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Cross-border precarity: the complex strain on expatriates and their families amidst public health crisis

Jasmine Mathew^{1*} , Shinto Joseph¹ and Joseph Kuncheria¹

Abstract

This paper presents a conceptual model for understanding cross-border precarity during the COVID-19 pandemic. It examines how public health emergencies exacerbate the challenges faced by expatriates and their families in cross-border contexts. The case study illustrates the complex nature of precarity, emphasising how its various forms like systemic, institutional, economic, health, social, and psychological are interacted and intensified during the pandemic, leading to lasting instability for expatriates that extends beyond borders and impacts their families. Findings indicate that restrictive immigration policies, delayed repatriation efforts, and inadequate support mechanisms exacerbated expatriates' hardships, which in turn amplified the economic and psychological strains faced by dependents in Kerala. This paper argues for integrating expatriate needs into the International Health Regulations (IHR) for managing public health emergencies, including comprehensive guidelines for repatriation and expatriate-inclusive country capacity assessments. This model serves as a tool to inform policymakers, social work practitioners, and public health professionals in designing interventions and policies that address the unique and intersecting forms of precarity in times of crisis, ultimately contributing to a more inclusive, transnational approach to public health resilience.

Keywords Expatriate precarity, Public health emergencies, COVID-19 pandemic, Transnational impact, Gulf migration, Kerala diaspora

Introduction

According to the World Migration Report 2024, the India-United Arab Emirates (UAE) and India-Saudi Arabia migration corridors rank fourth and ninth among the top 10 global migration routes, highlighting the dynamics of globalisation and labour migration from developing countries to developed nations (McAuliffe and Oucho, 2024 [21]). These patterns of labour migrations are particularly significant for Kerala, a southern state in India, whose migrants comprise a considerable portion

of the Indian diaspora in the Gulf Cooperation Council (GCC) countries [27]. Most Indian migrants in the Gulf are unskilled and semi-skilled workers in labour-intensive sectors such as construction, transport, oil, supply, healthcare, and services [11]. Notably, among migrants from Kerala in these categories, secondary or lower-secondary education levels are commonly observed [31]. Moreover, Keralites in the GCC countries have long been a driving force behind Kerala's economic growth, as remittances from this diaspora contribute substantially to the state's economy [31].

Expatriates are individuals who temporarily relocate to a host country for work, with or without the support of an employing organisation [19]. The Kerala Migration Survey (KMS), 2018 confirms that 89.2 per cent of the Kerala diaspora resides in Gulf countries, a region

*Correspondence:

Jasmine Mathew
jasminemsajan@gmail.com

¹ Department of Social Work, Rajagiri College of Social Sciences (Autonomous), Kochi-683 104, Kerala, India



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where the impossibility of citizenship for immigrants interposes a sense of temporality to their migration [17, 32]. This temporality, marked by the transient and uncertain nature of their stay, profoundly affects their social and economic stability [18, 24]. Moreover, the GCC countries follow the *Kafala* (sponsorship) system, which controls how migrants secure work permits [2]. It gives *Kafeel* (sponsor) disproportionate power and is at the heart of the widespread exploitation faced by expatriates, particularly low-income workers, with unpaid or underpaid wages being one of the many violations they endure [7, 9]. In addition, the recurrent omission of expatriates from narratives of home and host countries assumes them as spectral figures with a “non-present presence” ([24], p. 186).

The COVID-19 pandemic unveiled the vulnerabilities of diverse populations, especially migrants from developing countries stranded in host nations lacking social welfare systems, a situation prevalent in the Gulf region (McAuliffe and Triandafyllidu, 2021 [22]). In the GCC countries, most of the population consists of foreign workers from South and Southeast Asia (United Nations [UN], 2020). Asians comprise approximately 12 million, or 80 per cent, of the estimated 15 million expatriates in the Gulf region [30]. The Joint External Evaluation (JEE) process, which assesses the Public Health Emergency of International Concern (PHEIC) country capacity, held an ambiguity in integrating migrants in response approach due to a lack of studies and evidence that defined the obligations of host and home countries [34]. These individuals, who had migrated in pursuit of better economic opportunities, suddenly found themselves navigating the complex interplay of restricted mobility, job loss, limited access to healthcare, and xenophobic racism [22, 28]. The lack of support from their host and home countries left expatriates in a precarious position [19].

The pandemic significantly exacerbated the issues of the Kerala diaspora living temporarily in the Gulf countries. With closed borders and delayed repatriation, many found themselves in “No-Man’s land” [23]: 2). In countries like the UAE, temporary migrant workers were locked up in their dormitories to control the virus spread, and their home countries were warned about potential consequences on future labour migration if they refused to repatriate their citizens [37]. Meanwhile, in Kerala, expatriates who were previously praised for their contributions were stigmatised as super spreaders [42], and the Kerala government’s decision to repatriate its overseas residents caused dissatisfaction in the state [6]. Despite the widely acclaimed efforts in Kerala to control the virus, many feared that the return of expatriates would pose a significant risk of infection [33]. This situation left

the Kerala diaspora in limbo, without legal protections or financial support from host or home countries.

This paper introduces the concept of cross-border precarity, which encompasses the interconnected challenges that expatriates and their families face as they navigate socio-economic, institutional, and emotional uncertainties that extend across national borders. By linking the precarity experienced by expatriates’ families in the home country to the framework of migrant precarity [26], this study highlights the complex, cross-border dimensions of their struggles. Drawing on statistical data from Indian embassies and consulates in the GCC countries regarding Kerala expatriate deaths, qualitative insights from Gulf-returned Uber taxi drivers who volunteered during the pandemic, and secondary data from online news reports, this research provides a comprehensive view of the struggles of expatriates and their families during the COVID-19 crisis. By adopting the cross-border precarity lens, this paper broadens the scope of social work research and advocates for inclusive and responsive policy frameworks to address the distinctive challenges that expatriates and their families face during public health emergencies.

Theoretical framework

Social work research has long employed the concept of vulnerability to understand and address the challenges faced by marginalised and at-risk populations [3]. This approach, while valuable, often emphasises individual susceptibility to harm and the need for protection, framing these populations as passive recipients of aid [20, 35, 41]. This framework has been particularly prevalent in studies involving migrant workers, where vulnerability is used to highlight immediate risks such as health disparities, exploitation, and social isolation [10, 12]. However, as PHEICs, such as the COVID-19 pandemic, have shown, the vulnerability lens may be insufficient to capture the complex and systemic nature of the challenges faced by expatriates, particularly those in precarious employment situations [15, 40].

The concept of precarity extends beyond the traditional framework of vulnerability, offering a more nuanced understanding of the socio-economic and political conditions that create and sustain instability and insecurity among populations. Originally conceptualised in labour studies, precarity refers to the condition of existence without predictability or security, affecting material or psychological welfare [36]. This framework shifts the focus from individual risk factors and personal deficiencies to the broader systemic and structural forces that perpetuate insecurity, such as labour market dynamics, migration policies, and sociopolitical exclusions [16]. Precarity emphasises the role of neoliberal economic

policies, which have led to the deregulation of labour markets, erosion of social safety nets, and increased commodification of labour, particularly in low-wage sectors [8]. For Keralite expatriates in the Gulf, this translates into precarious employment conditions characterised by temporary contracts, lack of job security, and restricted access to labour rights and protections.

Casas-Cortés describes precarity as “a toolbox for rearticulating fragmented social realities” (2017, p. 30) [5]. Furthermore, the precarity lens aligns with the critical social work perspective that seeks to challenge and change the systemic inequalities and power imbalances that affect marginalised populations ([1],Goldingay, 2020 [13]). By applying this lens, social work research can move beyond merely identifying risk factors to advocating for systemic change that addresses the root causes of precarity.

Considering the transnational nature of expatriates and the precarity it imposes, particularly on temporary labour migrants [25], this study also examines the precarity experienced by their families in the home country and its reverberations back to the migrants. In sum, the cross-border precarity lens provides a critical and comprehensive framework to capture the intricate experiences of expatriates and their families, especially during public health emergencies such as COVID-19.

Methods

This study adopted a multi-source case study approach and integrated quantitative and qualitative data to explore the multifaceted precarity experienced by Kerala expatriates in the Gulf during the COVID-19 pandemic. The methods were designed to capture both the breadth and depth of expatriates' experiences, leveraging statistical data, qualitative interviews, and secondary data from media reports to provide a comprehensive analysis of the challenges faced by this population.

Quantitative data were collected from six Indian embassies and two consulates in the GCC countries. This data set included the number of reported deaths of Keralites in the Gulf due to COVID-19. Since these individuals were buried in the Gulf due to pandemic-related restrictions, their deaths were not documented in Kerala's official records, making embassy data crucial for understanding the scale of the impact on this community.

The qualitative data was gathered through in-depth interviews with four Uber drivers who had volunteered during the COVID-19 outbreak in the Gulf and then returned to Kerala. The researcher identified the participants during daily Uber rides to the doctoral centre and back home over six months from July to December 2023. Despite encountering many Gulf returnees, only

four among them had volunteered during the COVID-19 outbreak. The researcher obtained their contact details and conducted pre-scheduled, in-depth interviews after obtaining informed consent. To supplement the primary data, we collected secondary data from 20 online news reports documenting the challenges faced by Kerala expatriates during the pandemic.

The quantitative data was analysed using descriptive statistics to quantify the extent of the public health impacts on the Kerala expatriate community in GCC countries. Qualitative interviews were transcribed and analysed thematically. Braun and Clarke's [4] method was employed to identify and interpret recurring codes and themes. Coding was iterative, allowing for thorough exploration and validation of the emerging themes. Further, content analysis of the secondary data was conducted to identify codes and patterns, which helped triangulate the findings from the primary data. Finally, the findings were collated under the themes of systemic, institutional, economic, health, social, and psychological precarity that Kerala expatriates experienced and transcended the borders challenging their families in Kerala, and developed a conceptual model for precarity.

Results

COVID-19 deaths of Kerala expatriates in the GCC countries

Figure 1 provides data on the number of deaths of Keralites in the six GCC countries due to COVID-19, based on the responses to Right to Information (RTI) applications submitted to Indian Embassies and Consulates. The total number of deaths is reported as 997.

Saudi Arabia had the highest number of deaths among Keralites, with 303 deaths, representing nearly a third of the total (30.4%). The UAE and Oman also saw significant numbers of deaths, with 234 and 204 respectively, collectively accounting for nearly half (44%) of the total deaths. Kuwait, Bahrain, and Qatar had lower death figures compared to Saudi Arabia, UAE, and Oman. Qatar had the fewest deaths, with only 54 reported.

The disparity in the number of deaths between countries could be influenced by the size of the expatriate community, labour conditions, healthcare access, and specific public health measures adopted by each Gulf country during the pandemic. However, the figures reflect the precarity that expatriates experienced during the crisis. The higher death rates could indicate that expatriates were not sufficiently protected in the host countries during the pandemic. This quantitative data

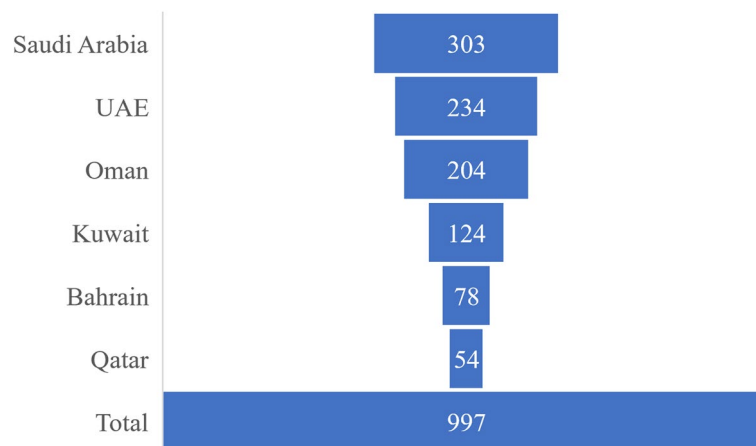


Fig. 1 Covid-19 deaths of Kerala expatriates in the GCC countries

highlights the need for greater attention to expatriate health and well-being in host countries, particularly in times of crisis.

COVID-19 deaths of Kerala expatriates by occupation (Jeddah region, Saudi Arabia)

Figure 2 provides a breakdown of the occupations of Kerala expatriates who succumbed to COVID-19 in the Jeddah region of Saudi Arabia, classified using the International Standard Classification of Occupations (ISCO-08).

A majority, 60%, of the deceased belonged to the “Elementary Occupations” category. This typically includes low-skilled workers who engage in labour-intensive

jobs, often in hazardous environments. The second largest group, accounting for 16%, were employed as “Plant and Machine Operators and Assemblers”, which also indicates manual labour. This finding suggests that expatriates in blue-collar jobs were disproportionately affected by COVID-19.

“Service and sales workers” represented 11% of the fatalities, whereas “Technicians and Associate professionals” constituted 7%. “Managers” and “Professionals” were responsible for 2% of the deaths each. “Clerical support workers” and “Craft and related trades workers” comprised smaller portions, at 1% each. This distribution underscores the precarity of hidden expatriates

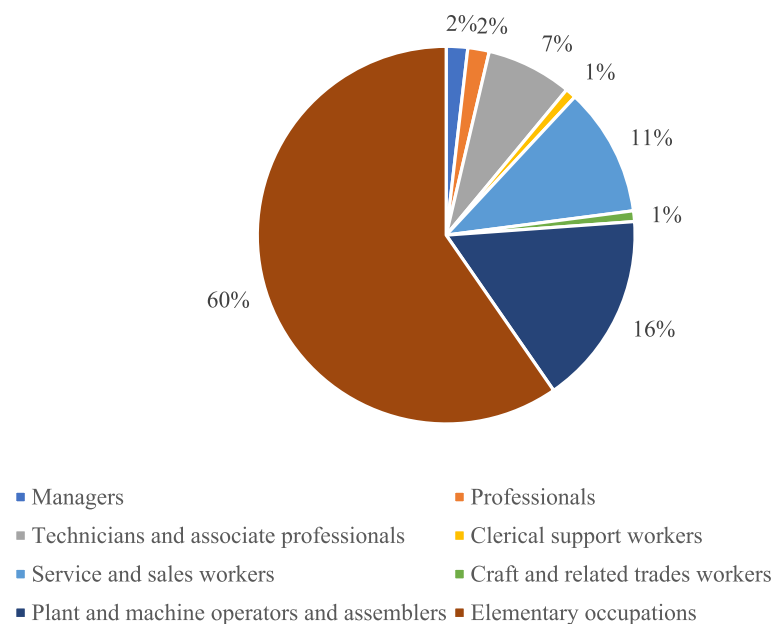


Fig. 2 COVID-19 deaths of Kerala expatriates by occupation (Jeddah region, Saudi Arabia)

[14], the lower-income, temporary migrant workers in the face of public health emergencies.

Findings from qualitative data

Participant details

Table 1 provides the details of the qualitative interview participants.

Themes and codes from qualitative primary data

Figure 3 shows the themes and codes from qualitative primary data.

Volunteering as a survival strategy

This theme captured how the participants faced with job loss, financial hardships, food scarcity, cramped living conditions, and psychological distress caused by confinement, turned to volunteering to cope and survive during the COVID-19 outbreak in GCC countries.

Job loss and financial insecurity

The pandemic-induced layoffs pushed participants into severe financial hardships, as reflected in the experiences of P1 and P3. With no income and dwindling financial resources, the participants faced an immediate crisis of basic survival. P1's account of losing his job and being left without money or food painted a stark picture of the economic devastation brought on by the pandemic. Similarly, P3's narrative revealed the situation's urgency, with his decision to become an ambulance driver driven by a lack of alternatives to sustain himself. Both participants reflected on the dire financial situation that many migrant workers found themselves in, with job loss creating a ripple effect, severely limiting their options for survival.

Food scarcity

A major concern during the pandemic was access to food, as evident from both P1 and P2's experiences. P1 described being forced to rely on the food supplied by Malayalee (Keralite) voluntary organisation, highlighting the stark food insecurity following the loss of employment. P2 similarly pointed out that he and the people he encountered were "surviving on bread" as that was their

only available food source. These stories illustrated how the necessities pushed participants to join voluntary organisations to ensure their survival and that of others in similar situations.

Cramped living conditions and mental distress

Participants also detailed the cramped and inadequate living conditions that further worsened their situation. P1, in particular, described living in a small dormitory with six others, spending day and night in confined spaces, which had a profound impact on his mental health. His description of feeling like he was "going mad" reflected the toll that such confinement had on his psychological well-being. Similarly, P2's narrative showed that volunteering provided temporary relief from the suffocating conditions of overcrowded living spaces, as his trips through labour camps allowed him to escape from the crowded room where he was staying. The combination of physical confinement and psychological distress played a key role in driving these individuals to seek alternative means of coping, such as doing voluntary work.

Community-based survival networks

The participants' stories highlighted the importance of community-based networks in providing essential support during the pandemic. P1's reliance on the Malayalee voluntary organisation and P2's involvement in the employer-led bread distribution effort reflected how informal support networks became vital lifelines when the formal structures, such as the government, were either absent or overwhelmed.

Participants found that volunteering was not just a means of obtaining food and other essential items, but also a way to deal with the emotional challenges of being confined. The decision to prioritise basic survival over personal and political loyalties demonstrated how profoundly the pandemic upended lives and compelled individuals to adjust in unforeseen ways.

Limited access to healthcare and quarantine facility

The participants' narratives underscored the severe limitations in accessing healthcare and quarantine facilities

Table 1 Participant details

Participant	Age	Religion	Pre-COVID occupation	Volunteering agency	Nature of volunteering
P1	26	Muslim	Salesperson	Religious- community organisation	Food delivery and caregiving at quarantine centres
P2	25	Hindu	Accountant	Individual-led food supply unit	Food delivery in labour camps
P3	45	Muslim	Driver	Government hospital	Ambulance driving
P4	35	Hindu	Supervisor	Security service company	Food delivery, witnessing the burial of Keralites and informing their relatives

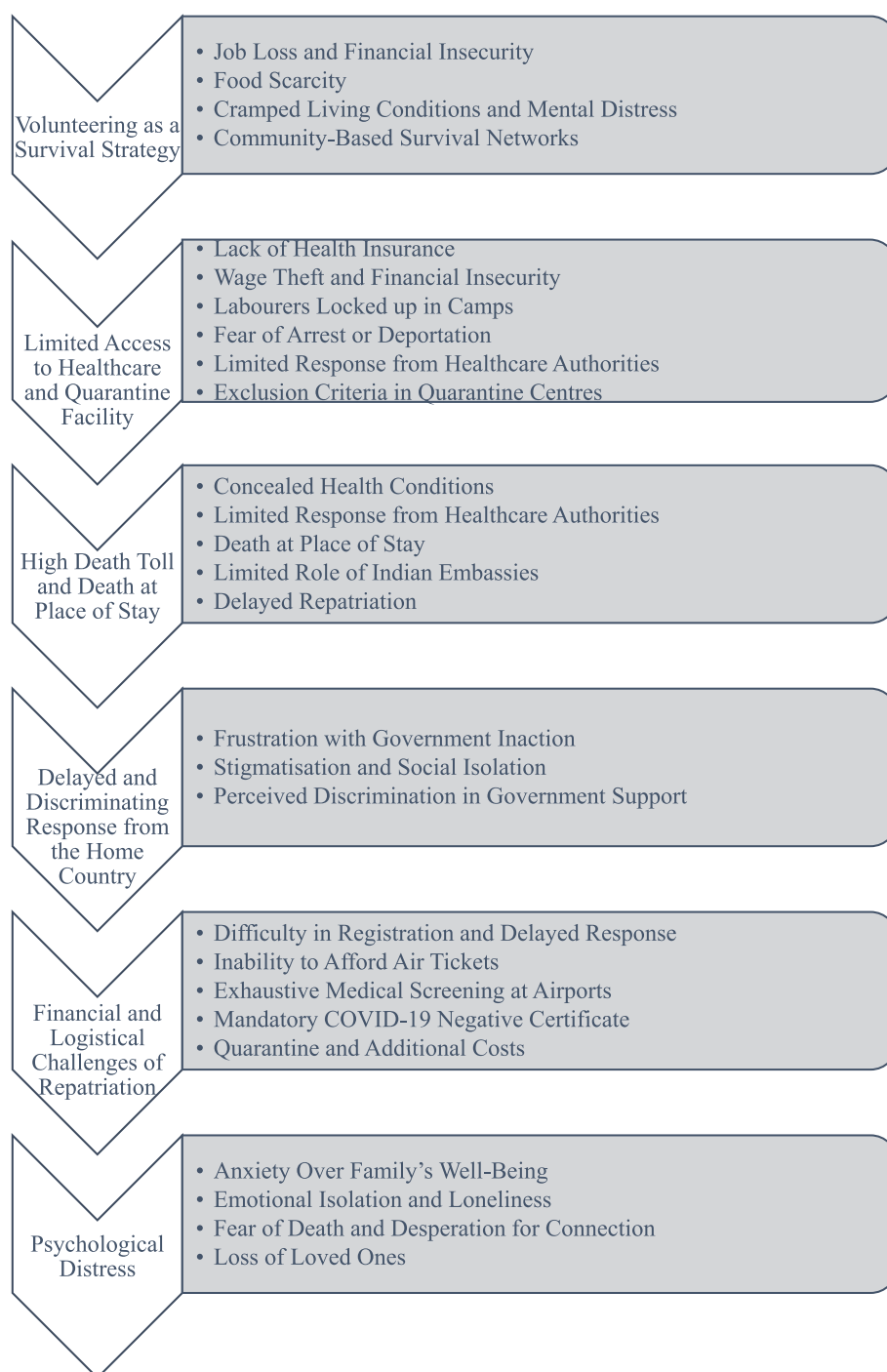


Fig. 3 Themes and codes from qualitative interviews

during the COVID-19 outbreak in the GCC countries, particularly for migrant workers.

Lack of health insurance

Participants frequently mentioned the absence of health insurance or health cards making it nearly impossible

for the migrant labourers to access healthcare. P1's narrative highlighted that many migrant workers, particularly those on visit visas, free visas, or those whose visas had been cancelled due to abrupt layoffs, were unable to receive medical treatment because they lacked official health coverage.

Wage theft and financial insecurity

The cost of private healthcare, especially without a regular income, further exacerbated their vulnerability. P2's account added to this by showing how financial insecurity, compounded by the employer withholding salary and crucial documents like passports, trapped people in a situation where they could not seek proper medical help. Without income or health insurance, these individuals were left to fend for themselves in an already precarious situation, with some even skipping necessary medical visits, such as pregnant ladies.

Labourers locked up in camps

P4 narrated how labourers were locked up in their camps, with strict measures to prevent them from leaving. Food supplies were delivered by volunteers but had to be left at the gates, which were either locked or barred, limiting any interaction between the labourers and the outside world. This seclusion of labourers underscored the harsh limitations imposed on their movement during the pandemic, indicative of institutional disregard. The seclusion and the complete dependence on voluntary food supplies revealed the inhuman circumstances labourers faced.

Fear of arrest or deportation

A recurring code was the fear of being caught by the authorities due to a lack of valid documents. P2 explicitly mentioned that many workers were afraid to seek healthcare because their documents were still with their employers, putting them at risk of arrest or deportation if they ventured outside their living quarters. This fear left many workers with no choice but to remain confined, even when infected, worsening their health conditions and potentially facilitating the spread of the virus in overcrowded living spaces.

Limited response from healthcare authorities

P1 pointed out a significant delay in the healthcare system's response to calls from affected individuals. He noted that many people needing urgent medical attention had to wait long before receiving help. The healthcare infrastructure was unable to cope with the high volume of patients. As P3 described, there were often no available hospital beds, forcing them to prioritise citizens. The public health system's delays in responding to the needs of expatriates prompted voluntary organisations to step in and provide alternative care and quarantine arrangements.

Exclusion criteria in quarantine centres

P1 highlighted the shifting priorities of community-based quarantine efforts. Initially inclusive, these initiatives were forced to become selective due to the overwhelming

demand. What started as a support system for all Keralites eventually narrowed to include only those from the same religious community and, later, only members of the voluntary organisation. This shift exposed how community solidarity, while crucial in times of crisis, can become strained under the weight of growing need, ultimately leaving some individuals behind based on community or organisational affiliation.

High death toll and death at place of stay

This theme highlighted the grave consequences of the pandemic for Malayalee expatriates in the GCC countries, where many deaths occurred in isolation within their living spaces. Undocumented health conditions due to an overwhelmed healthcare system and financial constraints on the one hand and systemic failures on the other were the major contributing factors to the high mortality rate.

Concealed health conditions

Many Keralite workers who died likely kept their health conditions hidden. P1 speculated that individuals may have concealed their symptoms out of fear, lack of resources, or concerns about their legal status in the Gulf. This decision not to disclose health issues and delay seeking medical assistance significantly contributed to the high mortality rate. The reluctance to access healthcare pointed to the complex factors of undocumented or precarious work status and their impact on health outcomes.

Limited response from healthcare authorities

As one of the codes under the theme Limited Access to Healthcare and Quarantine Facilities, Limited Response from Healthcare Authorities emerged as a significant factor contributing to the high death toll. P3's account highlighted this issue, as many of the Keralites he transported were either already deceased or critically ill by the time he reached them. The systemic delays in addressing health emergencies, particularly among vulnerable migrant communities, exacerbated the fatal outcomes.

Death at place of stay

A significant number of deaths occurred in the workers' living quarters, as many individuals were unable to seek medical attention or move to quarantine centres. P1 and P2 mentioned that many Keralites were found dead in their rooms, a tragic outcome of the limited access to healthcare. P3's account introduced the human cost of the systemic barriers. As an ambulance driver, he bore witness to the high death toll among migrant workers, many of whom died before receiving any medical help. His description of transporting the deceased labourers to the hospital "just to complete the official procedures"

painted a stark picture of the devastating consequences of system failure and lack of resources.

Limited role of Indian embassies

The role of Indian embassies during the pandemic seemed limited in addressing the pressing needs of Keralites, particularly those facing life-threatening situations. While participants did not mention the embassies explicitly, their narratives pointed to a lack of institutional support during critical moments. Malayalee workers received little to no assistance from the embassies, leaving volunteers to manage the crises, including handling the healthcare gap and assisting with the burials of the deceased. In the case below, presented by P4, he witnessed the burial and notified the deceased's family.

Box 1 Case: volunteers to witness the burial and notify the family of the deceased

I received a call from the officials asking me to come to the hospital to witness the burial of a Keralite who had voluntarily driven himself there to treat his cough. He tested COVID-19 positive and passed away the following day. Upon arriving at the hospital, I observed the officials transferring the body of the deceased to the ambulance using a pully system. The whole body was covered so that even the face of the deceased could not be seen... I accompanied the ambulance to a desert area where deep pits for burial had already been prepared. There, I witnessed the burial, where the body was placed into the pit using the same pully system.

Using information collected from the hospital, which had been provided by the deceased, I located his residence. It was an old building where he lived in a room with four bunk beds and seven other occupants. I found a diary under his bed, along with a family photo. In the diary, he had written about his plans to travel to Kerala for his daughter's wedding next month. He mentioned needing to buy 25 more sovereigns of gold and noted a debt of 64 lakhs. He also prayed to God to strengthen his sons to repay this debt.

On the back of the family photo, I found a phone number from Kerala. I called that number and reached the deceased's wife. She informed me that their two sons, aged 18 and 20, were in the same city where their father had died. I collected their contact details and informed them about their father's passing... I cannot adequately express the struggles they faced in coming to terms with their father's death and burial...

Delayed repatriation

India's decision to close borders in response to COVID-19 led to severe consequences for migrant workers stranded in GCC countries. Despite the desperate situation many found themselves in, the Indian government's lack of timely intervention in repatriating its citizens resulted in a rising death toll. The participants believed that the delay in their return exacerbated expatriates' precarity, with numerous deaths that could have been avoided if these individuals had been allowed to return home in time.

Delayed and discriminating response from the home country

This theme painted a complex picture of the challenges faced by expatriates during the pandemic, highlighting

the emotional distress caused by government inaction, social stigmatisation, and a perceived lack of support.

Frustration with government inaction

The participants expressed deep frustration with the Indian government's delayed response in facilitating the return of expatriates during the COVID-19 pandemic. Despite reports of Kerala's effective management of the crisis little action was taken to assist those stranded abroad. P4 emphasised that the Malayalee voluntary organisation made significant strides in initiating repatriation, rather than the government. The prolonged wait exacerbated their anxiety, as they felt abandoned by their home state and country. P1 highlighted the emotional toll of waiting, likening each day to a year.

Stigmatisation and social isolation

Participants also described being labelled as "super spreaders" upon their return to Kerala, leading to harassment and online abuse. P1 specifically noted how this stigma affected their mental health, pushing them to withdraw from social media to avoid hurtful comments. This reflected the social isolation and discrimination expatriates face, from government authorities and their communities, exacerbating their sense of alienation.

Perceived discrimination in government support

Participants emphasised what they saw as a discriminating approach by the Kerala Government which was praised for treating internal migrant workers well but appeared to neglect expatriates. P2 and P3 conveyed the belief that the state was more concerned with maintaining its COVID-19 statistics than supporting its citizens abroad, especially in the Gulf, where many Keralites were struggling for basic needs like food. P3 emphasised that expatriates sent their earnings home to support their families, leaving them little to survive during the pandemic. The perception that expatriates were financially well-off was false and added to the social stigma they endured.

Financial and logistical challenges of repatriation

This theme emphasised the conditional nature of returning home, which required resources and involved enduring long procedures. From the struggles of registering with embassies to the high cost of air tickets and mandatory COVID-19 testing, the repatriation process was fraught with financial and procedural hurdles.

Difficulty in registration and delayed response

The announcement of repatriation initially brought relief, but the process of registering with embassies posed significant challenges. The system was overwhelmed,

leading to long delays before individuals received responses regarding their repatriation flights. This delay intensified feelings of uncertainty and frustration among expatriates who were already under immense stress.

Inability to afford air tickets

The cost of repatriation tickets was a major barrier for expatriates. Many Individuals had been without work for months, leaving them with little to no savings to purchase tickets. The financial burden was especially difficult for vulnerable groups, such as those whose visas had expired, making it nearly impossible for them to return home without external assistance.

Exhaustive medical screening at airports

Expatriates were subjected to rigorous medical screenings, which added to the logistical challenges of their journey. The extended wait times and physically demanding process were difficult for travellers who had already endured significant stress and exhaustion. Many felt overwhelmed by the exhaustive measures at a time when they were already physically and emotionally drained.

Mandatory COVID-19 negative certificate

The decision to mandate a COVID-19 negative certificate placed an additional financial burden on expatriates. With most individuals already struggling financially, the requirement to pay for testing in private clinics created another obstacle. Those who could not afford the testing were effectively barred from returning home, exacerbating their precarious situation.

Quarantine and additional costs

Upon arrival, expatriates were required to quarantine, with initial promises that the government would cover the expenses. However, the sudden change in policy, requiring individuals to bear the cost of quarantine facilities, further added to their financial burdens. This lack of clarity and inconsistent policies left many expatriates feeling unsupported and strained their limited resources further.

Psychological distress

This theme highlighted the immense emotional strain that Kerala expatriates in the Gulf experienced during the COVID-19 pandemic. The theme reflected the deep emotional scars left by the pandemic on expatriates.

Anxiety over family's well-being

A dominant source of psychological distress stemmed from expatriates' anxiety over their families' well-being back home. Many were primary breadwinners, and the inability to send financial support during the lockdown

generated deep fears about their families' survival. This concern surpassed their own struggles, as they worried about the family's basic needs such as food and education of children which became a persistent emotional burden during the pandemic in the Gulf.

Emotional isolation and loneliness

Loneliness and isolation were significant contributors to expatriates' psychological distress. Separated from families, many faced emotional struggles that were exacerbated by being in quarantine or hospital settings. The absence of familial support left them vulnerable to anxiety and despair, and in some cases, feelings of isolation worsened their health outcomes. The emotional toll of not being able to see their loved ones during critical moments added to the profound sense of despair, especially for those facing death.

Fear of death and desperation for connection

The fear of death and the overwhelming desire for connection with family members created significant psychological stress. Many individuals faced the possibility of never seeing their loved ones again, which amplified their distress. The emotional burden of dying in isolation without the comfort of family was profound. Leaving individuals in states of desperation and despair as they grappled with the finality of their situation.

Loss of loved ones

Expatriates faced immense psychological distress upon learning of the deaths of their loved ones, often with no opportunity for closure. The inability to be with their family members during their last moments, compounded by the absence of traditional rituals or proper farewells, led to deep grief and psychological suffering.

Findings from qualitative secondary data

The details of the 20 online news reports analysed are shown in Table 2.

Table 3 shows the codes identified from the content analysis of the data collected from online news reports (Excerpts are provided as additional data).

The codes from secondary data reinforced the primary data findings while highlighting additional dimensions of precarity that transcended borders and deeply impacted expatriates' families in Kerala. The Indian government's lack of response drew warnings from countries like the UAE, which cautioned that India's reluctance to repatriate its citizens could jeopardise future labour migration. The plight of workers under the *Kafala System* was also emphasised, where employers retained workers' passports, leading to widespread compulsory unpaid leave and wage theft.

Table 2 Details of the online news reports

NN ^a	Date	Author	Title	Platform	Link
1	11-Apr-2020	Krishnakumar, R	Spread of COVID-19 in the Gulf region is Kerala's newest challenge	Frontline	https://frontline.thehindu.com/dispatches/article31315692.ece
2	13-Apr-2020	Bloomberg, FE	UAE Considers Action Against Nations Not Taking Back their Citizens	NDTV World	https://www.ndtv.com/world-news/uae-considers-action-against-nations-not-taking-back-their-citizens-2210690
3	13-Apr-2020	Abraham, R. & Neelakantan, G	Panic grips Malayalis in Gulf countries amid coronavirus outbreak	The New Indian Express	https://www.newindianexpress.com/states/kerala/2020/Apr/13/panic-grips-malayalis-in-gulf-countries-amid-coronavirus-outbreak-2129246.html
4	1-May-2020	Smitha, T. K	Layoffs, Pay Cuts, No Pay: Keralites Living Abroad Want to Return	The Quint	https://www.thequint.com/coronavirus/coronavirus-lockdown-lakhs-kerala-abroad-gulf-return-home-kuwait-abu-dhabi-dubai#read-more
5	16-May-2020	Ahmad, A	Pregnant women request more repatriation flights from UAE to India	Gulf News	https://gulfnw.com/uae/pregnant-women-request-more-repatriation-flights-from-uae-to-india-1.71475150
6	23-May-2020	Jacob, J	Covid blight on the Gulf Dream: The high death toll among Kerala's expats has unnerved the community back home	India Today	https://www.indiatoday.in/india-today-insight/story/covid-blight-on-the-gulf-dream-1680987-2020-05-22
7	23-May-2020	Indo-Asian News Service [IANS]	One more Keralite dies of COVID-19 in Middle East, toll crosses 100	mathrubhumi.com	https://englisharchives.mathrubhumi.com/news/nri/one-more-keralite-dies-of-covid-19-in-middle-east-toll-crosses-100-14779576
8	10-Jun-2020	Balan, S.S	With no jobs or food, Keralites stuck in Gulf countries long to return home	The News Minute	https://www.thenewsminute.com/kerala/no-jobs-or-food-keralites-stuck-gulf-countries-long-return-home-126285
9	13-Jun-2020	Press Trust of India [PTI]	COVID-19 negative certificates mandatory for Non-Resident Keralites returning in chartered flights from Gulf	Deccan Herald	https://www.deccanherald.com/india/covid-19-negative-certificates-mandatory-for-non-resident-keralites-returning-in-chartered-flights-from-gulf-849266.html
10	22-Jun-2020	Jayarajan, S	299 NRI Keralites succumbed to COVID-19 abroad	The News Minute	https://www.thenewsminute.com/kerala/299-nri-keralites-succumbed-covid-19-abroad-127105
11	26-Jun-2020	Babu, R	Covid-19: NRI Deaths Sully Kerala's Gulf Dream	Hindustan Times	https://www.hindustantimes.com/india-news/nri-deaths-sully-kerala-s-gulf-dream/story-nMoiqHEL1WLtffDdVBIM.html
12	10-Jul-2020	Smitha, N	Malayalis won't give up Gulf dreams despite job loss, financial crisis	Deccan Chronicle	https://www.deccanchronicle.com/nation/in-other-news/100720/malayalis-wont-give-up-gulf-dreams-despite-job-loss-financial-crisis.html
13	20-Jul-2020	Devasia, J, Banerji, A. & Barkawi, B	Fears in India as Kuwait looks to cap migrant worker numbers	Thomson Reuters Foundation	https://news.trust.org/item/20200720143213-vphcj/
14	8-Apr-2021	Kumar, A. & Akhil C.S	How migrants in the Gulf are fighting discrimination during the pandemic	Open Democracy	https://www.opendemocracy.net/en/openindia/how-migrants-gulf-are-fighting-discrimination-during-pandemic/
15	4-Jul-2021	Saseendran, S	Indians in UAE seek aid for expat COVID-19 victims' families back home	Gulf News	https://gulfnw.com/uae/indians-in-uae-seek-aid-for-expat-covid-19-victims-families-back-home-1.80422327

Table 2 (continued)

NN ^a	Date	Author	Title	Platform	Link
16	30-Jul-2021	Praveen, S.R	'Wage theft,' a bane of Gulf returnees	The Hindu	https://www.thehindu.com/news/national/kerala/wage-theft-a-bane-of-gulf-returnees/article35623859.ece
17	17-Nov-2021	PTI	What about COVID-19 ex-gratia for kin of Keralites who died abroad? HC asks govt	The News Minute	https://www.thenewsminute.com/kerala/what-about-covid-19-ex-gratia-kin-keralites-who-died-abroad-hc-asks-govt-157712
18	17-Nov-2021	PTI	Are families of non-resident Keralites eligible for Covid-19 ex-gratia? HC asks government	Deccan Herald	https://www.deccanherald.com/india/are-families-of-non-resident-keralites-eligible-for-covid-19-ex-gratia-hc-asks-government-1051676.html
19	27-Mar-2022	PTI	After two years, regular international flights resume in India	Business Today	https://www.businesstoday.in/industry/aviation/story/after-two-years-regular-international-flights-resume-in-india-327513-2022-03-27
20	18-Jun-2022	Express News Service	Keralite Gulf expats struggling to pay school fees; seek govt help	The New Indian Express	https://www.newindianexpress.com/states/kerala/2022/Jun/18/keralite-gulf-expats-struggling-to-pay-school-fees-seek-govt-help-2466862.html

^a NN-News Number

Table 3 List of codes identified from qualitative secondary data

Codes	References (NN in Table 2)
No flight	1,19
No governmental response	1
UAE warning	2,3
No ex-gratia	15,17,18,20
Cramped labour camps	1,4
Bed space pregnancy	3
No medical insurance	3,5
Passport Retention	14
Unpaid Furlough	4
Wage theft	5,12,14,16
Abrupt contract termination	14
Delayed evacuation	11
Mandatory COVID-19 negative certificate	9,11
Delayed response from health authorities	4
Inadequate testing	1
Inadequate hospital facilities	1,4
Inadequate quarantine facility	1
Job loss	5,12,13,14
Salary cuts	4,12
No accommodation	8,14
No food	1,8,14
Inability to afford air tickets	8
No remittance	13
Stigmatising	11
Breadwinner loss	6,11
Cross-border family struggles	6,13
Psychological distress	12
Anxiety over family responsibilities	12,13
Fear of contracting the virus	4
Yearning to return home/meet loved ones	1,4
Unobserved death	6
Burial in a foreign land	7,10
No last rites	6,7
Unresolved grief	6

In Kerala, families of expatriates faced deep financial distress and burdens of debt in the absence of the remittance they solely relied upon. Their distress was compounded by worries for the loved ones stranded in the Gulf without income. Many families endured the trauma of losing their breadwinners abroad. Hundreds of expatriates died in the Gulf, while their families in Kerala were denied ex-gratia compensation despite court directives. Moreover, with no repatriation of bodies during the pandemic, they were unable to perform last rites, leaving their grief unresolved and without closure.

Collating findings: precarity of expatriates during COVID-19

The findings from all data sets revealed the deeply entrenched precarity faced by Kerala expatriates during the COVID-19 pandemic, which arose not only from the health crisis but also from systemic, institutional, and legal failures that exacerbated their vulnerabilities. By examining the dimensions of precarity—systemic, institutional, economic, health, social, and psychological—a comprehensive picture emerged of the harsh conditions faced by expatriates and their families back home. These interconnected challenges underscored the intersectional nature of their struggles, highlighting the urgent need for stronger protections and inclusive policies to address the structural inequities exposed by the pandemic.

Systemic precarity

It refers to the structural conditions that inherently place expatriate workers in vulnerable positions. During the pandemic, this systemic precarity worsened as workers were stranded, unable to return to India due to border closures, and often laid off with limited or no financial support.

Immigration policies and legal frameworks

This subtheme examined how immigration policies and legal frameworks in Gulf countries, particularly the exploitative *Kafala* system, amplified expatriates' precarious situations during the pandemic. The *Kafala* system allowed employers to retain workers' passports, severely limiting autonomy and risking stranding them without valid documents if they resisted exploitative demands.

Policy gaps in crisis response

The significant lack of frameworks and agreements left expatriates, particularly hidden expatriates or temporary migrant workers, vulnerable during the COVID-19 pandemic. The absence of international, bilateral, and national protocols for managing expatriate safety and welfare during PHEICs left both host and home countries unprepared to respond effectively, exacerbating the precarity faced by these workers.

Lack of inclusive policies

The systemic exclusion of expatriates from critical welfare, healthcare, and government support frameworks left them and their families in precarious situations. A notable example of this exclusion was the omission of expatriates from COVID-19 death records in India; nearly a thousand Keralites who died in the Gulf were not officially acknowledged, denying their families recognition and potential for state compensation. This lack

of support compounded the financial and emotional burdens of families who lost their breadwinners abroad.

Institutional precarity

Institutional precarity refers to the challenges due to failures and exploitative practices of key institutions, such as employers, labour markets, and governmental bodies. The COVID-19 pandemic was marked by the failures of the institutions in both host and home countries. The institutional structures designed to regulate expatriates' work, health, and social welfare, failed to safeguard their rights, deepening their precarity during the pandemic.

Exploitative labour practices

Exploitative labour practices that expatriates faced were characterised by little protection or regulatory oversight. Common practices included wage theft, where employers unjustly withheld wages and placed workers on indefinite unpaid leave, worsening their financial insecurity without any government intervention to address these issues. Many expatriates experienced abrupt contract terminations without severance or notice, leaving them in immediate financial and legal jeopardy, the lack of regulatory support meant that workers had no recourse to contest these actions, exacerbating their economic precarity.

Inadequate healthcare provisions

Healthcare access for expatriates, particularly low-wage workers, was severely limited during the pandemic as many lacked medical insurance or financial means to seek assistance. Living in cramped labour camps further exacerbated their precarity. The neglect of health and safety standards in labour camps led to overcrowded and unsanitary conditions that facilitated the rapid spread of COVID-19, leaving expatriate workers in precarious living environments and at heightened risk of severe health outcomes.

Inadequate crisis response

The inadequate crisis response from host and home countries left expatriates stranded, often without basic needs, financial assistance, or viable pathways to return home. The repatriation process was hindered by significant delays and unaffordable ticket prices due to job losses and wage theft, leaving many expatriates trapped in unsafe environments without assistance for repatriation expenses. Tensions arose when the UAE warned India about potential impacts on future labour migration if delays continued, highlighting how inadequate crisis management can strain international relations. Meanwhile, the Kerala diaspora faced an urgent shortage of food and medical care without receiving support from

India or Kerala governments, exacerbating their precarious situation.

Economic precarity

The economic precarity captures the financial difficulties Kerala expatriates in the Gulf faced during the pandemic, marked by job loss, wage theft, unpaid furloughs, and sudden disruption to remittance flows that many families in Kerala relied upon. The pandemic exposed the precarity of low-wage expatriates or temporary migrant workers, who often work without labour protections or financial safety nets.

Job insecurity and income instability

Kerala expatriates in the Gulf faced abrupt job losses, indefinite furloughs, and widespread wage theft during the pandemic, leaving them in financial limbo. Stranded without a stable income, they relied on community support while struggling to support families back home, intensifying their economic insecurity and helplessness.

Struggles in meeting Basic needs

Job losses and wage theft left expatriates unable to meet basic needs such as food and shelter, forcing them to rely on volunteer groups or religious associations. This reliance on volunteers highlighted the absence of support from employers and governments for the expatriates and the economic precarity they experienced during the pandemic.

Cessation of remittances and unmet debt obligations

For many Kerala expatriates, debt was essential to cover migration costs and support their families. The pandemic's income loss and wage theft disrupted remittances, straining families in Kerala who relied on them for basic needs. As a result, families resorted to borrowing or selling assets, deepening economic precarity for both expatriates and their dependents.

Social precarity

Social precarity refers to the social vulnerabilities and lack of support networks that Kerala expatriates face from stigmatisation, isolation, and the absence of social support structures in host countries. During the pandemic, social precarity became increasingly evident as expatriates were marginalised, viewed as potential disease carriers, and subjected to societal stigmas in host countries and back home in Kerala.

Isolation and social exclusion

Expatriates faced isolation and social exclusion, as many were confined to crowded labour camps with limited interaction beyond their immediate co-residents.

Containment measures restricted contact with family and community networks, with travel restrictions and limited communication access. This isolation intensified their loneliness, leaving expatriates feeling disconnected, and cut off from meaningful social support.

Stigmatisation and social labelling

Kerala expatriates were stigmatised as “super spreaders” during the pandemic. This label, fuelled by public fear of disease transmission, portrayed them as health risks rather than as vulnerable individuals. As a result, expatriates were marginalised by locals in host countries and by parts of their community in Kerala.

Lack of social support networks

Expatriates lacked access to social support networks, such as family, friends, or government welfare, leaving them without resources to face precarity. Excluded from local support, they became heavily reliant on volunteer groups and religious associations for basic needs. This absence of structured support made them vulnerable to exploitation, intensifying feelings of abandonment and insecurity.

Health precarity

Health precarity among Kerala expatriates during the pandemic was marked by limited access to healthcare, overcrowded living conditions, and delayed medical intervention, all of which contributed to a heightened death rate. The lack of health insurance, financial inability to access medical services, exclusion from healthcare systems, and unsafe living conditions left expatriates highly vulnerable to infection, minimising their ability to maintain basic health and well-being. When COVID-19 spread through crowded labour camps, the absence of isolation facilities accelerated infection rates. Delays in quarantine and medical treatment left many expatriates without timely care, further escalating health risks and leading to preventable deaths. These gaps in healthcare access underscored the precarious position of expatriates, who were left to severe infection and death due to inadequate healthcare policies and systemic neglect during the crisis.

Psychological precarity

Psychological precarity highlights the profound mental health struggles and emotional strain faced by expatriates during the pandemic. They dealt with high levels of psychological distress, fuelled by isolation, financial insecurity, health risks, and separation from their families. The codes such as anxiety over family well-being, isolation and loneliness, fear of death, social stigmatisation, and

desperation for connection reveal how deeply the pandemic affected expatriate’s mental well-being.

Interconnectedness of precarity

Each component of precarity, systemic, institutional, economic, social, health, and psychological, is deeply interconnected. The failure of systemic and institutional support leads to economic precarity, which in turn worsens health outcomes and causes increased psychological distress. It implies that one component of precarity exacerbates the others, leading to compounding precarity.

Cross-border familial precarity

It represents the layered challenges faced by families in Kerala whose primary earners work in Gulf countries during the pandemic. Economic precarity became a central struggle as the pandemic halted remittances, disrupting the primary income stream that families relied on for food, education, healthcare, and debt repayment. Psychological precarity compounded these challenges, as families endured constant anxiety over the safety and well-being of their loved ones abroad. The emotional toll intensified with limited contact, leaving families isolated and grappling with a pervasive sense of helplessness.

For families who lost their breadwinners to COVID-19, the impact was even more devastating, with grief overshadowed by economic survival and abrupt loss of emotional support. The inability to perform last rites due to travel restrictions deepened the pain, with loved ones unable to observe the final moments or burial of the deceased. This lack of closure left families struggling with unresolved grief, amplifying feelings of helplessness as they navigated loss and fractured sense of connection with their loved ones.

Conceptual model for cross-border precarity

Figure 4 presents a conceptual model for cross-border precarity experienced by expatriates and their families during the COVID-19 pandemic.

The cross-border precarity model developed in this study highlights the compounded vulnerabilities experienced by Kerala expatriates in the Gulf during the COVID-19 pandemic. This model offers a comprehensive framework for understanding how multiple layers of precarity interact and intensify in cross-border contexts, where expatriates and their families in Kerala face intertwined risks and challenges. By integrating systemic, institutional, economic, social, health, and psychological dimensions, the model demonstrates how various forms of precarity reinforce one another, creating a state of enduring instability for expatriates and their dependents.

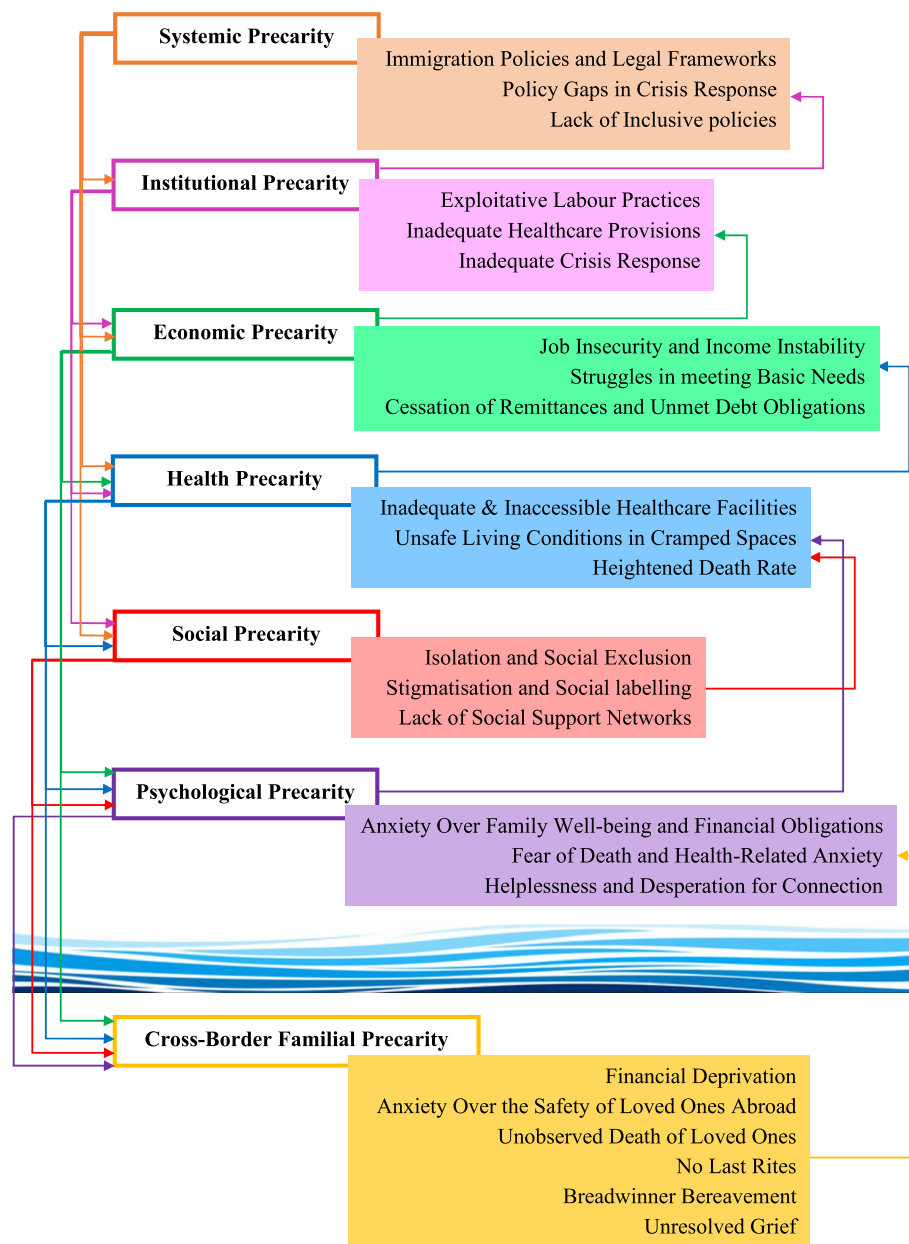


Fig. 4 Conceptual model for cross-border precarity of expatriates and their families in PHEIC

The application of this model revealed that systemic and institutional factors, such as restrictive immigration policies and delayed government response form the foundation of precarity during the pandemic. These systemic issues left expatriates stranded; unable to access healthcare and financial support. The resulting economic precarity, marked by job insecurity, wage theft, and loss of remittance, further burdened expatriates' families in Kerala. Border closures and stigmatisation also hindered families' access to emotional support and resources,

revealing the spillover effects of expatriates' precarity on their loved ones.

Ultimately, this model provides critical insights for policymakers, social work practitioners, and public health professionals to address the multi-layered needs of expatriates and their families in future crises. A transnational approach to public health emergencies is essential, with responsive policies prioritising rapid repatriation, cross-border social support, and protective labour laws. Furthermore, social work practice must recognise the

unique intersections of precarity, advocating for services that bridge the gaps between host and home countries and address the psychological needs of families dealing with cross-border bereavement. This model thus serves as a foundational tool for understanding and addressing the precarity of expatriates and their families in a rapidly globalising world, where public health crises are likely to expose and exacerbate existing social and economic inequalities.

Discussion

The findings of this study align with and expand upon existing literature that underscores the vulnerabilities of migrant populations, particularly in the context of public health emergencies. As highlighted by the World Migration Report 2024, the India-GCC migration corridor remains one of the most prominent global migration routes, with Kerala contributing significantly to the Indian diaspora in the Gulf. Kerala expatriates, predominantly low-skilled or semi-skilled workers employed in labour-intensive sectors, occupy precarious socio-economic positions exacerbated by the *Kafala* system, which grants sponsors disproportionate control over workers, often resulting in wage theft, limited mobility, and heightened exploitation [7, 9]. This systemic inequity became more pronounced during the COVID-19 pandemic, as migrants in Gulf countries faced restricted mobility, job loss, and inadequate healthcare, reflecting the transience and temporality of their migration experience [18].

The plight of temporary migrant workers during COVID-19 further highlights their precarity. Overcrowded living conditions, insufficient hygiene, and limited access to decent healthcare services placed migrants at heightened risk of infection [38]. Expat breadwinners, reliant on informal labour markets, were particularly affected, as their livelihood opportunities evaporated during the pandemic [38]. The lack of inclusive social protection measures in GCC countries prior to the crisis further exposed migrants to income and food insecurity [39]. Governments in the region responded by implementing targeted measures to ensure basic health and social assistance services for foreign workers, including those in irregular situations [38]. However, these efforts fell short of addressing the scale of precarity, with overcrowded housing and limited healthcare access continuing to exacerbate risks for low-income migrant workers.

The *Vande Bharat Mission*, India's repatriation initiative, successfully brought back 1,269,549 stranded Indians by September 2020, with 29.31 per cent of returnees landing in Kerala and 73 per cent originating from GCC

countries [29]. While the scale of this effort was commendable, delays in forming air bubble agreements and initiating repatriation efforts significantly heightened the precarity faced by expatriates. Many were stranded in unsafe living conditions, with inadequate access to healthcare, leading to preventable deaths during the waiting period. Additionally, a large proportion of those who managed to return arrived home empty-handed due to widespread wage theft in the Gulf [9].

The study's findings highlight significant gaps in integrating migrants into PHEIC responses, as identified by Seifman [34]. The pandemic exposed the absence of bilateral agreements and international conventions designed to safeguard the safety and welfare of expatriates. This lack of coordinated frameworks left Kerala expatriates stranded in host countries with minimal support. For families in Kerala, the disruption of remittances due to job losses and wage cuts intensified economic precarity with burdens of debt. Families who suffered breadwinner loss faced compounded challenges, enduring both the traumatic bereavement and the devastating loss of their primary source of livelihood.

The social precarity experienced by migrants is another crucial dimension. Despite their substantial contributions to both host and home economies, expatriates faced social exclusion, with many in Kerala labelled as super spreaders upon their return, further alienating them from their communities [42]. These findings align with Menon's [24] concept of *non-present presence*, which captures how expatriates remain marginalised in the narratives and policies of both home and host countries. Moreover, the study's cross-border precarity lens builds on Piper et al. [26] to emphasise the interconnected precarity of expatriates and their families, underscoring the urgent need for inclusive and responsive policy frameworks that prioritise expatriate welfare during global crises. While efforts to expand social protection measures in the Gulf were a step forward, the findings highlight the necessity for more comprehensive policies addressing the structural inequalities exacerbating cross-border precarity.

Limitations of the study

This study has certain limitations. First, the reliance on qualitative data from a specific geographic context may limit the generalisability of findings to other expatriate populations. Second, the inclusion of secondary data from online news reports, while providing valuable context, may reflect biases inherent in media coverage. Finally, the study does not quantitatively assess the long-term impact of precarity on expatriates and their families, which could be explored in future research.

Conclusion

In conclusion, this study presents a conceptual model of cross-border precarity, capturing the multifaceted challenges faced by Kerala expatriates during the COVID-19 pandemic. By analysing the systemic, institutional, economic, social, health, and psychological dimensions of precarity, the model highlights the interconnected vulnerabilities that extend across borders, affecting expatriates and their dependents. To address these challenges, it is imperative to enhance global health policies by integrating expatriate needs into the International Health Regulations (IHR) framework for managing PHEICs. This includes adopting an expatriate-inclusive approach to country capacity assessments, and ensuring public health systems are prepared to support expatriates and their families. Clear guidelines on repatriation, healthcare access, and social support are essential to prevent expatriates from being left in precarity during crises. By emphasising the need for targeted, transnational policy responses that prioritise rapid crisis intervention, mental health support, and cross-border social protections, this study offers a valuable framework for future research and strategies aimed at fostering the resilience of expatriates and their families during global crises.

Supplementary Information

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Supplementary Material 1.

Supplementary Material 2.

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Authors' contributions

This research was conducted as part of J.M.'s PhD study. J.M. was responsible for the conceptualisation, design, data collection, analysis, and drafting of the manuscript. S.J., as the in-house research mentor, guided the research process, particularly in the methodological framework and strategic execution, and contributed to the final revisions of the manuscript. J.K., as the PhD supervisor, provided critical oversight, offering theoretical and analytical insights that shaped the direction of the study. All authors reviewed and approved the final version of the paper for submission.

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Data availability

Data is provided within the manuscript and supplementary information files.

Declarations

Ethics approval and consent to participate

This study obtained ethical clearance from the Rajagiri Institutional Ethics Committee (File no: RCSS/IEC/005/2023). A copy of the approved study protocol has been uploaded as a supplementary file.

Consent for publication

This study obtained Informed Consent from all participants for voluntary participation and publication of study results.

Competing interests

The authors declare no competing interests.

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