

**DECIPHERING THE CONTOURS OF SHIELDS PROVIDED TO  
THE WOMEN MIGRANTS AMIDST COVID-19: CAN SOCIAL  
SECURITY CONTRIBUTE TO SOCIAL INCLUSION**

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## ABSTRACT

*The COVID-19 pandemic has slowed down the global economy and wreaked havoc on social, religious, and political structures around the world. It is a global epidemic that has serious economic and social consequences for countries as well as the migrant workers and their families. The epidemic has had a huge influence on society's business and labour classes. According to the International Labour Organization, global blockade measures have affected around 2.2 billion workers (68 percent) of the global labour force. The worker's class is well-known for being the primary contributor to the country's social and economic progress. However, they confront significant obstacles in receiving social protection, like health care and financial security; in their countries of origin, transit, and destination, posing a threat to the public health system as a whole. Even though the pandemic affects all migrant workers, our research focuses on women migrant workers who face harassment, abuse, and discrimination in addition to the epidemic crisis. As a result, a comprehensive strategy will be taken to integrate migrant workers in the national social protection response in order to comply with international human rights, international labour standards, and the principles of equal treatment and non-discrimination. This paper aims to illustrate the pandemic's impact on women migrant workers, with an emphasis on the consequences, such as violence, social protection, and health, as well as the question, 'How does Social Protection help to Social Inclusion?'. The comparative study of existing social policies designed to protect this vulnerable group and reduce current and future displacement, discrimination, and poverty under a changing political system and turbulent economic environment, and whether social protection and labour programs can be designed and implemented to address the results and drivers of social exclusion.*

**Keywords:** Social Protection; Women's Labour Rights; Vulnerable Sector; Migrant Workers; Comparative Social Policy;

## I. INTRODUCTION

The COVID-19 pandemic has created a slew of adverse cognitive reactions and emotions among high-risk groups as a result of its rapid expansion. As a consequence, the COVID-19 pandemic may induce chronic psychological manifestations, such as stress, anxiety, panic disorder, and psychosomatic manifestations, in addition to negative effects on physical health. During the lockdown in India, travel was abruptly prohibited throughout the country, and the lack of work resulted in no economic mediums to consider regular grocery and quarantine regulations, all of which resulted in a high level of anxiety, which in turn resulted in socially irresponsible behavior and panic among migrant workers<sup>1</sup>. Migrant laborers who had become trapped in the country departed to train and bus stations. They fought tooth and nail to get back to their hometowns, despite the restrictions. This is one example only, there are more than that. It invariably leads to a vicious cycle of infection vulnerability, isolation, stress, and noncompliance with preventive measures. These migrant workers are exacerbating anxiety by forcing many of them to walk thousands of kilometers to their homes without any food or shelter.

Thousands of migrant workers in India started travelling long distances towards their home with their children, clutching their limited belongings in congested transport systems, without resources, and suddenly stagnated after the new coronavirus outbreak. More than 90% of India's labour force suffered. It contributed to India's \$2.9 trillion economy, demonstrating the fragility of the country's social security system, the waning of recent gains, and the urgent need for more robust and accountable public welfare measures. According to UN, the COVID-19 has distinct effects on men and women, and it may result in increased inequality for persons who are already disadvantaged, such as immigrants. Organizations worldwide are aware of the disparity and warn that there is a pressing need to examine existing realities from the perspectives of gender and communication to uncover inequities and provide better protection and help to the most vulnerable.

According to the National Sample Survey Organization, employment and unemployment in India in 2009-10 revealed a significant drop in female labour force participation. The labour force

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<sup>1</sup> Guy Ryder, Social Protection for Migrant Workers: A necessary response to the COVID-19 crisis, ILO 1,12(2020), [https://www.issa.int/sites/default/files/documents/202006/SP%20for%20Migrant%20Workers%20-%20Covid-19%20Brief-FINAL-%2824.06.2020%29\\_0.pdf](https://www.issa.int/sites/default/files/documents/202006/SP%20for%20Migrant%20Workers%20-%20Covid-19%20Brief-FINAL-%2824.06.2020%29_0.pdf)

participation rate of women aged 15 has fallen by 10.1 percentages, when compared to the previous survey 2010, women's labor-force participation fell by 22.6 million in 2011. In comparison, male participation in India fell by only 3.4 percentage during the same time period. According to the most recent survey (government, 2013), women participation in rural areas has fallen by two percentage while it has increased by 1.1 percentage points in urban areas. Women participation fell by 1.3 percentage points overall, while male participation fell by 0.8 percentage points. Women migrant workers are considered to be the forefront of the COVID-19 pandemic. They are the essential service providers but low-paying and vulnerable jobs, such as health care workers, nurses, cleaners, and laundry workers, making them highly susceptible to the corona virus. Female migrant workers have faced multiple intersecting forms of discrimination, inequality, gender restrictions in immigration policies, unsafe labour forms, racism, and xenophobia.

## **II. CHALLENGES FOR WOMEN MIGRANT WORKERS IN THE CONTEXT OF COVID-19**

Female migrant workers have faced a significant risk of losing their livelihoods as a result of labour and human rights violations, as well as a pandemic. They are expected to work in informal administration, particularly in the domestic service and nursing sectors, with risky contracts and no overtime pay or the ability to work from home, and are more likely to be hired for short-term as gig workers, part-time jobs. Their work is typically not covered by contributory social insurance schemes, which means they have limited or no access to medical care and maternity protection, as well as limited or no access to a social security network to compensate for lost income.<sup>2</sup>

Many countries around the world rely on migrant women's remittances to keep their economies afloat. Payments provide assistance to people and communities in the originating country,

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<sup>2</sup>Jacinta Astles, The Additional Risks of COVID-19 for Migrant Women, and how to address them, ON THE MOVE BLOG IOM UN Migration (Sep 27, 2021, 9:29 PM), <https://rosanjose.iom.int/SITE/en/blog/additional-risks-covid-19-migrant-women-and-how-address-them-0>

particularly in emergency situations. Remittances offered by women migrant workers have been reduced as a result of the economic downturn caused by the current pandemic, exacerbating the vulnerability of households who rely on this income.

### **Challenges & Risk**

- 1. Loss of Livelihood:** According to the International Labor Organization, COVID-19 might result in a global increase of roughly 25 million unemployed people, disproportionately harming women, immigrants, and the general public. According to reports, women migrant workers are primarily unemployed in specific areas. Employers can more easily terminate the employment of the workers to acknowledge the COVID-19 pandemic and economic recession caused by their ability to work in the mixed market under unstable situations without a formal work agreement and the scope of protection under labour laws is limited. Because of the economic downturn, female migrant workers in regular employment are also at risk of being laid off, putting many people in a difficult situation due to the uncertainty of their occupation authorization, visa status, and protection prospects.
- 2. Emphasize Nursing & Domestic Workers:** Domestic migrant workers are more vulnerable to unemployment as a result of COVID-19, because they can use multiple vocations, often without registration, and maintain employment stability. Due to limited aid, assistance and security measures for migratory female indigenous workers and limited availability of reliable information due to language and cultural difficulties, have increased their vulnerability. Domestic workers who are migrants are at a high risk of being abused. They are confined and unable to return home because of heightened travel restrictions prevailing in the country. Those who worked in family units with children, the wiped out, and the elderly are at a greater risk of getting infected by the virus since they are more likely to contact infected individuals. Many migrant menials, cleaners, and caretakers during COVID-19 have done tremendous work across the nations with increased workloads to ensure sanitation and routine and offer necessary care, often without specific protective equipment or extra pay.

- 3. Limited Freedom of Movement:** As travel across the state border becomes more complicated and demanding during the lockdown, travel prohibitions and restrictions prevented women migrant workers from returning to their homes. Most of the places health-certification criteria and screening processes for admittance into a home state were made compulsory. In the lack of social protection and families reliant on remittances, women migrant workers who are unable to return to work due to travel restrictions may lose their livelihoods entirely.
- 4. Lack of Social Protection & Health Care:** Migrant women, particularly those working in informal economies, have limited or no access to social protection, medical care, and maternity protection because they are not typically covered by contributory social insurance schemes. Women migrant workers without health insurance or with irregular immigration status may be hesitant to comply with COVID-19 screening, measuring, and therapy procedures for fear of being fined, arrested, detained, or deported if their documents are inspected. Female migrant workers' sexual and reproductive health is severely jeopardized due to a lack of pharmaceutical insurance and access to medical services. The situation has worsened as COVID-19 pushes the health system to its breaking point. For example, in the United States, with a fully privatized healthcare system, it is estimated that 20% of all immigrant workers are uninsured, and the number of people without immigration status is expected to be higher.
- 5. Violence Against Women Migrant Workers:** COVID-19 has raised the danger of sexual and gender-based violence against women migrant workers at all phases of migration, particularly migrant women with irregular migratory status or sexual minorities who are discriminated against. Arrests or deportations involving violence are uncommon. Women and girls, notably immigrant women and girls, have been demonstrated to be more vulnerable to gender-based disorder, face companion violence, and sexual exploitation and abuse in previous epidemics. The COVID-19 outbreak has demonstrated that many forms of violence, such as human trafficking, child marriage, sexual exploitation, and maltreatment, are on the rise in times of crisis. COVID-19 may be fueling a similar trend right now, and given its precarious state, it will significantly

impact immigrant women and girls. Domestic violence has heightened as a result of forced cohabitation, tight and restricted living conditions, financial strain, and fear of spreading the virus. This scenario is considerably more problematic for immigrant women who face language barriers and lack of access to key services (health, police, justice, and social services), and COVID-19 significantly restricts these services. Migrant women may be forced to reside with prospective offenders due to travel limitations, quarantine measures, or unemployment and may be unable to exit an obnoxious relationship.<sup>3</sup> Immigrant women and girls experiencing gender-based violence have difficulty accessing medical care and essential support services due to restrictions on movement, closed clinics, and the fear of contracting the coronavirus. Gender-based violence is exacerbated by the job market and immigration uncertainty, as well as societal inequality. Isolation is a possible hazard for many immigrant women who lack support networks in transit and destination countries. The COVID-19 stigma that immigrants carry as a result of their immigration status renders them as a threat. This discrimination can have adverse effects for migrant women, such as lack of proper care in medical centers and other medical institutions that have direct nexus to women.

### **Recommendations**

Under International law, women migrant workers should enjoy full human rights during and after the COVID-19 pandemic, regardless of their migration status. This includes ensuring that all migrant women and sexual and gender minorities, including victims and survivors of gender-based violence in crises, like human trafficking, child marriage, and sexuality, have access to essential services, such as health, police, judicial, and social services. COVID-19 may be driving similar trends and will significantly impact immigrant women and girls due to their vulnerable circumstances. Domestic violence has increased as a result of forced cohabitation, cramped and local living conditions, financial stress, and fear of contracting the virus. The situation is even more complicated for immigrant women who face language barriers and are unable to access essential services (health, police, justice, and social services), and COVID-19 severely restricts

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<sup>3</sup> Babken Babajanian, Jessica Hagen and Rebecca Holmes, Can Social Protection and labour programmes contribute to Social Inclusion? Evidence from Afghanistan, Bangladesh, India and Nepal, ODI BLOG(Sep 27, 2021, 9:45PM), <https://www.odi.org/publications/7591-can-social-protection-and-labour-programmes-contribute-social-inclusion-evidence-afghanistan>

these services. Migrant women are generally forced to live with potential criminals due to travel restrictions, quarantine measures, or unemployment and may be unable to escape an abusive relationship. Immigrant women and girls who have experienced gender-based violence have difficulty accessing medical and essential support services due to the limited mobility, closed clinics, and the fear of contracting the coronavirus.<sup>4</sup> As a result of the pandemic's tremendous strain on patients, their families, and other medical personnel, female workers in the health sector amplify the risk of sexual harassment and violence in the workplace. For instance, front-line medical staff have reported increased physical and verbal assaults (many of whom are immigrant women).

According to International standards, women migrant workers must be included in all spheres of work, including domestic work, and should be treated equally. A specific response for female migrant workers who have returned to their place of origin, are unemployed in the informal economy or are unemployed due to the crisis is to create job opportunities through public works programs. For instance, supporting women in the production of masks and other necessary protective equipment may help dampen the spread of the virus while also providing some income security. Women migrant workers' remittances are an important source of income for families and communities all around the world. Many private financial transfer facilities (Western Union) were closed during the epidemic, leaving only digital transfers as a feasible option. To bridge the digital gender gap, women migrant workers must be given information and counseling on how to send remittances digitally.

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<sup>4</sup> Steven Kapsos, Andrea Silberman & Evangelia Bourmpoula, Why is Female Labour Force participation declining so sharply in India?, International Labour Organisation (Sep 27, 2021, 9:29 PM), [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---inst/documents/publication/wcms\\_250977.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---inst/documents/publication/wcms_250977.pdf)

### III. WHY FEMALE LABOR FORCE PARTICIPATION IS DECLINING AMID PANDEMIC

In comparison to other countries, India's overall female workforce participation has been low. According to available data on female participation rates in 1994, India ranked 68th out of 83 countries. In comparison, 2012 ranked 84th out of 87 countries. As a result, female labor-force participation is low and stagnant in the long run, and the sharp decline in female labor-force participation must be considered.

Participation in the female labor force represents women's decision to join the work or unemployed population, rather than joining a part of the economically inactive population (including unemployed and unemplyed).<sup>5</sup> Due to the observed differences in each trend and determinant, the economic literature distinguishes male and female participation in the labor market. Since the 1950s, the massive increase in female labor force participation in most advanced economies has produced a wealth of literature on this subject. The traditional framework for analyzing women's decision to join the labor market can be traced back to Mincer (1962). Mincer believes that agents allocate time between leisure, work at home, and market work. Leisure is regarded as an ordinary consumer product, and its demand is generated by maximizing utility under budget constraints. It is based on the static labor supply model. The agent's preferred working hours are estimated based on information about household income, expected market wages (representing the opportunity cost of not working), and personal preferences.

Different factors influence people's decisions to enter the labour force in both developing and developed countries. Under budget constraints, the developed country model views labour supply as a result of individual utility maximization rather than consumption and leisure. Labor supply decisions in developing countries, on the other hand, are closely related to labour demand decisions and typically take the family as the decision-making entity as a model. Education level is an important factor in determining worker employability, and it is likely to influence Indian women's decision to participate in the labour force. In India, the relationship between female

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<sup>5</sup> Addressing the Impacts of the COVID-19 Pandemic on Women migrant Workers, UN Women (Sep 27, 2021, 9:29 PM), <https://reliefweb.int/sites/reliefweb.int/files/resources/guidance-note-impacts-of-the-covid-19-pandemic-on-women-migrant-workers-en.pdf>

workforce cooperation and education is similar to the U curve. Women with a secondary education have the lowest participation rate in rural and urban areas and across all years. Family income is another important determinant of female labor-force participation. Women in higher income households are expected to be less likely to participate in the labour force. This effect has been documented in literature, and some believe that higher caste families encourage women to live in seclusion. However, if more family members including women work, family income will rise, potentially will alleviate the situation.

#### **IV. WHAT CAN COUNTRIES DO TO EXTEND SOCIAL PROTECTION TO MIGRANT WORKERS IN PANDEMIC ?**

Social protection is part of the ILO's four main pillars against COVID-19 under International Labor Standards. The policy response to the COVID-19 pandemic must include access to cheap health care, paid suffering leave and sickness benefits, protection of employees during unemployment, and income assistance through cash transfers and other allowances.

The social protection system functions as a social and economic stabilizer on its own. Social protection measures should increase resilience, reduce poverty, promote economic reintegration into the labor market, address inequality, and increase social cohesion. Migrant workers in vulnerable situations should be given due consideration. Gender-sensitive social protection should meet the specific realities and demands of men and women at the same time. It should also ensure that despite the fact that most women and men work in informal jobs, they are able to receive insurance.<sup>6</sup> Various social protection measures should be merged to progressively develop a universal social protection system for migrant workers during the COVID-19 outbreak in order to attain widespread social guarantee for them.

The National social protection floor should essentially ensure basic protections for all the people (for example, emergency medical care for immigrants, regardless of their status). The

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<sup>6</sup> ILO and UN Women ,COVID-19 and Women Migrant Workers in ASEAN, Spotlight Initiative (Sep 27, 2021, 9:29 PM), [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms\\_746979.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_746979.pdf)

International Labour Organization's Social Security (Minimum Standards) Convention and Recommendation No. 202 of 1952 provide useful guidance.

Policy options should be formulated through social dialogue which can be summarized as short-term and medium to long term response measures, as follows:

Short term response measures emphasize a set of practical solutions based on the principle of equal treatment to address more urgent needs. On the other hand, the medium and long term response measures aim to provide migrant workers with a full and economically sustainable set of comprehensive and comprehensive social security benefits.

Whether a country is primarily a place of origin, transit, or destination, as well as the development of its social protection system and budgetary and fiscal capacity, will determine which response measures to apply and the extent of the policy.

- 1. Health Care:** Obtaining appropriate health care is an important part of social protection, especially during pandemics. To deliver quality health care, the following aspects should be considered:

Migrant workers with irregular status should be able to access necessary health care as part of the national social protection floor, in accordance with the 'International Human Rights Treaties', without fear of being deported. Migrant workers' financial capacities must be taken into account for effective access. France and Spain are examples that extended immigrants' residency permits for a further three months to assure widespread access to medical services amid the current crisis. Regardless of immigration status, Colombia will give free medical advice to immigrants and refugees with COVID-19 symptoms.

- 2. Promote Access to Social Protection Programs:** In view of the current scenario, countries may expand the scope of contributory and non-contributory programs, such as unemployment and illness benefits for migrant workers who work in the informal economy or have an informal status. Consider extending visas, employment and residence permits, amnesties, more flexible administrative procedures, or exceptions to

existing immigration laws and restrictions to ensure that access to social protection benefits is not disrupted.

**3. Availability of Information:** It is essential to ensure that migrant workers understand protection, prevention, treatment measures, economic and social protection rights during the COVID-19 crisis, especially:

- Migrant workers should be made aware of their social protection rights and entitlements as well as how to get them.
- Raising the awareness among migrant workers and their families about the preventive measures to be taken and the mental and health protection measures and services provided to them is vital to reduce the risk of pollution and transmission.
- It should also be informed to the migrant workers of the relevant and prevalent COVID-19 response measures taken by the destination country authorities that may affect their employment, living, or travel conditions. Changes in their employment or immigration status may affect their needs and access to social protection and income replacement measures.
- Need to provide information in a language that migrant workers can understand, while also considering the number of illiterate workers who may need visual or auditory communication.

**4. Provide Income Support through Cash Transfers & Other Methods:** Income protection is an important component of social protection since it helps to sustain social cohesion and stability. In the event of illness or job loss, it provides short term or temporary emergency cash and food transfers, which helps ease people's basic and immediate requirements. It is especially relevant for large groups of immigrants who have temporarily or permanently lost their employment or livelihoods, cannot reach their support network due to travel restrictions, and cannot return to their homes.<sup>7</sup> Some countries may distribute food or financial rewards through existing programs or by

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<sup>7</sup> COVID-19 and the risk of exacerbating existing vulnerabilities, IOM UN Migration (Sep 27, 2021, 9:50 PM), [https://www.iom.int/sites/default/files/our\\_work/ICP/MPR/migration\\_factsheet\\_6\\_covid-19\\_and\\_migrants.pdf](https://www.iom.int/sites/default/files/our_work/ICP/MPR/migration_factsheet_6_covid-19_and_migrants.pdf)

establishing new ones. Development partners, trade unions, civil society organizations, and other partners may engage in or oversee this transfer in other countries.

## V. CONCLUSION

Migrant workers have made major contributions to society and the economy during the current crisis, and have undertaken an important role. Migrant workers, on the other hand, continue to be undeserved in terms of proper and comprehensive social protection. In these conditions, it is important to ensure that all workers, especially migrant workers, have adequate health and safety protection at work and social support. Although many nations have implemented short term social protection measures to assist migratory workers, such policies are not available to all migrant workers. As countries recover from the pandemic, they will have the opportunity to strengthen their social protection systems. Wherever practicable, these interventions must be incorporated into long term strategy.

As part of the global ambitions to achieve global social protection and the 2030 Agenda for Sustainable Development, the inclusion of migrant workers in a contributing social security system can support the expansion of social protection coverage and its transition to the formal economy, thereby also increasing fiscal space and it may be self-financing.

Governments should work with social partners and other stakeholders to adopt a comprehensive approach to include migrant workers in national social protection responses according to the principles of equal treatment and non-discrimination in International Human Rights, International Labor Standards, and the International Labor Organization Centennial declaration on future work. Such methods will play an essential role in reducing the impact of COVID-19, supporting economic and social recovery, and enhancing the ability to respond to future crises.