Healthcare Access and Vulnerabilities of Returning Migrants: A Sociological Analysis

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Abstract:

Migration is an occurrence that greatly impacts individuals, communities, and decision-makers worldwide. In Uttarakhand, a hilly state in India, migration has posed challenges as over half a million people have left the state in the past decade, resulting in 734 deserted villages. However, the COVID-19 pandemic sparked a trend of migrants returning due to instability, financial struggles, and limited job opportunities. The homecoming of these migrants has shed light on existing shortcomings in the state's public healthcare system in areas where nearly 70% of the population resides. The pandemic exacerbated the issues faced by returning migrants, as quarantine facilities lacked healthcare services, further complicating their situation. The well-being of individuals and their overall development are greatly influenced by health. As per the World Health Organization's definition, health encompasses mental and social well-being. Nonetheless, Uttarakhand's public healthcare system faces challenges in areas that disproportionately affect vulnerable groups, like seniors, children, and women.

The findings include the challenges faced by the migrants are financial constraints, social and cultural barriers, social stigma, etc. in conclusion, the paper concludes with both positive and negative aspects of healthcare access among the returning migrants.

Key words: Healthcare, COVID-19 pandemic, sociological analysis, return migrants, social stigma, Migration, Uttarakhand

Introduction:

Migration is a global phenomenon that affects individuals, society, and policymakers at large. According to the International Migration Organization, "migration is the movement of persons away from their place of usual residence, either across an international border or within a state."[1] **(IOM glossary of migration).** Migration is a multidimensional concept, and there are a lot of factors included in migration, i.e., push and pull factors. Push factors are those that induce a person to migrate from a particular territory, for example, an economic crisis, political instability, war,

poverty, etc., while pull factors are those factors that attract the individual to the destination place. Uttarakhand state has faced the challenges of migration. The Indian Express reported that over 5 lakh people migrated out of the state in the last 10 years, with 734 ghost villages devoid of inhabitants, but the COVID-19 pandemic altered the situation, leading people to return to their native places due to instability, life crises, lack of employment, etc. We have witnessed a large influx of returning migrants in the state. According to Uttarakhand Palayan Aayog, in the first wave of COVID-19, 357536 came to their native places from various states of the country and internationally.

Health is an important factor that determines the wellbeing of the people living in a particular geographical area; it also contributes to a country's overall development and per capita income. According to the WHO, "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (WHO.int)[2]. Uttarakhand is a mostly hilly state, and about 70 percent of the people live in rural areas. And the situation of public health care services is not up to par in the state. And people with co-morbidity and other health challenges are vulnerable in this situation, which includes the elderly, children, and women.

The COVID-19 pandemic has drawn the world into the crisis, and India is nottheexceptioneither. The healthcare sector faces the most difficult challenges in this period. The pre-existing infrastructure of hospitals, primary health centres, and medical colleges was not ready for this crisis, and we see a state of chaos and a lack of communication between the authorities and hospitals. The lack of adequate healthcare facilities at the quarantine centre leads to increased suffering among migrants. The government issues an advisory for the mandatory 14-day quarantine for the migrants returning to the state so that the spread of this communicable disease can be mitigated, but despite the government's best efforts, the healthcare facilities available at the quarantine center are not adequate, which leads to more problems for the migrants.

Literature Review:

A literature review is an essential part of any research process. It guides us in the direction of the research and the research gap, which ultimately saves our time and efforts. In their research paper, **Uma Langkulsen et al. showed tha**t "in Myanmar, Kanchanaburi province documented a cumulative total of 24,837 COVID-19 instances for the period of 2020–2021. Migrant workers accounted for 22.3% of the total number of COVID-19 cases during the period under study. A total of 2,914 migrant female workers, accounting for 52.7% of the population, contracted COVID-19 infections. Individuals below the age of 18 constituted approximately 20% of the total COVID-19 cases. Thais who are over 60 years old had approximately double the number of COVID-19 cases (10.1%) compared to elder migrants (5.5%). Non-migrants and migrants both had a substantial rise in healthcare attendance and utilization during the reviewed year. Migrants are very susceptible to contracting COVID-19, which places a burden on the public healthcare system and ultimately

contributes to a health crisis in the country. The elderly were the most affected in this instance."[3] similarly, Erika Areenas et. al. in their "research paper Using the data from three rounds of the Mexican Family Life Survey, analyse whether migrants who returned to Mexico from the United States between 2005 and 2012 have poorer health compared to those who stayed in the United States. Despite demographers' significant interest in health-related selection, this aspect has largely been neglected in U.S.-Mexico migration research. The limited findings available thus far have been inconsistent and inconclusive. By analysing five self-reported health variables obtained during migrants' stay in the United States and their subsequent migration history, they have discovered clear evidence indicating that Mexican migrants in poor health have a higher likelihood of returning to their home country. Conversely, migrants with improved health have a lower probability of returning. The results remain strong even after accounting for potential factors that may influence the outcome, such as the migrants' demographic traits, economic status, familial connections, and features of their origin and destination. In the next decade, it is expected that health will play a more important role in migrants' choices to return to Mexico, due to the recent increase in the availability of health insurance in the country."[4]

In the Indian context, **S.K. Singh and N. Mishra, in their research paper 'Return migration of labourers in the surge of COVID-19 in India: multidimensional vulnerability and public health challenges' showed that "**the implementation of a statewide lockdown in India, which occurred in four phases in response to the expansion of COVID, resulted in several consequences. One of the most widespread effects was the huge migration of labour migrants to their hometowns, which further increased their susceptibility in multiple aspects. They analyse five characteristics of this vulnerability and explore how it contributes to the increase of COVID infections in their hometowns. Additionally, they discuss the issues that this situation poses to the public health system. The outcome of their study shows that in May 2020, there was a significant surge in COVID cases because of reverse migration by troubled workers from unorganized sectors, leading to a sixteen-fold rise in clusters of infections across the country. The rising prevalence of COVID cases in the rural-dominated districts of the states that receive many migrants has overwhelmed an already strained public health system. The states that received the most proportion of return migrants during the shutdown were Uttar Pradesh, followed by Bihar, Madhya Pradesh, Rajasthan, Odisha, and Jharkhand. The two most disconcerting weaknesses were their failure to adhere to social distance rules and their lack of water, soap, or detergent to ensure proper hand hygiene. The multidimensional vulnerability of labor migrants in unorganized sectors included significant unemployment and disadvantages for the urban economy due to a shortage of workers".

Research Methodology:

The research methodology is the backbone of the research. For this research paper, we have

used a descriptive research design and utilized secondary data sources for the data analysis, which include government reports, published books and research papers, and other scholarly contributions in this subject.

Research Objective:

- To explore the healthcare access barriers faced by returning migrants.
- To understand the social, economic, and cultural factors influencing healthcare-seeking behaviours.
- To investigate vulnerabilities affecting returning migrants' ability to access healthcare services

Result and discussion:

Healthcare Access Barriers for Returning Migrants:

1. **Lack of health insurance:** according to a report published by Forbes in India, 40 crore individuals are devoid of any health insurance. When migrants returned to their native places and fell sick due to the virus, they had no health insurance, which led them to sell their jewellery or other precious articles, break the fixed deposits, and land money from the market at an interest rate as high as 30 percent per month, which worsened their economic situation.

2. **Discrimination and stigma:** Dashrath Yadav, a 32-year-old man who returned from Gujarat to his native place in Rajasthan, said that "villagers are scared. They think that I have brought the virus along with me. I am telling them that I have been tested three times, but they won't listen. Just moments ago, as I stepped out of the house to speak with you, at least 15 people surrounded me and asked me to get a check-up.". This sort of stigma and discrimination has shown up in every part of the country, which worsens the situation of return migrants.

Financial constraints:

Migrants are usually coming from low-income groups, and due to this pandemic, they face challenges in sustaining their households in this difficult situation where there are no or very few employment opportunities available to them. Their financial situation moves down drastically.

Sociocultural Factors Influencing Healthcare-Seeking Behaviors:

1. **Role of social support networks:**

   Individuals that have support from their friends and family are less affected by the virus; they get mental and emotional support from their family and community. The most vulnerable groups are those that do not have any familial support; this includes the elderly, baggers, orphans, and unmarried people.

2. **Influence of cultural beliefs and practices:**

   In many parts of the country, people considered Corona as a god's wrath and avoided vaccinations and medications, which spread the virus even more.

Healthcare Policy and Public Health Care System:

This was a period to test the public health care system, the capacities of our hospitals, and other health care intuitions. During the first wave of COVID, our health care system was overburdened, but as time passed, the public health care system became robust. including the indigenous manufacturing of the COVID vaccination. Government policies such as the Ayushmann Bharat Card and other facilities have eased the lives of people.

Conclusion:

During the COVID-19 pandemic, migrants face a lot of challenges, be they financial, social, or familial, which include the loss of their loved ones. And the pandemic also showed the reality of the current healthcare system and the scope of improvement, which eventually results in the betterment of the healthcare system and increased awareness among people about health and health insurance.

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