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Health Vulnerabilities Of Telangana's Low-Skilled Migrants In Gulf Countries

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Abstract
Telangana, India's youngest and 29th state, has emerged as one of the major suppliers of surplus labour force to the Gulf countries. Most emigrate at a young age to work primarily in the construction and allied sectors as blue-collar workers. The working conditions in the Gulf are harsh because of the hot weather conditions, and they face dehydration, heat stroke, heat cramps, sunburn, fainting, etc., at the workplace. It eventually leads to various severe health complications and affects immigrants' overall well-being. In this context, this study tried to examine the health conditions of the Gulf emigrants from Telangana, relying on field data collected in 2017-2018 from emigrants working in the United Arab Emirates. The results show that many emigrants gradually lose their good health and fall sick. This results in acute health problems and adversely impacts emigrants' earning capacity, savings, remittances, and overall development of the emigrant households. It advised improved working and living conditions accompanied by free health check-ups and treatment for the affected migrant workers in the Gulf.

Keywords: *Health Problems, Low-skilled, Blue-collar worker, Emigrants, Employment, Gulf Counties, Health check-up, Treatment, Working Conditions, Remittances, Well-being, and Telangana.*

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I. Introduction

The migration of blue-collar workers to the cities and towns is multifaceted and often comes with exposure to physical strain, hazardous risks, falling sick, and accidents. The risk increases twofold when the labour migrates to a foreign country for employment in an unorganized sector, especially in construction, petrochemical exploration fields, digging of cable trenches, road laying, etc. The nature of work, working hours, safety measures in place, facilities at the work site, leisure time, and implementation of the labour rules have implications on the health of the workers and lack of which decide the severity of health issues that emigrant workers encounter in the destination countries. Emigrants' pre-existing medical conditions, along with hazardous work conditions, further worsen the emigrants' health conditions. Emigrants working in the construction and allied sectors have long, unsafe, and exploitative working environments that can have catastrophic effects on the health of a worker. The Gulf region's high temperature and humid conditions affect the workers. As the construction industry continues to grow, the Gulf countries continue to recruit migrants from South Asian countries, and India is no exception to this. Over the years, the number of blue-collar migrant workers going to the Gulf nations has gone up exponentially, especially from states like Uttar Pradesh, Rajasthan, Bihar, Tamil Nadu, Telangana, Andhra Pradesh, and Kerala (MEA 2020).

It is seen that workers suffer from health complications while working in petrochemical and construction companies in unsafe working environments (Rajan 2013). Workers with low levels of education and skills from India mostly work in the construction sector for several years under harsh working conditions and are subjected to loss of perspiration and dehydration. Lack of adequate facilities like shelter, glucose water, and energy drinks at the project site and then long working hours are the other key factors that can contribute to the deterioration of their health (Bragg et al. 2012). Lack of nutritious food and sleep takes a toll on the worker's health, too. Even a healthy worker could get sick if the companies do not provide a proper diet and safety measures. Such circumstances, slowly but steadily, put the health of the workers in peril (Corvalan et al. 1994). Domestic help and livestock herders are the other sections of migrant workers who lose good health due to mental and physical pressure and lack of daily food intake (Fasano et al. 2004). The problems seem to be common for all blue-collar workers, farm labourers, camel herders, and domestic workers, regardless of their country of origin. There are very few lucky ones who can escape/avoid health issues (Korra 2011). However, migrants from poorer socio-economic backgrounds with low levels of education and skills are more prone to health hazards while working in the GCC countries (Joshi et al. 2011).

The worsening state of health of the migrant worker could hurt the fate of the whole family back home, who depend on a regular flow of remittances from the Gulf. After working for so many years in the Gulf, migrant workers could easily fall prey to unhealthy food habits, for instance, junk food, alcohol, smoking, gutka, and other

such substances (Kanna 2007). The infamous physical assault by employers, supervisors, and local police and unfortunate accidents are also real dangers. Illiterate, unskilled, domestic workers of oil drilling and exploration companies, construction workers, and livestock herders who migrated from South Asian countries are at higher risk of facing health issues than anyone in the Gulf countries (Orrenius et al. 2009).

This paper explores the health-related issues that Gulf migrant workers face in the GCC countries. It chiefly investigates variables such as Gulf migrants consulting doctors, charges of consultation, types of hospitals they have visited, health insurance, types of ailments, and recovery from health issues. It also considers whether migrants were admitted into the hospital/s for treatment or not, the duration of treatment, satisfaction level with the treatment received, who paid the cost of treatment, and, lastly, whether they wish to return to the workplace or not. Most of the workers from Telangana districts are engaged in blue-collar jobs in the construction sector and must work under bare sunlight, which, most of the time, leads to dehydration, fatigue, and sudden fainting. This is a prime source and the beginning of the long-term health complications. The paper gives a clear picture of emigrants' health conditions in the Gulf to understand the kind of problems they are facing. This would bring out a clear picture related to higher salaries and better working and living conditions and health facilities in the Gulf countries. This article is divided into four sections, including the current introduction, the second section presents the health status of migrant workers in the Gulf countries, the third section deals with the perception of migrant workers vis-à-vis their health conditions, and the final section concludes.

II. Data And Methodology

This study addresses the stated objectives by employing the field survey data collected from Ten (10) randomly selected districts of Telangana state in the year 2017-2018. The data was collected exclusively from the rural districts of the state where migration to the Gulf countries is prevalent. Subsequently, from each district, two Mandals/Blocks were selected, and from each Mandal, one village was randomly selected for canvassing the final household survey. Accordingly, 20 sample villages and 50 households from each village were selected. Thus, a total of 1,000 sample households were randomly selected to gather information from the Gulf-migrant households. The study adopted a multi-stage random sampling method to select the district, Mandal/Block, and villages. To collect the data, we employed a comprehensive and structured household questionnaire, through which both qualitative and quantitative information was collected at the end of 2017 and early 2018. This being said, the Focused Group Discussions (FGDs) and case studies (CS) not only in Telangana but also in the five labour camps in the UAE were conducted during the study period to collect qualitative information from emigrants of Telangana for a robust analysis. The analysis was done using simple percentages and cross-tabulations.

III. Health Status Of The Emigrants

The data relating to the health status of the emigrants in the Gulf countries reveals that 57 percent of them have stated having health problems, and the rest of the 43 percent of them did not communicate any health issues. Most of the emigrants who mentioned health problems migrated from Siddipet, Vikarabad, and Mahabubnagar districts, while emigrants with no health issues reported are from districts like Nizamabad, Nirmal, and Kamareddy (Table 1). Close to two-thirds of migrants working in the gulf have been facing one or the other health issues, which indicates the deterioration of health that working in the gulf can cause. It makes migration to the Gulf not only a risky decision but also a life-threatening one. Their economic backwardness and financial compulsions/burdens force them to make such a decision.

Table 1: Percentage of Emigrants who Reported Health Problems in the Gulf

Districts	Yes	No	Total
Jagtial	11.4	7.8	9.8 (59)
Kamareddy	7.3	15.9	11.0 (66)
Mahabubnagar	15.8	3.1	10.4 (62)
Medak	12.3	4.3	8.8 (53)
Nirmal	6.2	18.6	11.5 (69)
Nizamabad	.9	20.2	9.2 (55)
Siddipet	18.8	.0	10.7 (64)
Sircilla	6.2	13.2	9.2 (55)
Vikarabad	17.3	.8	10.2 (61)
Yadadri	3.8	16.3	9.2 (55)
Total	100.0 (341)	100.0 (258)	100.0 (599)
%	56.9	43.1	100.0

Source: Field survey 2017-18.

* Same for the rest of the tables.

The data disclosed that migrant workers were suffering from multiple health complications, such as hypertension, backache, viral fever, joint pains, etc. Of the reported problems, 72 percent of the migrant workers have backache, followed by viral fever (15 percent), hypertension, and knee/joint pain (3 percent each). The migrants who had issues like backache seemed to have migrated from Siddipet, Mahabubnagar, and Vikarabad districts, and emigrants with viral fever were in Mahabubnagar, Sircilla, and Vikarabad districts, while emigrants from Kamareddy, Jagtial, Nizamabad, and Vikarabad reported blood pressure problems (BP) more than other districts. The migrants suffering from joint pain were largely from the Sircilla, Siddipet, and Kamareddy districts. Note that the emigrant suffering from other ailments were found in most of the districts, but their proportion was very low (Table 2). Most of the migrant workers from Telangana work in the construction sector, which requires fit workers with physical strength and involves a heavy workload, which is the main source of health ailments in the Gulf countries.

The FGD conducted at the labour camp located in Dubai Industrial City reveals that working under heat wave-like conditions while carrying heavy construction material without much rest indeed makes them tired and dehydrated. The sudden fainting while working causes major accidents that lead to the breaking or loss of a limb, even a threat to their lives. One Yadaiah, while narrating his own experience of fainting on the worksite, mentioned that there was only a makeshift shelter with neither a medical emergency kit nor an oral rehydration solution drink (ORS) available. He was saved by his co-worker, who gave him water mixed with salts and helped him recover from fainting caused by sunstroke, dehydration, and weakness. Santosh mentioned, "I wanted to go back home, but my family is poor, indebted, [and] children need a good education; hence, I am staying and working as many long hours as I can so that we will overcome all our problems." So, working in the construction sector as a manual labourer or in fields as a livestock herder can cause mild to major health issues for most of the workers in the Gulf over the years. It is well known that the temperature during the summer months easily touched 50 Centigrade Celsius, and workers had to toil under such harsh conditions without any safety measures, which is against the labour laws.

Table 2: Percentage of Emigrants with Different Types of Health Ailments in the Gulf

Districts	BP	Backbone pain	Chest pain	Fever	Heart Problem	Kidney Stones	Nerve problem	Skin Disease	Diabetic	Hand fracture	Knee pains	Stomach pain	Total
Jagtial	18.2	13.9	.0	.0	.0	.0	.0	.0	50.0	.0	.0	25.0	11.4 (39)
Kamareddy	27.3	4.1	33.3	15.4	.0	.0	.0	.0	.0	.0	10.0	25.0	7.3 (24)
Mahabubnagar	.0	18.0	33.3	19.2	.0	.0	.0	.0	.0	.0	.0	.0	15.8 (55)
Medak	.0	16.7	.0	.0	.0	33.3	.0	.0	.0	.0	.0	.0	12.3 (42)
Nirmal	.0	4.5	.0	9.6	100.0	.0	.0	.0	.0	50.0	10.0	25.0	6.2 (22)
Nizamabad	18.2	.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.9 (3)
Siddipet	9.1	19.6	.0	17.3	.0	.0	50.0	100.0	.0	.0	30.0	.0	18.8 (64)
Sircilla	9.1	.8	.0	19.2	.0	33.3	50.0	.0	.0	.0	50.0	.0	6.2 (20)
Vikarabad	18.2	17.1	33.3	19.2	.0	33.3	.0	.0	25.0	50.0	.0	25.0	17.3 (59)
Yadadri	.0	4.9	.0	.0	.0	.0	.0	.0	25.0	.0	.0	.0	3.8 (13)
Total	100.0 (11)	100.0 (245)	100.0 (3)	100.0 (52)	100.0 (3)	100.0 (3)	100.0 (2)	100.0 (2)	100.0 (4)	100.0 (2)	100.0 (10)	100.0 (4)	100.0 (341)
%	3.22	71.84	0.87	15.24	0.87	0.87	0.58	0.58	1.17	0.58	2.93	1.17	100.00

Of the total emigrants with health problems, 98 percent of them did consult doctors for a health check-up, whereas two percent of them were yet to visit the doctors. Further, the highest number of emigrants who had consulted doctors for health check-ups for their health problems were found to be migrated from Siddipet, Vikarabad, and Mahabubnagar districts, while those who have not visited doctors for health check-ups migrated from districts like Kamareddy, Siddipet, and Sircilla (Table 3). It implies that most of the workers consulted doctors whenever they encountered any health issues in the gulf, but there was also a small section of the migrants who could not afford doctors owing to several factors such as workload, no health care, lack of money, and considering it as a mild illness. However, these workers take medicines from medical shops for mild health issues, which are not prescribed by doctors, to save their earnings and send them back home to their families.

Table 3: Percentage of Emigrants who Consulted Doctors for their Health Problem

Districts	Yes	No	Total
Jagtial	11.4	14.3	11.4 (39)
Kamareddy	6.9	28.6	7.3 (25)
Mahabubnagar	16.2	.0	15.8 (54)
Medak	12.6	.0	12.3 (42)
Nirmal	6.3	.0	6.2 (21)
Nizamabad	.9	.0	.9 (3)
Siddipet	18.6	28.6	18.8 (64)
Sircilla	5.7	28.6	6.2 (21)
Vikarabad	17.7	.0	17.3 (59)
Yadadri	3.9	.0	3.8 (13)
Total	100.0 (334)	100.0 (7)	100.0 (341)
%	97.94	2.05	100.00

The data further highlighted that of the total workers who consulted doctors for their health problems, 91 percent of them consulted a private doctor, six percent went to the company's consultative doctors, three percent consulted the local government doctors, and only one worker consulted 'other types' of doctors in the gulf. The migrants from Siddipet, Vikarabad, and Mahabubnagar districts consulted private doctors, and emigrants from Sircilla, Kamareddy, and Jagtial consulted their company-provided doctors in the Gulf, while workers from Siddipet and Kamareddy consulted government doctors (Table 4). It shows that for most of the workers, private doctors are the main source of consultation, while consulting a government doctor is rare. The employment/work visa mandates provisions including a health card, but the condition is dismal, showing negligence of the employer or companies. It makes most of the workers in the Gulf visit private doctors at small and nearby clinics.

Ramulau, a labour camp bus driver, narrated his experience when he had chest pain in 2017. He visited a clinic where a doctor recommended him to a chest specialist in a private hospital, and he was diagnosed with a mild issue in the heart. Doctors prescribed him medicines and a diet along with rest. It cost him a lot, but his health is now. The company did not pay his medical bills, citing the reason that he had visited the hospital as an out-patient. He mentioned that for small problems and outpatient visits, his company will not reimburse him, and most of the migrants visit local clinics and sometimes traditional medical practitioners in the UAE.

Table 4: Percentage of Emigrants who Consulted Different Types of Doctors in the Gulf

Districts	Government doctor	Private doctor	Company doctor	Others	Total
Jagtial	.0	11.6	14.3	.0	11.4 (38)
Kamareddy	22.2	5.3	23.8	.0	6.9 (23)
Mahabubnagar	.0	17.8	.0	.0	16.2 (54)
Medak	.0	13.9	.0	.0	12.6 (42)
Nirmal	.0	6.3	9.5	.0	6.3 (21)
Nizamabad	.0	.7	4.8	.0	.9 (3)
Siddipet	44.4	18.5	9.5	.0	18.6 (62)
Sircilla	11.1	3.6	28.6	100.0	5.7 (19)
Vikarabad	11.1	18.5	9.5	.0	17.7 (59)
Yadadri	11.1	4.0	.0	.0	3.9 (13)
Total	100.0 (9)	100.0 (303)	100.0 (21)	100.0 (1)	100.0 (334)
%	2.69	90.71	6.28	0.29	100.00

Note: The above table represents only those who consulted doctors for their health cure in the Gulf.

Only 72 emigrant households divulged data related to the amount spent on health check-ups by the migrant workers in the GCC countries, and the rest of them could not recollect the same. However, 72 emigrant households on average spent Rs. 3242 on migrant health in the Gulf. The highest average amount was spent by emigrant workers from the districts of Medak, Jagtial, and Nirmal. Likewise, the total sum amount for all 72 emigrants was around 2.3 lakhs. Further, the emigrants who spent a higher total amount on health were in the districts of Nirmal, Vikarabad, and Medak, and the lowest of the same was recorded in the Nizamabad, Mahabubnagar, and Kamareddy districts (Table 5). The money spent on health appears to be less volatile across the districts. It is learned in the labour camps in the UAE that most of the migrant workers save their earnings to

send remittances to their families back home, even at the cost of their health, indicating their desperation to save and their concern for the well-being of their family members.

Table 5: The Average Amount Spent on Health Issues by Emigrants in the Gulf

Amount in Rs.			
Districts	Mean	Sum	N
Jagtial	12404	25300	2
Kamareddy	1678.57	11750	7
Mahabubnagar	425	4250	10
Medak	25000	50000	2
Nirmal	6286.36	69150	11
Nizamabad	200	200	1
Siddipet	1687.5	13500	8
Sircilla	994.12	16900	17
Vikarabad	3707.14	51900	14
Total	3242.36	233450	72

Seventy-nine percent of the migrant workers paid their doctor's consultation charges themselves, while 21 percent of them had their company pay for it as part of health insurance. The workers who paid consultation charges from their pockets are mostly found to be migrated from Sircilla, Vikarabad, and Nirmal districts, and migrants who paid via the company's health care, by and large, located in Siddipet, Vikarabad, and Mahabubnagar districts. The inference here is that, though many of the migrant workers paid consultation charges by themselves from their savings, the incidences of companies bearing the consultation fees exist in moderate numbers. Second, most of the workers either did not have health insurance or did not claim the consultation charges from health cards/insurance. Third, health insurance covers only treatment and medicines, but not the consultation charges. Because of these factors, a lot of them were spending their savings on medical emergencies. Yadaiah, a migrant from the Jagtial district, during the informal interactions, told us that most of our fellow workers take medicines for various ailments, including hypertension, diabetes, joint pains, etc.

Of the total emigrant households, 57 percent of them have undergone some kind of treatment for their health problems. The households whose emigrant members had undergone treatment in the Gulf were located more in Siddipet, Vikarabad, and Mahabubnagar districts, and migrants who never had any treatment in the Gulf were placed in the districts of Nizamabad, Yadadri, and Nirmal (Table 6). In other words, about 60 percent of them had undergone treatment for their health ailments in the Gulf. This is an indication of the harsh environment and working conditions. A migrant named Venkataiah revealed in the FGD that going through treatment means a great loss in working days, also affecting the household back since the migrant is the only able-bodied and earning family member on whose remittances his/her family survives. FGDs with emigrant households point out that numerous migrants who return from the Gulf have one or the other health issues and do not work due to health problems and thus would depend on other family members. It makes the other family members work hard for their medication and the survival of the family.

Table 6: Percentage of Emigrants' Treatment Taken in the Gulf

Districts	Yes	No	Total
Jagtial	11.1	8.2	9.8 (59)
Kamareddy	9.6	12.9	11.0 (66)
Mahabubnagar	14.3	5.1	10.4 (62)
Medak	12.0	4.7	8.8 (53)
Nirmal	8.7	15.2	11.5 (69)
Nizamabad	1.2	19.9	9.2 (55)
Siddipet	18.1	.8	10.7 (64)
Sircilla	4.7	15.2	9.2 (55)
Vikarabad	16.6	1.6	10.2 (61)
Yadadri	3.8	16.4	9.2 (55)
Total	100.0 (343)	100.0 (256)	100.0 (599)
%	57.26	42.73	100.00

The data disclosed that 74 percent of the emigrant households informed that the employer paid the money for their emigrant members' treatment in the gulf, 15 percent of them paid from their savings, and the rest of the 11 percent of emigrants' bill was paid by their company. The emigrants whose treatment amounts were paid by their employers mostly migrated from Siddipet, Vikarabad, and Mahabubnagar districts, while self-paid emigrants largely migrated from the districts of Nirmal, Sircilla, and Vikarabad, and emigrants whose treatment cost was

borne by the company placed in Kamareddy, Nirmal, and Siddipet districts. The emigrants in the labour camp informed us that the cost of treatment depends on the nature and type of health problem, whereas the treatment method decides the source of payments for the emigrant's treatment. If the emigrant needed to go through a major surgery, then the cost would be borne by the employer/company due to the lack of paying capacity of the worker. Also, workers who do not have insurance coverage, perhaps, spend more from their pockets, and insurance holders are covered by their employer and company (Table 7).

One Mallesh migrated from the Nizamabad district of the state in 2013 and had worked in a petrol drilling and exploration company as a driller for three years. One day, he collapsed at the work site and had to be taken to a hospital where he underwent major heart surgery and stayed in the hospital till he recovered. However, after hospital discharge, the company sent him back home in 2017 on health grounds. Till the time he reached home, all the costs, including surgery, medicines, and the return flight, were borne by the company. He alleged that due to some fatal mistake during surgery, his left hand and leg got paralyzed, but he did not even get any compensation from the company and lost his good health forever. Now he depends on his wife, a wage labourer and Beedi worker. Such is the impact of the Gulf migration on the workers; it not only ruins their personal lives but also puts the whole family in agony, misery, and destitution.

Table 7: Percentage of Emigrants' Source of Payments for their Treatment in the Gulf

Districts	Self	Employer	Company	Total
Jagtial	2.0	14.2	2.6	11.1 (38)
Kamareddy	7.8	4.0	48.7	9.6 (33)
Mahabubnagar	5.9	18.2	.0	14.3 (49)
Medak	2.0	15.8	.0	12.0 (41)
Nirmal	25.5	2.8	25.6	8.7 (30)
Nizamabad	5.9	.4	.0	1.2 (4)
Siddipet	11.8	20.6	10.3	18.1 (62)
Sircilla	23.5	.4	7.7	4.7 (16)
Vikarabad	15.7	18.6	5.1	16.6 (57)
Yadadri	.0	5.1	.0	3.8 (13)
Total	100.0 (51)	100.0 (253)	100.0 (39)	100.0 (343)
%	14.86	73.76	11.37	100.00

Note: Emigrants who have undergone treatment are considered here.

IV. Emigrants' Perception Of Their Health In The Gulf

Around 22 percent of the emigrants who had undergone treatment in the Gulf for their health problems were happy with the treatment they received in the Gulf. However, a large proportion of the migrants (78 percent) were not happy with the kind of treatment they received in the Gulf. The happiest emigrants were found to be migrated more from Nirmal, Kamareddy, and Vikarabad districts, and emigrants who were not happy with their treatment were largely from Siddipet, Mahabubnagar, and Vikarabad districts. It should be noted that though many of the emigrants had undergone treatment for their health ailments, they were not happy with the kind of treatment they received in the Gulf due to the negative effects of treatment or the incomplete cure of their ailments. In other words, many of the emigrants continue to suffer even after their treatment and must spend more money on medical bills. A migrant worker blamed negligence and lack of rest after the treatment or surgery in the labour camp in the UAE.

The data divulged that 49 percent of the migrants expressed their satisfaction with the kind of medical care they had received in the Gulf countries, 30 percent of them disclosed that they were extremely dissatisfied, 10.5 percent of them were neither satisfied nor dissatisfied and around 9 percent were dissatisfied about emigrants' access to the medical care in the gulf countries. To put it another way, 50 percent of the emigrants were happy, and an equal amount of them were dissatisfied with the health care facilities in the Gulf. The emigrants who migrated from the Sircilla, Nirmal, Mahabubnagar, Vikarabad, and Siddipet districts were seemingly more satisfied, and dissatisfied ones were in the Nizamabad, Nirmal, Kamareddy, Yadadri, and Sircilla districts (Table 8). Access to health or medical care facilities depends on the nature of the health problem, the type of emigrant's job, the location of the workplace and living site, the company's or employer's financial position/condition, and the presence of modern health care services in their locality or town or country. The financial condition of the workers is another major factor that decides which doctor or hospital to consult or visit for health check-ups and treatment. The ability to pay the employer as well as the migrant itself can influence the decision to go for treatment and the types of hospitals in the Gulf.

Table 8: Percentage of Emigrants' Satisfaction with Access to Medical Care in the Gulf

Districts	Extremely satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Extremely dissatisfied	Total
Jagtial	.0	11.2	4.8	.0	12.8	9.8 (59)
Kamareddy	14.3	4.7	47.6	25.9	3.9	11.0 (66)
Mahabubnagar	.0	17.6	1.6	.0	5.0	10.4 (62)
Medak	.0	13.9	.0	1.9	6.1	8.8 (53)
Nirmal	28.6	7.8	11.1	33.3	10.6	11.5 (69)
Nizamabad	.0	1.0	3.2	35.2	17.2	9.2 (55)
Siddipet	14.3	18.3	11.1	.0	1.1	10.7 (64)
Sircilla	42.9	3.7	12.7	1.9	17.8	9.2 (55)
Vikarabad	.0	17.6	6.3	1.9	2.2	10.2 (61)
Yadadri	.0	4.1	1.6	.0	23.3	9.2 (55)
Total	100.0 (7)	100.0 (295)	100.0 (63)	100.0 (54)	100.0 (180)	100.0 (599)
%	1.16	49.24	10.51	9.01	30.05	100.00

Further, the data show that 51 percent of the emigrants did not have health cards in the Gulf, while the rest of them (49 percent) had health cards normally provided either by their employer or the company in the GCC countries. The migrants with health cards in the gulf were found to be migrated from Siddipet, Vikarabad, and Mahabubnagar districts, while non-health card holders migrated from Kamareddy, Nirmal, and Nizamabad districts (Table 9). The availability of health cards is one of the main factors that determine access to health care services in the Gulf. Mallaiah narrated his experience when he fell unconscious in 2018 at the work site and was immediately rushed to the hospital and treated, but he had to pay his bills due to the absence of a health card. He lost his health card when he left his previous company and started working as a daily worker in the Gulf. In his words, "It was a mild health issue and did not cost much; if I had a major problem, I wouldn't have gotten admitted into the hospital, and my fate would have been different by now."

In times of health emergencies, it is very difficult for migrant workers to bear the cost of medical expenses. Sometimes, they must shed huge amounts of their hard-earned savings for medical treatment or medication. Health cards would always be mentioned in the agreement, but the financial position of the employer, sub-contractors, and recruited company determine whether to provide health cards to the worker or not. Many employers/companies change their terms and conditions when the migrant arrives in the Gulf. If an emigrant is recruited through an authorized recruiting agency, only then do they have a chance of landing in a good company that follows all the local labour rules wherein providing a health card to the worker is mandatory.

Table 9: Percentage of Emigrants Holding Health Cards in the Gulf

Districts	Yes	No	Total
Jagtial	12.3	7.5	9.8 (59)
Kamareddy	4.1	17.6	11.0 (66)
Mahabubnagar	16.4	4.6	10.4 (62)
Medak	14.3	3.6	8.8 (53)
Nirmal	5.8	17.0	11.5 (69)
Nizamabad	1.4	16.7	9.2 (55)
Siddipet	19.8	2.0	10.7 (64)
Sircilla	3.8	14.4	9.2 (55)
Vikarabad	17.7	2.9	10.2 (61)
Yadadri	4.4	13.7	9.2 (55)
Total	100.0 (293)	100.0 (306)	100.0 (599)
%	48.91	51.08	100.00

Moreover, in 92 percent of cases, the migrant's insurance premium was paid by employers or companies, followed by the emigrant themselves bearing the cost of the premium and then partly paid by the employer and partly by the workers respectively. The migrants whose insurance premium was paid by employers migrated from the districts of Siddipet, Vikarabad, and Mahabubnagar, while workers who paid their insurance premium (personal) emigrated from Nirmal, Sircilla, and a few other districts. The migrant workers with shareable premium payments seem to be located more in the districts of Siddipet and Sircilla, and in half of the study districts, no

such pattern was found. The point to be noted is that there are only a few who may have migrated without a proper work permit or agreement and work for a financially poor employer or company, thus paying their insurance premium.

The data showed that 8 percent of the emigrants were paid their salaries during the treatment and non-working period of their treatment. The workers who got their salary payments were by and large migrated from the Vikarabad, Nirmal, Siddipet, and Sircilla districts, while workers who did not get paid their salaries for the period of treatment and recovery were migrated from the Kamareddy, Nirmal, Jagtial, and Mahabubnagar districts. During FGDs in the labour camps in the UAE, most of the migrants informed us that a large portion of emigrants who underwent treatment indeed did not get their salaries, but there were also some exceptional cases. It, again, depends on the company's financial status, concern toward workers, and willingness to help the needy workers overcome their financial and health issues as quickly as possible. It should be noted that it is a common practice in the Gulf nations that migrants get salaries only for the days when they are present to work. Therefore, the chances of emigrant workers taking long periods of treatment or rest and not attending work are usually very rare, since most of them have come to the gulf to earn, accumulate savings, send remittances, and help families back home to overcome financial hurdles thus contribute to their family's betterment and welfare.

Further, 91 percent of the emigrants are not planning or willing to return to their home/s due to health issues or after treatment. Only 9 percent of them want to return home due to health complications. Migrants with a plan to return home are found to be migrated from the Mahabubnagar, Siddipet, and Vikarabad districts, and emigrants who do not think or plan to return home mostly belong to the Nirmal, Jagtial, and Kamareddy districts. In this, the proportional distribution across the districts is not so wide and spread across evenly with marginal differences. However, migrants who wanted to return home reported in a few districts in a large proportion (Table 10). It signifies that despite the health issues and post-treatment complications, many migrants are not willing to return home, perhaps due to family responsibilities, financial commitment, old debts, the family's daily consumption, and a desire for the economic state of the family. However, FGD with migrants in the labour camps in the UAE suggests that the severely affected migrants who think that their health conditions would deteriorate further if they stay in the Gulf are planning to return home. But a greater number of workers are choosing to stay back with a lot of difficulties, including physical and mental agony.

Table 10: Percentage of Emigrants who Plan to Return Home due to Health Problems

Districts	Yes	No	Total
Jagtial	1.9	10.6	9.8 (59)
Kamareddy	15.4	10.6	11.0 (66)
Mahabubnagar	23.1	9.1	10.4 (62)
Medak	3.8	9.3	8.8 (53)
Nirmal	9.6	11.7	11.5 (69)
Nizamabad	1.9	9.9	9.2 (55)
Siddipet	17.3	10.1	10.7 (64)
Sircilla	9.6	9.1	9.2 (55)
Vikarabad	17.3	9.5	10.2 (61)
Yadadri	.0	10.1	9.2 (55)
Total	100.0 (52)	100.0 (547)	100.0 (599)
%	8.68	91.32	100.00

V. Conclusions

It is clear from the analysis that more than half of the migrant workers face health issues ranging from mild to serious to perennial, such as backache and joint pains. Most of them consulted a private doctor on the employer/company-provided health card, but a reasonable proportion of workers had to bear their own consultation and treatment expenses. Major surgeries/treatments were covered by their employers/companies under the labour insurance scheme, but most of them did not receive salaries during the treatment period or recovery period. Despite the health problems, many of the migrant workers are unwilling to return home and want to stay back and work for some more years in the interest of their families. In conclusion, working in the gulf under extreme weather and climatic conditions is a major challenge to the health of migrants, as many of them develop illnesses after working for a few years in the gulf, even when they were perfectly healthy before their migration. The health issues not only affect their prospects of staying and earning, but health expenditure also proves to be burdensome on their savings. Hence, migration to the Gulf has a cost to pay in the form of health. Therefore, it could be said that migration to the Gulf countries is not always an easy choice; it is a compulsion to

help the family with their financial troubles. Instead of offering prosperity, migration may cost them dearly in the form of illness and affects not only the migrant but also pushes the whole family into further numerous setbacks.

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