

## THE HEALTH AND SOCIO-ECONOMIC PROBLEMS OR CHALLENGES FACED BY RETURN MIGRANTS AT THE TIME OF RETURN DURING COVID-19: A SOCIOLOGICAL ANALYSIS

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### ABSTRACT

**Introduction:** Medical Sociology is "the study of health care as it is institutionalized in a society and of health, or illness and its relationship to social factors". Migration is the term used to describe the temporary or permanent relocation of a person's usual place of living across space during a given period. This study focuses on international return migration, defined as returning to one's country of citizenship after being an international migrant abroad for at least a year.

**Aims:** to evaluate the respondents' socioeconomic status and to know the health and socio-economic problems or challenges faced by return migrants at the time of return.

**Methods:** 100 participants were surveyed using planned interviews and observation as part of the current study's information collection process. Through purposeful sampling, the respondents were selected.

**Results:** The results showed that most respondents (43%) are between the ages of 51 and 60 years; 64% of respondents are men; 56% of respondents identify as Hindu; 39% of respondents are undergraduates; and 82 % of the respondents are married and according to second objective the findings are as follows, the majority (41%) of the respondents faced food & water and economic problems, 94.50% of the respondents replied that the cause of hardship of women is a problem to breach privacy and protection and 82.75% of the respondents faced isolation as a psychological issue.

**KEYWORDS:** *Health, Healthcare, Return Migrant, Medical Sociology and Sick Role.*

### INTRODUCTION: -

Medical sociology is a subject of sociology that examines issues related to human health and disease using sociology's viewpoints, conceptualizations, theories, and methodology. Information that places health and illness in the context of cultural, social, and behavioral ecology is included in medical sociology. (A.S.A, 1986)

Medical Sociology is "the study of health care as it is institutionalized in a society and of health, or illness and its relationship to social factors". (Florence Ruderman, 1981)

"Medical sociology is concerned with the social causes and consequences of health and illness". (Cockerham and Ritchey, 1977) The capacity to function is a definition of health. (Rene Dubos (1981) A state of complete social, mental, and physical well-being is referred to as health; it goes beyond simply being free from disease or injury. (WHO) Personal experience has taught us that feeling well is more than just believing that illness and incapacity are absent. (Mckeown, 1979)

Health is "The state of the optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized". (Parsons, 1925) It is an action that someone who thinks they are healthy does to avoid future health issues. (Kasl and Cobb: 1966) In contrast, illness behavior refers to the acts taken by a sick person to describe their condition and seek medical attention. Health behavior is described as the activities carried out by a person who considers themselves to be well to prevent health problems. (Kasl and Cobb: 1966)

Talcott Parsons introduced the ill role, one of the central tenets of medical sociology, in a 1948 published article. The Social System, his 1951 book, was an extension of this concept. Parsons emphasized that sickness is not just a physical or psychological condition, nor is it merely an unstructured state free of societal norms and restrictions. When one is unwell, they don't just give up their regular social roles and enter a kind of social void; instead, they take on the sick role instead of the regular roles they were forced to renounce. The sick role is, "also a social, characterized by certain exemptions, rights and obligations, and shaped by the society, groups, and cultural tradition to which the sick person belongs". (Fox, 1989)

Migration is the term used to describe the temporary or permanent relocation of a person's usual place of living across space during a given period. (Weeks, 1999) This study focuses on international return migration, which is defined as the act of returning to one's country of citizenship after being an international migrant abroad for at least a year. (United Nations Statistics Division, 1998; IOM, 2004) According to the human capital model of socioeconomic attainment, moving across a country is an investment that a person makes with the hope of making net cumulative benefits throughout their working life. (Wilson, 1985)

Sociologists like Jorgan Carling and Marta Bivand Erdal (2014) investigated the relationships between transnationalism and return migration. Mohd. Imran Khan (2013) examined how return migration affects the local innovation system. Return migration theory was researched by Jean-Pierre Cassarino. The intellectual framework for migrant return is reviewed. In 2013, Yendaw Elijah conducted research on the factors that influence foreign return migrants' decisions to migrate back to the Berekum municipality in Ghana. Return migration has been recognized by Anja Wiesbrock (2014) as a tactic for China's and India's economic growth. Anita A. Davies et al. (2011) examined the connection between health and return migration, focusing on risk factors that impact returnees at every phase of their trip and their socioeconomic factors of health. Giulia Bettin et al. (2018) employed a longitudinal sample of first- and second-generation Turkish migrants in Germany to examine return intentions throughout an individual's life and give information on the impact of life events. Filiz Kunuroglu et al. (2016) noted a summary of the literature on pull migrants' remigration. Jose R. Bucheli et al. (2018) identified a connection between violence and return migration. In 2015, Jackline Wahba conducted research on the beneficiaries of return migration to underdeveloped nations. Studying the diaspora's homecoming, S. Irudaya Rajan et al. (2013) compared global crises with India's economic success. Most authors have researched the different facets of health. However, Investigations on the health and social issues encountered by return migrants throughout COVID-19 are rare. Thus, a study of this kind must be carried out.

#### **OBJECTIVES OF THE STUDY: -**

To assess the socioeconomic profile of the return migrants.

To know the health and socio-economic problems or challenges faced by return migrants at the time of return.

#### **REVIEW OF THE SELECTED LITERATURE: -**

Trivedi, Poonam ...et al (2024) examining the many health, economic, and social effects on India's internal migrants during the epidemic, researchers discovered that the most common health problems reported were despair, anxiety, and stress brought on by job loss and lockdown. Due to income loss, there were disruptions to livelihoods, including fear of the repercussions, ability to pay rent, loans, and borrowing from family. The villagers also discriminated against and stigmatized the migrants. The investigation also made clear that even though the government put in place several programs to aid migrants, most of them were left out since ration cards and identity documents were not readily available. Access to social, economic, and health protection for these unauthorized migrants must be made easier through protective measures.

Rajan, S. I. and Pattath (2022) investigated the conditions surrounding return migration since the start of the COVID-19 pandemic by concentrating on a case study of Kerala and offering insights on the future of migration from the region along with policy recommendations. They discovered that emigrants from Kerala are a part of a migration corridor that is extremely significant for the supply and demand structure of global migration patterns in general and for the participating countries' social and economic lives. This corridor was amongst the hardest damaged, even if COVID-19 was a flood that overwhelmed every boat more or less evenly. This period presents an important opportunity for countries to elicit reliable responses from REMs and to inquire into their welfare during and beyond the pandemic. Large migration surveys and scientific focus group discussions can do more to inform actions that can protect the stock of current and future migrants.

Jesline, Joshy ... et. al (2021) found out about the various circumstances of the migrants, who had the urgent need to return home to safety despite the severe financial crisis and the travel difficulties, and thoroughly examined the various aspects of hardships the migrants experienced in India during the lockdown as well as the socio-psychological impact of looping migration. The insufficient standards of the relief centers, along with their meager meals and dearth of facilities, caused significant anguish and psychological problems, particularly for women and children.

Behera, Minaketan ....et al (2021) looked at the labor supply and employment opportunities in rural areas as a result of reverse migration driven by COVID-19, the effect of COVID-19 on the employment status,

income profile, and way of life of returned migrants in Odisha, and discussed potential steps to create alternative livelihood by reviving the rural economy following COVID-19. The study discovered that an abrupt and significant increase in the labor supply is a sign of hope for Odisha's rural economy. The largest issue facing migrants is job loss, which is followed by income loss. Migrants' susceptibility is greatly impacted by household income, which excludes migrants, and the type of their employment.

Khan, Asma, and Arokkiaraj, H (2021) examined to compare the difficulties faced by foreign and domestic migrant workers during these stages with the aid of in-depth interviews with migrants and social workers. It also discusses the various government responses to their repatriation. It examines the barriers to their economic reintegration to help formulate appropriate welfare initiatives for the Indian migrant community. It was discovered that the successful reintegration of both foreign and domestic migrants in the post-COVID economy is a crucial policy issue that would require gathering up-to-date data, creating jobs that fit their skill set, incorporating them into welfare programs, and allowing social security benefits to be transferred while taking into account the mobile nature of migrant communities. Not only should the Indian Community Welfare Fund be used during emergencies, but it should also be used to lower the cost of migration for foreign workers. Government cooperation with civil society, which has strong grassroots outreach to immigrant populations, is necessary for improved policy-making.

Jorgen Carling and Marta Bivand Erdal (2014) examined the relationships and links between transnationalism and return migration. This question served as the impetus for a workshop that the Peace Research Institute Oslo (PRIO) hosted in September 2012 as part of the opportunities and realities of return migration (PREMIG) research project. Updated versions of a few workshop-generated articles on return migration between Syria and Iraq are jointly examined in this special section. The papers are presented by the authors along with a more comprehensive analysis of the relationships between returned migrants and the transnationalism. The study's findings demonstrate the interactions between transnationalism and future migration, post-return experiences, real plans for return migration, and return ambitions. Intentions, plans, and experiences of transnational ties and activities are subject to change over time.

Mohd. Imran Khan(2009) used data from India to study the impact of return migration on the national creativity system. The 49th set (1993) along with the 64th set (2007–08) of India's migration surveys, which covered both domestic and foreign return migrants, provided data for the study. National sample surveys conducted the surveys. For a more thorough analysis of foreign return migrants, the 64th collection of unit-level family information (2007–08) is used. to examine the socioeconomic characteristics of overseas migrants who back to India using the regional innovation systems paradigm, as well as their impact on the diffusion of novel technologies and information within the existing innovation systems. The study's conclusions show that, despite the general recognition of the contributions that migrant workers make to the national economy, more needs to be done to maximize growth as the local and national levels through channeling the flow of their financial assets and talents in useful directions.

#### **NEED OF THE STUDY: -**

The results of this study are expected to close the gap between health issues and returning migrants. The results of this study might also help enhance healthcare provisions and come up with the best options for returning migrants. For example, while creating curricula for practitioners, curriculum developers in the educational sector will be consulted. The health ministry will assist medical professionals in understanding the appropriate language to use while discussing the issues of migrants, particularly for those who provide counseling services to migrants. The findings of the study are probably going to have an impact on other scholars who are interested in this area of study conducting more in-depth research.

#### **METHODS: -**

##### **Universe/Sample –**

I have used the purposive sample strategy to choose the Shamli district for my research. If we discuss the Shamli district's medical amenities. In Western Uttar Pradesh, it takes a particular place. The material for this study was gathered from 100 return migrants who participated in the survey. The information gathered by observation and interview schedules and guides. Data was chosen through the use of purposeful sampling. I've gathered data from a sample of 100 return migrants, who are participants from various age, caste, educational, occupational, and financial categories.

**Area of the Study–**

The district of Shamli is located in the Indian state of Uttar Pradesh. This district was separated as Prabh Nagar on September 28, 2011, from Muzaffarnagar District, and it was given the new name Shamli in July 2012. The three tehsils of the Shamli district are Shamli, Kairana, and Oon. The returning migrants originate from all around India. To gather a sample for this study, I have chosen the Shamli district.

**RESULT AND DISCUSSION: –**

First, the research study's objective reveals that most respondents (43%) are between the ages of 51 and 60 years; 64% of respondents are men; 56% of respondents identify as Hindu; 39% of respondents are undergraduates; and 82 % of the respondents are married. (Table-1)

According to Table 2, the majority (41%) of the respondents faced food & water and economic problems, 94.50% of the respondents replied that the cause of hardship of women is a problem to breach privacy and protection and 82.75% of the respondent's faced isolation as a psychological issue.

**Table-1**  
**Demographic Profile of the Respondents**

| Variables              | No. of Respondents | Percentage |
|------------------------|--------------------|------------|
| <b>Age–</b>            |                    |            |
| <b>21-30 yrs</b>       | <b>08</b>          | <b>08%</b> |
| <b>31-40 yrs</b>       | <b>16</b>          | <b>16%</b> |
| <b>41-50 yrs</b>       | <b>14</b>          | <b>14%</b> |
| <b>51-60 yrs</b>       | <b>43</b>          | <b>43%</b> |
| <b>above 61 yrs</b>    | <b>19</b>          | <b>19%</b> |
| <b>Religion–</b>       |                    |            |
| <b>Hindu</b>           | <b>56</b>          | <b>56%</b> |
| <b>Muslim</b>          | <b>35</b>          | <b>35%</b> |
| <b>Other</b>           | <b>09</b>          | <b>09%</b> |
| <b>Gender–</b>         |                    |            |
| <b>Male</b>            | <b>64</b>          | <b>64%</b> |
| <b>Female</b>          | <b>36</b>          | <b>36%</b> |
| <b>Marital Status–</b> |                    |            |
| <b>Unmarried</b>       | <b>18</b>          | <b>18%</b> |
| <b>Married</b>         | <b>82</b>          | <b>82%</b> |
| <b>Education–</b>      |                    |            |
| <b>UP to School</b>    | <b>34</b>          | <b>34%</b> |
| <b>Under Graduate</b>  | <b>39</b>          | <b>39%</b> |
| <b>Post Graduate</b>   | <b>18</b>          | <b>18%</b> |
| <b>UP to School</b>    | <b>34</b>          | <b>34%</b> |

Source: Data collected by the researcher himself during Jan.-Apr. 2023.

**Table-2**  
**health and socio-economic problems or challenges faced by return migrants at the time of return during Covid-19**

| Variables  | No.       | Percentage |
|--|-----------|------------|
| <b>GENERAL PROBLEMS OR CHALLENGES FACED BY RETURN MIGRANTS</b> |           |            |
| Housing Problem  | <b>07</b> | 07%        |
| Economic Problem   | <b>16</b> | 16%        |
| Healthcare Problem   | <b>12</b> | 12%        |
| Transportation Problem   | <b>15</b> | 15%        |
| Food & Water Problem   | <b>25</b> | 25%        |
| Communication Problem  | <b>03</b> | 03%        |
| Sanitation & Mask Problem                                      | <b>02</b> | 02%        |

|   |           |       |
|---|-----------|-------|
| Integration and Social Cohesion   | <b>04</b> | 04%   |
| Safety and Security Problems  | <b>11</b> | 11%   |
| Medical/Treatment Problem   | <b>05</b> | 05%   |
| <b>HARDSHIP OF WOMEN RETURN MIGRANTS IN THE SHELTER CAMPS DURING COVID-19</b> |           |       |
| Living along with unknown men in the shelter homes                            | <b>57</b> | 57%   |
| Using the common toilet   | <b>66</b> | 66%   |
| Problem to breach privacy and protection                                      | <b>94</b> | 94%   |
| The plight of pregnant women in the shelter                                   | <b>90</b> | 90%   |
| No facilities for regular medical check-ups in the camps                      | <b>84</b> | 84%   |
| <b>PSYCHOLOGICAL ISSUES</b>   |           |       |
| Mental Stress   | <b>73</b> | 73% % |
| Feeling of hopelessness   | <b>57</b> | 57% % |
| Isolation   | <b>82</b> | 82%   |
| Committed suicide tendencies  | <b>74</b> | 74%   |
| Other   | <b>66</b> | 66%   |

**Source:** Data collected by the researcher himself during Jan.-Apr. 2023.

#### **CONCLUSION, RECOMMENDATION, AND LIMITATION–**

This commentary stresses the need to devote considerable focus to studying return as an indelible component of the migration continuum. This period presents an important opportunity for states and countries to elicit reliable responses from migrants and to inquire into their welfare not just during the pandemic, but also beyond the pandemic.

Large migration surveys and scientific focus group discussions can do more to inform actions that can protect the stock of current and future migrants. The Uttar Pradesh migration survey, the highlights of which are reported here, is part of an academic endeavor that has given rise to several comprehensive migration surveys since 1998, when the Uttar Pradesh Migration Survey became the first large-scale survey in India to exclusively focus on migration, collecting important socio-economic and demographic information. Subsequent waves of the survey retained a panel dimension and are now being used by researchers around the world to study the theoretical underpinnings of internal and international migration with not just rigorous internal validity but also external validity. While reliable estimates of emigration from these surveys may have helped state planning for return migration, the same cannot be said of several other Indian states. There is a need to extend the migrations to an India Migration Survey as soon as possible.

It is hoped that the findings of this study will bridge the gap between health problems and return migrants. The findings of this study may also be useful for improving healthcare services and achieving maximum solutions for return migrants. For instance, in the educational sector, curriculum developers will be informed when developing curricula for practitioners. The health ministry will help health care practitioners, especially those dealing with the counselling of migrants, know which tools to use to communicate the problems of migrants effectively. The study's results are likely to influence further scholarly research by other researchers who may be interested in this field of knowledge.

Due to time constraints and minimal sample size, we could not generalize the study's findings to the total population (100). The only hospital included in the study was the only hospital. Another limitation of the study was the one-time nature of data collecting. Scale validation in indoor healthcare services needs to be verified by longitudinal studies. Furthermore, because the study relied on information from patients admitted to the hospital, future studies will also need to incorporate information from patients who were not admitted to assess suitability.

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