



STATE OF HEALTH; ASSESSMENT IN PAKISTANI LABOR FORCE IN GULF STATES

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Article received on:

24/02/2014

Accepted for publication:

30/08/2014

Received after proof reading:

16/10/2014

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ABSTRACT... The plight of surgical diseases in Pakistani workers in the gulf countries is highlighted. Objective: To highlight the health problems of Pakistani workers in GS. It is done by taking the information from the expatriates returning from the gulf states who present to us in the foundation hospital, Rajana, district Toba Tek Singh (TTS), for the treatment of various surgical illnesses. It is concluded that Pakistanis working in the gulf countries are not satisfied by the treatment received in those states. Only one out of 50 patients was satisfied with the treatment he got for his disease.

Key words: Pakistani workforce in Gulf States, health-status

Article Citation: Rathore AH, Rathore K. State of health; assessment in Pakistani labor force in Gulf states. Professional Med J 2014;21(5):925-928.

INTRODUCTION

Historically the emigration of the labor force from India to gulf states (GS), including Saudi Arabia, UAE, Oman, Bahrain, Kuwait and Qatar, was as early as in 18th century¹, though their numbers were small. They were employed as barbers, mechanical fan pullers, shopkeepers, doctors and customs agents². Even a good number of Pakistani personnel were employed in the oman's defense forces from Baluchistan until 1980s³. Oil was discovered in GS in 1936⁴, but not much flow of labor from Pakistan was observed until 1970s¹. In 1970s there was a sudden surge of worker immigration in GS due to the following reasons:

1. There was a tremendous increase in oil prices in the world market resulting in soaring oil wealth in GS.
2. With practically no infrastructure there was a massive buildup of infrastructure and rapid economic growth
3. As far as Pakistan was concerned in early 1970s due to populist leadership and policies of Z. A. Bhutto's government (positive or negative), and his friendly relations with the rulers of the Arab world encouraged the Pakistani for emigration to the GS⁵.

It is estimated that 4 million Pakistani workers emigrated to GS during 1970 to 2000⁵. For instance, their number was 6800 in 1971 which went up to 2,915,555 in 2013⁶. Kamran reported

this number to be 3,132,200 in 2012⁷. Home remittances of Pakistani workers in GS were US \$ 8462.78 Million in 2012-13⁸. Gulf News reported the number of Pakistani workers to be 1.2 million in 2013 in UAE alone⁹.

Several studies, papers and reports have been published in different countries about expatriates workers and foreign exchange earned in the Middle Eastern countries. Much has also been published about the social and economic conditions, etc, at home of these expatriates^{10,11}. However, there has been no significant study or research paper published about the plight of health of these expatriate workers. In this paper, we have tried to highlight the health problems of Pakistani workers in GS. Though the sample studied is small, it has interesting findings which need further validation and research.

MATERIAL AND METHODS

Expatriate labor force from Districts TTS and Faisalabad going to Middle East constitute 5% of Pakistan's total labor force¹². Foundation Hospital, Rajana, is a small tertiary healthcare center in TTS district run by a UK-based NGO, UCARE Foundation. All expatriates coming back from GS reporting to the surgical outdoor for treatment are registered and specific information is recorded on an assisted questionnaire as shown below:

Patient Name				
Age				
Profession				
Country of Immigration				
Period of stay				
Disease (s) reported				
Duration of illness				
Satisfied with treatment received abroad	Yes		No	
Reason (s) reported for dissatisfaction with the medical	Too expensive			
	Lack of confidence			
	Loneliness			
	Others (specify)			

RESULTS

50 patients were registered from 01-01-13 to 31-12-13. Tables I to VI below show descriptive results from the study:

Age bands	Number	%age
21-30	11	22
31-40	17	34
41-50	17	34
51-60	5	10
Total	50	100

Table-I. Distribution of sample by age

Country of destination	Number	%age
Saudi Arabia	37	74
UAE	6	12
Oman	4	8
Bahrain	2	4
Kuwait	1	2
Qatar	-	-
Total	50	100

Table-II. Distribution of sample by country of destination

DISCUSSION

Immigration of Pakistani labor force has been going on since long to the whole world, especially to Europe, USA and GS. In Europe, there are more doctors, businessmen and laborers. In USA, the Pakistani expatriate workforce is largely comprised of doctors, IT professionals and engineers. However, the majority of Pakistani expatriate workforce in GS is comprised of skilled

Duration of stay (years)	Number	%age
1-5	18	36
6-10	13	26
11-15	6	12
16-20	9	18
21-25	1	2
26-30	3	6
Total	50	100

Table-III. Distribution of sample by duration of stay

Profession	Number	%age
Driver	16	32
Motor mechanic	6	12
Mason	5	10
Painter	4	8
Salesman	4	8
Welder	3	6
Carpenter	3	6
Electrician	2	4
Steel fixer	2	4
Barber	2	4
Accountant	1	2
Gas-worker	1	2
Laborer	1	2
Total	50	100

Table-IV. Distribution of sample by profession

or unskilled labor¹³. The key difference is that some people migrating to Europe and USA get settled permanently, whereas in GS almost all expatriate workforce returns to the country of origin even if

Diseases Reported	Number	%age
Abdominal Hernias	8	16
Fractures	8	16
Prolapsed disc	8	16
Piles and Anal Fistula	4	8
Appendicitis	3	6
Benign Tumors and Cyst	3	6
Soft Tissue Injuries	3	6
Frozen Shoulder	2	4
O.A Knees	2	4
Bilat. Kidney Stones	2	4
F.B. Face	1	2
Lymphoma	1	2
Polyneuritis	1	2
Abscess Thigh	1	2
Varicocele	1	2
BPH	1	2
Cholelithiasis	1	2
Total	50	100

Table-V. Distribution of sample by disease reported

Reported causes	Number reporting	Percent reporting
Unaffordable	13	26.53
Lack of confidence	22	44.89
Loneliness	4	8.16
1+2	7	14.28
2+3	1	2.04
1+3	1	2.04
Others	1	2.04
Total	50	100

Table-VI. Causes of dissatisfaction

they had been working there for as long as thirty years. They went there with the only objective of earning money and send it back to their families. 98% of Pakistani expatriate workers in GS are skilled or semi-skilled and most of them have no health insurance. If they get any illness, the government hospitals do not accept them for not having the required insurance cover or perhaps they don't go to hospitals because of language problem. The only option available to them is private hospitals which are too expensive. Their sponsors (kafeel) are mostly interested in making money through them and have little concern for

their health.

70% of the diseases in our study could have been cured by simple operation but our sample respondents were not sure about the treatment they were going to receive, especially when the treatment was too expensive. By their observed standard of living, we found out that they were not better-off even after working there for as much as 30 years. All of them opted to be admitted in the general ward (read welfare ward for treatment).

It is a small study and more work has to be done, but still we feel that Pakistan government should take more interest in the welfare of our workers abroad, especially about their health. We suggest the following:

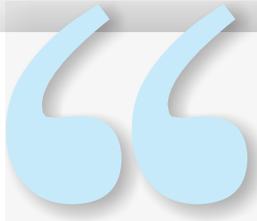
1. All the emigrants should have compulsory health insurance before they proceed abroad
2. Pakistani embassies in those countries should have special staff who should approach our workers personally and help them in any crisis
3. Pakistani government should have their own hospitals, just like Pakistani schools, where our sick workers can go and get themselves treated

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Loving someone is giving them
the power to break your heart,
but trusting them not to.

Julianne Moore

