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Urban Survival and Health Inequality: Understanding precariat among Migrant Workers in Lahore

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ABSTRACT

The aim of the current research study was to explore the growing issues related to health conditions of migrant workers in Lahore, Pakistan, and how they can survive in an urban and a demographic that is largely marginalized due to labor laws and health equity. In the present scenario, the population to urban resides and the economy which appeared to feel as growing challenges need high priority in the planning of the intervention that could be implemented in order to know what precisely these workers are doing. The critical problems that had to be considered were their perception concerning their health and wellbeing, perception of barriers to health, informal labor influence, and social networks. The qualitative study was adopted and a sample population of 12, migrant workers, who represent the different divisions of Punjab, were interviewed through semi-structured interviewing technique. The thematic analysis has been used to identify the major themes of the experiences exhibited by the participants. The results indicated that although there is an adequate size of the number of respondents who proposed their health conditions to be mixed, their living and working conditions have a powerful implication on overall wellbeing. This degree of health disparity was comprehensive in that healthcare was restricted against access due to restrictions and constraints of access by financial factors and information. Their employment was an informal one hence physical and mental health complications and a majority of the participants talked of job insecurity and strain. The social networks proved to be central in the foundation of the emotional and practical support even though some of the workers accorded that they felt they were alienated and had no ties with the community resources. The study will be important in its contribution to the already available literature regarding the issue of migrant workers and their city-specific health care resulting incomes. When discussing the experiences of the migrant workers in Lahore, the paper provides the set of policy adjustments, which will consider their specifics and finally lower their health rates and ability to penetrate the urban society. Such observations give the prospective quantitative study a foundation of insights in studying the health processes of migrant workers more, and make various policy interventions.



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Background Information

Urban migration is not somewhat that is not observed in developing countries as individuals are seen to abandon the rural residences and go to find a healthier economic opening and better existing values. The growing tendency in population is predominantly annoying in those districts where urbanization is speedy, mainly in the parts of South Asia, some areas of Africa, and Latin Americas (World Bank, 2021). Simultaneously, because urban migration also proposes more lifestyles, it also presents a collection of looking glass issues, particularly in context of migrant workers, where migrants and native citizens are likely to have found themselves in dubious livelihoods, and labor regulation (Castles et al., 2014). Among such workers, issues of health disparity and precarity, in this case, socio-economic in particular can also be the most acute, and its experiences and needs should be analyzed more closely.

The informal labor has taken over urban centers of the majority of the developing countries where laborers experience the practice of labor that needs scarcity of recognition and contracts and treaties. This informal economy has been characterized when its job is not secure, it is underpaid, and their ways into social services, including healthcare, are poor (Chen, 2016). The companies involving the migrant workers usually occupy them in construction, agricultural, and household activities subjecting them to the threat of hazardous working environment and health conditions (ILO, 2020). World Health Organization (2021) also mentions that these employees are more likely to be burdened with two things, it is the physical workload and the psychological ones of employees who have to face financial instability and feel alienated by the society.

In most cases, socio-economic factors that determine health disparities among migrant workers impact them. The very crucial ones are income inequality, housing conditions, and healthcare (Marmot et al., 2008). To illustrate this point, most migrant workers will be living in overpopulated and unsanitary environments, making them even vulnerable to infectious diseases (Zhang and Liu, 2020). Besides, lack of finances and lack of documentation can become formidable barriers on the path to accessing healthcare services that causes a blockage to treatment and a reduction in health outcomes (Kumar et al., 2019).

What is difficult is the predicament of migrant workers and more so they are females. In the majority of developing countries, the instances of wage difference between women, longer working periods, and the possibility of persecution and mistreatment occur regularly (UN Women, 2020). Cultural values and gender discrimination may even increase their susceptibility to health as they may discourage them to seek medical care and social amenities. According to the recent study, the burden of the necessity to separate their lives between their job and family life, and play a risk of discrimination among the healthcare facility employees, female migrant workers may be more vulnerable to developing mental health issues (Bhatia and Sethi, 2021).

The migrant workers are left vulnerable in different regions of the world and the COVID-19 pandemic proves this fact. This population has been affected more than any other one because lockdowns, as well as disturbances in the economy have led to increased cases of job loss and inaccessibility to food (International Organization for Migration [IOM], 2020). Furthermore, what the pandemic has helped us realize is that hospitable healthcare



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choices that would effectively cater the special requirements of the migrant laborers particularly in up-and-coming economies are sorely arranged in the state of public health systems conditioned traditionally by the government (World Bank, 2021).

This type of an intervention must be multi-faceted so that it will be able to effectively address health disparities in migrants. Such issues as the implementation of the labor policies guaranteeing high payment and good working conditions should be covered by the policymakers. One of the priorities should be the providing social security, affordable access to health care to mitigate the negative effects of precarity (UN, 2021). Support systems, in the form of communication, should also be made more robust and the health education level is another factor that is important in setting the overall plan of action to make the health and well-being of migrant workers more inclusive (Zhang and Liu, 2020). It is a social justice problem, but also an economic one in order to invest in the health of migrant workers. Migrant laborers as well offer valuable contributions to families and home economy of these nations, through remittances (World Bank, 2021). Thus, the productivity level of such workers may be enhanced as well to enhance their health to contribute to the overall economic development.

Research has discovered that the putting into use of the social determinants of health can pay significant favors to the migrant employees as well as the societies they represent. As an example, a team of scientists has discovered that the improvement of the housing situation and the achievement of the utility in accessing medical services leads to the decrease in health inequality and final health outcomes (Marmot et al., 2008). Future research should take the form of studying what the migrant workers go through in the different contexts, quantifying how certain policy interventions will impact their lives, and seeking new ways of addressing the issues that migrant workers must deal with.

Problem Statement

Rapid urbanization has become an issue of great concern in the developing countries thus causing great socio-economic differences and health inequalities. Urban centers will be overwhelmed with rural migrants seeking better jobs, which forces overpopulation and basic services and infrastructure are unable to keep the population over the threshold (United Nations, 2024). This is especially excessive in such areas as South Asia, whereby millions of people move to urban areas in pursuit of better life and business opportunities each year (World Bank, 2024). However, the situations experienced by many migrant workers happen to be quite precarious, more likely in the informal sector, which makes the men vulnerable and increases the health hazards (International Labor Organization [ILO], 2023).

Lahore, in Punjab, Pakistan has become one of the main areas of urban migration where a variety of people come to find a more favorable life. Due to the fast growth of the city, the issue of housing, sanitation, and access to healthcare has become essential (Khan et al., 2023). The migrant workers of Lahore are regularly subjected to low-wage, informal employment in the construction and domestic sector and street vending, where they do not have formal protection of their labor and working conditions are present (Ali and Baig, 2024). The socio-economic barrier to this precarious employment creates a greater situation when there is an insufficient provision of the fundamental services along with the systematic discrimination among this group of people (Bashir et al., 2024).

Although it is crucial to deal with health inequalities in migrant workers, the bulk of the available literature has focused on immediate outcomes associated with the unfavorable working environments and poor wages and their impact on health outcomes. As an example, research has already reported that informal labor adversely affects physical



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health, and the results have shown that the occupational injuries and communicable diseases are more prevalent among informal laborers in Lahore (Siddiqui et al., 2023). Nonetheless, there is a surge in the lot of information raised on the general social determinants of health that shape the health of these employees as being housing status, educational success as well as social assistance frameworks (Zafar et al., 2024).

Moreover, although there are some studies which started investigating the issue of mental health of migrant workers, there are still no research works investigating the combination of mental health with socio-economic factors and access to healthcare services (Rahman and Khan, 2024). The COVID-19 crisis has also brought fissures in these areas because a substantial number of migrant workers were exposed to even greater health risks and societal isolation but funnel inquiry into their experiences and needs during the crisis are under-investigated systems (IOM, 2023).

The following is a planned objective of the study, as well as objectives, and research questions that are specific to a qualitative analysis of health precarity among migrant workers in Lahore.

Aim of the Study

The main goal of the qualitative research is to understand the lived experiences of migrant workers in Lahore, with the objective of seeking the contributing factors that cause such conditions of health precarity and the stands they face when seeking access to medical attention. The aim of this exploration is to be cognizant of a binding relationship among socio-economic, environmental, and psychological factors which develop their health consequences.

Research Objectives

To investigate how the migrant employees perceive their health and well-being with the lake landers environment-related circumstances in Lahore.

To examine how healthcare seeking behavior among migrant workers is influenced since perceived barricading and facilitating factors affect it.

To investigate how informal labor affects the physical and mental wellbeing of migrant workers, it is necessary to focus on their experiences of health inequity.

To find out how social networks and support in the community contribute to the development of the health experiences of migrant workers.

Research Questions

What is the perception of migrant workers in Lahore with regard to their health and well-being when it comes to the living and working conditions?

Which are the factors that migrant workers find to be barriers to healthcare services and how do the barriers impact their health-seeking behaviors?

How does informal labor affect physical and mental well-being of migrant workers and what are the specific health obstacles of migrant workers?

What is the effect of social networks and community support on the health experiences and health outcomes of migrant workers in Lahore?

Significance of the Study

This qualitative research has important implications in several respects in that it will fill important gaps in knowledge about health and wellbeing of migrant workers in Lahore as well as feed into overall policy and research impacting agenda.

To begin with, this study has managed to fill an enormous gap in published materials since



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it dwells upon the lives of migrant employees, which is the group that is underrepresented and marginalized in the literature. Although quantitative research offers substantial information on the health outcomes and socio-economic measures, they do not sufficiently address the specifics and mainstream of the issues of migrant employees in their daily practices (Mastrorillo et al., 2024). Through qualitative research, the research will offer a detailed research on their interpretation of health, lack of access to healthcare, and influence of informal work upon their well-being (Zafar et al., 2024).

Secondly, this raw spot on the social determinants of health is especially suitable to the subject of urban migration. Migrant laborers are especially vulnerable to a certain complex of housing, sanitation, clean water, and social support resources that substantially affect their health properties (Bashir et al., 2024). Considering these factors through the experience of the lived-in by the migrant workers, the provided research would give a rich supply of information about the specific needs and vulnerabilities of the specified group (Ali and Baig, 2024).

Third, the present research will make some contribution to the extensively growing body of literature on health inequities and social justice. Migrant laborers are commonly discriminated against, exploited and ostracized resulting in a heightened susceptibility to health (Rahman & Khan, 2024). Clear with light on such problems, this study can educate policy interventions to advance fair labor practices, guarantee access to social security benefits and affordable and accessible healthcare to migrant workers (International Labor Organization [ILO], 2023).

Furthermore, the results presented in this paper can be applied in the creation of culturally friendly and contextually relevant interventions to build up the health and well-being of migrant workers. It is imperative to obtain the perception of health (and the experience of healthcare systems) to design efficient health promotion measures and to interact these services so that it becomes accessible and responsive to their needs (Zhang and Liu, 2024). It is specifically significant within the context of Lahore where the unavailability of certain healthcare can either be significantly influenced by culture and language-related obstacles (Khan et al., 2023).

Lastly, this study fits the international practice of overcoming the inequity in health and supporting the SDGs. International organizations, in particular, the World Health Organization (2024), stressed the need to focus on the social determinants of health and the accessibility of quality healthcare services to all people, irrespective of their migration status. The current research may have a role to play in these wider activities and feed policy and practice (horizontally and vertically) by offering evidence-based information about the issues that migrant workers face (World Bank, 2024).



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Literature Review

The urban migration has been an important event in the world whereby factors like economic growth, political instabilities among other changes have contributed to this movement. Migration is under most cases an improvement of livelihood to a number of people, nevertheless, it is associated with unstable livelihoods and disparities in health especially among migrant workers. This literature review is a critical analysis of the social determinant of health, economic precarity, and barrier to healthcare access as well as the psychiatric problem of migrant workers group in both developed and developing countries. Social determinants of health present a list of non-medical determinants of health, such as socioeconomic status, education, physical and neighborhood environment, job, and social support networks (Marmot et al., 2020). These determinants tend to be undermined in place of migrant workers because they tend to be sidelined in urban settings. The reason is that migrant workers often face disability in the form of discrimination, racism and restricted access to necessary services, which have a negative impact on their health conditions in developed countries.

Carballo et al. (2020) provide information about insecure situations of migrant workers in Europe, revealing that they typically work on the low-paying informal jobs. Such workers are further likely to have a bad working condition, less job security and poor acquisition of healthcare. These issues are deteriorated by the language barriers and knowledge about the healthcare system, which contribute to worse health outcomes. Indicatively, Katsouyanni et al. (2021) established that immigrant workers in Greece emphasized a high level of health inequalities and that there were marked degrees of physical and psychological health problems among the immigrant workers in precarious employment, concerning the ones who are employed on a regular basis. These results highlight why specific interventions such as those aimed at dealing with special challenges of migrant employees in obtaining healthcare services are needed.

The issues faced by the nature of migrant workers are further exaggerated in the developing nations. Once the process of urbanization occurs as a rapid social process, the lack of proper infrastructure and social services preconditions that migrant workers will be exposed to a considerable level of threat. According to the results of a study by Kumar et al. (2022) in India, urban migrants are frequently exposed to congestion and unsanitary living and, thus, are more susceptible to infectious diseases. The authors observed that housing, access to clean water and sanitation used are among factors that lead to increase in communicable diseases among migrants. Moreover, another vice of social isolation and discrimination aggravates mental health and results in insecurity and difficulties with adaptation.

Another important aspect where migrant workers have a negative effect on their health is economic precarity. It is a term used on the volatility of employment-related factors, which may severely undermine workers in various ways such as low wages, job insecurity and access to social provision. In advanced nations, the migrant laborers are often in low or floating work which has minimal chances of being advanced. According to Kogan (2021), a part of migrant workers gets subordinated to the informal segment where they have no formal contracts or social security. This weak side is able to impact their financial health but at the same time, impairs the access of these individuals to healthcare, healthy food and safe shelter.

However, in third world countries, it is even worse. The labor market is characterized by informal employment, and the labor conditions that migrant workers have to work in are often hazardous and are not provided with reasonable labor protection. In a study conducted by Wang et al. (2021), the migrant employees in China have the habit of residing



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in overcrowded homes around the industrial areas and this has an adverse impact on the well-being of the workers. The authors argue that such workers are exposed to work-related risks and live in deplorable conditions because they have no access to legal services. This is an unstable system of employment that justifies the need to come up with a set of appropriate labor laws that will provide security to the customers of the migrant workers and ensure that they are offered secure working environments.

The healthcare delivery is a valuable determinant of health and migrant workers experience numerous issues in developed and developing countries. The legislative and administrative barriers to access the required medical services are observed to some extent in the developed countries such as deficiency in medical insurance and documentation.

According to Castaneda et al. (2021), many undocumented immigrants fear deportation and stigmatization as they also contribute to the refusal of healthcare services. Language barriers and cultural diversity even intensify this fear to the point of alienating the migrant workers to the healthcare system even more. Miller et al. (2021) conducted a systematic review that revealed that migrant workers have markedly lower chances of using preventive healthcare services than the native-born populations due to which their health outcomes are worse.

In developing nations, the impediments of healthcare access are indeed multi-faceted. Shortage of resources, lack of railway system, finances among others are factors that present challenges to the migrant workers who would like to receive medical attention. In comparison, Huang et al. (2022) conducted a study in China and Malaysia and determined that migrant workers experience significant challenges in accessing medical facilities to receive healthcare services in the forms of exorbitant prices, total ignorance of available facilities, and social discrimination by healthcare professionals. According to the authors, all these barriers generate an endless cycle of ill health and susceptibility among the migrations.

The concept of mental health has become a possible perspective of well-being of migrant workers, as it depends on a number of factors connected to migration and urban life. That is why the mental health of migrant workers can be impaired by stress caused by the situation in the country of origin based on the factors of acculturation, discrimination, and social isolation, as well as in the country of destination due to difficulties in adjusting to the unfamiliar environment. According to a study carried out by Zhou et al. (2020), these mental health problems are enhanced by precarious employment and financial insecurity. Isolation and lack of support are also a common tendency raised by migrant workers, which only strengthens their mental health problems.

Mental health disorders can be caused by urbanization and socio-economic changes that are high in free, developing nations and affect migrant workers. Chaudhry et al. (2021) observed that rural-urban migrants in Pakistan experience dramatic mental health outcomes, such as substance abuse and depressive policies. The authors observe that social disturbances and physical challenges of life in the city are lead to worsening of the mental health of these workers. The mental health problems among this population group demand a complex kind of approach that puts into account the stress factors, which are unique to migration and urban life.

The migrant workers have also exacerbated the crisis, and the inequalities within the system, which are apparent due to the COVID-19 crisis. The job vacancies, food shortage, and psychiatric issues have been affected by the lockdowns, economic crisis, and poor health care. As Chaudhry et al. (2021) observe, the pandemic not only forced a number of migrant workers to assume the role of informal workers but also offered them with minimal protection against health and economic unrest. The ongoing pandemic has sounded the



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beacon of the necessity to implement broad healthcare policy measures and protection models in the state of society in the first place and take into consideration the needs of migrant workers.

According to Mithras and Swagert (2016), multidimensional approach, which defines a system of solving the problems at their base, is paramount in solving the problem of health disparity among migrant employees. It incorporates certain policies to favor justness in work relations, societal well-being of capacitance to social insurance, low-cost and proximate health care. Perez et al. (2022) confirm that it is necessary to establish strong community-based support networks and improve health requires immigrant workers to navigate healthcare systems. Cultural diversity and minimization of discrimination risks in healthcare facilities, one might add, can appear to be the key to the improvement of the health and wellbeing of migrant populations.

Research Design

This study has adopted a qualitative research design and to some extent illuminates the factors that expose migrant laborers in Lahore to their health and the trouble that they face on their path to healthcare. Quantitative research, in its turn, is the best option when attending to an in-depth understanding of a complex nature of a social phenomenon and the opinions of certain marginalized groups (Creswell and Poth, 2018). Research design will adopt in depth interviewing and focus group meeting as a component of appreciation of the predicaments on the part of migrant workers in a holistic manner.

Data Collection

Two modes of collecting data will be extensive. First of all, the intensive, semi-structured interviews with 12 migrant workers, being employed in various fields, i. e. construction workers, domestic workers and street vendors, will take place. Semi structured interviews are actually flexible because they permit exploration to emergent themes and offer that research issues of concern are addressed (Seidman, 2013). In his interview, the expectancy will be on the aspects of life within the city, the work conditions, access to healthcare services, and the overall general well-being. About 20-30 minutes in audio tape will be required to record each interview with a matter of informed consent of the concerned music participants.

Sampling Strategy

The recruited participants were recruited purposely, meaning that they represents various age groups, genders, and types of jobs (Patton, 2015). The sampling technique will allow the sampling of the individuals who are willing to provide information and the varying perspectives on the issue at hand. Attempt will be made to contain as many different experiences as possible in both male and female migrant workers of lives of different age groups and working sectors. The prospective participants will then be identified then through the local community organizations and networks with the migrant workers in Lahore. The informed consent was used to participate in the study with all the participants and the ethical issues were addressed trying to be as cautious as possible in the process of the research.

Data Analysis

The thematic analysis was applied as the means of discovering, making analysis, and



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reporting about the models in the qualitative data (Braun and Clarke, 2006). Interview transcripts was analyzed in terms of thematic analysis in the bid to find the most significant themes and urban survival trends in relation to the issue of health precariousness in the migrant workers in Lahore. This was covered in the report in a narrative writing format with quotes of the participants to portray the most pressing issues.

Methodology

The choice of the qualitative research approach in this study of health precariousness and the survival of migrant workers in Lahore was explained by the fact that qualitative methods are designed to give deep-seated information about the lived experience of the study participants (Silverman, 2016). This research paper is an empiric examination of the perception and problems that migrant workers encounter with a special interest on 12 respondents in different villages in the state of Punjab.

These migrant workers were interviewed semi-structured in order to obtain the vast details about their health, the state of their working environment and social support systems. An iPhone 8 was used to conduct the interviews because it will guarantee a good audio quality and handiness in the field.

Maximum variation sampling was used to select the participants where a wide profile of views was picked since participants with different experiences were included (Patton et al., 2008). The given approach will be more helpful in understanding the challenges of migrant workers since it will involve multiple demographics and employment types.

The interviews were recorded and all transcribed in verbatim to collect data. Transcription is an essential part of qualitative research, as it was this process which turned the inducible of audio tapes into a written form which can be analyzed.

After transcription, the information was drawn through thematic analysis technique which is the method of identifying, analyzing and reporting on patterns of qualitative information (Braun and Clarke, 2006). The data familiarization, initially, generated codes, and the themes were searched, reviewed and defined and labeled were part of the analysis process. This methodological system carried the day that significant themes connected to health precariousness and urban survival could be discovered and discussed.

The final findings will be reports in form of narrative supported by direct quotes of participants to explain the most significant themes used and give a better perception concerning the issues dealing with migrant workers in Lahore.

Table 1 Demographic Information of Respondents

Respondent's	Age	Gender	Country of Origin	Current Job
1	25	Male	Gujrat	Domestic worker
2	28	Male	Faisalabad	Street vendor
3	35	Male	Multan	Construction worker
4	22	Male	Rahim Yar Khan	Construction worker
5	29	Male	Jhang	Meson
6	31	Male	Bahawalpur	Domestic helper
7	27	Female	Sheikhupura	House cleaner
8	34	Male	Khanewal	Carpenter
9	33	Male	Sargodha	Electrician
10	26	Male	Dera Ghazi Khan	Construction laborer
11	24	Female	Mandi Bahauddin	Tailor



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Respondent's	Age	Gender	Country of Origin	Current Job
12	29	Female	Faisalabad	House cleaner

Summarized Qualitative Responses

Daily Tasks:

Some of the tasks that are under the performers of the respondents include lifting materials, cooking, cleaning, sewing, and selling goods. Ordinary chores involve washing houses and ferrying bricks.

Working Conditions:

Conditions vary by job type. There is its report of construction workers regarding the safety hazed, and domestic workers regarding the long working hours but less dangerous conditions.

Job Challenges:

Some of the frequent issues include poor remuneration, tardy remuneration, and even exhaustion caused by physical factors. They most of them complain of the security at their work places and the manner in which they have to work hard.

Health Status:

Combined health based on the answers. Others do not feel bad, they feel tired, some are complaining of a given condition like back pains that are a result of working physically or feeling tired as a result of working long hours.

Healthcare Access:

Many of them cannot get medical care, and some respondents say that they do not have a regular medical specialist and cannot afford to seek medical help.

Barriers to Healthcare:

The big ones include the barrier of costs, lack of awareness on services and failure to find local medical facilities.

Family and Friends:

The high percentage of the interviewees have family members or friends in Lahore who can provide emotional support and help with job search. However, some feel isolated.

Community Support:

Other people are aware of the organizations in their locality that would assist the workers but others are not aware of the existing support networks.

Discrimination:

Others of the respondents decry that they have been discriminated in one way or another in the workplace or even the community and feel undervalued compared to the locals.

Hopes for the Future:

Among the ambitions are to save part of the money to start businesses, to get jobs and improve the living standards.



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Suggestions to Continuation Islands Company:

The respondents defend good remunerations, improved working conditions and greater access to medical services to live better lives.

Work Experience

Daily-Tasks:

Some of the activities that the respondents engage in tend to depict the environment in which the labor-intensive work exists. The majority of them work in construction, according to which they engage in the delivery of heavy contents, bricks and cement and other competent labor in other activities, such as measurements and installations. Using the example of Respondent 1, he shares on his duties: I pick bricks and help the foreman to make considered measurements that makes him know that he must be strong and collaborate with the rest of the team. Respondent 3, who is a seller of fruits and vegetables in the street says instead, "I am a seller of fruit and vegetables on the street, even though to survive in an urban environment, one should have the entrepreneurial spirit. This can be seen through the day-to-day activities of the migrant employees and the variety of the work will reveal the different skill sets and different problems that the employees will face.

Working-Conditions:

The number of employees who complain about the poor working environment is the majority as their working environment is usually a difficult experience with a wide diversity of employees who have different jobs. Respondent 4 who is also a construction worker justifies the risks of the job activity by saying, Construction sites are dangerous areas; wires are usually exposed which is an indication of the work hazards that can result in serious injuries. Respondent 6, a domestic helper reports on the other hand, "The house of my employer is safe, but the time is long, and it may also imply, that despite the fact that environment is becoming safer, the negative sides of the work may become overwhelming. This is the comparison, which reveals the working conditions difficulties of different types of migrant workers.

Job-Challenges:

Some of these problems include low wages, work insecurity, and unacceptable responsibility of sustaining their daily financial needs. In response to this predicament, according to respondent 5, he says that he does not normally get his pay on time which is how precarious their jobs are. Moreover, Respondent 10 tells the story as well that the work is at times excessive and the moneys we receive are insufficient since it implies that a considerable portion of them think that their work is devalued. These issues make them have a sense of the unpredictability and uncertainty of financial future.

Health and Well-Being

Health-Status:

Health considerations of the respondents are different in numerous aspects as most individuals are concerned with fatigue and physical stress. Implicatively, one of them was put across by Respondent 8 and he says that they are okay but easy to get tired, meaning that they may not be in a chronic health state even though their occupational needs influence them. Respondent 11, on the other hand, says, I have the back pain when I lift heavy things and raise his level and points out that physical work may lead to health degradation and even the formation of discomfort in the long run.



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Healthcare-Access:

Health care is a significant issue to most of the respondents. Respondent 7 also lacks a doctor, according to her, her doctor is not a regular doctor; this implies that she does not have continuity of access to health care. Respondent 2 is also contributing further by confirming that she visits when there is an emergency only and this indicates that the respondent is dependent on the emergency services as opposed to preventive care. This will be an indication that, many migrant workers will delay consultative care until their medical conditions are in very serious stages.

Barriers-to-Healthcare:

Economic issues like monetary constraints and lack of awareness about the available services are some of the barriers to accessing healthcare. According to respondent 9 he is unable to afford treatment, and that is when the financial costs of having low-paid employees come into the limelight. Moreover, Respondent 12 notes, I do not know where to address someone to help them, which attracts your attention to the lack of awareness about the issue of resources and services offered that medical care can give to such persons. These barriers cause a health precarity cycle of the predicaments that worsens their lives.

Social Support

Family-and-Friends:

Social networks have become a very important aspect in the life of migrant workers. According to the responses of many, there are family members or friends in Lahore who support the respondents essentially. Respondent 1 tells me, I have a cousin that helps me get a job, so family relationships can make an employment easier. Respondent 3 says it is important to support each other as they both have each other when things are rough, so this statement reveals the solidarity that is usually present among workers of migrants in harsh situations.

Community-Support:

Certain respondents refer to the existence of local organizations to support the workers. According to respondent 4, there are local agencies assisting the workers, such as us, which implies that community-based resources have the potential to ease the burden on migrant workers. But mostly it is not so since some others report being lonely as Respondent 6, says, I don't know any groups which implies that not every worker can access or knows about these support networks. This sense of disproportions in the backing up of community is imperative of the different levels of social capital held by migrant workers.

Discriminatory Experiences

Discrimination:

Some of the workers complain about them being discriminated against and this further complicates their already difficult life. In respondent 5, the user describes how society looks pitifully at us as workers, which shows the attitude of the society towards devaluing hard work. On the same note, Respondent 10 says, to point out the unfairness inflicted on migrant workers in urban contexts, "I think we are not well treated by the locals," says Respondent. These kind of discernment involvements may have an influence on their psychiatrically well-being and individuality within the metropolitan.

Final Thoughts



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Hopes for the Future:

The majority of the interviewees also mention that they would rather have some better opportunities and better lifestyle. In fact, respondent 8 in his hopes spells out by stating that I want to save money and move home and start a business and this actually means he has ambitions of becoming an entrepreneur. The same is expressed by Respondent 11 i.e., she desires a stable job, which also pays well, hence the common factor that most individuals would desire to obtain in terms of job security. These dreams portray how the migrant employees maintain their heads firm and determined despite the light of all their challenges.

Suggestions on how to do it more effectively:

Good suggestions were generated by respondents on how they would desire things to be. The respondent 12 says that we must be provided with decent wages and comfortable working conditions, which should be paid attention to the labor rights and protection. The other response of respondent 9 entails what she believes will serve the migrant workers better, she says that, more access to healthcare will be handy. These suggestions imply that there is clearly an interest in the system change that will enable making their lives and work environments more favorable and, as a result, benefit their overall health.

Discussion

The study objectives and research questions have been summarized in the current discussion on what the migrant workers in the city of Lahore stated as they responded to the interview questions about their health and well-being, their health-seeking behavior, effects of informal labor, and applicability of the social networks.

Perception of Health and Well-Being

The first aim was to explore the conception of the migrant workers regarding their health and well-being that are imprinted on the living and working conditions. According to the interviews, the respondents have several ambivalent responses towards health as indicated in the interviews. Whereas a fraction of them reported feeling quite good, others complained of physical and fatigue since they had hard work professional contacts. Respondent 8 had replied that they felt okay, but get easily tired, and it is the impact of the high demand jobs on their well-being.

Moreover, the working conditions also influence much on the health perceptions. The fact, which the respondent 4 depicts the dangerous construction sites, which is important to define the riskiness of the case of informal labor, lies in the fact that the safety precautions are frequently discovered. This includes the study that states that precarious workplaces can comprise of unfavorable health conditions, which is consistent with the opinion of the fact that the health condition of migrant workers can be significantly predetermined by their living and working conditions.

Obstacles to Access in Healthcare

The second objective was to investigate the influence of health reasons on the healthcare-seeking behaviors of migrant workers particularly perceived barriers. Some of the barriers to accessing healthcare services according to the respondents included the finances, information, and lack of access to routine medical equipment's. The final quote of Respondent 9, who states that I can be treated, I cannot afford treatment, can be taken as



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the manifestation of financial issue which does not allow various people to receive timely medical help.

Moreover, they simply cannot avail themselves of the services they need since they are simply unaware of the available healthcare resources as heavy as highlighted by Respondent 12. These barriers contribute to a cycle of health inequity, where migrant workers will not seek care until the health conditions become chronic, and this will make their health situation difficult.

The Effect of the Informal Labor on Health

The third objective examined the implications of the informal work on the physical and psychological wellbeing of the migrant workers. The interviews examined have revealed that some of the interviewees have severe health challenges due to their work schedule. The interaction provided by Respondent 11, when she was experiencing back pain as a result of the hard work, is an expression of the physical hardship of the laborious jobs. Moreover, the psychological impact of job insecurity and low wages should be also taken into account. The perceptions of Respondent 10 in the aspect of feeling undervalued as compared to the local people raise the psychological taxation that accompanies the informal employment that contributes to the sense of inferiority and even frustration.

The observation agrees with the existing literature that indicates the validity of how informal employment would not only result in physical problems, but also mental ones, occurring as a compound effect on the overall well-being.

Social Networks and Social Networks Support Community

The fourth goal that was aimed at learning the role of social networks and communal encouragement was certainly the last yet not the least in determining the health experiences of migrant workers. The evidence has shown that social support plays an essential role in emotional and practical support. Numerous respondents added that they were dependent on family and friends when it comes to providing job opportunities and comforters when experiencing sorrowful times. As Respondent 1 also stated, "My cousin is my helper in finding the job and here the networking of family relations is significant to cope with the city life problems.

Nevertheless, all the respondents were not connected to their communities. Others were feeling isolated, where Respondent 6 responded, "I do not know any groups. Such a difference in activity in the community allows speculating that, on the one hand, social networks may work, and, on the other hand, the absence of interaction may lead to a further increase in feelings of inadequacy and isolation.

Conclusion of the study

This paper analyzed health precarity and survival amidst urban migrant workers of Lahore, a group of individuals not mentioned with regard to labor rights and health equity. Since Pakistan is a country facing severe economic problems and fast urbanization, the experiences of such workers are important to make appropriate policies. Their main interest was to understand how they perceive their health status and well-being and access to health care, the effect of informal labor, and the role of social network.

The study aimed to answer the questions based on qualitative data collection considering the semi-structured format that included 12 people as migrant workers to use qualitative data on collecting the insight. The results showed that most of the respondents claimed having mixed health conditions; however, their lifestyles and working environments had a great influence on their health conditions. Postulates and obstacles to healthcare such as



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financial challenges and poisoning by information were common, which had added to the health inequity vicious cycle. Because of the lack of formality in their work, their health, both physical and mental, posed a challenge and in this regard, participants experienced job insecurity and physical stress.

Moreover, the appearance of social networks turned out to be a two-sided sword; on the one hand, they tend to achieve very essential help, on the other hand, some workers are deprived of relationships with others and feel alone. This is among the reasons why the society should initiate social support to triumph the risks that migrant workers are subjected to.

The significance of the given work is that it is connected with the existing literature on migrant workforce, both positive and negative aspects, and social processes in cities. The application of the thematic analysis of how the investigation incorporated the folding light into the themes which were essential in constructing our understanding of the health experiences of this category of people. In a conclusive manner, these lessons add up to the importance of certain interventions and policies that should be designed to cater to not just the socio-economic but also the health issues of migrant workers in Lahore to enable them to take care of their health conditions and integrate into the urban society.

Recommendations

To make an overall conclusion about the way of migrant workers to effect a positive run in their health and access to the key services in Lahore, the recommendations can be made based on the findings of the study by the urgency to cope with their health precarity and city survival:

Future Crisis in Healthcare:

Create community health programs that are specifically targeted to migrant workers, which are affordable, and available. Populations that are heavily concentrated in the migration areas should be targeted with mobile clinics delivering basic medical care along with educating their health.

Bring the issue of healthcare resources awareness:

Organize informative campaigns on the knowing of migrant workers about the existing healthcare facilities, preventive health and clinics in the region. To close the scope of the communication gap, it is possible to provide multilingual resources.

Enhance Protection of Labor Rights:

Enjoy even more the labor rights and protection of informal workers, fair wages and safety of work. The informal employment should also be put by legislation that controls it and give workers benefits.

Promote defines Social Support Networks:

Promote the establishment of local organizations and associations amongst the migrant workers in order to improve social support. Such networks will be able to offer emotional support, referrals to jobs, and information of healthcare resources.

Discrimination:

The shortcomings in care due to disability, race, age, or sex must be notified to prospective



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patients in advance. Empower the fight against discrimination of migrant labor force through conducting awareness campaigns. Stigmatizing attitude towards migrant workers can be resolved by educating the local population on the importance of such workers and the stigma status can be lessened.

Marketing: Mental Health Services:

Incorporate mental health services within the available healthcare services to take care of psychological contribution of job insecurity and stress. Counseling and mental health access is essential when it comes to starting a healthy life.

Conduct Further Research:

Promote productive research to track the health and social status of migrant workers. Longitudinal studies may help to understand whether the undertaken interventions are effective and guide policy decisions in the future.

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