Impact of the Lockdown on the Indian Village Economy

Survey on Migrants' Health, Household Economy, Access to State Services, and Beliefs During COVID-19

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September 22, 2020

Executive Summary

We present a summary of the salient ways in which informal workers – who are disproportionately local migrants – have been affected by the COVID-19 pandemic and the associated lockdowns. This report is based on three rounds of household surveys conducted over the period of May - August, with male migrant daily-wage laborers in Chennai mostly from villages or towns in Tamil Nadu and primarily employed in construction and their wives. ¹ Each participant has attended a minimum of one round to a maximum of three rounds.

First, migrants headed home towards family, villages, and native places from Chennai when the lockdown began, but then began heading back to Chennai by July. This trend of returning to the city continued to pick up speed in August. Almost 55% of our sample reported being in their native district in the month of July, which fell to 34% in the month of August. Overall, in the third round we find 66% of our sample residing in Chennai.

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Data collected by the Behavioral Development Lab: the BDL, housed under Leveraging Evidence for Access and Development (formerly IFMR LEAD) and Krea University and affiliated with the Abdul Latif Jameel Poverty Action Lab at South Asia (J-PAL SA), conducts numerous research projects at the intersection of behavioral and development economics to understand the causes and consequences of poverty.

¹For male participants, Round 1 was conducted from May - June and covers 451 participants, Round 2 was conducted in July and covers 99 participants, Round 3 - ongoing- covers 179 participants. For female participants, Round 1 was in June and covers 42 participants, Round 2 was conducted in July and covers 40 participants, Round 3 - 40 (ongoing).

Second, employment was concerningly low during the months of May and June at 45%, however the months of July and August witness a transition to 67%. There was a significant change in employment status between rounds and the overwhelming majority of this was towards seeking and finding work. Moving back to Chennai, marked a clear improvement in chances of employment and, likely, drove much of this trend. Among women, 44% of them mentioned that they tried to find work after lock down, among whom only 64% in July and August state that they had found work.

Third, there were severe threats to migrants' food security. For the male population, 49% say they do not have sufficient food available in all three rounds, with almost 6% in May - June, to 12% in August expressing uncertainty about the sufficiency. Almost 15% of those who mentioned scarcity of food, express that they have reduced intake as a family. Among women, almost 33% mention that they have reduced their personal food intake through all the rounds.

Finally, most migrants have growing awareness of various COVID-19 precautions. There are fixable access problems in accessing masks and clean water for handwashing. The news, friends, labor stand connections, and social media were all very active sources of information; elected representatives were not commonly used as a source of information. However, the stresses of this period have left many with poor mental health with almost 57% of the male respondents feeling scared and 7% terrified about the situation.

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1 Data and Background

1.1 Sample and Timing

This data was collected to study the impact on the daily lives of migrant workers in Tamil Nadu due to the Coronavirus pandemic, the lockdown, and other state policy responses to the pandemic. The participants are Indian rural-urban migrant workers employed casually in construction in Chennai who were a part of a previous study and wives of the migrant workers. The data was collected through phone surveys. This report is based on surveys from 3 rounds of the primary module studying male laborers and 3 rounds of secondary module studying wives of the migrant labourers.² Information on the timing of these surveys is provided in Table 1 below.³ Each participant attends a minimum of one survey to a maximum of three surveys. While there was some attrition in the sample that caused the smaller sample in round 2 and round 3 (ongoing), the same workers continue to be surveyed across time.

			Interval Since Prev.			
Module	Round	N	Date Started	Date Ended	Mean Gap	Median Gap
Primary	1	451	21 May, 2020	30 June, 2020		_
Primary	2	99	1 July, 2020	30 July 2020	34 days	23 days
Primary	3	179	3 August, 2020	30 August 2020	19 days	18 days
Secondary	1	42	14 June, 2020	30 June, 2020		
Secondary	2	40	1 July, 2020	30 July 2020	28 days	26 days
Secondary	3	40	2 August, 2020	30 August 2020	31.5 days	31.5 days

Table 1: Timing of Survey Administration

We will continue to administer this survey every two to three weeks to create an ongoing panel. In addition, there is an ongoing second module surveying the wives of our sample to study any gender differences in the impact of covid-19.⁴ Additional summary reports will be added on a similar time frame.

1.2 Demographics

Participants are primarily from districts of the state of Tamil Nadu, though a small fraction of participants are from neighboring states. The median age of the male respondents is

²In the primary module there are 451 surveys in round 1 and 99 surveys in round 2 and 179 in round 3. 35 individuals in round 1, 12 in round 2 and 10 individuals in round 3 only partially completed the surveys. In the secondary module there are 42 surveys in Round 1, 40 in Round 2 and 40 in Round 3.

³Primary module refers to the module surveying male respondents and secondary module refers to the module surveying the wives.

⁴Data and reports will be maintained and uploaded on our site.

40 and the mean age is 43. Similarly, median age of women respondents is 37 and mean age is 37.4 with 93% of our sample being married. On an average our participants have two children. Our median respondent lived in a household with four members (including themselves) at the time of the survey.

2 Where are Migrants Now: Return to Home and Back

2.1 Summary

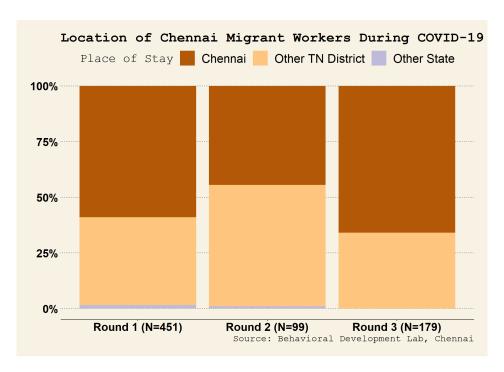


Figure 1: Migrant Location

Participants were initially recruited in Chennai as a part of another study of construction daily-wage laborers in labor stands. Almost half of all migrant workers had left the city around the time of the lockdown. Of those who returned home, almost 45% resided in villages. The rest were split fairly evenly between towns and cities in other districts or states.

Following the initial round of the survey, many respondents have moved again, including a significant majority towards Chennai or other towns and cities. Despite this, in the month of August, almost 34% of migrants remain outside Chennai since leaving during the lockdown.

In the in the months of May - June, some participants (N=172) attended two surveys in the same month. Among those almost 12% had returned to their native place by the second round. Besides this, by the month of July, almost 55% were in another district with 44% in

Chennai. In the latest survey round, however, the movement was back to their work places, with almost 66% in Chennai.

The average percentage of people in round 1, round 2 and round 3 who answered that they received governmental assistance to move back to their natives was 3.7%. In contrast, the average percentage of people in round 1, round 2 and round 3 who received governmental assistance while they were stranded in Chennai was 12.41%. This difference suggests marginally better assistance was provided for those stranded for a longer period, potentially due to increasing service delivery for this group over time.

Overall there was significant movement between the rounds, with the first wave back to the districts and the second wave towards Chennai, refer figure1. Further, these trends correlate well with return to native places and family, in July almost 44% of them mention that they are with their families in their natives, in August it has dropped to almost 34%. In August, there were almost 15% reporting that their families are still back in native although they had returned to Chennai.

3 Household Economy

3.1 Housing Conditions

In all three rounds, housing with "Asbestos/Tile/Metal roof" is seen to have the highest occupation. However from round 2 to round 3, there is an increase in temporary housing compared to other forms as opposed to the shift between round 1 and round 2 where there was an increase in Asbestos/Tile/Metal roof type of houses, as shown in Table 2. This also reflects the movement of migrants back to work location by the month of August for work purposes.

	Kind of Housing (Excluding "Other")	Round 1 $(N = 451)$	Round 2 $(N = 99)$	Round 3 $(N = 179)$
1	Homeless/On the platform	0.30%	0%	1.13%
2	Temporary housing/hut	13.9%	7.14%	9.04%
3	Asbestos/Tile/Metal roof	49.55%	67.35%	57.06%
4	Concrete roof/government board house	36.25%	25.51%	32.76%

Table 2: Migrants' Housing Conditions

3.2 Household Employment

3.2.1 Labor Status

The employment rate has improved since the previous round of the survey. By round 3 in August the percentage of sample that had found work was 74.71%. Further, the percentage of population who did not look for work fell to 3.53%. On an average, across all rounds, 29% of the population could not find work despite looking for work. In terms of frequency of work, in the month of August, those who found work worked a mean of five days of the previous week. The majority of this work was in construction and a significant minority was in agriculture.⁵ Refer figure 2 for the variation in employment status across rounds.

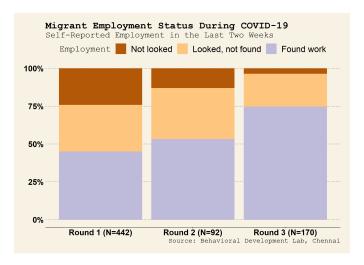


Figure 2: Migrant Employment Status

Almost 38% of the sample in August reported to have found work by attending labor stands (through in-person recruitment or via call) and 56% report to have found work through phone calls either made or received from employers, fellow workers and friends.⁶ Compared to the previous round, there has been a steady improvement in employment status and variations in ways of looking for work.

3.2.2 Changes in Daily Life

In the male sample across the three rounds, the most common changes in daily life has been in two forms including: 1) not going out often (43.66%) and 2) covering one's face (46.52%)

⁵Our sample is from a previous study based mostly on migrants usually employed in casual construction work, recruited by contractors daily from Chennai labor stands.

⁶Labor stands are places where daily wage workers gather to look for work, recruiters come to the stand to hire laborers who are available for the day. These are extremely short term opportunities that range from one to three days and very rarely, for a week.

and among women, the main changes include 1) washing hands more often (48.78%) 2) covering face (48.78%) and 3) not going out often (45.53%).

4 Impact on Women

78% of 47 women who were surveyed in the months of May-June, state that they took care of 100% of household chores before COVID. Among them almost 64% mentioned that they were engaged in paid work before the lockdown, suggesting that women could be deferentially affected during a crisis like COVID-19 given the competing demands on their time. To this point, 25% of the female respondents in August mention that they have been doing more work after the lockdown while 51% of them reporting across all three rounds that they are engaged in paid work during the lockdown as well. On a positive note, 26% of women express that their husbands are more involved in household chores during the pandemic. Another key aspect within the framework of marriage is household decision making; when asked - who plays a major role in decision making within the household post the lockdown - 24% of the women mention that they have come to play an equal role in decision making during this period.

The pandemic has serious financial implications with daily wage workers not being able to work, moreover, 74% of 29% women who were part of Self Help Groups pre-COVID-19, report that the Self Help Group activities have been suspended due to the pandemic. This could result in additional financial consequences as it may reduce savings and community led paid opportunities for women, thereby curbing their financial freedom as well. Financial concerns primarily also extends to basic needs like food, wherein almost 55% women say they might not have enough food to sustain themselves and their families for the subsequent two weeks. As much as borrowing from local money lenders has increased, women also cope with the scarcity by consuming lesser quantities of food or fewer meals than their families with about almost 33% of women agreeing to have reduced their personal intake. There are other implications of this pandemic that extends beyond carework and employment - for example, the mental health of women is of concern. There is a mean well being drop of 3.2 points before and after COVID when measured through the Cantril's Scale. ⁷ The results of the surveys with women convey the requirement for considered gendered effects of the crisis, where the need of the women - both working and non-working, are also considered while building relief and action.

⁷Cantril's Scale is a well being measurement ladder, numbered from 0 to 10, indicating the worst possible life and 10 indicating the best possible life.

5 Delivery of State Services and Food Security

The Tamil Nadu state government offered cash transfers of Rs. 1,000, eligible to be received by its poor citizens—those eligible to receive rice and ration commodities at the shop. This cash is distributed by offering tokens to receive the transfer at the ration shop. There were clear implementation gaps in the delivery of this cash transfer, particularly at the last mile stage. Firstly, there was a lack of clarity: On an average, across all three rounds among the male population, 27% of our sample did not know their eligibility to receive the transfer. Almost 27% of the sample in May - June did not receive the cash. A participant in a conversation also mentioned how during these months they did not receive the cash but instead were given 5 kilos of extra rice per person (in the household); he asks "What do we do with only rice?". As much as this cash transfers come timely, overall 3.4% of women across all rounds report not receiving the cash transfer. Figure 3 further disaggregates the ration card status of those who didn't receive the cash transfer or the token for the transfer.

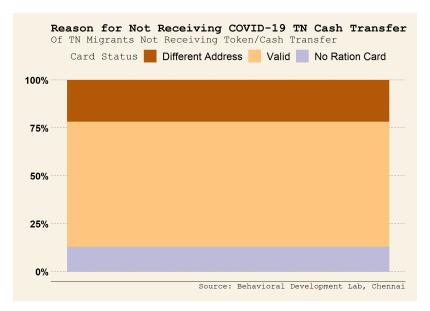


Figure 3: Migrants' Ration Card Status

Besides receiving the cash transfers, providing groceries is a key function of the Public Distribution System. Across all rounds, on average 6% of men report not receiving groceries. 5% women report not receiving any commodities in July, increasing to 15% in August. The most common reason provided by men for not receiving commodities was shops facing shortage. The circumstances around availability and access push so many households into informal borrowing, almost 17% of men and women across all rounds who reported not receiving commodities, inform that they resort to borrowing to manage during this crisis.

As discussed above, food security is a pressing issue. Almost 51% of male respondents

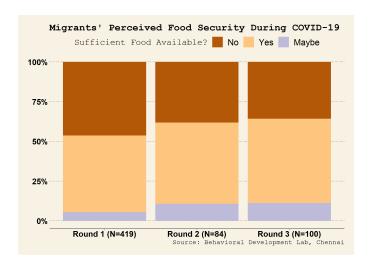


Figure 4: Migrants' Self-Reported Food Security

in all rounds either said that they didn't have sufficient food available or that they were unsure about the sufficiency of food (refer Figure 4). An overwhelming majority of our sample had made some changes to consumption or reported facing difficulty vis a vis food security. Especially, 7% women and 15% men report a reduction in intake in the month of August.

6 Health, COVID-19 Related Information, and Beliefs

6.1 COVID-19 Precautions and State and Non-State Health Advice

Overall, there seemed to be a relatively high prevalence of self-reported awareness regarding covid as well as engagement with precautionary measures. Around 80% or more of respondents reported receiving advice to wash hands, not go out, and to wear masks.

6.1.1 Hand-Washing

The importance of washing hands has been widely publicised through state and central government messaging mechanisms as well as commercial entities like soaps, sanitizers and other health and hygiene product manufacturers regularly through advertisements, radio announcements and newspaper articles. When presented with scales ranging from "Not important at all" (0) to "Very important" (5), almost 50% believed that hand washing was very important in the months of May to July and almost 40% in the month of August; Nobody said that it is not important at all when asked in the months of May - July. On an average across the first two rounds participants mention they wash hands almost 5 times in a day, which drops to 4 in August. However, despite this high self-reported statistic of awareness, a small fraction, 4%, of migrants reported not having sufficient access to

water to wash their hands. On an average even those who report insufficient water wash their hands 4 times a day.

6.1.2 Masks

Mask-wearing has increased substantially from the period prior to COVID, but remains far from universal. In the male sample on an average across all rounds, only 65% reported wearing a mask every time they go out. However, it appeared like access to more robust masks improved with store-bought masks, with majority now using reusable masks, refer Figure 5. Mask access also appeared to grow: only 4.6% in round 1 (late May - June) and none in round 3 (August) reported that masks were not available. The average cost of masks reported across all rounds is close to Rs. 30. When asked "If there were 10 people in the ration shop queue, how many of them do you think would be covering their faces?", people had an average guess of 6 of them covering faces through the months of May and June, whereas the average guess increases to 8 people in August.

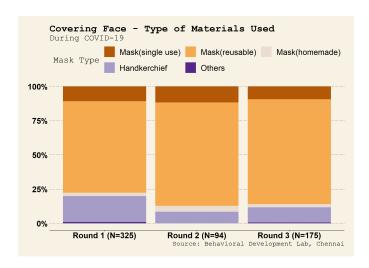


Figure 5: Covering Face - Type of Material Used

It is relatively well known that mask wearing was associated with protecting the self and others. When asked why they were being asked to wear masks, across all rounds on an average 47% say it is to protect themselves and 24% say it is to protect others. In order to understand how migrants view their safety when they go out with a mask versus without mask, we ask our participants to express their level of safety in both the situations on a scale from 1(not safe at all) to 5 (Extremely safe). On an average across all rounds, people report a safety level of 1 without wearing masks and a safety level of 4 when wearing masks. Overall, there is an increased awareness and understanding about practices that help in preventing the spread of the virus which has fairly sustained across time as well.

6.2 Sources of Information

First, when it came to formal sources of information, news and multi media campaigns were noted significantly more often as sources of information than elected representatives. Across all rounds among men, 77.35% reported watching the news as a source of information. In contrast, only 1.91% reported gaining information from an elected representative across all rounds. This pattern remained consistent across all rounds, most information was consumed through television news or print media. Finally, while many respondents knew individuals who were punished by the police for violating lockdown rules, knowing individuals punished by the police had no statistically significant effect on the likelihood that the respondent themselves would leave their house or otherwise break quarantine.

When asked to rank different sources of information based on usefulness and importance, the source of information that the male respondents gave the highest ranking to was speeches and information of government representative on TVs and news channels - with 37.57% of them giving first rank to it. Similarly, women give importance to the same channel of information as men with almost 29% giving first rank to it. In addition to that, we also asked women to choose a channel of information, from which they are most likely to implement changes. Close to 48% women chose information from Husbands/family member, followed by 36% choosing information from local government. This reflects how people weigh the information received from different channels and how certain amount of consensus within households could increases the effectiveness of information dissemination.

Finally, friendship and acquaintance networks made in the city through the process of work and migration remained active through the lockdown. Migrants reported being in touch with 11 people from their Chennai labor stand on average. However, these networks may dissipate with time: no respondent in the first round reported being in touch with 0 individuals from their previous labor stand, but 12 individuals had lost touch with their labor stand networks by round 2 in late June to early July.

6.2.1 Information and Misinformation

In order to understand levels of misinformation among participants and popular sources of such misinformation, we gave participants a list of items that they had to identify as true

⁸The options given were: i) PM/CM/ Health Minister speeches in TV News. ii) Local governments provide information regarding precautionary measures like washing hands, wearing masks, and not leaving home and iii) Friends and neighbours.

⁹The information remained constant which was -children should not got out to play because of COVID 19. The options for channels were: i) If your local government representative/panchayat officer told you, ii) If your husband/ family member told you and iii) If the news on television/ radio told you.

or false. Across the months of July and August, **71% men** and **91% women** believe in at least one misinformation (or myth). On an average men get 2 pieces correct information right and women get close to 3 out of 3 pieces of information we enlist.

The most common misconception among men is that goods from china can be dangerous and can spread virus and the most common misconception among women is that garlic can help cure COVID-19. It is also noteworthy that on an average 17% men and almost 10% women believe that **sounds and noises** can kill the coronavirus. When it came to correct information, on an average, more than half the men and women identify true information pieces correctly, when listed. As much as it is important to note the information gaps that exist, it is also important to identify the channels of such myths. The top two sources reported for such misinformation among men and women are news and verbal conversations/friends and family, in that order. This also conveys how scattered pieces of information across different mediums, during a time that holds panic and confusion, could easily mislead people.

7 Wellbeing

Among the male sample, almost 57% of all respondents reported feeling scared as shown in Table 3 and 7% reported feeling terrified. Top three reasons of being scared include falling sick (close to 41%), not finding work or a source of income (30%), family falling sick (14%).

Among female participants, a similar number - about 51% mentioned that they were scared, with almost 12% saying that they were terrified.

	Scared?	n	percent
1	No, not at all.	213	35.86
2	Yes, a little.	110	18.52
3	Yes, we are scared.	228	38.38
4	Yes, we are terrified about this situation.	43	7.24
		594	100.00

Table 3: Migrants' Mental Health (Male Respondents-Rounds 1 & 2 & 3)

7.1 Standard Mental Health Measures

To understand well being differences and levels of anxiety and worry in a detailed manner, we made use of the PHQ4¹⁰ questionnaire and Cantril's Scale.

¹⁰The Patient Health Questionnaire has 4 questions covering anxiety, unable to stop worrying, reduced pleasure/enjoyment in life and lastly hopelessness. The scale measures how often people feel these emotions by marking on a range from 1 (Not at all) to 4 (Nearly every day)



Figure 6: PHQ4- Male vs Female

Overall the mean PHQ level (all four questions) across male and female population is 2.4 with female population showing an average of 2.2 and male population having 2.5, as shown in figure 6.

Cantril's ladder brought to light the drastic change in the well being of our sample before and after the lockdown. The question involves asking the participants where they stand on a numbered ladder - 0 to 10, with 0 representing a worst state of the life and 10 representing the best life possible. A before and after comparison between men and women show a clear movement towards a lower state of well being. For men, average score chosen on the ladder for state of well being reported retrospectively for the before COVID-19 was 6.2, while 2.65 was the level chosen after beginning of COVID-19. Similarly for women the average stands at 6.2 before COVID-19 and drops to 2.9 during lockdown. There is a drastic drop in mental state of well being before and after COVID-19, which could come from multiple sources such as fear related to sickness, loss of income, fall in savings and the post-covid employment scenarios.

8 Conclusion

The COVID-19 pandemic has had a debilitating effect on the physical, economic, and mental well being of migrant workers. In order to survive this period, migrants will likely need external support: a large fraction remain unemployed or underemployed, have their food security threatened, live in temporary housing, and manage large households with many

dependants. Many migrants also do not hold ration cards or do not have access to the PDS shops where they are currently located. In addition, widespread information dissemination and further management of supplies at the shops would help to alleviate disruptions in the provisions of rations or other associated benefits (e.g., cash transfers). Besides measuring the impact of the pandemic on migrant labourers, it is also extremely important to apply a gender lens and address the doubling burden on women - both the paid sphere as well unpaid sphere. This report also raises some important considerations for future COVID-related policy. For instance, the positive effects of living in the city on employment chances is important context when designing lockdowns and considering debates on funding migrants' transportation. Finally, this report also discusses how most migrants have been gaining awareness of various COVID-19 precautions. Elected representatives may be able to further increase awareness and adoption of COVID best practices as well as access to needed supplies such as masks.



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