

Stigmatization Experienced by Migrant Workers during Covid-19: Findings from a Qualitative Study

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ABSTRACT

Social stigma has a negative impact on an individual psychologically who are being stigmatized due to perceived social characteristics that separate them from other members of society. However, to date, no study has been done on the stigmatization of migrant workers during COVID-19 in India. This study employs qualitative data collection from in-depth interviews with migrants in Maharashtra, India. The study was designed to understand the experiences of migrant workers. Purposive sampling was used to select 10 participants for the study age ranging (from 18-40) years. The data in the current study show that the migrant workers in India had experienced various forms of stigmatization and mental health concerns during the pandemic. The finding draws attention to designing health intervention programs for migrants to ensure Mental wellbeing and also sensitize society about the issues faced by marginalized groups.

Keywords: *Social stigma, Migrants workers, Mental health, COVID 19*

The movement of unskilled laborers or a worker from rural to urban areas is not new to the human race. Urbanization is an important factor contributing to the modernization of society. Migration of workers from their native place to rural areas for better opportunities like better wages, living conditions, better jobs, and overall better livelihood. Migration not just helps individuals but is a contributing factor in the economical and social development of the country as well. There are several advantages attached to this movement of laborers towards states where employment is expanding, but this mobility has its own negative consequences. Individuals face concerns about the family members they have left behind in the search of better opportunities. There are concerns and fear about the family members who are financially dependent on the earnings of migrants. At the same time, they themselves are dealing with adjustment issues in the local community.

The COVID-19 pandemic has made migrants more prone to emotional and psychological challenges because of the restriction imposed due to lockdown. The outbreak of COVID-19 due to which the entire country was in lockdown. Borders were blocked, transportation was stopped, shops were shut only essential services were working. It became a nightmare for many people especially migrants who become homeless and jobless. The movement of

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migrants has restricted who were daily wage workers. To follow the rules of social distancing and to stop the spread of the disease led to many of them have lost their jobs. As reported in newspapers and news channels many of the migrants moved to return to their native places. They used different means like walking and using other transportation systems because of the fear of dying out of hunger. India, P. (2020, May 13) The migrant reportedly traveled 300 km and was beaten by police who wanted to return to his native place. The man believes that at least he would have food and a roof to live and survive. Many of them could reach their native place but many were stuck at the borders. Many lost their lives either due to accidents, or hunger, and many committed suicide.

The purpose of this study is to understand the effect of stigma on the mental health of migratory populations in the context of the COVID-19 Pandemic. The migrants are the most vulnerable population whose basic needs of food, shelter, and healthcare are not met. The fear of losing a job, getting infected, harassment, and negative reactions from the local community are creating mental health issues for the migrants. This calls for strong social protection for these vulnerable populations.

Double Burden of being Poor and Migrant

India has experienced a large-scale rural to urban migration over the last three decades. In 2001, 309 million people migrated, which is 30% of the total Indian population; this huge scale migration has an impact on the socio-economic structure of the country (Lusome, R., & Bhagat, 2006). There are different forms of migration: Rural to urban, urban to urban, rural to rural, and urban to rural. In India rural-urban migration is one of the important factors in the growth of the urban population and the overall development of the country. It may also be worth noting that rural-urban migration constitutes a significant component of inter-state migration (about 41.1 million as of 2001) taking place within the country (Singh, 2016). Due to the outbreak of COVID -19 in India, many migrants traveled back to their native places and many got stuck on the borders. When migrants travel back to their native place they lose their livelihood and also carry infections (BBC, 2020). In the past when India experienced the plague and influenza in 1918. The spread was related to outmigration the Migrants were stigmatized as a carrier and the reason for the spread (Singh,2016). The migrants who are unskilled and poor are engaged in jobs that are dirty and demeaning to so-called urban natives. It is important to understand that the migrants are not a victim, nor victimizers but are the most vulnerable people at the time of the COVID 19 crisis. They have been denied many of the entitlement due to exclusion in the particular community and also due to lack of identity and residential proof.

Impact of COVID 19 on Migrant workers

COVID -19 pandemic has become a situation of a mental health crisis for many countries including India. It has caused public panic and become a collective state of trauma for many. The challenges could trigger common mental health problems, including Posttraumatic stress disorder, anxiety, fear, and depression, which in turn could result in hazards that exceed the consequences of the epidemic itself (Zandifar, A., & Badrfam, R.,2020). Many deaths have been reported with over 720,000 cases and 33,000 confirmed deaths reported to date (Rajkumar, 2020). Studies have reported several groups that are more vulnerable during this pandemic. The vulnerable population identified includes the homeless, old adults, the mentally ill, pregnant women, and migrant workers (Rajkumar, 2020). The current study focuses on Migrant workers, the COVID-19 has worsened the situation for them addressing the Mental health needs of migrants should be an urgent health priority (Liem et al.,2020).

Conceptual Framework of stigmatization

In the literature, the conceptualization of the term stigma varies in accordance with enormous circumstances. It is important to understand how the investigator conceptualizes the concept. In the present study, stigma has been defined as the Stigmatized individual who possesses some attributes that convey a social identity that is devalued in a particular social context (Crocker, 1998). Individuals with attributes that are deeply discrediting reduce the bearer to discounted one. Normal and stigmatized are not two faces but they lie on the continuum that varies according to the time, place, and situation involved. Which may be normal in one situation and “not” normal in another. (Gofman, 1963). Stigma is a characteristic of an individual that is away from the norms of the society, where norms “is the shared belief an individual ought to behave in an expected manner” (Stafford et al,1986). Link and Phelan (2001) provided a theoretical framework that has described the process that produces stigma. Four steps have been identified as labeling, undesirable characteristics, and categorizing into “us” and “them” categories, and these cause negative consequences such as loss of status, rejection, discrimination, and exclusion (Link and Phelan, 1989). The negative consequences have a psychological effect on the person with a stigmatized label which will be explored in this study.

Qualitative Inquiry to explore the lived experiences of migrants

I used a qualitative methodology to learn about participants’ experiences of Stigma and stigmatization and mental health-related issues associated with it. To establish knowledge about the proposed phenomenon appropriate methodology is required. These issues must be acquired from the participants’ perspectives, limiting the types of research methodology available to accomplish this goal. A qualitative approach is an approach in which a researcher learns after exploring what is happening within a cultural context (Hatch, 2006). The investigator gets insights into the social, political, and economic changes causing a particular phenomenon. The qualitative method fit my research interest because the topic depended on information generated about a particular phenomenon from the participants’ perspectives (Creswell, 2009). In the current research qualitative research helped in establishing a deeper understanding of how participants think, feel, and process the situation using in-depth interviews.

Researchers Role

In qualitative research, according to (Denzin & Lincoln, 1995) the researcher is considered instrumental. First, I was involved in recruiting potential participants for the study. Second, directly communicating with participants to make participants aware of the intent of the study. Third, Conducted an in-depth Interviews. Fourth, I engaged in data analysis and verification of findings.

The present Work

There is a social stigma attached to the migrants during Covid-19 (Bhagat,2020), however, there is a paucity of research to examine the forms and context of stigmatization experienced by migrant workers who want to go back to their native place. Therefore, this study was designed to explore the lived experiences of migrant workers in India. In this study, Link and Phelan (2001), a conceptual framework has been used. The findings of the current study will help understand the mental health problems faced by the vulnerable population and also further recommendations can be made to design health intervention programs for migrant workers.

METHODS

Participants

The study included participants from Pune, Maharashtra, India. This state has a total population of 11.42 crore which is ~8.5 % of the overall population of India (Kumar, 2020). I have chosen Pune because it is one of the key destination states that receive the largest number of migrants due to its economic position (Khairkar, 2008). People come from all states of the Indian Union. Five major contributors are Karnataka, Andhra Pradesh, Uttar Pradesh, Kerala, and Rajasthan. Migrants from different states, prefer to stay together for security, cultural affinity, and to retain their identity (Khairkar, 2008). In India's Today, Maharashtra reported the highest number of Covid-19 deaths, nearly 60 percent of the country's COVID-19 deaths.

Qualitative data was collected from 10 migrants (5 men and 5 females). In-depth individual interviews were taken. Because using a large number of participants may not necessarily produce more insight into the experience of a phenomenon under exploration, 10 participants were recruited to provide information to achieve the saturation point to identify emerging themes. The mean age was 30 years (SD=1) for those participants who were interviewed individually. Purposeful sampling was to select participants for the study. Migrants were eligible to participate in the study if they were above 18 years of age, came from rural areas, and were living in Pune.

Ethical Protection of Participants

The participants were informed of the study's purpose and were assured of the confidentiality of the data collected from them. Study participants were adults who identified themselves as male and female and were free to decline to participate at any point of research. There was no harm that may cause concern to participants. Participants' voice or self-report data was protected throughout the data analysis and interpretation process.

Interview procedure

In-Depth Interviews were taken; they included 15 open-ended questions related to the experience of migrants during COVID-19. Questions were asked to understand the reason for migration, experiences at Pune, problems encountered, and the way they are coping. It will help understand personal, social, and contextual factors that may affect the mental health of migrant workers during COVID-10. The themes developed were based on the theory of stigma and mental health found in previous studies. The in-depth interviews were conducted at the migrant's homes and workplaces as per the convenience of the participants. While taking interviews social distancing was maintained to follow government rules. The prior permission was taken to audiotape the interview and they were transcribed the same day. The total time duration of the interview was 40-50 minutes.

Coding and Data Analysis

The analysis of qualitative interview data used the technique of thematic analysis (Braun and Clarke, 2015). Thematic analysis methods were used to identify, interpret and report the themes and meanings emerging from the Data. A conceptual framework for stigma (Link and Phelan, 2002) guided the integration of finding into overarching themes. Thematic analysis was conducted by the investigator and was reviewed and audited by another researcher to ensure the authenticity and consistency of the findings. There were three steps in qualitative analysis: Completion of data extraction, completion of thematic coding, and preliminary analysis of qualitative findings. Interviews were audio-recorded and transcribed by the Investigator. This process helped the investigator understand the forms and content of

stigma experienced by migrants during COVID-19. In the interview, new themes were identified and added during the coding. Miles and Huberman's (1994) coding steps were used to identify 8 major themes (Labelling, Stereotyping, Treated Differently, Categorizing - Us and Them, Exclusion, Disproportionate suffering, Unfair Treatment at Workplace, health center and by a police officer).

RESULT

Labeling - "You are the reason for the spread of the virus"

The first step in stigmatization is labeling (Link and Phelan, 2001) ascribes labeling to identifying the differences. The most common image of migrants is Poor and is someone who is carrying the virus. As one participant stated,

I heard from the man. They said, you are the reason for the spread of the virus. You don't keep yourself clean and will spread the virus all over. I will give you the monthly money but don't come here to work.

-- Female, 30 years, a domestic worker.

Migrants experienced stigma because they are uneducated and belong to rural areas.

I was selling vegetables (migrant) one man came with his son, and the son said why we are taking vegetables from him. He might be infected can't you see he is dirty. He lives in a place where people don't have any sense of sanitization. It's better if we order vegetables from Big Basket (Online Supply). Rich people can't understand the struggle of daily wage workers.

---Man, 35 years, Vegetable vendor

Once, my friend who also took permission to work was traveling back home. He was caught by the police because he was Muslim and was locked up in jail for 5 days for no reason.

--- Male, 25 years, electrician

Another Migrant reported: *Man told me that we can't take milk from you as you are Muslim. They relate all the Muslims to Tablighi Jamaat. I am not a tablighi Jamaat. It's very painful when people start behaving differently because of your religion*

-- Male, 29 years, Milk seller.

Treated Differently because of the language barrier

Labeling was not just done because they are poor and how they appear; they are often labeled because of where they come from and how they speak.

A man Interviewed mentioned that when they go to collect rations from nearby distribution centers, they are treated badly because local people identify them as migrants belonging to the Northside.

In Pune, they speak in Marathi, even when they know you don't belong to their community and don't understand their language. They speak in Marathi only.

----Female, 30 years, Domestic worker.

Stereotyping - "They treat Migrants as dirty, unhygienic, Poor people"

According to (Link and Phelan, 2001) Stigmatization occurs due to negative and undesirable stereotypes. They are considered 'dirty', 'poor', 'distrusting', 'unhygienic', and 'uneducated'. During the interviews, migrants were disturbed by how they are treated just

Stigmatization Experienced by Migrant Workers during Covid-19: Findings from a Qualitative Study

because they belong to a different community. Nowadays, the situation has worsened because of COVID-19.

One female migrant shared her experience of working with a family as a servant:

They are always scared and vigilant. Always ask me if I have not touched any surface and have taken a bath before coming to work.

-- Female, 20 years, Maid

Migrant from a village in Uttar Pradesh who lives in Pune.

Lockdown started, I lost my job and all my savings were not enough to eat. My wife's domestic helper was also asked not to come for the work. I wanted to borrow money from the neighbors, but they said we can't lend you money because you don't belong to our village.

--- Man, 35 years, Vegetable seller

One 30-year-old male migrant who worked in a shop as a helper shared the experience of his co-worker. *In the store, four helpers work, out of which three belong to the same community. The one who belongs to Delhi was removed from the job. It is so unfair and frustrating that they are favoring their local people.*- Man, 40 years, Shop keeper

This distrust even happened at the very early stage of employment: some participants expressed that they relate to every bad thing in society that was done by migrants.

A participant said, *Someone, said that the reason for the increase in the duration of lockdown is migrants. They are traveling and spreading the virus.*

--- Female, 20 years old, Domestic helper

Categorizing - Us and Them

Separation is social categorization into “us” and “them” (the in-group or out-group) (link and Phelan, 2001). Sense of who we are and where we belong while comparing with other group members (Tajfel, 1979). Almost all migrants interviewed reported experience of belonging to another group. As one Male migrant reported,

You can tell from the tone of voice and expression on their face (local people). Once my daughter started playing with another child who belongs to the upper class. Her parents came and started shouting at me.

-- Male, 37 years, Seller.

You just can't ignore how differently they behave, one of the migrants said:

I used to queue up at the ration centers where the ration was distributed by the local community. The ration card number expired, I went to the head in the distribution center. The man scolded me and sent me back whereas, I saw him giving food to others with the same problem. I pleaded and requested that I have small children at home to feed but he still didn't listen to me.

-- 30 years, Domestic worker.

From the expression of eyes, you can sense that they are being “looked down upon”. One migrant related.

A female migrant worker explained,

Many times, the residents look down on us because we belong to rural areas. They feel that we don't understand the issues related to this virus because we are uneducated. That is not true, we do understand, that education has nothing to do with us not being able to follow rules prescribed by the government for our safety. --- Female, 20 years, Domestic helper

One Female migrant said: *I am a single parent looking after three daughters. I was deceived by one of my bosses. I wear bangles, and a bindi (A symbol of married women) so that man out there doesn't look at me like I am available to them. I have to protect myself and my daughters from these males. I don't feel safe here.*

---Female, 40-year-old, Domestic Helper

Some migrants interviewed also felt,

The people of the local community are unfriendly, rude, and impolite to me. There is a difference in how they treat us.

--- Male, 35 years, Delivery worker

I fought with my family to shift to Pune city for better work opportunities but I have been exploited. I trusted a man, use to deposit my money with him every month. He fled and I lost all my money. My condition has only worsened since coming to the city. I lost my family support because I lost money and I can't trust people in the city now, they mistreat you and manipulate you into thinking you are uneducated. Moving from village to city was a wrong decision and now because of lockdown, I am stuck here.

--- Female, 40-year-old, Domestic Helper

Excluding: “Don't come close maintain distance” and “Rejection”

Many migrants had the experience of being excluded and rejected at many points in life.

Nowadays, due to lockdown, we have to maintain a physical distance but it does not mean maintaining emotional distance too.

Migrant said *I wanted my daughter to marry a man who belongs to Pune. Everything was fixed. They were about to get married this march, but due to lockdown, the marriage got postponed. Now the boy rejected my daughter because we belong to a rural area and they suspect that my daughter might be carrying the virus. They are carrying a superstitious belief that this is the message from God that they should not get married.*

-- Male, 40-year-old, rickshaw puller.

The thing that makes me most angry is that when I travel on the bus, the bus is crowded and female passengers are also there. If any man pushes a female, it's always we are targeted even though it's by mistake. They call us dirty and judge our character by the kind of clothes we wear.

--- Male, 37 years, seller

Many migrants had the experience of rejection by local residents because of their appearance, clothes, and language. One of the migrants shared experiences.

I wanted my son to get admitted to a school. There was only one seat left. The seat was not given to my son as we don't belong to Pune. The preference was given to the same community people. It's difficult to survive. I migrated from my village for better opportunities for my children and for myself, but here it's again a struggle.

-- Male, 35-year-old, worker.

Disproportionate suffering: hunger, pain, anxiety, fear

Migrants are experiencing emotional distress due to exclusion and rejection from the community. Due to the lockdown, they lost money, and jobs and have become homeless.

I am afraid and often get scared when people visit a colony. I have to meet people to collect the material on the gate. I have kept the photograph of Ganesha (God), It helps me feel

Stigmatization Experienced by Migrant Workers during Covid-19: Findings from a Qualitative Study

better. Since the lockdown started, people have stopped talking. It feels like I am the only person going to give them the virus. I feel lonely at times, I want to go back to my village but can't go.

--- Male, 40 years, Gatekeeper.

I couldn't go. Many of my co-workers left for their village as soon as they heard about the lockdown. I am stuck here because I have daughters to look after. If I was alone, I would have left. It's tough here for us. People help those who belong to their local community. I shifted 6 months ago, I don't know people here they don't even trust me. Dying because of the virus is better than dying out of hunger. I don't have the capacity to pay rent. I wanted to go back home at any cost, even if I die reaching there at least my family will be there and my children won't die.

--- Male, 40 years, Gatekeeper.

I have three daughters to look after and my husband died long back. The rent has been doubled, I can't find a new house at this time. Also, as I was a domestic worker Lost job. Don't even have money to go back home.

--- Female, 40-year-old, Domestic Helper

The government's response to contain the spread, reminding us all are in the same boat as the virus is infecting all of us. Yes, the virus will infect all of us. The problems and suffering that we as lower caste and Adivasis have can't be understood. My brother could escape and left for my village in Jharkhand. He was forced to travel in an open truck with dead bodies wrapped in sheets. I can't stop crying and thinking about how much we are suffering just because we want to travel back home.

---- Female, 30-year-old, Domestic worker

Unfair Treatment at Work and health centres

Migrants do not just have the pain of being deprived and away from their family members but also are subjected to discriminatory behavior of the local people who often label them inferior, low in status and judge them.

Migrants interviewed reported they are paid below their expectations.

Due to COVID 19 no one wants to give jobs to outsiders they only trust local people.

-- Male, 30 years, Delivery Boy

Female Migrant,

If you are a migrant, you will be paid lower. You can't take leave from your work even if you are ill. They don't trust your work.No matter how much hard work you do. You have to survive.

--Female, 30 years, a domestic worker

Migrants felt that they were paid less and overworked, they are getting late salaries, the salaries are deducted and sometimes don't even get salaries.

I was not paid for this month, whereas others are paid --Male, 40 years, Gatekeeper.

Some migrants perceived that they had limited freedom in the workplace and felt less empowered to argue with their employers. One participant told the interviewer,

Some migrants reported even though the government has instructed them not to cut salaries, They are not getting salaries. In addition, the salary of local people is higher and stable.

Male, 40 years, Gatekeeper.

My daughter had a fever, I took her to the hospital and the doctors did not admit her. I requested that I will pay later. He said I am incapable of paying bills (I am poor). People trust rich people but don't trust poor people.

-- Male, 37 years, seller

Unfair treatment by police officers

Migrants were often treated in an inappropriate manner. They are often asked by the police to show their passes for traveling. The migrants interviewed reported -

I was asked by a policeman to show the pass for travelling during the lockdown. I forgot to bring it with me. He did not even listen to my explanation and arrested me. They kept shouting at me and blamed me for everything wrong that is happening.

--- Male, 40 years old, Rickshaw Puller.

Some migrants said police harassed them and behaved in an ill manner for no reason. As explained by one of the migrants,

I see the policeman. I always get really afraid. They look at me and stare at me whenever I pass by the police station. I am unmarried, the policeman tried talking to me and followed me. It's threatening when the cops who are there to protect you behave in a different manner.

-- Female, 20 years old, maid.

Migrant reported - *I was beaten by a policeman because I was selling vegetables. The policeman started taking vegetables without paying for it when I opposed them and asked him to pay. He started beating me and threatened me with arrest for selling vegetables in this lockdown period.*

-- Male, 37 years, the seller.

Government officers treat you differently depending on if you are a local resident or a migrant. If you are local they treat you differently. If they find out that you belong to Delhi, they behave differently. Male, 37 years, the seller.

One migrant said,

I have been asked by my head to come and clean the road. Once I was cleaning the road, a policeman didn't even ask me and started beating me. Started saying that you lower caste and uneducated people are the reason for the spread of the virus. I will put you in jail if I see you roaming around on the road. We are being constantly harassed just because we have no money and are uneducated. They think that migrants from northeastern provinces are more likely to break the social distancing rules. Policemen treat migrants differently depending on where migrants are from and what is our religion.--- Male , 40 years

DISCUSSION AND CONCLUSION

The current study suggests migrants in India felt that they were stigmatized. Stigma against people from rural to urban migrants is common practice at the individual as well as societal level. Migrants experience stigmatization in different domains of their daily life, including, a workplace, healthcare, personal life, career and to access public services. Stigmatization of migrants occurs due to several social, and cultural reasons including lack of education, socioeconomic status, lack of recognition of the contributions that migrants make to the social and economic development of the country. The COVID 19 pandemics have made migrants more prone to stigmatization in society. Sudden enforcement of lockdown by the government made it difficult for an already vulnerable population. The mass exodus of

migrant workers because of the concerns of starvation made migrants more vulnerable. In many news channels, the information was spread that migrant movement is responsible for the spread of the virus which leads to stigmatization and discriminatory behavior towards them. The spread of misinformation in India leads to a rising level of violence, discrimination, exclusion, and stigmatization against migrant workers (Lancet, 2020). The situation has worsened for Muslim migrants who are often connected to the group Tablighi Jamaat who were identified as being responsible for many cases. 400 multidisciplinary Indian scientists have taken the initiative to combat the fake news around COVID-19 to fight misinformation and myths about the disease (Lancet, 2020). The pandemic has created clear social divisions that label rural migrants different from local urban people. It has created a social hierarchy of urban over rural contributing to inequality between local people and migrants, where migrants are deprived of access to public services. Rural residents are unable to obtain government-subsided social benefits due to discriminatory behaviour by city residents. Other than misinformation about migrant workers, another potential cause of stigmatization is based on socio-economic inequality, the disparity in income and education. The low income in the urban population as compared to the rural population accounts for inequality between the two populations (Li, B. and D. Piachaud. 2006). Migrant workers usually lack the opportunities to advance their education and job skills, further all these factors evoke stigmatization. However, There are no legal policies to protect them and ensure that they receive equal, timely pay and access to public services. Unfair treatment with migrant workers during COVID19 is observed in many areas, such as job security, overwork, and housing conditions. The lack of appropriate protection law for migrants further creates an environment for stigmatization against migrant workers. Finally lack of public recognition of the contribution of migrants in the development of the country further stigmatization against rural migrants. Rural labour contributes to urban development, and appropriate public education among urban residents is required to make them aware of rural-to-urban migrants which will help reduce stigmatization. Finding from the present study also draws attention to design health interventions programmes for migrants to ensure mental wellbeing and also sensitizing the society about the issues faced by marginalized group during COVID-19 .

Limitations

The current study has three limitations. First, Lack of transparency by the participants has been a limitation. Second, the outcome of this study might not be generalized to the general population. Finally, my bias, the expectation may have interfered with the study.

Implications

The findings of the current study have implications for public health and policy implications. Firstly, the government policies should be made for equal opportunities for jobs, healthcare, equal treatment and other public services. Second, there should be public health education campaigns organized to reduce the stigma against migrants. The public should be made aware of the detrimental effect of stigmatization on Mental- wellbeing and migrants life as a whole. As a society, we should stand up for migrants for equal rights and respect for migrants. Thirdly, Stigmatized migrants may suffer from health issues that can contribute to stigmatization, health promotion and prevention should be considered to reduce the stigma against migrant workers. Future research may focus on mental health-related stigma among rural to urban migrants.

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Stigmatization Experienced by Migrant Workers during Covid-19: Findings from a Qualitative Study

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Conflict of Interest

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