

# Health Problems Faced by Migrant Workers in Country of Destination

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## Abstract

The out-migration from under developed countries like Pakistan is considering the only hope for the individuals as the survival strategy which leads towards the well-being of the left behind families, but this migration come along various health hazardous which did not consider a policy or human rights issue. The study focused upon the 3-D works (dangerous, dirty and degrading) which leads towards hazardous working environment that is the violation of labor laws. In the destination countries e.g. UAE various supervisor and the employers forced migrants for such work to get more benefits. The data was extracted from the MPhil dissertation; the area of the study was Dera Ghazi Khan; the labor migrants were in-depth interviewed. The overall working conditions / environment was narrated by the respondents discussed in the article. Study highlighted various health issues faced by the migrants in the country of destination due to various legalities and non-serious attitude of suppliers / employers toward migrants' health.

**Key Words:** *Health Problems, Exploitation, Labor Migration, Low-skilled*

## Introduction

Last century witnessed the extensive international labour migration. Hundreds of labourers, skilled or unskilled traveled to the economically developed areas as the survival strategy for their families. It was stated over 105 million people traveled to the country of destination from their home lands. Historically, from last 70s onward the number of out-migrants becomes doubled i.e. Asia (50 m), North America (41 m) and Europe (56 m) were recorded. As per the data of UN in 2005, published in word economics and social survey (2004) the overall number of out-migrants outside

of their country of birth were 163 m. The number of international migrants were 281 million in 2020 (UN DESA, 2021; ILO, 2021), from them two-third are the labor migrants. Certain studies included visitors (on business or personal trips) included in the number of migrants that roughly made one million people on the move between the high to low or middle to low or low to middle income countries each week. A number of reasons were identified but this large-scale migration attracted by the economic globalisation. And from them roughly 50 per cent belonged to the economically active labourers (GCIM, 2005).

Various studies also showed particular reasons of migration circle from low income to middle of high-income countries as the survival strategy. They inflation, lack of economic opportunities, less wages are some of the reason for such movement (ibid). Such migrants (skilled or unskilled) when moved from low income counties to the high- or middle-income countries creating new demands for housing and utility services as well as a pull factor for those who are seeking for migration. Generally speaking, due to advancement in production system, dynamics of labour market in less economically developed countries and less job opportunities forced them to flee for the economic benefits of their families. These workers worked in economically developed countries, they in-directly paying taxes and directly putting their efforts for the development. Labourer dependent countries like Gulf and USA, residents most of the time asked for higher per hour wages than those who came from different poor countries like Pakistan (Benach et. al., 2010). Though, both types of migrants assisted socio-economic development but due to their personal skills they faced a number of issues and health is one of them (Borrell et. al., 2008; Grondin et. al., 2003).

Migrant workers regularly engaged in low skilled workforce, that are known as the 3-D jobs because of certain challenges that is Dirty, Dangerous and Degrading, the jobs which are left by the nationalist for the migrants because of security risks, despite of certain factors e.g. low profile, less wages etc. (Fernandez et. al., 2008). The term 3-D coined after inspiration of Japanese 3K, with the passage of time the former becomes most popular phenomenon for work done by labour-migrants, it includes all sort of tasks ranging from construction of garment factories. In destination countries like UAE, low wages were paid to the migrant labourers irrespective of other parts of the world, where 3-D works pay handsome amount to the workers. Another sort of problem is the behavior of employer with the regular or irregular migrant workers. Particularly, from Pakistan the age bracket of Labour migrants ranging from late adult the very next nears of teen age completion. They are in good mental and physical health and wanted to earn economic stability to their families. Hard working environment, language barrier, culture differences and tagging of labourers/migrants and above all the behaviors of employers pushed towards mental or physical health issues. Less care for 3-D workers given, even some of them got major physical health issue e.g. loss of any organ, they sent back to the countries of origin without any calming any insurance policy or compensation.

Wage differences existed even doing same work in same environment which was paid to the natives or the migrant labourers. Health conditions, insurance of policies for any misshape during working hours equally benefited the workers but for migrant workers' policies showed another picture. Work agreements e.g. AQAMA is another lope game which facilitate employers and benefit them the most. The objectives of the study were to explore the relationship of labourers and their employers, exploitation in wages and working conditions. Migrant labourers more exposed to the harsh working environment and less safety measure which made them more vulnerable in 3-D jobs.

## Material and Methods

The data was extracted from the MPhil dissertation. Particular components and weightage have been given to the problems directly linked to 3-D works. Nine respondents were in-depth interviewed for the data collection and an interview schedule containing seventeen question were administered. All the respondent belonged to the district Dera Ghazi Khan (Southern district of Punjab Province). The questions were asked keeping in mind the employer's relationships, working condition, wage distribution and the provision of safety tools for the jobs. All the migrants working in UAE (Dubai) construction sites, the overall scenario regarding the secure and safe work environment were to some extent same stated by all respondents. There was no concept of particular trainings for the workers.

## Review of Relevant Literature

The increase of UAE's GDP grows 6.62 percent (from 2000-2009) due to various factors i.e. the hike in oil prices, foreign investment in the construction sector, this growth is the reason of less consumption on the secure health environment and low wages of the laborers. All the six oil producing countries are the destination of about 17 percent labor migrants from their total number of populations, UAE, Qatar and Kuwait is the highest in numbers who received technical, skilled or unskilled laborer for their day and night construction.

The studies of International Labor Organization (ILO) and Human Rights Watch (HRW) highlighted from all workforce, 95 percent of UAE's workforce belonged to other countries (HRW, 2010). Tax free zones, huge number of expatriates, wealthy Emiratis, privileges for the skilled and technical individuals around the world is the pulling factor of more investors as well as laborer. Such influx of laborers reduces the wage market, and cheap labor is there for the service.

In the first decade of millennium, the only UAE had more than 1300 construction projects, that worth of 418 billion USD only in Abu-Dhabi and Dubai. The round clock work was the need of time which forced the laws of working hours from 8 working hours to 12 working hours a day by each worker (Sambidge, 2010). Such advancement provides a number of benefits to the investors and the contractors i.e. the long working hours and less wages and other privileges for the workers. Such long hours caused more exhaustion, more exposure to the heat (day shifts), inadequate safety measure that leads to serious health issues. Less sleep, sub-standard accommodation, unsafe working condition is the violation of international human rights. The government was working for the safety and security of the laborers in 2007 the report of the 'Protection of Workers' Rights in UAE' acknowledged the violation of labor rights, working conditions, and the also suggested for expansion of labor laws for the protection of labor rights in UAE (Smith, 2008).

Grondin et al (2003) identified a number of jobs done by the unskilled migrant workers that pushed them into hazardous working environment and that had limited access to health care and the other precautionary measure on work place, or in some cases where stated perks do not exist. Study showed that construction work is dangerous, unfinished gray-structures, heavy machinery and the work force, skilled and unskilled labourers worked together and sometimes switched their jobs as well. Falls have been found very common among migrant workers at construction sites. It could be of two ways, less safety measures or low skilled workers working in high roof buildings. It is the responsibility of the state and the respective ministries to take care of such matters but the injuries and the fall, ended

up very low compensations. In certain cases, due to less awareness of the migrant workers they avoid to visit medical facility centers.

Ruhs (2013) stated another might worker's violation, the visa-restrict-sanctions, as per the visa policy every migrant worker from any cater of the work environment must have local insurance e.g. *Kafeel* / Employer. He is the solely person, who has the authority on work and the working hours of the migrants, and mobility within the host country for work. Like in UAE, all sort of Visas tie migrant to the employers and do not allow immediate job to job transition after contract expires it has some rules and regulations e.g. migrant must have to deport and then fresh arrival with new employer in the country.

## Discussion

The overall data were conceptualizing by thematic analysis of primary information. The 3-D model i.e. Dirty, Dangerous and Degrading were elaborated to draw a picture of working environment of construction workers in Dubai. Various case studies were included to add the description

- how migrant survive in hazardous working environment
- their payment structures impacted their remittance and
- nature of job damaging their health and economic status.

These prospects showed a clear damaging picture of the workers at jobs they don't have any suitable environment and pushed for more exposed jobs in the construction sector and very compromising living standards compromising their health.

## Health and Work Environment

All the respondent belonged to the construction work, one of the respondents shared, '*in UAE, mostly people worked in construction sector. They start working from construction sites as laborer and then moved to other works but it is not always the same for the migrants.*' Doing labour work is very task no particular type of skills is required for laborers. Unskilled, semi-skilled emigrants received low wage but this is very high when it multiplied into remittance (exchange rate). *They received very less amount because the illegal workers do work in construction sites, because it is easy there to hide*, according to a respondent. Such work does not hold the future of the worker; sustainable economic development; those who entered in UAE opt this opportunity at very cheap price due to their hide-out.

Legal status of migrants in the country of destination is the comparison point for inequalities at all levels without considering the personal traits of the migrants (highly skilled or semi-skilled). Employment conditions, working environment, health situations, inequality in the wages are the major factors that are directly linked to the status of migrants. Those who are without work permit (legal documents), are more vulnerable in this regard. They are more exposed to exploitation, fear of job-loss, deportation, and low wages *sometimes did not get anything after the completion to task*, shard by three respondents. A very limited number of those who have legal documents forced to the hard environments by the supervisors at construction sites. Such migrants worked in hazardous environments and variety of

works which creates health problems for example direct contact to heat (sun-burn, etc.), dust and the physical exposure to the chemicals. They are working without any legal document that is why safety kits are not provided to them. A respondent shared, *'no safety kits were used in the construction sites if you are working on fifth or fifteenth floor of the building, the lifting machine always operate in open areas without any safety walls.'*

In particular scenario according to the ILO report, averagely 335,000 cases reported annually from construction and mining sites which caused serious injuries or even deaths. Those who are working without particular skills have more exposed to such problems. Various studies of the migrant workers showed such type of discriminations but the rules and the methods are different in UAE. The report also highlighted the social as well as health issues faced by the workers in the construction sectors of destination countries. Language is the second major exploitative tool by the supervisors who benefited through ground situations. They forced the workers for the hazardous jobs by threatening, and also motivated them with some additional dirhams.

## Working Hours

It is very difficult to calculate the working time of the workers, calculation of the working hours (weekly or monthly) needs a proper justification and directions by the competent authorities in destination countries. Construction workers risked their lives and asked for overtime to add some additional dirhams in their monthly wages; newcomers were assigned to heavy work e.g. lifting heavy material(s) to the upper floors by self (using technology / machinery increases the cost of production) need more laborers that is why availability of illegal and legal laborer increase the competition so they ready to go for hard works. From the sample size, only one respondent worked 6 days a week with minimum 60 hours, that was his regular time of work. Friday is weekend, if anyone wanted to work they get more rewards and high wage than other regular days. Remaining all the respondents worked seven days a week spend more than 70 hours per week. When asked why the hours are so long, the responses were, *'we need more money because the wages are less, we have to manage our expense and savings send back to Pakistan for the left behind family.'*

Those who wanted more money for their left behind families they worked in off-days as well, such type of extra burden impacted their health very badly. As per the law *'there is one-hour break after five-hour work'*. Skipping the break is very much common among the laborers because, *'we are here to earn, not for rest'*. The working hours for the construction laborers were ten with one day off, it is fact there is no off days in Dubai.

Shakoor a labor worker narrated, *heatstroke, toothache, headache, upset stomach, minor injuries during work is considered tiny injuries that is why painkillers provided by the supervisor, if he is not around you have to complete the task first and then go for any medical assistance. In the case of head injury or the broken bones, employer (Kafil) permits supervisor to go to the hospital and half of the expenses cut from the migrants' account (it is because of his negligence so he must have to pay the amount as well).*

## Health Condition at Work Place and Living areas

It was observed during stay with migrant workers, the health conditions were not the primary concern of the employers as well as migrant. They only focused on working hours i.e. ten hours per day. Employers' only concern were the active working according of the laborers if they got injured or sick employers wait only for one week, then migrant replaced with new one. It was observed; migrants don't care about their health condition, when asked to a migrant why you are

working if you feel sick, he narrated, *'we came here for earning purposes, if I been sick and doing less duty, less earning leads the family again at same point from where I have started working overseas.'* There were no first-aid or any medical emergency kit present in the construction sites, migrants only examined by doctors once in the start of their work permit.

The health condition of Barbers, workers who are working in Bakeries are good, because after every six-months vaccination and check-up made by the health department of UAE maintain their health. But health conditions in labor camps were not good, in private labor camps where long corridor loaded with hundreds of migrants in parallel opposite rooms (long halls) were serving migrant laborers without any proper medical or health facility. There were no even a medical box (emergency kit OR first-aid box) in majority of the labor camps. No medical facility provided to the injured at earliest until or unless Police Officer reported the patient.

Medical facilities provided by the doctors in hospitals, there were no private medical health units like working in Pakistan near the labor camps or nearby cities. All medical units were connected and worked under strict observation of govt. In labor camps the working conditions were hard and during the time (lunch time) they stayed in highly cool rooms (room temperature under 20 °C) and when they go back to the work the atmosphere temperature rose up to 40-50 °F. Sun-burn is normal health issue among migrants. In this hard environment, hard working conditions made the working life for the migrants more dangerous.

### **Heat related illnesses**

The most encountered issue was the heat-stroke. Migrants are not well aware about the temperature of the UAE. Sun-burn is the second important health problem among the construction workers in UAE, which were not documented as 'serious health issues' in any report. A respondent stated, *'I had sun-burn but my employer asked, you have to finish the job if you wanted your money, another migrant switched his work with me, and completed my task. There is no other option, no relaxation if you are at middle of some task you have to complete it first and then employer permits you to leave the construction sites.* In the months of April to Sep. the temperature remained above 90 °F (32 °C), with 80 percent humidity. In July and August, the regular temperature remained above 100 °F (38 °C). Sun-Heat and the humidity is considered the health hazard for those who are working under sun-light without putting proper tools and securing the premise. A respondent shared, *'heat strokes are very common, in each year everyone goes through three or four times, due to hard working environment and less use of water and rest it is very common among the migrants.'* No particular time and equipment given to the workers who are working in open areas under sky.

### **Illegal workers particularly vulnerable**

As discussed earlier, the illegal migrants were more vulnerable among the construction workers, they do not have any worth as per the respondents; narrated, *'particularly those who came through illegal means they were exploited by giving less wages and hard work.'* High demand of construction workers is the pulling factor of non-skilled individuals from the low-income countries. Legal and illegal migrants fulfill the demand of the supplier and contractors at one hand and on the other paying less wages to the illegal migrants maximize the profits.

It is not very much common by the contractors or the agents to promote illegal workers, local authorities fine the local companies if found any illegal worker among the crew. Supplying companies most of the times owned by expatriates, who always try to reduce the construction cost using more manpower because it is in abundance. More manpower endorses more interaction and high number of workers in construction sites that leads towards more accidents and more exposure to the hazardous environment. A Pakistani worker (Khalid) was hospitalized due to back injury he fell from lifting machine, his colleagues narrated, *he worked for 'A-----Manpower Companies', a Dubai based construction company, his documents were fake, he arrived through visit visa in UAE, and used hideout method to over stayed with some relatives at Dera-Dubai, he was from Layyah (Punjab) in Pakistan. Now construction company disowned him after the incident, because he does not have any legal contract with the company, company was not liable for providing him health insurance or services, all the co-workers collected some amount and managed his treatment, when he gets well he repay the whole debt in two years.'*

Such type of incidents and the role of companies are very common among the migrants. There is no one behind the migrants if needed, nor the supervisor or the Pakistani embassy.

## Conclusion

It is documented that migration from South Asia to the gulf countries made significant contributions in the GDP of the host country and some in the country of origin. But such contributions only encourage investors, stakeholders, supervisors and hiring companies, no one cared about migrants which were the most important pillar of this development. No check and balance upon the policies regarding working conditions, living status of the migrant measured by any of the governmental agencies. Those who put their all efforts for the development of the cities, receiving very limited in return and sometimes they wasted their lives. Economic stability is the important status which forced individuals to migrate high income countries for the survival of families. The 3-D jobs are the most dangerous jobs which are very common among the migrants because they do not have any choice among them. Such working condition / environment imposes various health problems that must be addressed at policy level. The UAE is still practicing the biggest construction boom, along with Oil refineries, residential units, working spaces, skyscrapers and luxury resorts but the condition of the workers is very damaged. 3-D work need special care and attention from the government departments in the context of safety, security and wage prospects. The rights of labor must be adhering at national and local level so they may have worked in safe and secure environment easily. Some of the recommendations extracted from interviews for the betterment of the workers in countries of destination are as under;

1. Reform are required at sponsorship level. So, the involvement of the employer may reduce, as the exploitation of the migrants as well.
2. The UAE government may have banned all those companies who may have connections with the recruiters that recruit illegal workers to reduce the illegal migration boom.
3. Antagonistically examining and indicting companies who violate UAE labor laws.
4. Providing a safe and healthy working environment to the migrants i.e. provision of cloths, equipment, training how to handle machinery and first aid, also creating awareness of work-related health and safety risks.

## References

- Benach J., Muntaner C., Solar O., Santana V., and Quinlan M. (2010). Empleo, trabajo y desigualdades en salud: Una visión global. Barcelona: Icaria
- Borrell C., Muntaner C., Solà J., Artazcoz L., and Puigpinós R. (2008). Immigration and self-reported health status by social class and gender: the importance of material deprivation, work organization and household labor. *J Epidemiol Community Health*. 62(5)
- Fernández C., and Ortega C. (2008). Labor market assimilation of immigrants in Spain: employment at the expense of bad job-matches? *Spanish Economic Review*. 10: 83-107
- Garrett L. The return of infectious disease. In: P-S AT, editor. (2011) *Plagues and politics: infectious disease and international policy*. London: Palgrave. pp. 183-194.
- GCIM. Global Commission on International Migration (2005). Migration in an Interconnected World: New Directions for Action: Report of the Global Commission on International Migration.
- Grondin D., Weekers J., Haour-Knipe M., Elton A., and Stuke J. (2003). Geneva: International Organization for Migration; *Managing migration challenges and responses for people on the move*. pp. 85-93.
- Human Rights Watch, Slow reform, (2010) Available at <http://www.hrw.org/en/reports/2010/04/28/slow-reform-o>
- International Labour Organization (ILO) 2021 ILO Global Estimates on International Migrant Workers – Results and Methodology. Available at [www.ilo.org/global/publications/books/WCMS\\_652001/lang--en/index.htm](http://www.ilo.org/global/publications/books/WCMS_652001/lang--en/index.htm).
- Smith, J. (2008). UAE Ministry of Labor report stresses more resources going into enforcements. *Business Intelligence-Middle East* (4), 27. Available at <http://www.bi-me.com/main.php?id=19560&t=1>
- United Nations Department of Economic and Social Affairs (UN DESA) 2021 International Migration 2020 Highlights (ST/ESA/SER.A/452). Population Division. Available at [www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa\\_pd\\_2020\\_international\\_migration\\_highlights.pdf](http://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_2020_international_migration_highlights.pdf).
- World Economic and Social Survey 2004, International Migration, New York: United Nations Department of Economics and Social Affairs, 2004.