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Social Protection of Women Migrants amidst COVID-19: Can Social Protection Contribute to Social Inclusion

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ABSTRACT

The COVID-19 pandemic outbreak has stagnated the global economy and has a massive impact on social, religious, and political structures worldwide. It is a significant public health difficulty and is causing severe economic and social impacts on countries and migrant workers and their families.

The epidemic has had a prodigious impact on the business and labor class of society. According to the International Labour Organisation estimate, approximately 2.2 billion workers are affected by global blockade measures, which amount to 68% of the worldwide labor force. It is well known that the worker's class is the main contributor to our country social and economic development. However, they face considerable challenges in obtaining social protection, including health care and income security in countries of origin, transit, and destination countries, which pose risks to the entire public health system.

Although the pandemic impacts all migrant workers, our paper's focus point is women migrant workers, who are also exposed to harassment, violence, and discrimination in addition to the crisis of epidemic.

Therefore, a comprehensive approach will be adopted to include migrant workers in the national social protection response to comply with international human rights, international labor standards, and the principles of equal treatment and non-discrimination will play an essential role in mitigating the impact of COVID-19.

This paper attempts to highlight the pandemic's impact on women migrants workers and focuses on the pandemic's consequences, including violence, social protection, and health, and focused on the question, How does Social Protection contribute to Social Inclusion?

The comparative study of the existing social policy designed under the changing political system and turbulent economic environment to protect this vulnerable group and reduce

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current and future displacement, discrimination, and poverty and whether Social protection and labor programs can be designed and implemented to address the results and drivers of social exclusion.

Keywords: Social Protection, Women's Labour Rights, Vulnerable Sector, Comparative Social Policy

I. INTRODUCTION

As a rapidly spreading disease, the COVID 19 pandemic has caused a series of adverse cognitive reactions and emotions among high-risk groups. As a result, in addition to the adverse effects on physical health, the COVID-19 pandemic may also cause chronic psychological manifestations such as depression, anxiety, panic disorder, and psychosomatic manifestations.

During India's blockade, travel was suddenly banned across the country, lack of work resulted in no economic medians to consider care of regular grocery and quarantine regulations, all of which led to a high degree of anxiety, which in turn led to social irresponsible behavior and panic inside Attacks by migrant workers. Recently, migrant workers stranded in the country flocked to train stations and bus stations. They desperately tried to return to their hometowns, ignoring the blockade rules. It is one example. It always leads to a vicious circle of vulnerability to infection, isolation, stress, and violation of preventive measures. These migrant workers are indeed intensifying anxiety, forcing many of them to walk thousands of kilometers to their hometowns without any food or shelter in transit.

When thousands of migrant workers in India began to travel long distances home, they took their children, clutched their meager property, crowded transportation network, assaulted and lacked resources, and suddenly stagnated after the new coronavirus pandemic. They face hunger, poverty, police anger, community suspicion, and tragic death. The suffering of displaced informal workers accounted for more than 90% of India's labor force. It helped build India's \$2.9 trillion economies, which shows the country's social protection system's fragility, the weakening of recent progress, and the urgency for national welfare's need to take more robust and more responsible measures.

According to UN Women, the impact of the COVID-19 are different for men and women and may cause greater inequality for people in a disadvantaged position such as immigrants.

Organizations worldwide are aware of this inequality and warn that there is an urgent need to study at existing realities from gender and communication to identify these inequalities while providing better protection and assistance for the more vulnerable. Intend.

The survey of employment and unemployment in India conducted by the National Sample Survey Organization (NSSO) in 2009-10 showed that the female labor force participation rate had dropped significantly. Compared with the previous survey, the labor force participation rate of women aged 15 and over dropped by 10.1 percentage points. Compared with 2010, the number of women in the labor force decreased by 22.6 million.

In contrast, India's male participation rate fell by only 3.4 percentage points during the same period. According to the latest survey (government, 2013), the female participation rate in rural areas has fallen further, falling by two percentage points since 2010, while in urban areas, the percentage has increased by 1.1 percentage points. The overall female participation rate fell by 1.3 percentage points, while the male participation rate fell by 0.8 percentage points.

Women migrant workers around the world are at the forefront of the COVID-19 pandemic. They work in necessary but low-paying and vulnerable jobs, such as health care workers, nurses, cleaners, and laundry workers, making them highly likely to be exposed to the coronavirus. Female migrant workers have had to deal with multiple intersecting discrimination, inequality, gender restrictions in immigration policies, unsafe labor forms, racism, and xenophobia.

This paper attempts to highlight the pandemic's impact on women migrants workers and focuses on the pandemic's consequences, including violence, social protection, and health, and focused on the question, How does Social Protection contribute to Social Inclusion?

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

Female migrant workers have suffered a tremendous risk of squandering livelihoods because of their labor and human rights violations and pandemic. They are anticipated to operate in the informal administration, especially in the domestic service and nursing sector, with unsafe contracts and no paid vacation or the ability to work from home and more prone to employ in short-term, part-time jobs. Their work is usually not included in contributory social insurance schemes, which means that there is limited or no social security network to compensate for the loss of income and limited or no access to medical care and maternity protection.

The remittances sent back home by migrant women to maintain the economies of many countries in the world. Payments render aid for households and communities in the country of source, particularly in emergency circumstances. Given the commercial downturn effected through the influence of present pandemic, remittances sent by women migrant workers have decreased, which has further exacerbated the vulnerability of households that depend on this income.

Challenges and Risk

1. Loss of livelihood

- The International Labor Organization estimates that due to COVID-19, the number of unemployed globally may increase by nearly 25 million, disproportionately affecting the income security of women, immigrants, and the wider community.
- It is reported that women migrant workers are primarily unemployed in definite areas. Considering they manage to work in the mixed market beneath unbalanced situations without a conventional work agreement, and the scope of protection under labor laws is limited, employers can more easily terminate their employment to acknowledge the COVID-19 pandemic and economic recession caused.
- Due to the economic downturn, female migrant workers in regular employment are also prone to unemployment, putting many people in a problematic situation regarding the uncertainty of their occupation authorization and visa status and protection prospects.
- Halting cumbersome procedures and communication limitations, enlarging unemployment or additional advantages are vital blocks that have been intensified by the cessation of emigration assistance.

2. Emphasize nursing and domestic workers

- Due to COVID-19, domestic migrant domestic workers are particularly vulnerable to unemployment because they manage to employ mixed vocation, ordinarily without registration, and employment stability. Their vulnerability has been increased due to reduced aid and security tools for migrant female indigenous workers, limited availability of accurate information due to language and cultural differences.
- Migrant maid domestic workers face a considerable risk of abuse. Due to increased travel restrictions, they are trapped and unable to return home.

- Those who worked in family units thinking about kids, the wiped out, and the old face extended danger of contracting the infection since they are probably going to have direct contact with individuals tainted with virus.
- In countries affected by COVID-19, many women migrant maids, cleaners, and caregivers have to deal with the intensified workload to assure sanitation and regimen and provide essential care, frequently without individual protecting equipment or overtime fees.

3. Limited freedom of movement

- Travel bans and restrictions restrict women migrant workers from returning to their countries of origin, as cross-border travel becomes more complicated and difficult. It includes screening measures and health certification requirements for entry into a country. Those who aspire to go homeward may determine not to travel because people are not permitted to revert to the nation where they work.
- Women migrant workers who cannot return to work due to travel restrictions may completely lose their livelihoods in the absence of social protection and families relying on remittances.

4. Lack of social protection and health care

- Migrant women, peculiarly those striving in informal economics, have limited or no access to social protection, medical care, and maternity protection because they usually do not participate in contributory social insurance schemes.
- Women migrant workers who lack health insurance or have irregular immigration status may be reluctant to comply with COVID-19 screening, measuring, and therapy procedures because they fear that the authorities will inspect documents and be fined, arrested, detained, or deported.
- Due to a deficiency of pharmaceutical insurance and admittance to medical services, female migrant workers' sexual and reproductive health has been compromised, and the situation has become more severe as COVID-19 expands the health system to its limits. For example, in the United States, with a fully privatized health care system, it is estimated that 20% of all immigrants are uninsured (compared to 8.5% of the total population), and the number of people without immigration status is expected to be higher.

5. Violence against women migrant workers

- COVID-19 has increased the risk of women migrant workers suffering from sexual and gender-based violence at all stages of migration, especially migrant women with irregular migration status or sexual and gender minorities affected by discrimination or fear. Violent arrests or deportations are rarely reported.
- Past epidemics have shown that women and girls, including immigrant women and girls, are at increased uncertainty of gender-based violence, faithful companion violence, and sexual exploitation and abuse. The Ebola pandemic shows that various forms of violence in crises, including trafficking, child marriage, sexual exploitation, and abuse, are increasing. COVID-19 may currently be driving a similar trend, and given its fragile situation, it will significantly affect immigrant women and girls.
- Due to forced coexistence, cramped and restricted living conditions, financial pressure, and fear of contracting the virus, domestic violence has surged. For immigrant women who have language barriers and lack of access to essential services (health, police, justice, and social services), this situation is even more complicated, and COVID-19 severely limits these services.
- Due to travel restrictions, quarantine measures, or unemployment, migrant women may be forced to live with potential offenders and may not leave an abusive relationship. Due to restricted movement, closed clinics, and fear of contracting the coronavirus, immigrant women and girls suffering from gender-based violence have difficulty accessing medical care and essential support services.
- Due to the severe pressure on patients, their relatives, and other medical staff caused by the pandemic, women migrant workers in the health sector are at increased risk of sexual harassment and violence in the workplace. For example, in China, there has been an increase in physical and verbal assaults reported by front-line medical staff (many of whom are migrant women)
- Increasing gender-based violence: Movement and quarantine restrictions have forced many women to isolate themselves from abusers or potential abusers. Uncertainties in the labor force and immigration, as well as social disparities, exacerbate existing gender-based violence. For many immigrant women who do not have adequate support networks in transit and destination countries, their aggressors' isolation is a potential danger.

- Xenophobic exclusion: The stigma that immigrants have COVID-19 because they are immigrants makes them a threat. In migrant women, this discrimination can lead to consequences, such as lack of proper care in medical centers and other medical institutions directly related to women (e.g., pregnancy care or legal and psychosocial support due to gender violence).

III. RECOMMENDATIONS

1. Regardless of their migration status, women migrant workers should enjoy full human rights during and after the COVID-19 pandemic under international law. This means ensuring that all migrant women and sexual and gender minorities, including victims and survivors of gender-based violence in crises such as 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 affect immigrant women and girls due to their fragile conditions.
2. Domestic violence has surged due to forced coexistence, cramped, and local living conditions, financial pressure, and fear of contracting the virus. For immigrant women who have language barriers and cannot access essential services (health, police, justice, and social services), the situation is even more complicated, and COVID-19 severely limits these services.
3. Due to travel restrictions, quarantine measures, or unemployment reasons, migrant women may be forced to live with potential criminals and may not escape an abusive relationship. Due to limited mobility, closed clinics, and fear of contracting the coronavirus, immigrant women and girls who have suffered gender-based violence have difficulty accessing medical and essential support services.
4. As the pandemic has caused tremendous pressure on patients, their relatives, and other medical staff, female workers in the health sector amplify the contingency of sexual harassment and violence in the workplace. For instance, there has been an extension in physical and rhetorical attacks reported by front-line medical staff (many of whom are immigrant women).
5. According to international standards, women migrant workers should be included in all work areas, including domestic work, and should enjoy the same treatment as nationals in national and local crisis response and recovery plans. For female migrant workers who have returned to their country of origin, are unemployed in the informal economy, or are unemployed due to the crisis, a specific response is to create employment opportunities

through public works programs. For example, supporting women to produce masks and other necessary protective equipment may help slow the virus's spread and provide small income security.

6. Remittances from women migrant workers are an essential source of income for families and communities around the world. Many private cash transfer facilities (such as Western Union) were closed during the pandemic, and digital transfers were the only viable option. Women migrant workers must be provided with information and guidance on how to send remittances digitally to help bridge the current digital gender gap.

IV. WHAT COUNTRIES CAN 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. Admittance to affordable health administration, admittance to paid suffering leave and sickness benefits, protection of workers during unemployment, and income support through cash transfers and other allowances are critical components of the policy response to the COVID-19 pandemic.

The social protection system acts as an automatic social and economic stabilizer. Social protection measures should increase resilience, reduce poverty, promote economic reintegration into the labor market, address inequality, and increase social cohesion. Appropriate consideration should be given to migrant workers in exposed circumstances. Social protection-sensitive to gender issues should simultaneously address the unique realities and needs of men and women. It should also ensure that although women and men are usually in an informal employment situation, they can still obtain insurance.

In order to achieve general social assurance for migrant workers during the COVID-19 outbreak, various social protection mechanisms should be combined to establish a universal social protection system gradually.

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

Determining which response measures to use and the policy's scope will depend on whether a country is primarily a country of origin, transit, or destination, and the development of its social protection system and its fiscal and fiscal capabilities.

1. Get health care

An essential aspect of social protection, especially during pandemics, is obtaining quality health care. The following factors should be considered to provide quality health care:

- Migrant workers with irregular status should at least obtain necessary health care as part of the national social protection floor following international human rights instruments, without fear of being condemned by immigration authorities or deported
- Effective access requires consideration of the financial capabilities of migrant workers. Examples of countries that have expanded the coverage of social health protection mechanisms during the current crisis include, France and Spain extended the immigrants' residence permits for another three months to ensure widespread access to medical services. Colombia will provide free medical consultation for immigrants and refugees with COVID-19 symptoms, regardless of their immigration status.

2. Promote access to social protection programs

In the current predicament circumstances, countries may expand the scope of contributory and non-contributory programs, such as unemployment and sickness benefits for migrant workers who include the informal economy or in an informal status. In particular, they can extend existing national plans to undiscovered groups of migrant workers.

- Simplify administrative procedures, adjust or relax eligibility criteria (for example, working hours, residence period, or minimum contribution period), and remove discriminatory barriers so that migrant workers can benefit from existing programs or introduce new benefits (ILO 2020e).

- Consider taking measures to ensure that access to social protection benefits is not interrupted, such as extending visas, work and residence permits, amnesties, more flexible administrative procedures, or exceptions to existing immigration rules and conditions.

3. Enough information

It is imperative to ensure that migrant workers understand protection, prevention, treatment measures, and social protection rights during the COVID-19 crisis. especially:

- Migrant workers should be informed about their social protection rights and entitlements and how to obtain these rights and entitlements.
- Raising the awareness of migrant workers and their families about the preventive measures to be taken and the health protection measures and services provided to them is vital to reduce the risk of pollution and transmission.

It should also inform migrant workers of the relevant 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.

- Needs 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 and other methods

- Income protection is an integral part of social protection, and it is essential for maintaining social cohesion and stability.
- In provides short-term or temporary emergency cash and food transfers in the case of illness or loss of work, which can alleviate human beings' basic and immediate needs. It is particularly relevant for considerable aggregates of emigrants who temporarily or permanently lose their jobs or livelihoods, which cannot access their support network due to travel restrictions and cannot return to their homes.
- Some countries may pass on food or cash benefits through existing programs or the establishment of new programs. In other countries, development partners, trade unions, civil society organizations, and other partners may participate in or take care of this transfer.

V. WHY FEMALE LABOUR FORCE PARTICIPATION IS DECLINING AMID PANDEMIC

Compared with other countries in the world, India's overall female participation rate has been low. In 1994, according to available female participation rate data, India ranked 68th out of 83 countries. Comparatively, 2012, listed 84th over 87 countries. Therefore, in the long run, the female participation rate is low and stagnant, and the sharp decline in women's participation in the labor market 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 unempoyed). 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, in which 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 drive the decision to participate in the labor market in developing and developed countries. Under budget constraints, developed countries' model treats labor supply as the result of individual utility maximization rather than consumption and leisure. In contrast, labor supply decisions in developing countries usually take the family as the decision-making entity as a model and are closely related to labor demand decisions.

Education level is an essential factor in determining workers' employability, and it is likely to affect the decision of Indian women to participate in the labor force. The correlation among female workforce cooperation and education in India is similar to the U curve. In rural and urban areas and all years, women with secondary education have the lowest participation rate.

Another relevant determinant of female workforce participation is family income. It is expected that women living in households with increased incomes are less likely to participate in the labor market. This effect has been observed in the literature, and some

believe that families with higher castes encourage women to live in seclusion (Das and Desai, 2003). However, if more family members (including women) participate in the labor market, family income will increase, which can alleviate this situation.

VI. CONCLUSION

In the current crisis, migrant workers have made significant contributions to society and the economy, and have assumed essential tasks. However, migrant workers continue to suffer from a lack of adequate and comprehensive social protection. Under these circumstances:

1. It is fundamental to ensure that all workers, including migrant workers, receive proper health and safety at work and receive social protection.
2. Although many countries have adopted short-term social protection measures to support migrant workers, not all migrant workers can benefit from such measures. As countries move away from the pandemic, they have the opportunity to build better and stronger social protection systems. It is crucial to incorporate these measures into long-term strategies where possible.
3. To successfully incorporate short-term measures usually funded by expenditure priorities, fiscal deficits, or external aid into long-term strategies, nations should explore other options for expanding fiscal space to ensure adequate and sustainable financing.
4. 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.
5. 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.

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