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Knowledge, perception and experiences on COVID-19 pandemic among internal migrant workers in India

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ABSTRACT

Objectives: To identify the knowledge, perceptions, and experiences of internal migrant workers in India regarding the COVID-19 pandemic.

Methods: The authors conducted 227 semi-structured phone interviews with returnee migrants in Sambalpur, Bargarh, Bolangir, and Deogarh in Odisha state between June and July 2020. Participants were interviewed in Oriya language and the interview schedule included different questions on participants' awareness, concern, knowledge, and risk. Additionally, the schedule also assessed the impacts of Covid-19 on health well-being of participants.

Results: Among the 227 participants, most responded correctly about the origin, symptoms of COVID-19, and important preventative measures such as regular consumption of Vitamin C, eating a balanced diet, and drinking "Kadha." However, there was lower knowledge about the causes of the disease and its risks. Regarding the source of information, the majority of migrants received COVID-19-related information from their phones, followed by television. Additionally, many migrants reported job loss and financial stress, which led to challenges and hardships in daily life, particularly around job loss, food security, and family well-being, including the physical health of migrants.

Conclusions: Although migrants revealed high compliance with knowledge and preventative measures related to the pandemic, the majority of them shared negative experiences. Thus, the results underscore the vulnerability of migrant populations to the pandemic and the need for measures that increase resilience to large-scale shocks.

KEYWORDS

Covid-19; Migrant Labour; Knowledge; Experience; India

1. INTRODUCTION

Since the first cases of COVID-19 were confirmed on 31st December 2019, to date, just over 199 million people have been infected worldwide by the new SARS-CoV-2, and around 4.2 million have lost their lives (WHO, 2021). This designates that the epidemic had already spread to several countries until health ascendant entities became appraised of the issue and commenced to suggest control steps. Since no vaccine and medication were available for Covid-19 hence observing lockdown and keeping the infected person under mandatory quarantine was the best option available (Kumar and Choudhury, 2021). Thus, the World Health Organization (WHO) suggested that the pre-eminent way to prevent the spreading of Covid-19 is to slow down the transmission of this virus through physical isolation to avoid human-to-human contact and suspension of non-essential activities (WHO, 2020).

In India, the first confirmation case of COVID-19 was reported on January 30, 2020 (Government of India, 2021). As of August 4, 2021, India has the greatest number of confirmed cases (nearly 32 million) in South-East Asia and the second-highest number of cases worldwide after the United States (WHO, 2021). It is the latest calamity for a generation that has an innumerable impact on people's lives (Polakovic, 2020), and it has widely affected the migrant population due to the total closure of economic activities (Rajan et al., 2020; Ghosh, 2020).

As in many countries, during the first and second waves of COVID-19, the Government of India also imposed complete lockdown followed by partial lockdown in many states, causing an exodus of migrant workers (Deka, 2021). Factories and workplaces closed down, millions of migrant workers had to deal with the loss of income, loss of jobs, food shortages, and an uncertain future (Kakar 2020; Pandey, 2020). Some media reported that 10 million migrants have returned to their home states and the four states; Odisha, Bihar, Madhya Pradesh, and Jharkhand have seen the maximum arrival of migrant workers (Sharma, 2020). Odisha has received nearly one million internal migrants; a substantial part is from rural areas (Barik, 2021), however, the migrant workers are often labelled as "*carriers of the virus*" and stigmatized at homes, work places, and public places (Rajan et al., 2020; Pande, 2020; de Haan, 2020). The studies of Suresh et.al (2020); Bindra & Sharma (2020); Rao et al. (2020) reported that nearly one-third of migrants infected by SARS-CoV-2.

Covid-19 epidemic and Exodus of migrants in India

In the past, India hugely suffered from influenza, smallpox, plague, malaria, and cholera, however, these epidemics were hardly concerned with migration (Banthia & Dyson, 1999; Hill, 2011). In 1994, the epidemic of plague broke out in only western India with an epicentre in Surat and there

was a huge exodus of migrant population from only Surat city (Bhagat et al., 2020), however, the present Covid-19 pandemic has swept north to south and east to west in India and has created thousands of mortality and millions of outmigration (Acharya & Patel, 2021).

Since the outbreak of novel Coronavirus (Covid-19), on 24 March 2020 for 21days the Government of India announced lockdown in the entire nation and it was extended till 31 May 2020 in various phases. States governments and districts administration were sealed their administrative borders, transportation got stopped, factories, shops, restaurants and all types of economic activities were shut, barring only the essential services. It proved to be a nightmare for hundreds of thousands of migrant workers, who lost their livelihoods overnight and became jobless. The immediate challenges faced by these migrant workers were related to food, shelter, loss of wages, fear of getting infected, and anxiety. As a result, thousands of them started fleeing from various cities to their native places (Bhagat et al., 2020, de Haan, 2020).

Unskilled migrants mostly suffer from the double burden of being poor and migrants (de Haan, 2020; Lusome et al., 2020; Bhagat et al., 2020; Acharya, 2020). Migrants are stigmatized or blamed for the spreading of the virus (Agrawal, 2020; Acharya & Patel, 2021). This situation translates into both short and long-term systematic negative socio-economic, as well as psychophysical health consequences.

World Bank (2020) in its report says, lockdowns, loss of employment, and social distancing prompted a chaotic and painful process of mass return for internal migrants in India and many countries. It harms the well-being of migrant workers drastically and has experienced life-altering disruptions and may further dehumanize them (Polakovic, 2020). As studies have identified migrants workers faced higher consequences of the Covid-19 pandemic compared to the general population due to characteristics of the floating population, however, the studies of the WHO (2020); Zhong (2020); Polakovic (2020) identified that perception and awareness on Covid-19 pandemic among migrants are exceptionally limited and insufficient. Similar findings were also found in some studies among Indonesian, Chinese, and Malaysian migrant population (Azlan et al., 2020; Zhong et al., 2020).

Knowledge and perception are important cognitive keys in public health regarding health prevention and promotion. It involves a range of beliefs about the causes of the disease and exacerbating factors, identification of symptoms, and available methods of treatments and consequences (Szymona-Pałkowska et al., 2016). On Covid-19, the accurate knowledge and good perception may determine behaviours on prevention; however, the absence of these may lead to many

misconducts and may carry a potential risk, also create a sense of injustice in them and it may result in loss of faith in governmental agencies. A study in Bangladesh identified that majority of migrants perceive Covid-19 as a dangerous disease and almost all participants feel that wearing a face mask in crowded places can protect them from the transmission of the virus (Ferdous et al., 2020).

In India, the Government and health authorities undertook massive awareness campaigns to educate the public on Covid-19, emphasizing the need for preventative measures to reduce the spread of the virus, such as social distancing, staying home as much as possible, frequent hand washing, avoiding touching one's face, and good respiratory hygiene, including wearing a face mask.

Recent studies on knowledge and perception on Covid-19 by Indian people indicated that high compliance with important preventative measures, including staying home as much as possible, social distancing, washing hands frequently, and wearing a facial mask are some of the important preventive measures to control the novel Coronavirus (Bauza et al., 2021; Bhatt et al., 2020), however, some studies, for example, Suresh et al. (2020); Choudhari (2020) described that internal migrant workers are more vulnerable to Covid-19 infection due to a range of vulnerabilities such as higher incidence of poverty, overcrowded housing conditions, and high concentration in jobs where physical distancing is difficult. Migrant workers also do not receive adequate Covid-19 related information and thus in absence of this information provided by official government public health sources in their native language, migrant workers are likely to have relied on informal sources of information, including peer networks and online social media. Because of the lack of social media access, the quality of health information messages is known to vary considerably from official channels and may spread misinformation further increasing migrant workers' vulnerability. No systematic study has been conducted in India to explore migrant workers' Covid-19 related knowledge, perceptions, preventative actions, and experience, as well as how the pandemic affected their daily life, economic and food security, thus, the principal objective of this study is to understand migrant workers' knowledge, perception, experience towards the Covid-19 pandemic to design specific policies to tackle the future pandemic situation among migrants/mobile population. As noted by Loveband (2004) in previous epidemics migrant workers were not specifically targeted in health promotion campaigns and did not receive timely information that could protect their health. Limited studies have been reported on migrant workers' knowledge, perception, and experiences regarding the COVID-19 pandemic. This study aims to explore these aspects and contribute to the gaps in the literature on COVID-19 and migration.

2. METHODS

In 2018, the World Bank and the Odisha Higher Education Department jointly established the Centre of Excellence on Regional Development and Tribal Studies in Sambalpur University, and one of the objectives of this centre is to analyze the migration and livelihood patterns of the people of western Odisha, India. As a part of this project, we studied the problems, prospects, and perspectives of returnee internal migrant workers due to the Covid-19 pandemic and its impact on their social and migratory status in western Odisha. Amongst June and July 2020, the authors conducted 227 semi-structured phone interviews among returnee migrants in Sambalpur, Bargarh, Bolangir, Deogarh in Odisha state (the state of Odisha has 30 districts; figure 1). Interviews were audio recorded and simultaneously the question schedules were also filled up by the interviewer. The study took place throughout various lockdown restrictions and at a time when many migrant workers were returning to their villages and cases were rising. At the time of the research, the selected four districts had received 30% of the total returned migrant workers in the state of Odisha (Mishra, 2020).

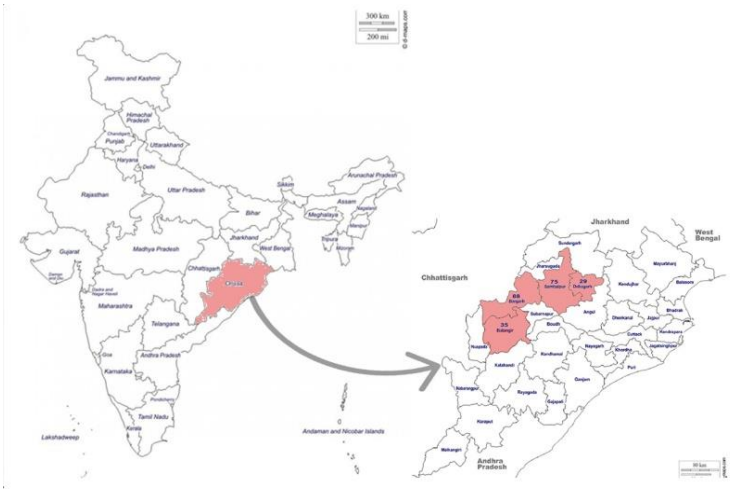

Figure 1. Enumerated migrant workers in four districts of India

The migrants were contacted through the Gram Panchayat office, as the Government of Odisha instructed all panchayats of the state to collect data regarding their migratory status and contact information. Participants were interviewed in Oriya language and the interview schedule included different questions on participants' awareness, concern, knowledge, and risk. Additionally, the

schedule also assessed the impacts of Covid-19 on health well-being of participants. After the interview, we checked the accuracy of the verbatim interview transcriptions and replaced all personal information with unique pseudonyms to protect participants' identities. Obtained information were analyzed using SPSS version 22 software, which served to systematize the data on perception and knowledge on Covid-19 and the information on the social and migratory status of migrants.

The study was conducted in accordance with the Institutional Research Ethics and the declaration of Helsinki including the relevant ethical and methodological procedures such as safeguarding participants' confidentiality and anonymity. Formal ethical approval was obtained by the Ethical Review Committee from author's home institution. Before the interview, we obtained their consent and repeatedly explained them the purpose of our study. We never asked for names, avoided any remarks regarding their socio-economic status that could be interpreted as discrimination, and did not question their sentiments or judge their decisions or character.

3. RESULTS

3.1. Socio-demographic Characteristics of Returnee Migrant workers

A total 227 returned migrant workers were included in this study,–being the majority (85% percent, n=193) in the age group of 26-35 years. In terms of educational status, 15% of migrants never attended any formal education, nearly fifty percent (46.3%, n=105) had completed primary school, and 26.9% (n=61) had completed secondary level of education. The majority of migrants (48.9%, n=111) belong to scheduled caste (SC), 58% (n=132) were unmarried, and more than 87% (n=198) migrants were belong to below poverty line (BPL) category (see table 1).

On occupational pattern, migrant workers gained employment through a Sardar (middleman), and all migrants were employed in the informal sector. As the information indicates none of the migrants possesses temporary or permanent employment contracts and social security and about 21% (n=48) of returned migrants were working as agricultural and farm laborers at their place of destination. Further, 19% of migrants employed in textile industries in the states of Tamil Nadu, Gujurat, and Tripura, and 11.5% worked in the brick kiln industries in the states of Andhra Pradesh, Telangana, and Chhattisgarh. Nearly 12% (n=26) worked in hotels and restaurants as service boys or waiters in Delhi, Karnataka, Uttarakhand. Also, 8.4% (n=19) were employed in the construction sector in the states of Delhi and West Bengal. Some migrants were also working as machine operators, others worked in

cereal factories, motor parts companies, electrical parts shops, poultry farms, or taxi/auto-rickshaw drivers, among others.

Table 1. Socio-demographic characteristics of migrant workers, India (N=227)

	Number	Percent
Current Age		
15–20 years	29	12.8
21–25 years	79	34.8
26–35 years	85	37.4
More than 35 years	34	15.0
Education		
No education	34	15.0
Primary completed	105	46.3
Secondary completed	61	26.9
College completed	27	11.9
Caste		
Scheduled caste	111	48.9
Scheduled tribe	42	18.5
Other backward class	50	22.0
General caste	24	10.6
Marital status		
Unmarried	132	58.1
Married	95	41.9
Socio-economic status		
BPL	198	87.2
Non BPL	29	12.8

Source: Fieldwork, 2020.

3.2. Knowledge on novel Coronavirus (COVID-19)

All total 227 returnee migrant workers confirmed that they had heard of a disease called Covid-19, Coronavirus, or Corona. When migrant workers were asked to specify the place of origin of the Covid-19, out of 227 participants, 192 migrants knew the correct origin of the disease, although, there were also migrants who identified America, India, Europe as the places of origin of Covid-19 virus. Knowledge on the origin of Covid-19 shows that the majority of migrants (32.6%, n=74) said Covid-19 is originated due to human intervention, although migrants were responded to some other causes of origin such as lack of hygiene, national political manipulation, social change, economic crisis and intervention of God (see table 2).

In response to knowledge on the modes of transmission or spread of the virus, the majority of migrants (61%, n=139) feel that it spread due to the gathering of people at one place, similarly, nearly 51% (n=115) migrants said it spread when someone gets contact with a person having fever, some migrants also said sneezing or saliva drops, physical contact with person returned from other state or country and touching surfaces and objects are the most commonly known fact of modes of transmission of covid-19 viruses in humans (see table 2). Besides this, nearly 70% (n=158) migrants said that the incubation or quarantine period for Covid-19 infected persons is three weeks and more.

Table 2. Knowledge of migrant workers on origin, mechanism of transmission of Covid-19, India (N=227)

	Percentage	**Number**
Knowledge on origin of Covid-19		
Human intervention	32.6	74
Biological change	2.2	05
Lack of hygiene	16.7	38
National political manipulation	21.6	49
Social Change	12.8	29
Economic crisis	11.5	26
Intervention of God	14.5	33
Knowledge on modes of transmission of covid-19 viruses in humans		
Sneezing or saliva drops	39.6	90
Physical contact with person returned from other state or country	39.6	90
Gathering of people	61.2	139
Touching surfaces and objects	16.7	38
Contact with a person having fever	50.7	115
Knowledge on incubation/ Quarantine period		
Less than one week	6.6	15
One to two weeks	23.8	54
Three weeks and more	69.6	158

Source: Fieldwork, 2020.

About signs and symptoms of Covid-19, migrants were able to list the correct symptoms of the pandemic. Table 3 depicts all migrants (100%) who said the primary and common symptoms of Covid-19 are fever, difficulty in breathing, and cough. Additionally, some migrants also reported vomiting (34.3%, n=78), diarrhoea (49.3%, n=112) severe headache (65.1%, n=148), muscle pain

(58.1%, n=132). Additionally, 48% (n=109) and 23% (n=52) of respondents said sore throat and abdominal pain also sing of Covid-19 infection. Only eight respondents listed 'loss of taste or smell,' a unique symptom of Covid-19.

Table 3. Knowledge of migrant workers on Covid-19 signs/symptoms, India (N=227)

	Percentage	**Number**
Vomiting	34.3	78
Diarrhoea	49.3	112
Fever	100.0	227
Difficulty in breathing	100.0	227
Severe headache	65.1	148
Muscle pain	58.1	132
Cough	100.0	227
Sore throat	48.0	109
Abdominal pain	23.0	52

Source: Fieldwork, 2020.

Migrant workers were asked about the measures taken to safeguard and possible remedies to protect themselves from Covid-19 and as table 4 depicts migrant workers have responded to more than one measure as a safeguard against Covid-19 and the majority (91.2%, n=207) said social distancing is a key measure to protect ourselves against Covid. While many respondents also said the use of a mask when going outside, avoid handshake, avoid touching objects and infected person, washing hand regularly and wearing gloves the all-time.

Similarly, when it enquire migrant workers on their knowledge on remedies and medication against Covid-19, many respondents (48%, n=109) said they didn't know or heard any remedies for the Covid-19. However, nearly 17% (n=38) migrant workers said regular consumption of Vitamin C tablets can help to prevent Covid-19. Few respondents also said regular consumption of "KADHA" (23.7%, n=54), eating a balanced diet (7.4 percent, n=17), and practicing yoga and meditation are also some remedies to prevent against Covid-19. In this regard, Manoj a 14 years old migrant said:

> "*To prevent from Covid-19, although, I wear double masks while going out and use sanitizer and soap to clean hands, my mother recommends me to drink KADHA three to four times a day. I am following it carefully to prevent myself from Corona*".

Similarly, Madan, an 18 years old migrant said:

"*I heard from television that The Prime Minister (of India) laid special emphasis on maintaining "Do Gajki Doori Mask Hai Zaroori" (social distancing norms and ensuring to wear masks), which I am following, moreover, the local ANM (Auxiliary nurse midwife) also distributed Vitamin C tablets in the colony, which I consume regularly. He said regular consumption of this Vitamin helps prevent ourselves from Covid-19*".

Table 4. Measures taken to safeguard from Covid-19 by migrant workers, India, (N=227)

	Percentage	Number
Measures taken to safeguard		
Social distancing	91.2	207
Mask when going outside	86.7	197
Avoid handshake	67.4	153
Avoid touching objects and infected person	71.3	162
Washing hand regularly	79.7	181
Wear glove all time	45.3	103
Remedies/medication		
Regular consumption of Vitamin C	38.3	87
Eating balanced diet	48.0	109
Drinking "Kadha"	98.2	223
Practicing Yoga and meditation	28.6	65

Source: Fieldwork, 2020.

3.3. Sources of information and perception on Covid-19

In general, most respondents reported receiving some information about Covid-19 from a variety of different sources, however, the main source for information about Covid-19 was a telephone (92.5%, n=210). Among the other sources of information, migrants were cited that; nearly 87% (197) heard from television, 73.5% (n=167) got information from a newspaper, 47.5% (n=108) from government announcement, 60% (n=136) from employer, 46.2 percent (n=150) and only 29 migrants (12.7%) said *Arogya Setu App* (see figure 2).

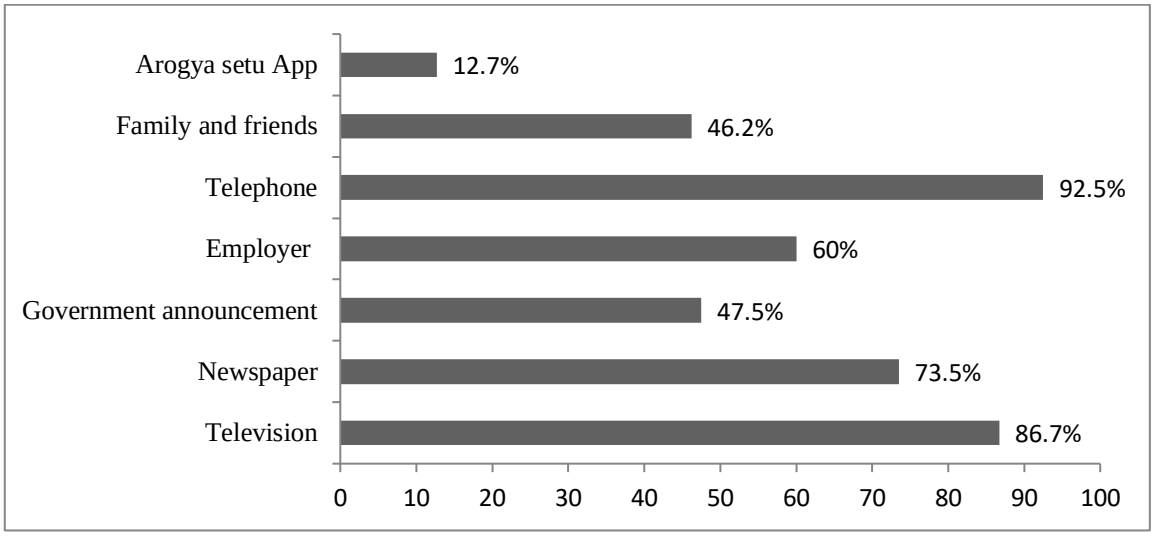

Figure 2. Source of Information on COVID-19 by migrant workers, India, (N=227)

In regards to the self-perceived risk of their probability of contracting Covid-19, the majority of migrant workers (52%, n=118) felt that they had a very high risk of getting Covid-19, and about little more than one fourth (34%, n=77) said they had a high risk of getting infected of Coronavirus, moreover, nearly 13% (n=30) said medium and low and only 1% said no risk of contracting Covid-19 (see Figure 3). The majority of migrants feel higher risks as they live in crowded low-income settlements (mainly in slums) and each house is (2 rooms) shared by at least 10 migrants.

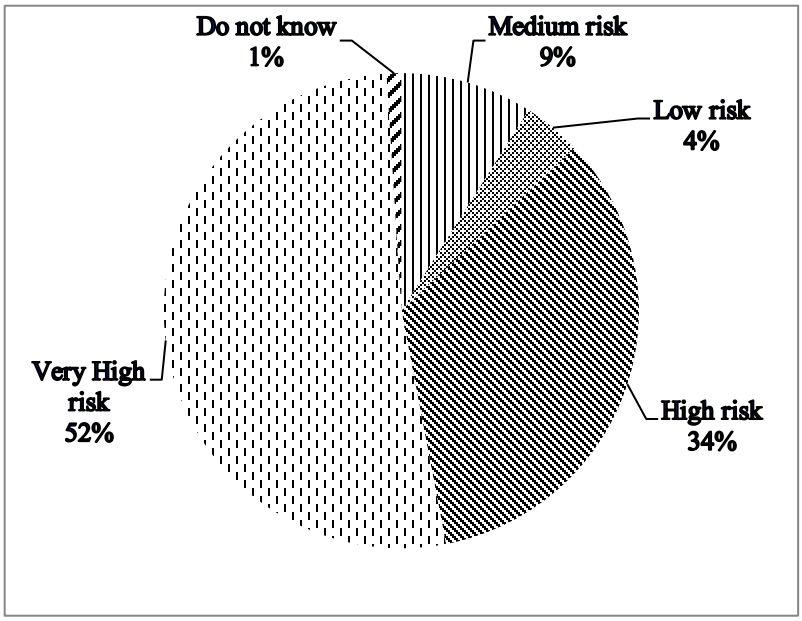

Figure 3. Self-perceived risk by migrant workers on level of contracting COVID-19, India, (N=227)

3.4. Impacts of Covid-19 on migrants

Impact on migrants' economic and social life

The global Coronavirus pandemic very powerfully impacted migrants' socio-economic life. In our survey all 227 migrant workers (100%) said the pandemic has affected their food security, as during the lockdown migrants were not allowed to go out of their shelter, moreover, the industries and working places were closed for indefinite period (see figure 3). For example, Raju, 32 years old migrant said:

> "*Everyday, after coming from work, I used to go to the market to purchase food, but as shops are closed now it is not possible. There are shops nearby area but they used to sell foods and grains at a high cost. So looking to scarcity of food I have decided to reduce the quantity of food intake*".

Similarly, Jadu a 26 years old migrant said:

> *Due to lockdown our employer closed the industry (textile industry) and he also didn't pay our salary. There was no work for us. Without money, it is tough to maintain a family. I have two children and need to feed them. Without any job and remuneration how it can be possible. The Covid has changed our feeding pattern, now days very rarely we have breakfast.... in the morning children only take tea (black tea) and sometimes puffed rice.*

Moreover, many respondents (88.5%, n=201) reported they had lost their job as a result of the pandemic and nearly 54% of migrants also said they have lost their savings due to the pandemic. Due to the closing of industry employers also stopped paying salaries and migrant were maintaining their livelihood on saved money. Similarly, 36% (n=82) and nearly 77% (n=174) migrants said Covid-19 has affected their social life such as loss of a family member and family dispute (see figure 4). For example, Govind a 28 years old migrant from Bargarh district said:

> "*In Tamil Nadu, I was working as a machine operator in the textile industry, but due to pandemic the owner closed the industry for an indefinite period and thereafter I returned to the native place with little saving. Here (in the village) employment is scarce. Sometimes, I worked in others' agricultural fields, but now, I am nowhere close to earning as much as I used before the pandemic. I do not have sufficient economic*

resources to maintain the family..... Everyday there is a fight with my wife because of the scarcity of resources. The pandemic has disrupted in my family life".

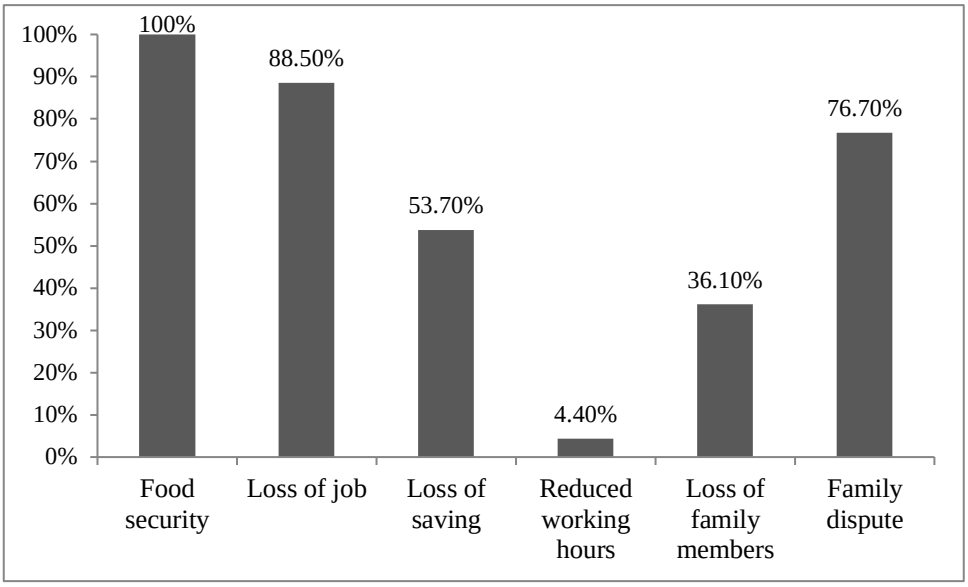

Figure 4. Impact of Covid-19 on migrant workers' economic and social life, India, (N=227)

Impact on migrants' health

During the interviews, a question was asked to all migrants how Covid-19 pandemic had affected their health in the last two months (at the time of interview), the majority of migrants responded to more than one factor that caused negatively on their emotions and feelings. One of the biggest impacts is the experience of "mental stress" as 97% (n=220) accepted that they have such experience due to the current situation of pandemic (see figure 4). For example, Raghu a 44 years old migrant who returned from Telangana, said:

"*When Covid-19 spread in India, it affects more on migrants like me. Whatever works were happening earlier are not happening now. I lost my employment. The employer also stopped paying salary. As there is no work or income it was hard to maintain the family and it caused gradual mental stress. Every day, when I wokeup I had only thought about how I am going to manage my family as there is a lot of expense. My family also started passing days with pain and it caused me severe mental stress as not able to feed my family. Moreover, my father needs constant blood dialysis as one of his kidneys is not functioning. For all these, I need earn money*".

In addition, nearly 83.2% (n=189) migrants experienced depression, 87.6% (n=199) feel anxious, 54.6% (n=124) have lost much sleep and more than fifty percent (90.7%, n=206) migrants have lose their body weight. Pramod, 26 years old migrant, who returned from Delhi, said:

> "*Before Covid-19, my way of living was different. Six months before (at the time of the interview). I joined a construction company and my salary was also good. But as the virus spread the company closed and there is no work or income. It suddenly affected my lifestyle and changed my eating practices. I received rice [ration from the government] which is fine, but the practice of eating has changed because there is no curry. Now, we have to eat rice and stir-fried potato only. These things have caused a loss of my body weight. However, it is not only the food, the constant stress, loss of sleeping are also caused weight loss. I am feeling very weak internally*".

Similarly, some migrants also reported signs of worriedness such as constant fear for their future (37.4%, n=85), and some migrants experience isolation in their community (19%, n=43), as Raju, 46 years migrant said:

> "*We stay at home. We always stay at home. There is no social interaction in the community. Nobody is visiting me, it is a very depressive situation and I feel isolated staying at home 24 hours. Very disgusting situation.*"

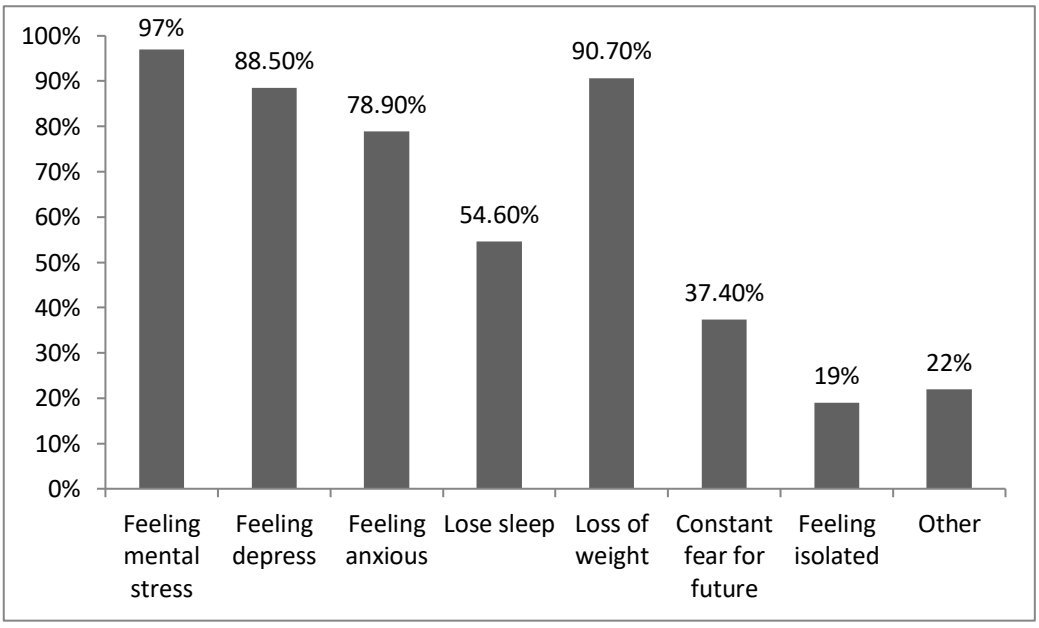

Figure 5. Impact of Covid-19 on migrant worker's general health, India, (N=227)

4. DISCUSSION

The present study studied the knowledge, perception, and experiences of the Covid-19 pandemic among internal returnee migrants in India. It has been almost one and a half years since the Government of India induced nationwide lockdowns due to Covid-19. The national lockdown in India temporarily shut down portions of the economy and substantially altered daily life, generating fear about economic and food security among the many living in poverty and it is estimated that close to 60 million people moved back to their "source" rural areas (Acharya and Patel, 2021). The displacement of people has been described as the second-largest since the Partition of India. However, the reality of migrant workers' existence is much more complicated and vulnerable than those sharply defined numbers (Mishra, 2020). The Covid-19 pandemic substantially affected the internal migrants in India. In particular, migrants experienced job loss, loss of savings, difficulties in returning to their native places, which negatively impacts on economic, social life, and health of migrants.

In India, every year millions of unskilled rural workers migrated to urban areas, looking for livelihood opportunities (Lusome et al., 2020). As the study revealed, migrants were working in construction sites, in the textile industry, brick kiln industry, machine operators, hotels, and restaurants as service boys or waiters or as ~~a~~ taxi/auto-rickshaw drivers in the city. The lockdown shone the spotlight on migrant workers' precarious working conditions and the suspension of industrial units, workplaces, and transport caused millions of migrants to deal with the loss of income and an uncertain future. When such employment avenues dwindle, they go back to their rural setting.

On knowledge and perception, migrant workers have good knowledge of the novel coronavirus as the majority of them identified correctly the origin place of the virus and additionally, there is high awareness on spreading of the pandemic. Similarly, the present study found that migrants are exceptionally highly aware of the primary symptoms of Covid-19 such as fever, difficulty in breathing, and cough followed by secondary symptoms such as diarrhoea, severe headache, and muscle pain. Interviewed migrant workers also reported high compliance with safeguard measures such as social distancing, washing hands frequently, and wearing a facial mask, including staying home as much as possible. Furthermore, many respondents indicated regular consumption of Vitamin C and "KADHA" can help to prevent Covid-19. However, in line with the origin of the virus, some misconceptions about the disease persisted. For instance, migrants believe the virus is originated due to lack of hygiene, national political manipulation, social change, economic crisis, and intervention of God. Thus, any misconceptions about the disease and ways to prevent it could lead to a drastic increase

in the incidence rate. Therefore, there is an urgency to create comprehensive and systematic awareness need to be disseminated through the media, health practitioners, researchers, and other stakeholders.

The obtained information among migrant workers indicates that for the majority of them the primary source of information on covid-19 is from telephone, followed by television, newspaper and, employer, although participants have correct idea about the disease, the majority of migrants perceive them in high risk of contraction of Covid-19. As Choudhari (2020) identified, migrant workers, are more susceptible to Covid-19 because of their social environment because the very basic social distancing strategy could not be ensured in this population as they mostly reside in densely populated communities and rooms with minimal space per person.

One area of concern revealed by the study is the impact of coronavirus on migrant workers. The loss of a job has created immense economic and social insecurity among migrants. The social and economic impact of the pandemic is more devastating than the disease itself. Migrants, who a few months ago were poor but just about getting by, now find their livelihoods have been destroyed. Remittances sent from these workers to their families at home have also dried up, causing immense hardship. As a result, hunger, family disputes cases among the migrants are constantly increasing. Compounded with social and economic consequences, the lockdown also brought migrant workers many health constraints. As the analysis suggests that the Covid-19 pandemic is causing a severe prevalence of depression, anxiety, and stress among migrant workers. They are also more vulnerable to the suffering of weight loss and feelings of isolation. To conclude, although migrants show a good level of knowledge on Covid-19, it is important to address the immediate implementation of health education, counselling, and community-based intervention at an urgent public health priority because social isolation or living in a shelter house can have a significant impact on their mental health.

5. CONCLUSIONS

Although migrants' revealed high compliance with knowledge and preventative measures related to pandemic, the majority of them shared negative experiences. Thus, the results underscore the vulnerability of migrant populations to the pandemic and the need for measures that increase resilience to large-scale shocks. It is important to address the immediate implementation of health education, counselling, and community-based intervention at an urgent public health priority because social isolation or living in a shelter house can have a significant impact on their mental health.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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