

## COVID-19 and high-skilled workers: Experiences and perspectives from India

Hussain Patrawala<sup>1</sup> and Dr Ruchi Singh<sup>2</sup>

### **Abstract**

*Novel Coronavirus, also known as COVID-19, has been in the news since the beginning of the year 2020 and within a couple of months of its origination, it was declared as 'global pandemic' by WHO. The pandemic has a substantial economic impact and has attracted wide attention from various scholars and policymakers across the globe. Though a lot has been mentioned about the economic implications of the pandemic, very few attempts have been made to address the impact of the pandemic on psycho-social and mental well being. Moreover, numerous attempts have been made to understand and analyse the impact on unskilled and low paid workers, less work has been initiated in a direction to understand the impact on skilled professionals who as well are not untouched by the impact of the pandemic. With this given background, the study tries to fill this void. The main objective of the study is to comprehend the socio-psychological impact of COVID-19 on the high-skilled labourers, including women workers in the Indian context. The study puts forth high-skilled migrants' perspective on various sociological and psychological aspects. An exhaustive literature review has been done to disentangle existing thoughts. To substantiate the findings from the literature and to meet the objectives primary survey was conducted targetting 30 odd skilled workers across various occupations. The study also offers suggestions and policy recommendations for government and policymakers for framing inclusive policies across migrant segments.*

**Keywords:** *Skilled workers; COVID-19; migrants; socio-psychological impact; India*

### **Introduction**

The novel Corona Virus was first identified in Wuhan, China and has rapidly spread across the globe following more or less expected patterns (Sirkeci and Yucesahin, 2020). The Government of India took very early measures to curb the rapid proliferation of the pandemic. In pursuance of the same, a nationwide lockdown was announced by the Prime Minister of India, Mr. Narendra Modi on 23 March 2020, and since then lockdown has been extended in various phases in many states with high containment zones such as Maharashtra, Gujarat, Uttar Pradesh, Tamil Nadu etc. Past epidemics which struck India were hardly concerned with migration and livelihood, although major Indian cities like Kolkata (Calcutta), Mumbai (Bombay), Chennai (Madras) and many other urban places hugely suffered from influenza, smallpox, plague, malaria and cholera (Davis, 1951; Banthia and Dyson, 1999; Hill, 2011). Mumbai experienced a deadly plague in 1896 and also influenza in 1918. Hill (2011) mentioned that an epidemic of influenza arrived in Mumbai in September 1918, which swept

---

<sup>1</sup> Hussain Patrawala, (Emerging Economies), S. P. Mandali's Prin L. N. Welingkar Institute of Management Development & Research, Mumbai, India. E-mail: [hussainpatra786@gmail.com](mailto:hussainpatra786@gmail.com).

<sup>2</sup> Dr Ruchi Singh, Assistant Professor (Research) in Prin. L. N. Welingkar Institute of Management Development & Research, Bengaluru, India. E-mail: [eco.ruchisingh@welingkar.org](mailto:eco.ruchisingh@welingkar.org).



through north and east India. He found that excess mortality due to influenza was negatively related with outmigration at district level analysis, but offered no explanation.

In December 2019, the outbreak of COVID-19 occurred in Wuhan, Hubei Province, China, with Huanan Seafood Market- a local wet market- and its surrounding emerging as the main epicentre of the disease. As argued in the literature, human mobility is a facilitator in the speedy spread of such diseases (Sirkeci and Yucesahin, 2020; Sirkeci and Cohen, 2020). In the following weeks, the epidemic spread rapidly, with the number of suspected and confirmed cases steadily rising, resulting in a magnitude of distribution far exceeding that of the Severe Acute Respiratory Syndrome (SARS) in 2003. Corona-viruses are a big family of viruses that may cause illness in animals or humans. Many coronaviruses are recognised to cause respiratory infections in human beings ranging from the communal cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

India confirmed its first COVID-19 infected case in late January in the southern state of Kerala and the outbreak rapidly spread to other states and union territories (HindustanTime, 30 June 2020). An estimated 122 million people lost their jobs in India during the lockdown in 2020 (Vyas, 2020). To fight this pandemic, there has been a nationwide lockdown from 23 March and it had a huge adverse impact on employment. Declaration of a financial package of 20 lakh crore, various aids and assistance to MSMEs, food security to poor sections and migrant workers were among many steps taken by the government to mitigate the impact of the pandemic.

Migrants constitute one third or 500 million of India's population. Despite this large share of migrants in total population, they are often denied basic civic entitlements at their workplaces. Migrants often work at low wages and live in very unhygienic conditions at their respective destinations. Taking note of the plights of migrants, various suggestions regarding schemes and policies for migrants of our country to tide through this crisis have been highlighted by migration experts. Migrants cannot be neglected in policymaking as it is a very important stakeholder in the development of a nation over a period of time. Integration of migrants with development is the need of an hour. The government should seriously look into the recommendations of UNESCO-UNICEF and the Working Group on Migration and implement them at the earliest (Bhagat, 2012; Working Group on Migration, 2017). With this given backdrop, the study makes an attempt to put forth various issues and challenges faced by skilled workers during the spread of the novel Corona Virus in India.

With the spread of the current pandemic, migrants fled from the city and lost their livelihoods. It is perceived that they have carried the infections to their native places (Bhagat et al., 2020). In the time of the scourge of HIV/AIDs, which broke during the 1980s in different parts of the world, migrants were demonised as a bearer of the ailment and viewed as a populace in danger. Migration is a livelihood strategy adopted by millions of people in India in rural households (Singh, 2018). Most of the migration is work-related and is mostly towards urban centres. About half of the urban population are migrants, and 20 per cent of them are inter-state migrants (Census of India, 2011) as lack of employment opportunities often is a major reason for the male exodus from rural areas (Lall *et al.*, 2006).

In many cases, migrants work and stay in urban areas for a long time, while in other cases, short term or temporary migration become a livelihood strategy of the rural poor. The



National Commission for Enterprises in the Unorganised Sector (NCEUS) reports, around 92 per cent of India's workforce are engaged in informal employment and are substantially drawn from migrant labour. About 30 per cent of migrant workers are working as casual workers, are therefore quite vulnerable to the vagaries of the labour market and lack social protection. Only 35 per cent of migrant workers are employed as regular/salaried workers (NSSO, 2010).

The COVID-19 pandemic has impacted social and economic well-being worldwide. Women are among the badly hit section of society as they are dominant in the healthcare sector around the world. Women make up almost 70 per cent of the healthcare workforce, getting exposed directly to the virus (Boniol *et al.*, 2019). At the same time, women carry responsibility for household chores, taking care of welfare for their children and family members, lastly facing gender inequalities in unpaid work. Women often face high risks of job and income loss and face increased risks of violence, exploitation, abuse or harassment during times of crisis and quarantine (Ramos, 2020).

Female are more migratory in nature in comparison to male but female migration is majorly for marriage purpose while male majorly moves from one region to another for economic reasons (NSSO, 2010). Among many other relevant factors, distance from the region of origin plays a critical role in the gender gap and education in migration. As per the 2001 census report, out of 309 million migrants based on place of last residents, 218 million were female, and only 91 were male migrants (Mahapatro, 2010). According to the 2011 Census, Uttar Pradesh and Bihar were two predominant states from which 20.9 million migrated outside the state. Maharashtra was the highest in-migrant state during that time (Hindustan Times, 26 July 2019). In rural areas, nearly 48 per cent of the females were migrants while the male migration rate was only 5 per cent, and in the urban areas, the male migration rate was nearly 26 per cent compared to the female migration rate of 46 per cent. The most prominent reason for female migration was marriage; 91 per cent for rural areas and 61 per cent for urban areas (NSSO, 2010). Therefore skilled professional women who played key roles during the 'COVID-19' to take care of household duties and their work responsibilities were interviewed.

Thus this study aims: To comprehend the psycho-social impact of COVID-19 on professional/skilled workers; and to understand the steps taken by skilled workers to mitigate the psycho-social impacts of COVID-19.

### **The context and justification for this study**

There is a rapidly growing literature on understanding and assessing the impact of the pandemic on the unskilled and informal sector. Many regimes and policies are formed to ameliorate the conditions of workers employed in unskilled and informal segments. Data and studies on skilled labour like engineers, doctors, teachers, etc. in the Indian context are very scarce. Against such background, this study tried to fill the gap. In the COVID-19 crisis, more importance was given to unskilled labourers and policies were formulated to ameliorate conditions for the poor and daily wage-earning migrants. Study of high-skilled/professional employees like doctors, bankers, and engineers have received less attention. This study contributes to the understanding of the socio-psychological impact of the crisis on the high-skilled labours/employees including both migrants and non-migrants in India. We note, though, many studies looking at this particular segment deal with China, Japan, USA.

## What did we know?

Since the first quarter of 2020, a growing number of studies on COVID-19 and its impact has been published on various issues and concerns related to the pandemic. Sirkeci and Yucesahin (2020) in the first ever peer-reviewed article on COVID-19, pointed out a clear relationship between the spread of such viruses and human mobility. Sirkeci and Cohen (2020) in their edited volume expanded this discussion on migration and the COVID-19 with contributions from around the world discussing migrant workers too (e.g. Martin, 2020). Awasthi (2020), in another study, highlighted the impact of Covid-19 on the unorganised workforce in India. The same paper also highlighted that the pandemic had brought a huge loss to the economy worldwide.

Sharma et al. (2020) investigated the association between psychological outcomes and physical symptoms among healthcare workers and found that there is a significant association between the prevalence of physical symptoms and psychological outcomes among healthcare workers during the COVID-19 outbreak.

Lodge II and Kuchukhidze (2020) highlighted the impact of COVID-19 on HIV patients and they found that migrant workers continue to have high HIV prevalence and are at increased risk of HIV acquisition and transmission, which is prompted by a set of multilevel determinants at the policy sociocultural individual level adding to their vulnerability.

Bala (2020) addressed various issues and challenges faced by Indian doctors such as demanding personal protection equipment (PPE) kit, have been frequently asked to vacate their rental homes, facing challenging times and attacks on doctors. In the same vein, Mehta and Kumar (2020) found that as many as 50 per cent of informal workers were engaged in self-employment, 20 per cent were casual workers on daily wages, and 30 per cent were salaried or contract workers without any social safety net. Mehta and Kumar (2020) mentioned that besides these informal workers, many persons involved in the organised sector (unregistered firms) who may be not jobless at present could find themselves without a job after the lockdown period is over if many enterprises refused to take them back.

Haley et al. (2020) mainly focused on Canada and the pre-existing social inequities. Certain populations, including low wage workers, racial minorities, homeless people, and older and disabled residents of long-term care facilities, have been disproportionately impacted due to covid-19. Similarly, Ranjan and Bisht (2020) highlighted that in the COVID-19, workers had no choice but to seek shelter back home. For millions of workers, lockdown is not to save them from virus, and rather this is a visible threat to their social, economic and personal life. Dai et al. (2020), in a cross-sectional survey drawing on a sample of 4,357 healthcare workers in China, found that the main concerns of health care workers were: infection of colleagues (72.5percent), infection of family members (63.9 per cent), protective measures (52.3percent) and medical violence (48.5 per cent). 39.1 per cent of healthcare workers had psychological distress, especially working in Wuhan, participating in frontline treatments, being isolated, and having family members or colleagues infected.

Corburn et al. (2020) found that many urban informal settlement residents rely on informal health providers as their first entry into the healthcare system, either due to cost, trust or access issues. They also highlighted that immediate multidisciplinary research is needed to document how the most vulnerable are managing and coping, to ensure interventions are reducing transmission and disease burdens, and to improve the social, economic and physical



conditions of the urban poor. Bhagat et al. (2020) also mentioned that migrants suffer from the double burden of being poor and migrants. Many programmes meant for the poor do not reach them due to lack of documentation at origin and destination and often face various kinds of discrimination and are often denied basic civic amenities in a destination. They also underlined the need to strengthen the database on migration and migrant households through Census, National Sample Survey (NSS) and NFHS and Migration Surveys. Absence of a proper database on migrants is among the major reasons that lead to exclusion of migrants in governments policies and schemes.

Johannes et al. (2020) highlighted employee's perceptions towards telework on various life and career aspects, distinguishing between typical and extended telework during the COVID-19 crisis. On the other hand, Carvalho et al. (2020) analysed the emotional impact on healthcare workers, i.e. doctors, nurses, etc. They found that most health professionals working in isolation units and hospitals do not receive any training to provide mental health care. Sandars et al. (2020) highlighted the need for adaptability on the part of educators and learners by demonstrating many core values of the health professions school in a time of crisis. Choudhari (2020) talked about the mental health challenges of internal migrants due to the COVID-19 crisis. The author mentioned some of the mental challenges like depression, loneliness, and social exclusion that an internal migrant goes through in this COVID-19 crisis. In the end, the author suggested creating awareness and psychological preparedness among the internal migrants in this time of crisis.

Kramer & Kramer (2020) highlighted the impact of the pandemic on occupational status, working from home and occupational mobility.

Ramos (2020) focused on the economic and social consequences of lockdown on women and young girls. They mentioned that women constitute roughly two-thirds of the health workforce worldwide. While globally, they are under-represented among physicians, dentists and pharmacists, they make up around 85 per cent of nurses and midwives in the 104 countries. The study found that in the context of the COVID-19 crisis, the fear is that gender employment gaps like these leave women more vulnerable than men to job loss; that women's lesser status in the labour market leaves them more exposed and easier to lay off. Vyas (2020) has estimated the jobs lost for April 2020 in India. There was a comparison between the unemployment rate of April and May. The unemployment rate was raised to 27.1 per cent, which is the highest rate so far. The author also talked about the sector, like agriculture is the only one which has not been affected. In fact, positive growth has been seen from April to May. Singh (2018) analysed the role of credit accessibility for male migration and found that the main reason for male migration was the inaccessibility of credit in rural India.

Anthony (1997) explained different phases in the lives of migrants that may leave the migrant with severe health challenges to deal with, depending on the nature of the phase. The first is the pre-migration phase, which includes the reason for their departure; if it is a war situation or other forms of violence, the mental health of the migrant is already at stake. The second is the movement phase. During the movement process, the abuses and violence that they encounter can be very impactful on the health of the migrant. And because of the poor health conditions that many migrants face on the way, they are likely to arrive in their countries of destination with bad health conditions. The third is the arrival phase. When migrants arrive at their destination countries, the way they are received has substantial health consequences.

Even if their countries of destination well receive them, the conditions of those they have left at home continue to be a great source of worry to them, especially if their relations are still struggling to survive in a situation of war or other forms of violence.

Therefore, we argue that there is a need to strengthen databases and research pool on migrants and migrant households to understand the impact of the pandemic better. Moreover, most studies on this pandemic focused on health workers, despite the fact that migrant workers also needed attention. There is no study on the psychological, physical, financial and social impact of COVID-19 on high skilled workers in India. Comparative studies of male and female migrant workers in relation to COVID-19 also is scarce in the literature.

### **Research methodology and data**

The study is qualitative and exploratory in nature, where initially, the data was collected from auxiliary sources like research articles, newspapers and different websites. Various government reports like NSSO, 64th round, report, and the 2011 Census were referred to collect data for secondary research. Also, the primary research has been conducted through an online survey method where respondents were from Maharashtra, Delhi, Uttar Pradesh, etc. Basic statistical tools were used for tabulations and the presentation of data collected.

A comprehensive survey was conducted on skilled migrants to meet the objective of the paper. The questionnaire was divided into four parts where various variables such as demographics, social and psychological impact, and migrants or non-migrants information were gathered and analysed. Various gender-specific questions for female respondents were framed deliberately to assess the impact of the pandemic on gender.

Amid the COVID-19 pandemic, face to face interviews with the respondents was not possible. Hence the online survey form link was shared with skilled workers from various occupations. The data was collected through a random sampling method, and a total of 30 complete responses were collected.

### **COVID-19 and migration in India**

The spread of COVID-19 placed economies and labour markets worldwide in a state of emergency. The disruption of supply chains, the slump in world trade and export demand, as well as the loss of work and pay would be enough for a recession. But the drastic lockdown of domestic economic activity, particularly in the areas of public life, represents an entirely new challenge (Coibion *et al.*, 2020). Rural India was safest so far, but due to lockdown, many return to their hometown, which would have manifested various kinds of problems and issues in rural India. In India, nearly 29 per cent of the persons were migrants with significant rural-urban and male-female differentials (NSSO, 2010).

In India, 97 per cent of the workforce are in informal sectors, and these labourers comprise 85 per cent of the Indian economy, including rickshaw pullers, maids, peddlers, etc. (India Legal, 28 April 2020). Many urban informal settlement residents rely on informal health providers as their first entry into the healthcare system, either due to cost, trust or access issues. Immediate multidisciplinary research is needed to document how the most vulnerable are managing and coping, to ensure interventions are reducing transmission and disease burdens, and to improve the social, economic and physical (Corburn *et al.*, 2020). As per Census 2011, 65 million or 17 per cent of India's poor population in urban cities live in



informal settlements and in slums like Dharavi (Asiatimes, 26 May 2017). Notwithstanding, the dread of loss of job started into the mass departure of a large number of these migrant workers in certain parts of the nation, who began a long 'barefoot' journey with their families, without the transportation facilities to their native place.

COVID-19 has impacted all sectors. COVID-19 outbreak led to a loss that prevailed in industries (like manufacturing and non-manufacturing) mainly because of the falling demand. Fall in demand in manufacturing industries such as cement, plastics, rubber, food products and textiles led to a reduction in substantial jobs. Transportation and various other service sector are also badly affected. This again led to a curtailment in the job market (especially those who are employed) and also make hardship for job creation. Besides, pay cuts and late increment delay is common phenomena as an outcome of COVID-19. Migrant workers in the informal sector are badly hit due to pandemic (ILO, 2020). It may also hugely affect their food and nutritional intake, access to health care and education of children.

Many people have been forced to stay home to avoid contact and spread the virus as the virus thrives off social interaction. Those who have remained at work, despite the heightened risk of exposure, are deemed 'essential'. Of course, these include medical workers who are taking significant risks to help treat the sick. However, in addition to these workers, grocery store workers, delivery workers, Amazon factory workers, street cleaners, and workers in a number of other occupations that tend to be less well paid and who did not knowingly enter the occupation expecting elevated health risks from exposure, are still out working during the lockdowns.

The pandemic has not spared the students and their career choices. The careers of this year's university graduates might be severely affected by the COVID-19 pandemic. Students are witnessing major teaching interruptions in the final part of their studies, assessments, and finally, they are likely to graduate at the beginning of a major global recession. Evidence suggests that poor market conditions at labour market entry cause workers to accept low paid jobs and that this has permanent effects on careers. Oreopoulos et al. (2012) show that graduates from programmes with high predicted earnings can compensate for their poor starting point through both within- and across-firm earnings gains, but graduates from other programmes have been found to experience permanent earnings losses from graduating in a recession.

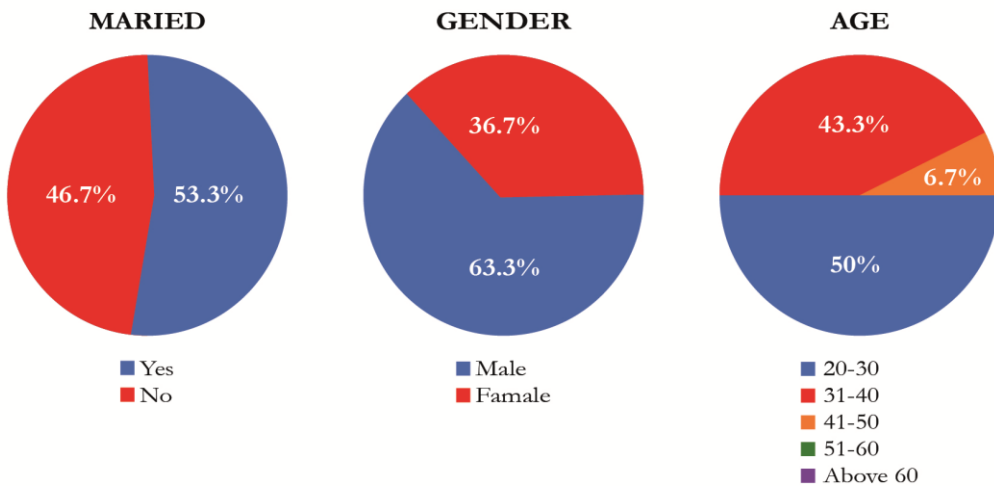
Women are at the forefront of the battle against the pandemic as they make up almost 70 per cent of the healthcare workforce, exposing them to a greater risk of infection, while they are under-represented in leadership and decision making processes in the health care sector (Boniol *et al.*, 2019). Moreover, due to persistent gender inequalities across many dimensions, women's jobs, businesses, incomes and wider living standards may be more exposed than men's to the anticipated widespread economic fallout from the crisis. Among seniors, globally, there are more older women living alone on low incomes – putting them at higher risk of economic insecurity (Ramos,2020).

## Findings

This section deals with the results and analysis of the primary survey. Respondents from various occupations and various parts of the country have been surveyed to have a holistic understanding the impact of COVID-19 on skilled workers.

The respondents majorly belonged to the age group of 20-30 i.e. 50 per cent. While the age group of 31 to 40 and 41-50 were 43.3 per cent and 6.7 per cent respectively. There were 19 male respondents and 11 female respondents. The percentage of marriage was nearly close to each other, 53.3 per cent of the respondents were married. 46.7 per cent of them were unmarried. 6.7 per cent of respondents had two family members, while 36.7 per cent of the respondents had three members in the family. 30 per cent, 13.3 per cent and 10 per cent had four, five and six family members respectively. Only one of the respondents had seven members in their family. The data was collected from the professionals of different backgrounds like B.Tech, B. Pharm, MBA, etc. (See Fig 1)

**Figure 1.** Respondent Profiles, %



Source: Author's own calculations.

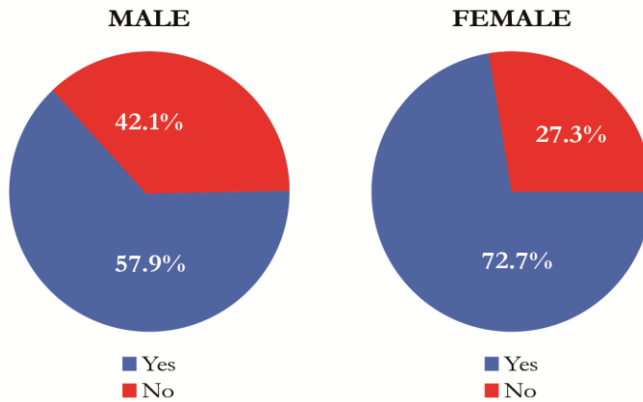
The responses were qualitatively analysed to meet the objectives of the study. More than 50 per cent, i.e. 19 of the respondents, had reported some psychological impact such as stress, anxiety, and depression due to the COVID-19 pandemic and nationwide lockdown (see Figure 2). As a result, some of them had other health issues such as headaches, weight gain, eye infection, etc. (see Figure 3). There were some questions in the questionnaire which were related to social impact on respondents and family. The majority of them says even though family time has been increased but on the other hand, social life and time with friends have been reduced. Due to this, they feel lonely and isolated, but with the help of technology, they can be with their loved ones over voice or video calls. Overall due to the Covid-19 situation, people had some socio-psychological impact like loneliness, stress, anxiety and other health-related issues. Also, women are more psychologically impacted than men due to the increased burden of work during the lockdown period. There is an increase in their household duties as a maid or house-help are not currently available due to the current situation. Choudhari (2020)





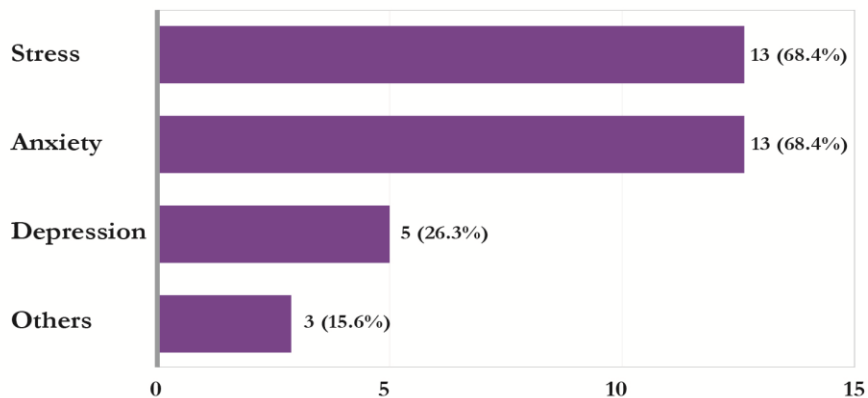
also found out the same results that male migrants feel a kind of loneliness as they are away from their family and loved ones which lead to depression and aggravate stress.

**Figure 2.** Respondents who faced a psychological problem by gender



Source: Author's own calculations

**Figure 3.** Types of Psychological impact on respondents (percentage share)



Source: Author's own calculation

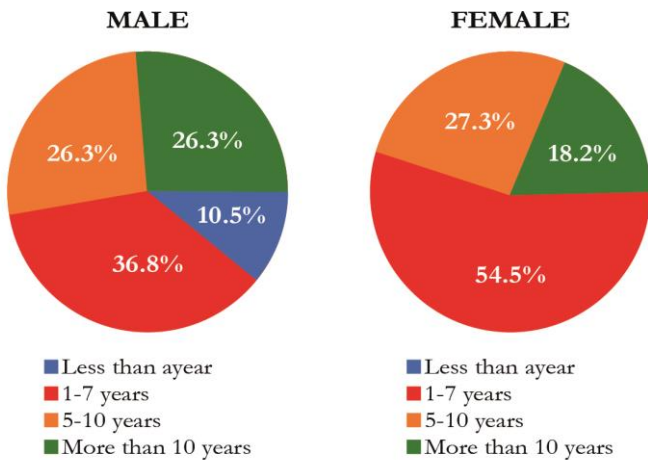
The share of migrants is 21%, and they put forth some plea to the government requesting job security, proper healthcare facilities and travel assistance more conveniently. Respondents highlighted their socio-economic conditions and mentioned that they are even worse off than unskilled workers. Later, they can't even show that they are having economic losses and hardships and can't ask for government support due to prestige and social reputation. They should be treated equally and policies should be made keeping them in mind. The mode of communication opted by migrants to keep in touch with family was via voice call. The majority of respondents felt sorry and empathetic towards them. Some of them blame the government for the unplanned lockdown decision without taking migrants into consideration.

Some gave suggestions like the government should provide financial support, seven days of transport facilities for these migrants who are far away from their home and proper healthcare facilities in this time of crisis. Bhagat (2020) and Working Group on Migration (2017) also suggested that migrants should not be neglected and they are the most affected due to this nationwide lockdown as they are far away from their home.

The majority of the respondents followed social distancing and stayed at home to combat the current crisis. Some of them tried to learn and explore new things and skills. Also, they began to eat home-made and fresh food and following personal hygiene. Respondents mentioned that they are physically active by doing exercises, yoga, meditation, etc. to keep them physically active and healthy in this pandemic and to avoid depression. Due to the COVID-19 situation, certain measures were taken by the organisation to cope up with the situation. The majority of participants responded that their company offered work from home option and other measures as per government regulations. Some of them also reported that their company sanitised the whole workplace once a week and distributed masks to their employees.

Respondents of the study were from various sectors such as teaching, information technology, banking, yoga instructor, etc. Most respondents were having 1-5 years of work experience, i.e. 13. Respondents having work experience ranging from 5-10 years were 8. Lastly, there were 5 males who were having more than 10 years of work experience and 2 females having more than 10 years of work experience. (See Fig 4).

**Figure 4.** Work experience of respondents by gender, %



Source: Author's own calculations

There were certain gender specific questions for female respondents in the questionnaire to develop an understanding of women's role and duties during the current pandemic era. Women's role in the current situation has doubled, as reported by women respondents, because they often make an attempt to create a balance between work as well as household chores and duties. All of the women respondents responded that they have to follow a proper timetable, i.e. they divide time and prioritise things. They also said that they schedule the work properly as time management is very important. Women reported that they divide the personal and professional work and give time to both. They also suggested that they would seek help



and moral support from family. It was found that connecting family and workplace with basic requirements for both males and females are equally important. However, women's duty goes on 24/7, along with all the family's responsibilities on their shoulder. The majority of healthcare workers and teachers in India are women, and at present, these two sectors are of utmost importance.

It can be said that both male and female workers share different and varied multiple roles. As mentioned by some of the respondents, men were the sole bread earner for their families. But on the other hand, where women were also working, they have to create balance in work life and personal life. Women have played a vital role in this crisis along with their occupational role in every sector like teaching, healthcare, aviation, military, etc. There is also a record that women excel in every field in which they work. Women are also good at managing both their work and personal life. On the other hand, male respondents seem to enjoy various benefits at the workplace, even during the lockdown.

### **Conclusions and policy suggestions**

The study made an attempt to understand the impact of COVID-19 on skilled workers. It also addressed various psychological and social impacts on men and women separately and offered various insights on the same.

After analysing all secondary sources of data and interpreting the findings from primary data it can be concluded that 97 per cent of the labour in our country are in unorganised sectors and these comprise 85 per cent of the Indian economy. Migrants constitute one third or 500 million of the Indian population, and the government cannot neglect them while preparing any policies. 17 per cent of the urban poor population live in informal settlements due to which the density of population reaches 200000/sq.km in slums like Dharavi in Mumbai. Most of the high-skilled labour also faced socio-psychological impacts like stress, anxiety, depression and other health and finance-related issues. Women play a core role in this COVID-19 situation because 70 per cent of healthcare workers are women all over the world. Women's role and responsibilities have doubled in this time of crisis because they need to handle both household duties and work.

In the current context, the role of government becomes very crucial and important in mitigating the impact of the crisis and widening the reach of policies and schemes for migrants. The government of India today faces dual challenges to provide immediate assistance to informal workers who have been worst hit by the pandemic and also to look for skilled workers who are also suffering through various kinds of psycho-social and financial issues. There is a need for more studies conducted on this subject because, at present, there are very limited sources of data, especially in India. There should be flexibility in India's policies, as 'One size does not fit all'. Migrants should not be neglected while making such policies.

The organisations should not immediately resort to reducing salaries or laying off their employees in this time of crisis. They should offer mental and financial support to skilled workers. Employees, at the same time, need to adopt a healthier lifestyle where possible and develop a habit of exercising regularly to keep themselves physically active and mentally strong. Migrants who suffered financial and emotional losses must be given proper subsidies/support, including proper healthcare and transport provisions.

## References

- Anthony, D. (1997). Prehistoric migration as social process. *BAR International Series*, 664, 21-32.
- Awasthi, M. (2020). COVID-19: Unexpected Shocks for Migrant Workers and Students. *Journal of Development Policy Review*, 1(1), 159-166.
- Baert, S., Lippens, L., Moens, E., Weytjens, J., & Sterkens, P. (2020). The COVID-19 crisis and telework: A research survey on experiences, expectations and hopes. *IZA Discussion Papers*, No. 13229. Institute of Labor Economics (IZA), Bonn.
- Bala, N. (2020). COVID-19: Issues, impact and challenges for Revival of Healthcare workers in India. *Purakala* 31(20), 113-127.
- Banthia, J., & Dyson, T. (1999). Smallpox in Nineteenth-Century India. *Population and Development Review*, 25(4), 649-680.
- Bhagat, R. B., Reshmi, R. S., Sahoo, H., Roy, A. K., & Govil, D. (2020). The COVID-19, migration and livelihood in India: challenges and policy issues. *Migration Letters*, 17(5), 705-718.
- Boniol, M., McIsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). *Gender equity in the health workforce: analysis of 104 countries* (No. WHO/HIS/HWF/Gender/WP1/2019.1). World Health Organization.
- Bozkurt, A., Jung, I., Xiao, J., Vladimirci, V., Schuwer, R., Egorov, G., ... & Paskevicius, M. (2020). A global outlook to the interruption of education due to COVID-19 pandemic: Navigating in a time of uncertainty and crisis. *Asian Journal of Distance Education*, 15(1), 1-126.
- Chandramouli, C., & General, R. (2011). Census of India. *Provisional Population Totals*. New Delhi: Government of India.
- Choudhari, R. (2020). COVID 19 pandemic: mental health challenges of internal migrant workers of India. *Asian journal of psychiatry*, 54, 102254.
- Chew, N. W., Lee, G. K., Tan, B. Y., Jing, M., Goh, Y., Ngiam, N. J., ... & Sharma, V. K. (2020). A multinational, amongst healthcare workers during COVID-19 outbreak. *Brain, behavior, and immunity*, 88, 559-565.
- Coibion, O., Gorodnichenko, Y., & Weber, M. (2020). *Labor markets during the COVID-19 crisis: A preliminary view* (No. w27017). National Bureau of Economic Research.
- Corburn, J., Vlahov, D., Mberu, B., Riley, L., Caiiffa, W. T., Rashid, S. F., ... & Ayad, H. (2020). Slum health: arresting COVID-19 and improving well-being in urban informal settlements. *Journal of urban health*, 97(3), 348-357.
- Davis, K. (1951). The population of India and Pakistan. *Science and Society* 16 (1): 79-82.
- Haley, E., Caxaj, S., George, G., Henneby, J., Martell, E., & McLaughlin, J. (2020). Migrant farmworkers face heightened vulnerabilities during COVID-19. *Journal of Agriculture, Food Systems, and Community Development*, 9(3), 1-5.
- Hill, K. (2011). Influenza in India 1918: excess mortality reassessed. *Genus*, 67 (2).
- Kanu, I. A. (2020). COVID-19 pandemic and the health of African Migrants. *AMAMIHE Journal of Applied Philosophy*, 18(2).
- Kramer, A., & Kramer, K. Z. (2020). The potential impact of the Covid-19 pandemic on occupational status, work from home, and occupational mobility. *Journal of Vocational Behaviour*, 119, 103442.
- Lall, S. V., Selod, H., & Shalizi, Z. (2006). *Rural-urban migration in developing countries: A survey of theoretical predictions and empirical findings*. Working Paper No. WPS3915, The World Bank.
- Lima, C. K. T., de Medeiros Carvalho, P. M., Lima, I. D. A. A. S., de Oliveira Nunes, J. V. A., Saraiva, J. S., de Souza, R. I., ... & Neto, M. L. R. (2020). The emotional impact of Coronavirus 2019-nCoV (new Coronavirus disease). *Psychiatry research*, 287, 112915.
- Lodge, W., & Kuchukhidze, S. (2020). COVID-19, HIV, and migrant workers: The double burden of the two viruses. *AIDS patient care and STDs*, 34(6), 249-250.
- Mahapatro, S. R. (2010). *Patterns and determinants of female migration in India: Insights from census*. Bangalore, India. Working paper 246, Institute of Social Change (ISEC), Bangalore.
- Martin, P. (2020) Covid-19 And International Labour Migration In Agriculture. In *COVID-19 and Migration: Understanding the Pandemic and Human Mobility* (pp. 9-15). Transnational Press London.
- Monitor, I. L. O. (2020). COVID-19 and the world of work. *Updated estimates and analysis*. 3<sup>rd</sup> Ed. International Labour Organization (ILO).
- India. National Commission for Enterprises in the Unorganised Sector, & Academic Foundation (New Delhi, India). (2008). *Report on conditions of work and promotion of livelihoods in the unorganised sector*. Academic Foundation.
- National Sample Survey Organisation. (2010). *Migration in India, 2007-08: NSS 64th Round, July 2007-June 2008* (No. 533). National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India.



- Oreopoulos, P., Von Wachter, T., & Heisz, A. (2012). The short-and long-term career effects of graduating in a recession. *American Economic Journal: Applied Economics*, 4(1), 1-29.
- Ramos, G. (2020). *Women at the Core of the Fight Against COVID-19 Crisis*. OECD.
- Ranjan, R., & Bisht, M. (2020). Novel Coronavirus and Indian Overseas Labour Migrants: Updates from Gulf Cooperation Council Countries. *Roots Routes*, 9, 1-4.
- Sandars, J., Correia, R., Dankbaar, M., de Jong, P., Goh, P. S., Hege, I., ... & Pusic, M. (2020). Twelve tips for rapidly migrating to online learning during the COVID-19 pandemic. *MedEdPublish*, 9.
- Singh, R. (2018). Credit constraints and rural migration: Evidence from six villages in Uttar Pradesh. *Migration Letters*, 15(3), 389-399.
- Sirkeci, I., & Cohen, J. H. (Eds.). *COVID-19 and Migration: Understanding the Pandemic and Human Mobility* (Vol. 23). Transnational Press London.
- Sirkeci, I., & Yucesahin, M. M. (2020). Coronavirus and migration: Analysis of human mobility and the spread of COVID-19. *Migration Letters*, 17(2), 379-398.
- Vyas, M. (2020). *The jobs bloodbath of April 2020*. The Centre for Monitoring Indian Economy. (CMIE).

### **Online sources:**

- <https://www.hindustantimes.com/india-news/maharashtra-reporting-over-3-000-covid-19-cases-daily-since-the-past-20-days/story-5Z7SZlvSKEbdnRWEdwHDII.html>
- <https://asiatimes.com/2017/05/mumbai-second-crowded-city-planet/>