the psychosocial factors that could be affected by migration and thus have a negative impact on mental health.[14] Problems such as feeling isolation, helplessness, anger, increased household and social pressure are prevalent among migrants.[8]

“The factors in the origin state that form the basis for people to migrate to another state are known as *Push factors* while the factors in destination state that attract people to it are known as *Pull factors*. The increasing urbanization trends in the past show that there is larger migration from rural to urban parts of India.”Regional disparities in terms of resources among different Indian states results in the existence of many "push & pull" factors responsible for rural to urban migration. Lack of job opportunities, lack of basic amenities like health services, education, power, transportation, low wages etc are some of the “push factors” in rural areas of Indian states. In urban areas better job opportunities, higher wages for labour, better basic amenities and services like education, health, transport etc serves as “pull factors” for migration to cities or urban areas.[15] Being a developing country and one of the world’s largest growing economy, India is going through a phase of rapid urbanisation and industrialisation. Due to rural to urban migration the cities or urban localities getting saturated and struggling with overcrowding, unorganised living accommodation resulting in urban slums. These slums in cities further complicate the situation and add to the misery of people living in these areas with inadequate and compromised basic needs of living. In the word of Kingsley Davis, it is a process of "over-urbanization" wherein urban misery and rural poverty exists side by side. There are many evident from different part of the world that indicates that mental health problems surged to considerably higher rates in developing countries. [16-18]

Migrants worker have to live and work in difficult and adverse condition and simultaneously have to deal with new challenges in personal and social domains. They may be at an edge of losing their essential coping skills required to deal with these challenges, especially during this pandemic situation where they have almost lost their work, didn't get wages for last 2 months. The present study is an attempt to explore and find the current state of stress and mental well-being of migrant worker in an urban centre of India.

MATERIALS AND METHOD

The study adopted a cross-sectional descriptive research design. Using snowball sampling method 150 migrant worker (as per ISMW Act 1979)[8] between the age range of 18-60 years of either sex and able to comprehend information in Hindi at urban centres of Jaipur, Rajasthan were recruited for the study with their consent during the lockdown period (i.e. 24th March 2020 onwards) of COVID-19. The data collection was started after 1 month of nationwide lockdown. Data analysis was done by an appropriate descriptive and analytical technique using SPSS 20.0. Tools used for the study were - Socio-demographic and Work-related Data Sheet, Pandemic Stress Index[19] (translated Hindi version) and WHO (Five) Well-Being Index (WHO -5) to measure of mental well-being which is a short scale. It consists of five items assessing positive mood, vitality, and general interest over the past 2 weeks. It is a 6-point Likert scale, records response in "all of the time, "most of the time,"

"more than half of the time," "less than half of the time," "some of the time" to "at no time" which scored in 5-0 respectively and summed to produce a score out of 25. A score below 13 indicates poor well-being and is an indication for testing for depression under International Classification of Diseases, Tenth Edition (ICD-10).

RESULTS

Socio-demographic and work-related characteristics

The data analysis was done on 150 migrant workers. The sample was homogenous based on some characteristics. All of them have migrated to the site of study with the purpose of a better livelihood (reason to migrate) and were working as a construction labourer. They all were living in temporary housing; made by them with materials available at the site of work only.

Socio-demographic characteristics of the participants are shown in table 1. They were between 18-55 year of age mean was 30.6 ± 8.2. More than two-thirds (78.7%) migrant workers were male. Majority of them (40%) were educated up to primary level followed by middle (24%), matriculation (18.7%), senior secondary (4.7%) and only 1 had studied up to graduation. Nearly two-thirds (77.3%) were married, 20.7% were unmarried and 2% were separated. The average number of members in a family (family size) was found to be approx. 6 persons (mean = 5.94), more than half (52.7%) belonged to a joint family whereas 47.3% were living in the nuclear family at the site of work with an average distance of 1230 km from their native place, majority of them were found to have migrated from the state of Bihar (48.7%), followed by Bengal (20%), Uttar Pradesh (18.7%), Jharkhand (7.3%) and Chhattisgarh (5.3%). Majority of them were Hindu (92.7). They were working an average of 25 days in a month for which they get wages at the end of the month. All participants were found to have a monthly income of less than 10 thousand.

Table1: Socio-demographic and work-related characteristics (n= 150)

Variables	Variables Category	F (%)/mean ± SD
Age (range 18-55 years)		30.6 ± 8.2
Gender	Male	118 (78.7%)
	Female	32 (21.3%)
Education	Illiterate	18 (12%)
	Primary	60 (40%)
	Middle	36 (24%)
	Secondary	28 (18.7%)
	Senior secondary	7 (4.7%)
	Graduation	1 (.7%)
Marital status	Single	31 (20.7%)
	Married	116 (77.3%)
	Separated	3 (2%)
Type of family	Nuclear	71 (47.3%)
	Joint	79 (52.7%)
Religion	Hindu	139 (92.7%)
	Muslim	11 (7.3%)
Family Size (Number of family members)	Minimum 3	5.94 ± 2.11
	Minimum 14	
Native State	Bihar	73 (48.7%)
	Bengal	30 (20%)
	UP	28 (18.7%)
	Jharkhand	11 (7.3%)
	Chhattisgarh	8 (5.3%)
Average number of working days (for which got wages; range 21-28)		25.00 ± 1.44
Distance of Current Work Place from native place (range500-1650 km)		1228.93 ± 303.75

Accessibility to basic amenities & facilities

Table 2: Accessibility to Basic Amenities and Facilities (n= 150)

Basic Amenities & Facilities	Accessibility	Frequency	Percentage
Housing conditions	Temporary	**150**	**100**
Water	Accessible sometimes	13	8.7
	Most of the times	62	41.3
	Always accessible	**75**	**(50%)**
Electricity	Accessible sometimes	56	(37.3%)
	Most of the times	**74**	**(49.3%)**
	Always accessible	20	(13.3%)
Sanitation (toilet)	Not accessible at all	**99**	**(66%)**
	Accessible sometimes	39	(26%)
	Most of the times	12	(8%)
Healthcare	Not accessible at all	**118**	**(78.7%)**
	Accessible sometimes	26	(17.3%)
	Most of the times	6	(4%)
Education Service	Not accessible at all	**85**	**(56.7%)**
	Accessible sometimes	61	(40.7%)
	Most of the times	4	(2.7%)
Transport	Accessible sometimes	3	(2.0%)
	Most of the times	**105**	**(70.0%)**
	Always accessible	42	(28.0%)

Results in Table: 2 show that all (n=150) respondents had temporary housing at the site of work only. Half (50%) of them responded that basic facility like water was always accessible to them during their work and at a living place; 41.3% responded that it is accessible most of the time but not always whereas 8.7% responded that water is only accessible sometimes. Nearly half (49.3%) of the migrant labour told that electricity is accessible most of the time, 37.3% said that it is accessible sometimes and only 11.3% responded to always accessible. The basic facility of sanitation was not accessible at all to 66% of the workers. More than two-thirds (78.7%) of the worker do not access to healthcare facilities at all. It is accessible sometimes to 17.3% and only 4% of them have access to healthcare facilities most of the time. Education services to their children were not accessible at all to 56.7% of the workers whereas the rest of them responded that it was accessible sometimes and most of the times 40.7% and 2.7% respectively. Majority of them (70%) responded to have the service of transport available to them most of the time whereas 28% responded it always accessible.

Social life

Table 3 shows the results concerning the social life of migrant workers. The majority (66.7%) were responded that most of the time, they lack any recreational activities in social life. Less than one-fifth (17.3%) said they always lack a recreational activity whereas only 16% replied to have a lack of such activity sometimes.

The majority (63.3%) informed that most of the time they lack support from their neighbours' 28% agreed that sometimes they are not offered support by neighbours and 8.7% worker recorded that they always lack support from their neighbours. More than half (58%) have adjustment issues most of the time, 26.7% have these types of issues sometimes and 14% always have adjustment issues. More than half (55.3%) of workers have problems related to language most of the time, 34.7 reported have to face these issues

sometimes and 5.3% always have to face these issues. Less than half (42%) migrants have always felt insecure, 36% have this feeling on most of the time and 22% have sometimes.

Table 3: Social Life

Social Life		Frequency	Percentage
Lack of recreational activities	Always	26	17.3
	Most of the times	100	66.7
	Sometimes	24	16.0
Lack of support from neighbourhood	Always	13	8.7
	Most of the times	95	63.3
	Sometimes	42	28.0
Adjustment issues	Always	21	14.0
	Most of the times	87	58.0
	Sometimes	40	26.7
	Not at all	2	1.3
Language problems	Always	8	5.3
	Most of the times	83	55.3
	Sometimes	52	34.7
	Not at all	7	4.7
Feeling of insecurity	Always	63	42.0
	Most of the times	54	36.0
	Sometimes	33	22.0

Social assistance

Results in Table 4 show the domain of social assistance and related issues. The majority (82.7%) of the migrant worker do not have any form of social assistance, the rest 17.3% who had received some form of social assistance from Government and NGO. All were responded that the assistance was not enough. The majority (84.7%) migrant worker were planning to go back home but 70% of them couldn't go because of lockdown, 22% were left with no money to go back while only 2 % of them didn't go due to fear of corona.

Well-Being index

Mental well-being was assessed with the WHO (Five) Well-Being Index where the minimum possible score was 0, the maximum possible score was 25. Among 150 respondents a mean score was 6.58 and standard deviation of 1.10; within a range of 4-9, the score of maximum respondents (44%) was 7, followed by 24% participants who score 5, 19.33% worker score 8 and less than 1% (0.67) of the worker scored 9 on mental well-being scale. All the workers scored below 13 which indicates poor wellbeing and is an indication for testing for depression under ICD-10.

Individual items analysis shows the scoring of each item of the above-said instrument that is WHO (Five) Well-Being Index used to assess mental well-being of workers. In item one i.e. *feeling of cheerful and good in spirits* 80% (121) of the respondents score 2 (less than half of the time) rest of them (19.33%) score 1 (some of the time). None of them scored 0, 3 or 5 in this item. Item no. 2: I have *felt calm & relax*: all participants scores either 1 or 2. 91.33% (137) respondents score 1 and rest (8.66) of the worker score 2. Item no. 3: I have *felt active and vigorous*: 7.33% worker score 0 i.e. they have not felt active and vigorous at any time during the past 2 weeks. 28% score 1, 61.33% score 2 and only 3.33% have a score of 3 i.e. more than half of the time. Item no. 4; I *wake up feeling fresh and rested*: 19.33% respondents score 1, 80.67% score 2 on the

item. None of them has other higher scores. Item no. 5: my *daily life has been filled with things that interest me*: 64% (96) respondents score 0, 36% (54) workers scored 1 and none of them scores above 1.

Table 4: Social assistance

Variables	Response	Frequency	Percent
Any form of social assistance	No	124	82.7
	Yes	26	17.3
Source of social assistance	Govt	20	13.3
	NGO	6	4
	Missing	124	82.7
Was social assistance sufficient	No	150	100
Planning to go back home	No	23	15.3
	Yes	127	84.7
Reason for not left yet	Lockdown	105	70
	No money left	33	22
	No transport available	10	6.7
	Fear of corona	2	1.3

Pandemic Stress

Table 6 shows the domains covered in the pandemic stress index. Except one all respondents agreed that their life or behaviour has changed due to COVID-19.

Practise during COVID-19

In response to the question of practising social distancing 84.7% said "yes" and 15.3% were denied of practising social distancing. Those who were practising social distancing the mean of days for which they have been practising social distancing was 26.94 ± 12.44, longest duration was recorded to be 45 days. Out of these 27 days, a few days (mean 5.43 ± 3.27) they were not able to practice social distancing; 15 days was the maximum duration of days for which social distancing was not practised. Among those who were not able to practice social distancing, the majority (82.7%) of the workers decided not to practise social distancing by/for themselves, whereas 17.3% decided not to practice social distancing to protect someone else in the family. None of them had kept themselves in isolation or quarantine.

During the lockdown period, 77.3% of workers were taking care of a family member at home, 27.7% were not engaged in care of any other family member. Out of those who were looking after a family member at home, 84.7% were looking after a child and 14.7% worker were taking care of an elderly.

No one was working since lockdown and unfortunately, they don't have an option of working from home too. Despite, the fact that

their workplace was shut down (construction site stop operations) and they lost their source of income due to corona outbreak. None of the participant or their family member was reported to be sick or in isolation. More than two-thirds (77.3%) were asked by their contractor to go back till the indefinite time whereas only 22.7% of migrants were still having the hope to get back on their job when construction work begins at the site.

A large majority (82%) of workers reported that there is a decrease in the use of healthcare services, whereas 18% reported no change in services related to healthcare. All of the migrant workers reported to follow news and events related to corona on social media, the average hours in a day spent on such news was varied as - 46.7% worker spent 3 hours daily, 38% spent 2 hours daily followed by 4 hours a day by 15.3% workers. Most (94%) of the worker were forced to change their travel plan and all were reported to postponed or cancelled their plan and don't travel during the lockdown.

Impacts of COVID-19 on day-to-day life

Coming to the crucial question of how the COVID-19 (coronavirus) has affected their day to day life, all were reported to hit by corona, as result shows that 58.7% were

affected extremely, 29.3% reported that their day to day life has been affected very much and 12% reported it much affected.

Experiences during COVID-19

Large majority (83.3%) workers reported having a fear of being diagnosed by COVID-19 whereas 16.7% were reported not to have such fear during this period. Nearly two-thirds (72%) migrants had a fear of getting infected by Covid-19, 28% didn't report any such fear. More than half (58.7%) of the workers were also reported that they have a fear of giving the infection to others also, whereas rest of them denied of such feeling of fear in their mind. All of them were worried about family members in other parts of the country (11.3% locally and 55.7% other parts in India).

Large majority (84%) migrants reported having an act of discrimination or stigma towards them by others during the pandemic. All respondent reported that they have personal financial losses such as loss of wages, job loss, investment/retirement loss, travel-related cancellations etc.

Large majority (80%) migrants reported increased loneliness, 88.7% reported to have increased frustration and boredom, 90% reported to have increased anxiety and 88.7% have increased feeling of depression in recent time during the pandemic. Workers also reported changes in sleep pattern, 88% reported less sleep than normal, 5.3% reported more sleep and 6.7% were not sure and reported no change in sleep. Large majority (85.3%) migrants reported that they don't have adequate or enough means to meet their basic needs like food, water, medications and appropriate place to stay.

Around one-third (34%) agreed to have an increase in the use of alcohol and other substance during the lockdown. A large majority (89.3%) reported to have a sense of confusion regarding prevention, spread, need of social distancing, quarantine /isolation etc. although on same time 74.7% worker believed that they are contributing to a greater good by preventing themselves from having an infection of the corona. Most of them (92%) denied getting any social or emotional support from family, partners, counsellor or someone else. Less than two-thirds (68%) reported not to have financial support from family, friends, partners, an organization, or someone else whereas 32% reported having such kind of support from different sources.

Table 6: Pandemic Stress Index (n= 150)

Questions (Pandemic Stress Index)	Response	Frequency	Percentage
Change to behaviour or life	**Yes**	**149**	**99.3**
	No	1	0.7
Practising social distancing	Yes	127	84.7
	No	23	15.3
Days practising Social distancing (range 0 - 45 days)	Mean ± SD	26.94 ± 12.44	
Not able to practice social distancing	Min. 00	Mean 5.43	3.27
	Max. 15		
Choose to do this for self	Yes	124	82.7
	No	26	17.3
Isolating or quarantine your self	**No**	**150**	**100**
Caring for someone at home	Yes	116	77.3
	No	34	22.7
Looking after a child/elderly	Child	127	84.7
	Elderly	22	14.7
Working from home	Yes	00	00
	No	150	100
Are you not working currently	**Yes**	**150**	**100**
	No	00	00
Lost your source of income because of Corona	**Yes**	**149**	**99.3**
	No	1	0.7
Lost income because I was sick/isolated	No	150	100

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Lost income because work place closed	**Yes**	**150**	**100**
Laid off or lost employment	**Yes**	**116**	**77.3**
	No	34	22.7
Change in use of healthcare services	Incre		
	Decr		
Followed media coverage related to Covid19	**Yes**	**150**	**100**
	No	00	00
Avg. Hours per day spent on social media	02 hours	57	38
	03 hours	**70**	**46.7**
	04 hours	23	15.3
Change in travel plan	**Yes**	**142**	**94.7**
	No	08	5.3
Had you travelled less or more	**Less**	**150**	**100**
Did COVID-19 impact your day-to-day life	Much	18	12
	Very much	44	29.3
	Extremely	**88**	**58.7**
Experience of being diagnosed with COVID19	**Yes**	**125**	**83.3**
	No	25	16.7
Fear of getting COVID-19	**Yes**	**108**	**72**
	No	42	28
Fear of giving COVID-19 to someone else	**Yes**	**88**	**58.7**
	No	62	41.3
Worried about friends, family, partners, etc	**Yes**	**149**	**99.3**
	No	1	0.7
Worried for others locally, other parts of India,	Locally	17	11.3
	Other parts in India	133	88.7
Stigma or discrimination from other people	**Yes**	**126**	**84**
	No	24	16
Lost wages, job loss, investment/retirement loss, travel-related cancellations	**Yes**	**150**	**100**
	No	00	00
Increased frustration and boredom	**Yes**	**133**	**88.7**
	No	17	11.3
Not having basic needs: food, water, medications, a place to stay	**Yes**	**128**	**85.3**
	No	22	14.7
Increased anxiety	**Yes**	**135**	**90**
	No	15	10
Increased depression	**Yes**	**133**	**88.7**
	No	17	11.3
Sleep disturbance	**Less sleep**	**132**	**88**
	More sleep	08	5.3
	Other changes	10	6.7
Increased use of alcohol or other substance	Yes	51	34
	No	99	66
Loneliness	**Increase**	**120**	**80**
	Decrease	30	20
Confusion about what COVID-19 is, how to prevent it, or why social distancing/isolation/ quarantines are needed	**Confused**	**134**	**89.3**
	Not confused	16	10.7
Contributing to the greater good by preventing myself or others from getting COVID-19	**Yes**	**112**	**74.7**
	No	38	25.3
Getting emotional or social support from family, friends, partners, a counsellor, or someone else	Yes	12	08
	No	**138**	**92**

Table continued to the next page ...

Getting financial support from family, friends, partners, an organization, or someone else	Yes	48	32
	No	**102**	**68**

DISCUSSION

The current study shows the status of mental well-being and the state of pandemic stress in migrant worker engaged at urban centres of Jaipur, Rajasthan, India during the 1st phase of lockdown period (24th March2020 onwards) due to COVID-19 pandemic. All of them have migrated to the site of study with the purpose of a better livelihood (reason to migrate) and were working as a construction labourer. Majority of them were middle-aged men. They all were living in temporary housing; made by them with materials available at the site of work only. It is an obvious scenario in India, "regional disparity in development influences flow of inter-state migration streams. The youths mostly male migrate from socio-economically backward states like Uttar Pradesh and Bihar to more prosperous states like Maharashtra, Delhi etc."[21] Majority of them were Hindu, married and poorly educated, The average number of members in a family was found to be approx 6 persons, more than half belonged to a joint family with an average distance of 1230 km from their native place, migrated from the state of Bihar followed by Bengal, Uttar They were working an average 25 days in a month for which they get wages less than 10 thousand at the end of the month.

“As young adults are more likely to migrate and are also more likely to be at the risk of developing mental disorders and yet are more flexible to adjustment.”[22] Poverty and socioeconomic problems were found to be the most important factor associated with emotional distress.[23] One study suggested a strong relationship between income insecurity and mental health. The findings of the study also showed that the risk of having a mental illness increases with an acute fall in income.[24]In the current study, it was found that the average monthly income of migrant worker was below 10 thousand rupees. They all have to stay in an extremely small temporary shelter along with other family members at the site of work only. Poverty, congested, unhygienic, poor sanitary and living conditions were also found to be a contributing factor for poor mental well-being in the times of lockdown (24th March 2020 onwards) and pandemic. During our interview, it was found that there is no provision of ventilation in those small rooms covered by metal sheets on the roof. They were forced to have a bath in an open space near the small living room. The insecurity of income along with the feeling of insecurity in social domain remained a valid point of concern. The present study shows the majority of the respondents were agreed that they had the feeling of insecurity.

There are numerous studies in past highlighting a strong positive relation of mental illness with unfavourable conditions like low income (poverty), social inequality, low education, access to health services, linguistic barrier and cultural differences, stigma etc.[25] people who migrate to other distant places for livelihood are found to typically at higher risk as the above-mentioned factors are an inevitable part of their life at the place of relocation. More than 60% of the respondents in the current study were educated up to middle (8th standard) only. “The relationship between low educational level and mental disorders may be confounded or explained by several pathways: these include malnutrition, which impairs intellectual development, leading to poor educational performance and poor psychosocial development. The social consequences of poor education are obvious: lack of education represents a diminished opportunity for persons to access resources to improve their situation.”[26] Findings of the current study show that basic facility of a toilet was not accessible at all to the majority of the workers. Either they are forced to go in open for defecation or at public utilities which are reported to be worst in terms of hygiene and cleanliness. More than two-thirds of the workers do not have access to healthcare facilities at all. Most of the time, they depend on nearby quacks for medical and health-related services. More than half of the workers' children were not had accessible education services at all. Children of these migrant workers were found not attending school. They cannot enrol their wards in government

school as they are domicile residents of the state. Majority of them have the water, electricity and transport service accessible. Due to non-availability of their domicile and other relevant documentation with them, they are not able to get the benefit of most of the government schemes for which they are entitled to. Since they are not getting benefits of schemes related to health, education, food etc, it creates an extra financial burden on families to avail these services at market rates without subsidies.[27]

The present study found that more than four-fifths migrants reported having an act of discrimination or stigma towards them by others during the pandemic. “Felt stigma refers to feelings that labelled individuals experience when they internalize the negative responses and reactions of others.” It may have an important role to play in affecting the mental health and “regulating” the behaviour of those stigmatized. “Felt stigma is undesirable, since it can lead to depression, feelings of worthlessness, shame, guilt, low self-esteem, low self-efficacy, withdraw, and isolation of stigmatized individuals and also because negative thoughts often lead individuals to do or not to do things that harm others or deny them services or entitlements.” In the present study found that most of the migrant workers demonstrated hostility, social isolation and poor social adjustment. Most of them agreed to the fact of not having any friends or social connection nearby, except some of the fellow workers, hailing from their native place or district.

During the 1st phase of lockdown (24th March onwards) in India, all travel movements were banned completely. All construction site and other industrial activities requiring labours to engage were stopped functioning. People who were earning on daily basis were finding it extremely difficult to manage their expenses of daily food and other needs. These circumstances lead to high levels of anxiety and ultimately panic like a situation where we observe millions of migrant workers moving with family on foot towards their native places.“Poor mental health was found significantly higher among single, unskilled, illiterate daily wage labourers with higher years of migration and lack of housing and sanitation.”[28]A recent report of NCRB in 2018 says that the rate of suicide was 22.4% among people who are daily wage earners, maximum cases reported from the state of Maharashtra.

In our study we found that social life of these migrant workers is not less than a misery as they hardy have a recreational activity, most of the time social support from neighbours is not present, more than half of them are facing adjustment issues, more than half reported to have language problem hence they have communication barrier too, nearly half of them always have a feeling of insecurity. All these factors make them more vulnerable to stress and psychological problems. During the period of lockdown, these problems became more prominent and the consequences of them started coming to the surface as there was no work to do. Working at the site being the only one engagement and distraction for them, was absent for the last 60 days.

Social assistance plays a crucial role in times of crisis like the current pandemic but unfortunately in our study more than four-fifths of workers denied of having any form of social assistance from any source. Moreover, those who received any type of help in form of social assistance, they found it insufficient. All migrant workers were planning to go back to their home but they couldn't manage to go because of the non-availability of transport services during the lockdown period.

In the present study, all the workers scored below 13 which indicates poor wellbeing and is an indication for testing for depression under ICD-10. Due to time and resource constrain this was not done except suggesting to consult tale helpline.

“Like the present study loneliness, which could be an expression of the uprootedness, isolation and lack of social support that occurs when rural dwellers migrate from their extended families and cohesive communities, was a risk factor.”[29] In the present study four-fifths of the workers reported increased loneliness during the lockdown period. Nine-tenth has reported increased anxiety and nearly the same percentage also reported to have increased feeling of depression too. More than four-fifths reported that their sleep has decreased significantly since lockdown. “There is evidence that social factors, in particular life-threatening events, violence and the lack of social support play an important

role in the aetiology of common mental disorders."[30] More than nine-tenths denied of getting any social or emotional support from family, partners, counsellor or someone else. Nearly seven-tenth reported not to have financial support from family, friends, partners, an organization, or someone else. Suffering from a lack of emotional support and strains of long-distance relationships will further add to the distress.

The current study reveals that all most all participants accepted that their life or behaviour has changed since lockdown due to COVID-19 pandemic. More than eight-tenth of migrant workers were reported to practise social distancing to protect themselves with an average of 20 days but no one was reported to kept in quarantine or isolation. More than eight-tenths were looking after children at home. They all have lost their wages due to shut down and were not working since day one of the 1st phase of lockdown. They are facing an acute shortage of basic food needs. Even no one was reported to be sick or have COVID-19 but still, they all informed that they are living with a fear of getting corona and also of transmitting to other members in the family. More than half of them agreed that their day to day life has extremely affected due to COVID-19 pandemic. Respondents were found to have a high degree of pandemic stress as they were reported to have high distress and psychological issues such as increased anxiety and loneliness, increased depression, disturbed sleep, not able to meet basic needs like food, water, sanitation and health support services. Moreover, they lack social, emotional and financial support from any sources like relatives, neighbours, friends, government and NGO etc. presence of all these factors indicates a high stress and also the findings of well-being index are alarming, suggestive of poor mental well-being requiring further intervention like screening for depressive disorder and other problems.

As advocated by different organisation and agencies in the welfare sector, centre and state government should take more initiatives and also strengthen the existing ones. Supreme Court has also directed the central government to make adequate arrangements for migrant workers as the issue has been highlighted by media on the national level. We have seen some of the tragic accidents in a different part of the country where many of the workers have lost their life. Along with materialistic support, mental health should also be given priority and tele-counselling or outreach counselling services can be planned with taking care of essential guidelines because of COVID-19.

Limitations: Despite indication testing for depression under ICD-10 was not done because of time and lack of recourses. Cross-sectional study design and non-inclusion of various other psychosocial variables in the study are the limitations of the study.

CONCLUSION

During the current pandemic, we all came to know our loopholes and reality of inadequacy of basic healthcare services and other services like food security throughout the nations. Vulnerable population which was taken as subjects in the current study demonstrated the problems in multiple domains like job insecurity, discrimination, stigma and other issues specifically related to migrants in the country. Apart from all these factors, the mental state of these groups in such tough times gets affected much deeply. As the findings of the study clearly show that mental health of migrants suffered a lot due to the associated effects of both pandemic and lockdown, there is a dire need of resolving these issue concerning long term measures at the policy level, so that the trauma and stress resulting from such alarming situation should be dealt with more collaborated efforts and effectively. Intervention to reduce the stress at the community level should find a place in policy and programs such as the National Mental Health Programme (NMHP) and District Mental Health Program (DMHP). Reaching out to these vulnerable groups is needed.

Although, the central and state both the Governments have taken measures to ensure the welfare and cater needs of migrants. Free food distribution at sites, launching toll-free helpline number for psychological help, etc. are some of the initiatives that helped but the magnitude of the impact of the pandemic is much larger and in fact, it will last for longer time post-pandemic also. As suggested by findings of the study, the majority of the subjects had shown signs of clinical depression; they need further assessment and

also a set of a brief psychosocial intervention for their problems.

It is important to understand the mental well being of migrants according to the findings of the current study, which clearly shows that it is not the effect of pandemic alone but also the other factors which added the complication to the misery of individuals and families. Lack of social support, multiple adjustment issues such as linguistic barriers, loss of income and cultural practice, a sense of insecurity, facing discrimination, exploitative working conditions may be one of the reasons why they get affected most during the current crisis. Understanding all these complex factors associated with a vulnerable population, the state should act as a protective layer employing different social assistance and social security schemes which may require some modification and need-based other programmes specifically targeting and promoting positive mental health.

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