Developing nations need to build infrastructure to adapt in the rapidly globalizing world which, among other things, requires construction. At the same time, several factors, such as poverty and unemployment, have prompted people to travel and seek jobs in foreign countries (International Labour Organization, 2018). The result has been that approximately 150.3 million migrant workers had worked around the globe as of 2013 (United Nations, 2018). Such laborers are often vulnerable populations in the countries where they work (WHO, 2008). They may experience difficulty in accessing basic services such as healthcare, have a high risk of injury (WHO, 2007) and often avoid using healthcare facilities (Su et. al, 2014). They may not speak the language in their new country. They may not understand messages designed to protect health such as hand washing (to avoid spreading disease) and social distancing.

This situation may be compounded by low levels of physical activity and leisure time activities (Schwingel, Chodzko-Zajko, Tanaka, & Itô, 2008), both of which are important for overall health and well-being (Edmunds, Biggs, & Goldie, 2013; Penedo & Dahn, 2005). We undertook research to understand the health situation of workers in Qatar to provide the data necessary to design health promotion campaigns.

RQ1: What are migrant workers in Qatar perceived health and experience using health resources?

RQ2: What sports leisure time activities have migrant workers in Qatar participated in and what are their perceptions of the activities?

**METHOD**

We administered a 49 item semi-structured interview to participants working as cleaners at a local labor supply company (n = 96).

Section 1 assessed the participants’ health, use of resources, health behavior, health beliefs and health attitudes as well as linguistic abilities, and media use preferences using 32-items.

Section 2 assessed participants’ health, physical activity, sport participation, fan/spectator behavior and participation in organized sports events designed for laborers using 17-items.

**SPORTS & LEISURE: RESULTS**

A majority, 62.5%, of the migrant workers reported participating in different types of physical activity in Qatar. Few were active: 8.3% were active two or more times a week and 28.1% were active once a week. A majority, 64.5% of the migrant workers also indicated that they would like to be more active (M = 3.53, SD = 1.59). Of those who wanted to be more active, 67% cited the lack of time and opportunities as a barrier whereas being more active, 35.7% cited the lack of money, 26.2% cited the lack of facilities and 9.5% cited the lack of transportation to and from the sports/leisure facilities.

Most had not been able to attend sports events. 90.6% had never attended a football match in Qatar. Most participants (74%) indicated they would like to participate in more events if they could.

**HEALTH RESULTS**

- The migrant workers generally regarded their health as “good” (M = 2.07, SD = 0.623).
- A majority, (87.7%), reported having HMC health cards.
- Despite having HMC health cards which cover most medical expenses, only 35.1% reported using them and about half (50.8%) of the migrant workers still reported using their own money to pay for medical visits and medicine.
- 15.7% of the participants indicated that, at some point, they wanted to go to the hospital but could not.
- Participants believed that their company may cut their salary if they missed work for a medical appointment (M = 2.74, S.D. = 1.620).
- Workers reported being more likely to go to the hospital for a chronic illness (M = 3.54, SD = 1.548) as opposed to an acute illness (M = 2.70, SD = 1.451).
- Linguistic issues were common with many reporting low levels of literacy in their native languages, most did not speak any Arabic and a few spoke some English.

**INTERPRETATION**

- Migrant workers in Qatar struggle to participate in the minimum recommended amount of physical activity as well as face many barriers to participation as spectators at sporting events, even ones designed specifically for them.
- Migrant workers in Qatar face many obstacles to using health resources. Despite having Hamad Medical Corporation cards, many did not understand what the cards were for and nearly half paid for their own medical costs.
- Lack of Arabic and English language skill makes this population especially vulnerable as they may not understand messages designed to encourage them to engage in basic hygienic practices such as hand washing or realize that they have access to basic medical resources.
- We designed and tested a basic campaign explaining how to use the Hamad Health Cards. Preliminary results indicated visual communication is an effective means of communication for this vulnerable population.
- We concluded that visual communication campaigns targeting relevant issues are required to effectively communicate with migrant workers, especially with the number of different languages spoken in the community and lack of Arabic and English. Health communication campaigns should consider adopting visual means for successful campaigns to safeguard the health of this vulnerable population.
- The COVID-19 pandemic illustrates the importance of having effective means to communicate to migrant populations in our increasing global world. This project provides the data necessary to know what to be target in such campaigns in Qatar.

**REFERENCES**

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