



Coronavirus disease 2019 (COVID-19) pandemic and reverse migration of workers during lock down their health and prevention

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ABSTRACT

Migrant workers are a valuable community for developing the Indian economy; adverse effect occurs on their mental and physical health during this pandemic situation. The coronavirus disease 2019 epidemic emerged in India due to spread nationwide from China, Wuhan city, and then Spread overall, 213 Countries and Territories worldwide have been reported. The Indian Government immediately set up a lockdown and quarantined the patients in the hospital and declared that area as a contentment Zone to avoid infection transmission. In this pandemic situation, many labour workers were living with their families in metropolitan cities. The urgent demand for public transport in the migrant workers from different states in India. For reaching them to the native place. These lead to spreading the coronavirus infection and increase the cases of nCOVID-19. It concluded that public health services and transportation for the migrant worker to reach the native place from all states. A maximum number of trains were needed, rather than travel restriction aware of them regarding wearing of Mask, Handwashing, and Quarantine after travelled. It has been six months since COVID -19; many questions remain unanswered about the coronavirus and its pathology. It was clear by global authorities that countries need to plan and increase health clear awareness and facilities for the migrant workers.



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INTRODUCTION

Worldwide, in this pandemic condition, a new corona virus (nCOVID-19) was very much corre-

lated to the migration. Very list research on these migrant workers were they facing problems during this pandemic situation. In India, many people are migrated from rural areas to urban areas for seeking jobs and opportunities. There is good placement in metro cities, and these migrants are working as labour workers in different places. For these workers, there is a labour law, but many people were unaware of it. There are two types of workers, one organized and the others are unorganized workers. In this pandemic condition, a new corona virus (nCOVID-19), these migrant workers moved from their workplaces to villages. The first case of nCOVID -19 was identified in India on 30 January 2020, which originated from Wuhan, China. The spreading of corona virus in India in the month of 15th march 2020 overall 100 cases was con-

firmed (Dubey *et al.*, 2020). Rapid transmission of infection of new corona virus in India, Government took a sudden decision to the imposition of lock down in India since 26th march 2020 nationwide, all migrant workers were sucked at their workplace. Recently spread of a corona virus outbreak has been reported by the world health organization (Sohrabi *et al.*, 2020). In India, an estimated 258 million adults are migrants, mainly male migrants for employment (Nanda, 2005). The central destination state migrated within India in Andhra Pradesh, Karnataka and Maharashtra, mostly from Uttar Pradesh, Bihar and south India (Saggurti *et al.*, 2008). Recent research pieces of evidence of international migrants in Indian from Bangladesh and Nepal are the majority, which documented a high prevalence (Gurung, 1998). The total number of internal migrants would be 450 million, as per Census 2011. In India, Andhra Pradesh, Delhi, Gujarat, Maharashtra and Tamil Nadu are the primary destination state. The sudden enforcement of lock down by the Government has been the mass exodus of migrant workers and starvation among the workers, those working in the informal economy (Lancet, 2020). Due to pandemic conditions, fear of an unknown future, employment, financial crisis, thousands of labour workers and underprivileged people move to their hometowns (Mukhra *et al.*, 2020) within a few days, 50,000 – 60,000 workers migrated from urban to rural of internal migrants. This research article's objective is to face economic, social, transportation, and health in this pandemic condition during the lock down in India.

We discuss the migrant workers and their case cause and preventive measure and transport during the Indian scenario lock down.

MATERIALS AND METHODS

In this study, we retrospective analyzed the data of migrant workers in different states in India. A PubMed, Medline Google scholar search was performed for peer and non-peer review articles and reports published by India's Government during the pandemic. Additional information from literature search and cross-references from the papers.

OBSERVATIONS

The migrant worker's data was accessed from the Indian Census 2011 (Chandramouli and General, 2011).

Migration and reverse migration during the lock down in India

This sudden decision of lock down impacted the

migrant worker's life and routine works. All the trains and vehicles, bus transport or local transport, were stopped during this pandemic condition. These migrant workers live in significant cities working on daily wages were challenging to survive in this situation. Hence, the reverse migration happened, people started walking towards their hometown.

DISCUSSION

This review article observes the labour migrated from rural areas to urban areas, but reverse migration was observed due to this pandemic situation.

Lockdown effect on labour workers

The situation became more worsen during nCOVID-19 due to the sudden shutdown of work government-imposed lock down, and people lost their jobs and lost income. It wasn't easy to survive without jobs and food after the first and second lock down. Government and charitable trust took the initiative to provide food and necessary things, which was not sufficient—affecting migrant workers physically and on mental health and socioeconomic adverse. Migrant workers' prevalence of mental health problems was high during this pre-pandemic condition compared to the non-migrant (Firdaus, 2017; Nirmala *et al.*, 2014).

Migrant workers suffered from anxiety, depression, psychotic disorder due to the social discrimination problem created by the Government's mandatory Quarantine. Hence, the causes feeling of loneliness, mental issues may develop the tendency of suicide (Choudhari, 2020).

System failed during the lock down

Sudden lock down by the Government shows all systems failed to maintain the Physical and Social distancing in such a congested area where the labour workers were residing. It was also challenging to quarantine them because a minimum of four to five-member lived together in a single family. Reports suggest that in this condition, absences of transport facilities, no sufficient food, or ration to labour workers and medical facilities during lockdown show the system's failure (Sehulster *et al.*, 2003; Wickramage *et al.*, 2013).

Transport problem for workers

There were no transport facilities available; thousands of labourers became panicked; they walked thousands of kilometers barefoot without food, water, and money to reach their native palace. The labour workers were left standard mid-way; some died before they reached their home town. The

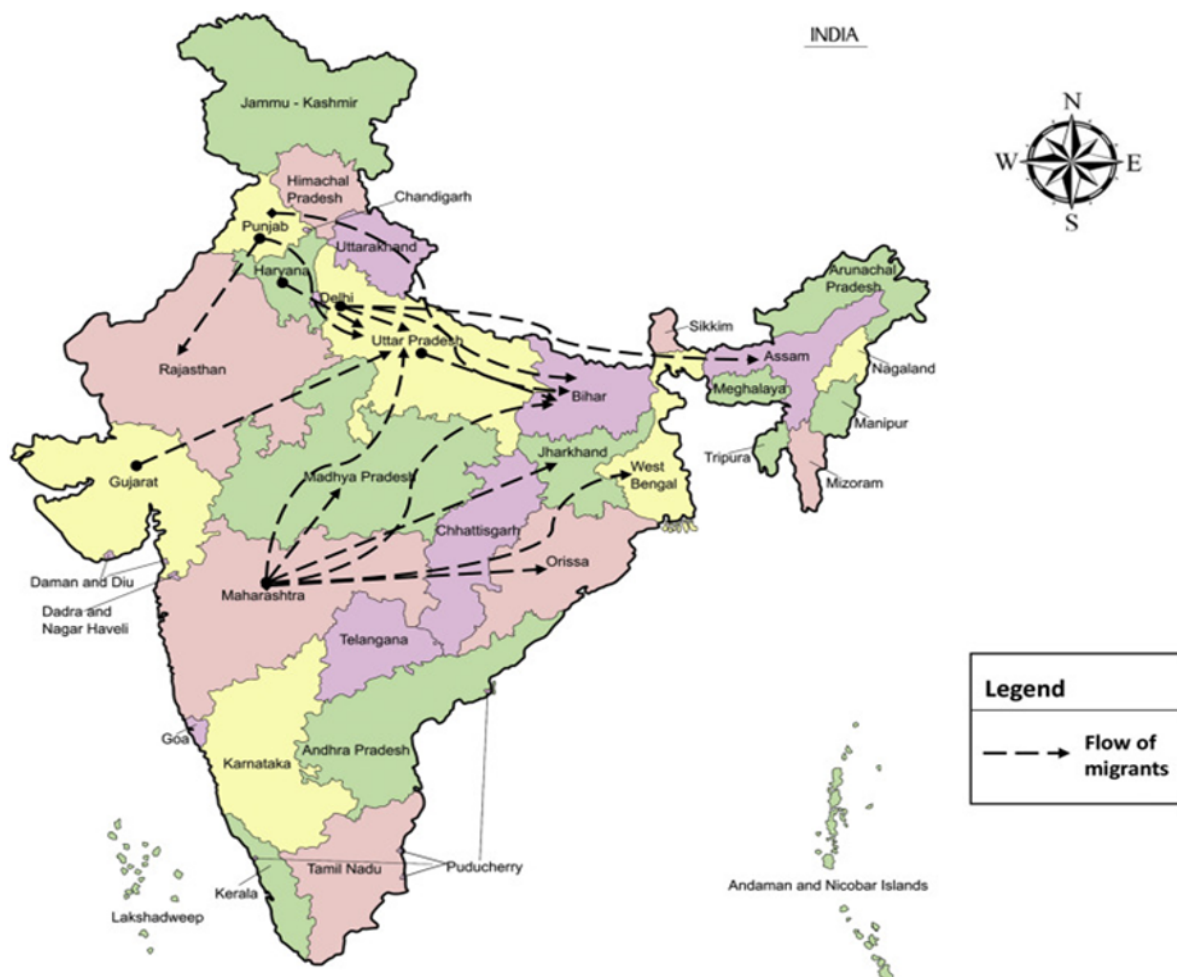


Figure 1: Map of India depicting the reverse migration trends from one State to the other

transmission of infected patients those are having a traveling history is at high risk. These migrant workers are at increased risk of increasing corona virus spreading to the co-passengers and community where they live. However, the migrant workers keep them in isolation or Quarantine for at least fourteen days (Kraemer *et al.*, 2020; Chinazzi *et al.*, 2020).

Health problem

The rapidly spreading disease of nCOVID in Asian countries like India faced health problems due to fewer Health facilities and fewer doctors’ availability. Spreading corona virus in over-crowded areas like Dharavi in Mumbai and other metro cities like Delhi, Calcutta, and Bangalore were labour workers’ health problems (Nisargandha and Dadaraoarwe, 2020; Dadaraoarwe *et al.*, 2020). This active virus aggregation of infected patients rapidly implementing wage workers. Implementation of public health in India was difficult in overcrowded migrant workers whose living condition was inadequate hygiene and sanitation. In migrant workers’ response to nCOVID -19 treatment in India, the

spread of misinformation was driven by stigma, fear, and unawareness (Liem *et al.*, 2020).

There has been a lack of resources and stigmatization of labour workers, suspected of having nCOVID -19 and hence neglected to health facilities for migrant workers.

Migrant workers’ health risk was observed during the pandemic condition. During nCOVID -19 outbreak, mental health outcome is due to over bombarding of continuous News on media and social media. Filling of fear, anxiety, depression, psychological stress, Panic disorders, shortage of protective equipment, loneliness (Rajkumar, 2020; Qiu *et al.*, 2020).

Reverse migration

Due to facing the above-mentioned multiple problems, labour was reverse migrated towards their native place, Figure 1 depicted. To avoid the human to human transmission of corona virus before traveling their medical examination, swab testing is compulsory. Once these migrant workers reach their native place, they keep them in isolation from fam-

ily and friends. The migrant goes to their destination to crowd back to villages, scarcity of food and water sources (Dandekar and Ghai, 2020). "Infectious diseases spread along transportation routes", he explained. "People are moving from major places of concentration, like cities, into less densely populated communities" (Ranscombe, 2020).

CONCLUSIONS

This study concluded that more attention is needed to migrant workers, Proper improvement in Medical resources, public health services, and transport to avoid such pandemic conditions. There should be proper planning and coordination between migrant workers and health facilities provided by the Government. The Government leads to making awareness programs for any pandemic situation. It suggests that rather than travel restrictions to the workers wearing masks, hand washing, self-isolation and household quarantine will be more beneficial to the migrant worker.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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