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The migrated Indian Labours dwelling in Jhuggis in Himachal Pradesh: Bedeviled with socio-economic challenges amid COVID-19 lockdown

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Abstract

The COVID-19 pandemic lockdown created a terrible global crises and issues with respect to the social (behavior, health, political etc) and economic dimensions. Every individual in world-wide suffered with the health issues which is the biggest concern, but in the mean while, lack of the other primary essentials like foods and jobs were the another main issues particularly faced by the migrated labours living the jhuggis or slums. To combat the disease, the Government of India imposed a lockdown in most districts of the 22 States

and Union Territories where confirmed cases were reported from March 24, 2020 onwards. However, this view is now being contested, as recently numbers of COVID19 cases have surged. In this brief review, the objective of this paper is to discuss the impact of the lockdown in response to the COVID 19 pandemic on health, social and economy of the migrated working labours dwelling in the jhuggis in Himachal Pradesh, India.

Keywords: Migrated labours, Socio-economic problems, Lockdown, COVID-19

Introduction

The pandemic has been affecting the entire social life and has laid bare its fragility. Border closures, confinement measures, trade restrictions and preventing farmers from accessing markets, while the migrated labours suffered severely. The exacting lockdown revealed the harrowing trouble of millions of migrated workers with no work in their workplace, slums or jhuggis. Those dwelling in the slums or jhuggis during the whole lockdown periods faced many problems and difficulties regarding the day to day routine like, they have lost their jobs in small and medium scale units, road construction, building works etc. lack of transport and language barriers also further accelerated their problems in travelling long distances. (Chricaden, 2020) ^[2]

The silver lining to the impact of Covid-19 pandemic lockdown is that, it has brought the problem of migrated workers into the mainstream policy discussions. Journalists and scholars have focused their attention on their problems. Online conferences, seminars and reports are concentrating on the problems of these workers and how best the economy could be back on track. (Chricaden, 2020) ^[2]

Awfully, the migrated labours living in the different states of India might have faced uncountable challenges and those living in the state of Himachal Pradesh were surveyed and many of the issues the slums faced were collected with the help of field visiting and interacting with those population. The disruption caused by Covid-19 has had a significant impact on these remittance flows. (Gopala and Misra, 2020) ^[6] The migrants stuck abroad trying to cope with the exigencies will compromise to the adverse circumstances, by taking up low wage jobs, live in poor working conditions, restrict spending and thus, risk exposure to infections. (Gopala and Misra, 2020) ^[6]

The economic impact of this pandemic is likely to be more severe for India in the following manner; (a) increase in poverty i.e. pushing more people below poverty line (b) worsening of socio-economic inequalities, thus affecting health and nutrition indices, and (c) compromise in health-related precautions (use of masks, social distancing, seeking medical advice in case of cough and fever etc.). All these would have major long-term associations with health indicators. (Gopalan and Misra, 2020) ^[2]

Objective of the research paper

To examine the socio-economic problems faced by the migrated labours living in the Jhuggis in Himachal Pradesh during the COVID-19 pandemic lockdown.

Research Area

The state of Himachal Pradesh was taken as the research area and convenience sampling was applied to choose the jhuggis of migrated labours in Himachal Pradesh. Two jhuggis areas in the Kangra district of Himachal Pradesh were taken as a research sample. One jhuggis living in Dehra Block of Kangra district and another jhuggis living in Dharamshala block of Kangra district of Himachal Pradesh were taken into the account.

Research sample population

Fifty percent of the total families of the slums living in the area were taken as a research sample.

Research methodology

Primary sources of information were collected by visiting to the Jhuggi areas and interview schedule was taken as a research tool to collect the information. Convenience sampling was taken to select the population to know about the socio-economic challenges faced by the slums and both male and female were taken conveniently, as both are the working and earning.

The analysis of socio-economic problems faced by the migrated labours residing in the Jhuggis in Himachal Pradesh.

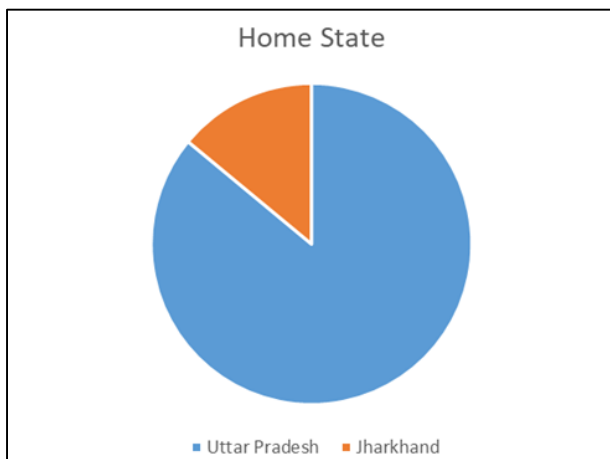


Fig 1

It was analysed that most the respondent migrated from UP and few were from Jharkhand, all of them have been working in Himachal Pradesh for min 4 year to a maximum of 12 years. They visit their home town once a year or on particularly occasions like marriage, death etc. It was reported to have some farming land at their hometown but the crop yield or cost of that crop is not sufficient for the survival of the whole family. Their lands were either looked fater by their old parents or one sibling who would stay with their elders and rest of family would go out for work. They save some money for building new house or expanding the old to accommodate the growing family.

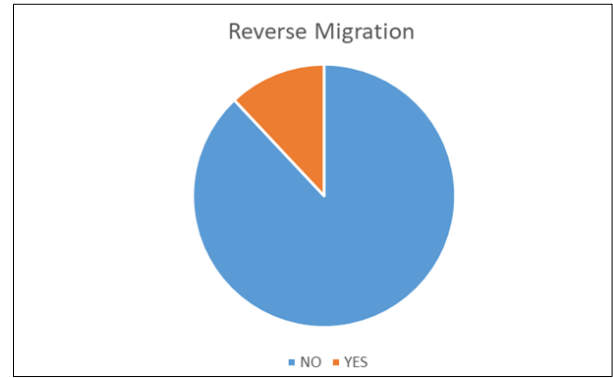


Fig 2

As, India has observed a huge reverse migration from the city to rural areas due to the coronavirus pandemic. Hundreds and thousands of migrants were seen moving back to their native places on whatever transportation they would get, be it train, bus truck if not anything they started marching on foot. But that was not the case with respondent in this study. Only six of the respondent reported that they moved to their native place and that was before the lockdown started or were already on the way to their native state. The reason they cited of their movement was family function or some family emergency. None of them said that they moved because of lockdown or pandemic.

The working condition

When most of the working-class people were given work from home which became a new normal, these migrant labour who happen to be daily wage workers were left unemployed. The savings which were menial started to consume which further drove them to the pit of poverty. Some of the migrants who used to live in rented rooms shifted to Jhuggis as they were unable to pay the rent, even if the rent for few months were revoked by govt. they felt its better to move from there and save money. It also impacted their way of living to a huge extent. In order to save money for the uncertain period of lockdown the meal were restricted to 2 times a day with only rice/ roti and daal which became watery with just turmeric and salt to add as spices. Some were lucky to have gotten some sort of work during lockdown in shops they previously used to work which provide them not MONEY but little or leftover ration or vegetables. To short their diet was reduced and was not nutritional at all, they were surviving with all that they have.

Health- Sanitationcondition

All of the respondent heard about COVID and they knew that it is a disease. But they were ignorant about many of aspects related to COVID and just knew that it is some type of common cold. 90% of them believe that this Cold only affect the rich and wealthy people, mostly because they can pay for the treatment. One of the respondents also said that it was a facade by doctors to earn more money.

All of them knew that they had to maintain social distance, wash hand with soap & water and wear mask. They also said that they only follow these instructions when in public place with other people but not in or around their Jhuggi/ Basti. Even few people in their localtity had flue and cold but they eventually got better and none of them suffered from any harsh disease condition.

One unique case of child birth was reported, the mother when went to labour pain she was taken to local hospital but they referred her to Medical college in Tanda. The mother was not even provided ambulance nor they gave any official document for why they were referring her. The family had gone under a lot of trouble due to this situation. Although the delivery in government hospital is free of cost, she went for C-section and had to spent 30 thousand during birth of the child. Expenditure was mainly travelling cost, few medicines and making arrangement for attendants.

Drinking water and toilet facility

The drinking water was present near Basti but there was no water supply in the basti. They store water in cans for drinking purpose, for washing clothes and utensils they need to refill their water cans.

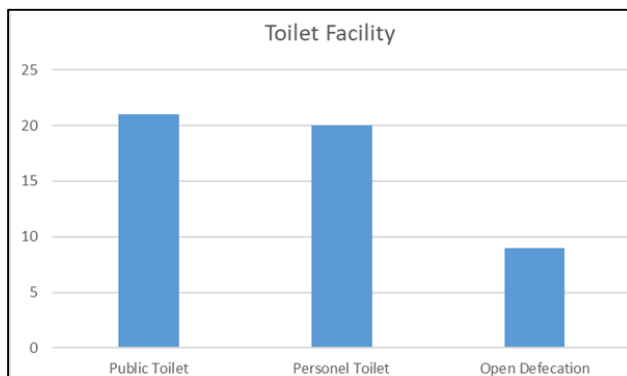


Fig 3

The existing condition of the slum is not that good, 82% of the respondent said that they use toilet facility either public or personal but during the interviews it was observed and also verified by some of their acquaintance that they were lying just to prevent any action from the authority or the neighbour. Only 5 functional toilets were observed by the researcher, rest can be assumed to defecate openly.

Hand washing with soap is reported to be a common practice after visiting toilet and before eating. 82% said that they don't wash hand that frequently with soap.

Social Behaviour

During the period of lockdown in India, throughout the country abrupt bans on movement, absence of work caused no cash or finance means to cope with everyday meals costs. Isolation guidelines in addition to maintain social distancing, all have introduced approximately significant levels of anxiousness, tension which consequently initiated socially unreliable behavior and fits of anxiety as well as panic attacks amongst migrant workers. They were left abandoned to railroad stations and transport stations like bus stands, making pressing endeavors to go back to their home states dismissing lockdown guidelines is a case of this. This constantly brings about the endless loop of helplessness to infection, isolation, strain, and infringement of preventive

measures. Lack of Monetary help or Ration, and all the anxiety around the COVID situation make their condition worse. Those who used to work hard throughout the day were merely dependent on the govt. initiatives or Charities. Most of them are living here in nuclear families, other family members were stuck in different places, the elders were at home town. This caused to feel helplessness and mental health issue. The fear of getting infected and death was hitting really hard.

Another aspect that was found during the research was that they were quite ignorant, careless and negligent toward this pandemic. Lack of alertness and awareness was reported by all of them, they knew that COVID is some disease and they need to wash hands, wear mask and maintain social distance but they do not follow these at their Jhuggis or residential areas. As they believe that this is a disease that is only fatal to rich or well-off people.

Welfare Provisions

After the announcement of nationwide lockdown in late March govt. announced a ₹1.7 lakh crore package for the poor. This consisted of cash transfers and steps to ensure food security. The central government had released a huge amount to states and UTs under the NDRF, to fund food and shelter arrangements for migrants. To help provide jobs and wages to workers, the average daily wages under the MGNREGA were increased from April 2020. as a rural public works scheme the government of India launched the Garib Kalyan Rojgar Abhiyaan initiative to tackle the impact of COVID-19 on migrant workers in India for 6 states. After the lockdown, Pradhan Mantri Garib Kalyan Yojana was launched to help poor, needy and unorganized sector workers of the country. Under this package, 80.00 crore people have been provided 5 Kg. Wheat/Rice and 1 Kg. pulses. Free of cost food grains will now be provided up to November, 2020 to all the beneficiaries. Aim of the Government is to ensure that no one is without food during this pandemic and challenging time. But most of the respondent got ration only once only 1% reported receiving it twice or more, but according to them the ration was insufficient. Some of them were moving from rented rooms to jhuggis and in between this process they didn't get nay ration as their ward number was not known to them, they survived by consuming their life savings.

Per day wages under MGNAREGA have been enhanced from Rs. 182 to Rs. 202 but they didn't get paid in cash during lockdown even for the little work they did. Most of the time they were unemployed.

Now In order to facilitate migrant workers Ministry of Labour & Employment has issued Advisory Guidelines for all the State Governments/UTs. Under these guidelines, States/UTs have been directed to nominate a State Level Nodal Officer to coordinate the implementation of various measures for the welfare of migrant workers who are coming back for employment. Further, the State of Origin and Destination State will also coordinate for screening and testing of migrant workers as per the protocol devised by the Ministry of Health & Family Welfare. States have also been directed to prepare a proper data base of migrant workers for their easy identification and welfare measures among them. This data would also facilitate in enrolling them to various Social Security Schemes of Government of India.

Therefore, the joint statement was given by the organizations like ILO, FAO, IFAD and WHO on 13 October 2020 "the COVID-19 pandemic has led to a dramatic loss of human life

worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year.” (Chriscaden, 2020)^[2].

“Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food”. (Chriscaden, 2020)^[2].

“The pandemic has decimated jobs and placed millions of livelihoods at risk. As breadwinners lose jobs, fall ill and die, the food security and nutrition of millions of women and men are under threat, with those in low-income countries, particularly the most marginalized populations, which include small-scale farmers and indigenous peoples, being hardest hit.” (Chriscaden, 2020)^[2].

Further, when experiencing income losses, they may resort to negative coping strategies, such as distress sale of assets, predatory loans or child labour. Migrant agricultural workers are particularly vulnerable, because they face risks in their transport, working and living conditions and struggle to access support measures put in place by governments. Guaranteeing the safety and health of all agri-food workers – from primary producers to those involved in food processing, transport and retail, including street food vendors – as well as better incomes and protection, will be critical to saving lives and protecting public health, people’s livelihoods and food security. Chriscaden, 2020)^[2].

Conclusion

The pandemic of COVID19 has required the need for the heed to the underserved and marginalised populations holistically, to prevent enduring inauspicious health outcomes. Economic stressors will need easing and quick changes in policies. National Health Programs for communicable diseases must be prop-up and nourished. It is needed to thrive over-lasting sustainable strategies to label the challenges facing by the workers. Priority should be given to addressing underlying food security and malnutrition challenges in particular through more and cut above jobs in the rural economy, elongating social protection to all, easing safe migration pathways and encouraging the formalization of the informal economy.

Complying the workplace wellbeing and health practices and certifying access to decent work and the protection of labour rights in all industries will be crucial in addressing the human dimension of the crisis. Instant and enthusiastic action to save lives and livelihoods should include broadening social protection towards universal health coverage and income support for those most affected. These include workers in the informal economy and in poorly shielded and badly off people which includes youth, older workers, and migrants.

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