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Letter to the Editor

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Health/nutritional status of immigrant Pakistani laborers working in the Kingdom of Saudi Arabia

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Dear Editor,

A review of the literature on Pakistani migrant population living in the Kingdom of Saudi Arabia (KSA) has two important hindrances. First, there is lack of availability of data while studying labor migration in Gulf countries. Second, in the literature not much work has been found exclusively for Pakistani migrants. A large number of Pakistanis are working in the KSA as semi-skilled and unskilled workers. Although labor migration improves the economic status of the households and country of the laborers, it has damaging effects on the mental and physical health of the migrant workers (1).

The KSA has a high-quality healthcare system which is not beneficial to most migrant workers, because they are not eligible for the state-sponsored healthcare facilities (2). Due to lack of research works in Gulf Cooperation Council (GCC) countries, there is minimal evidence about

health insurance for expatriates (3). Migrants usually have to deal with cultural shock, homesickness, loneliness, social discrimination, language barrier, and financial issues (Table 1). These problems might end in mental and physical stress, which can further lead to ill health. Hence, a broad spectrum of nutritional problems can be expected in this population, with undernutrition on one end and overnutrition on the other.

The workers from Asia and Africa enter the KSA through a sponsorship system called 'Kafala'. These workers are highly vulnerable to health risks because they are mostly put under poor working conditions, like long hours, lack of proper labor laws, and control of their work and even the right to stay in the KSA by their employer or 'Kafeel' (2). These workers are neither provided with proper living and working conditions in the KSA (5, 7), nor with proper healthcare, in case of illness.

It is a strange fact that although the working and living conditions for Pakistani workers were quite worse than those for Arab or white expats, most of these workers had better income as compared to that in Pakistan (7). It was also found that on average the expatriates had a good quality of life during their stay in the KSA, with easy access to food, and as they did not find the local food palatable, they themselves prepared their food (1). Moreover, Pakistanis had an even higher prevalence of this risk factor for chronic diseases (1, 6). A systematic survey is needed to assess the nutritional status of unskilled migrants in order to devise a proper strategy to combat this emerging health problem.

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Table 1: Expatriate unskilled workers in Gulf Cooperative Council (GCC) countries.

Reference	Study type	Sample	Findings
Hamza (4)	Case study	Migrant labor in GCC countries	1. The kafala (sponsorship) system allows to abuse migrant workers 2. Laborers work under poor living and working conditions
Walker (2)	Review	Migrant workers in the KSA	1. They worked under poor working conditions 2. They are not entitled to the healthcare facilities provided by the state
Al-Emad and Rahman (5)	Cross-sectional study	Construction workers in Makkah, KSA	Workers suffer from poor living conditions
Ahmed et al. (1)	Cross-sectional study	Expatriate construction workers (including Pakistanis) in Majmaah city, KSA	Level of risk factors for chronic diseases was very high
Alshamsan et al. (3)	Study on World Bank Global Findex study, 2014	Expatriates in GCC countries (including the KSA)	Unskilled, single, uneducated, and those from the low income group do not get health insurance
Elkum e al. (6)	Cross-sectional study	South Asians, mainly Indian and Pakistanis living in Kuwait	Cardiovascular risk factors were prevalent in South Asians living in Kuwait

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