Development of A Conceptual Framework Based on The Lived Experiences of Indian Migrant Workers Using Social Determinants of Health Frame Work

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ABSTRACT

The lived experience encompasses critical domain such as economic stability, education, neighbourhood and built environment, healthcare access, and social and community context of Indian migrant workers. To understand how Indian migrant workers, responds and adapt to such challenges, the present study aimed to develop a conceptual framework grounded through the lens of the Social Determinants of Health (SDOH) framework based on the lived experiences of Indian migrant workers. It provides a holistic understanding of how structural and environmental factors shape the health and well-being of migrant workers. Recognizing the uniqueness of these experiences, a qualitative phenomenological research design was adopted to elicit rich, in-depth narratives directly from the workers from Jana's Contracting and Construction Company, located in La Plage-South-05, Pearl-Qatar. Data were collected using in-depth interviews guided by Open-ended questions rooted in Social Determinants of Health (SDOH) framework. Colaizzi's method of phenomenological analysis was used to derive themes and subthemes, ensuring credibility and depth of interpretation. The findings revealed several interconnected themes: persistent job insecurity, exploitative employment practices, overcrowded accommodations, difficulty in accessing health care services, language and communication barriers, emotional distress including anxiety and depression, and the absence of institutional social support. However, many participants also demonstrated resilience through social bonding with co-workers, spiritual practices, and gradual cultural adaptation. Most notably, the study found that unmet health needs—particularly mental health—are a critical concern for this population, often overlooked due to their transient status and low visibility in health policy planning. A conceptual framework was developed to represent these processes holistically. This framework has potential applications in guiding migrants support systems, employment, housing, social integration, and health interventions, offering a theoretical foundation for future research and policy-making.

Keywords: *Migrant workers, lived experience, Doha, construction, qualitative study, mental health, social determinants.*

1. INTRODUCTION

"Migration involves the relocation of individuals, either temporarily or permanently, across cultural and geographic boundaries.". While the majority of people still reside in their place of birth, an increasing number are moving to other

nations, particularly within their regions (Bhugra and Becker, 2005)1. Migration is often driven by socio-economic, political, and environmental factors, but the global rise in instability—such as armed conflicts and socio-economic disparities—has significantly increased the number of refugees, asylum seekers, and migrants worldwide (Bhugra, 2014)2.

By 2030, it is projected that one in five people globally will be migrants, facing significant stress-induced psychiatric problems. Studies have revealed that international migrant workers are at heightened risk of occupational health issues, including hazardous working conditions and mental health deterioration. These risks are further exacerbated by systemic challenges such as job insecurity, socio-economic pressures, and isolation (Hargreaves et al., 2019)3. Indian migrant workers often migrate in search of better income and living conditions but frequently experience psycho-social problems, including depression and anxiety (Krupinski and Cochrane, 2022)4.

Doha, Qatar, attracts a substantial number of migrant workers from low-income countries. Foreign labor accounts for more than two-thirds approximately (67.3%) of the workforce in Qatar. Migrant workers here frequently face mental health challenges such as depression, stemming from job insecurity and social isolation. This highlights the critical need for professional training in mental health services to address the unique needs of isolated patients (ILO, 2021)5. Recent studies in Saudi Arabia have similarly shown high prevalence rates of mental health issues among migrant workers, particularly due to fears of job insecurity. Governments are therefore urged to implement clear policies on health and job security to ensure the psychosocial stability of international laborers and contribute to public health (Adhikary, 2018)6.

Migrants are often less familiar with the socio-cultural environment of their temporary homes. Families left behind depend heavily on the income of migrant workers, intensifying the psychological pressures on the migrants. Many of these workers face multidimensional challenges classified under five major factors: economic, social, environmental, policy-related, and psychological. These factors directly impact their quality of life, self-esteem, and overall well-being (Panda and Mishra, 2018)7.

The integration of mental health services is crucial for supporting migrant populations. China's recent efforts to address disparities in mental health access highlight the importance of culturally sensitive interventions that can overcome barriers such as stigma and language (Liang et al., 2018)8. Community-based approaches have shown promise in reducing psychological distress caused by dislocation and adaptation challenges.

2. METHODOLOGY

A qualitative, formed by a phenomenological perspective, was adopted in this study to explore the lived experiences of Indian migrant construction workers in depth. The research took place at the Jana's Contracting Company, located in Doha, Qatar. To ensure that all relevant perspectives were captured, the study employed a total enumeration sampling method, involving all eligible participants within the selected setting. Participants were selected based on clearly defined inclusion criteria, which included: Indian construction workers at Jana's Contracting Company, Qatar, Workers who consent to participate, Workers present at the time of data collection, Workers who understand Hindi, Tamil, Malayalam, or English. Data collection involved among 80 Indian migrant workers, face-to-face in-depth interviews using a Open ended questions designed in alignment with social determinants of health. Interviews were conducted and documented. Data were analyzed using Colaizzi's method, a structured approach suitable for phenomenological research. The analysis process began with a thorough review of the transcribed interviews, enabling the researcher to become fully immersed in the experiences shared by the participants. Key statements that directly reflected the inmates' lived realities were then identified. From these statements, core meanings were distilled to capture the underlying significance of what was conveyed. These meanings were subsequently grouped into thematic clusters, revealing common patterns and shared experiences across the narratives. To uphold the credibility and trustworthiness of the findings, participants were consulted to verify that the interpretations accurately represented their perspectives. This careful and iterative approach ensured that the emerging themes were grounded in the authentic voices of the inmates. Ethical clearance for the study was granted by the Jana's Contracting Company (Ref. JCC-J05-WOQ-A-0352), and all participants provided written informed consent prior to their involvement.

3. RESULTS

Through the application of Colaizzi's method for thematic analysis, the study revealed several themes that closely align with the core components of social determinants of Health frame work. The lived experiences of Indian migrant workers were examined through the lens of four factors: employment status, housing conditions, social integration and health. were directly associated with lived experiences of Indian migrant workers circumstances. There are total 11 themes and 21 sub -themes are emerged after analysis. Under **Employment** Job security, wage levels and financial strain are the major themes derived the support system for this is improved workplace dynamics. In **housing** domain overcrowding and shared toilets are the major themes derived the support system is social cohesion program. **In social integration** language barriers, discrimination and workplace dynamics the support system is language and vocational training. In health domain the themes are health care access, physical challenges and mental health and the support system for this is access to health care.
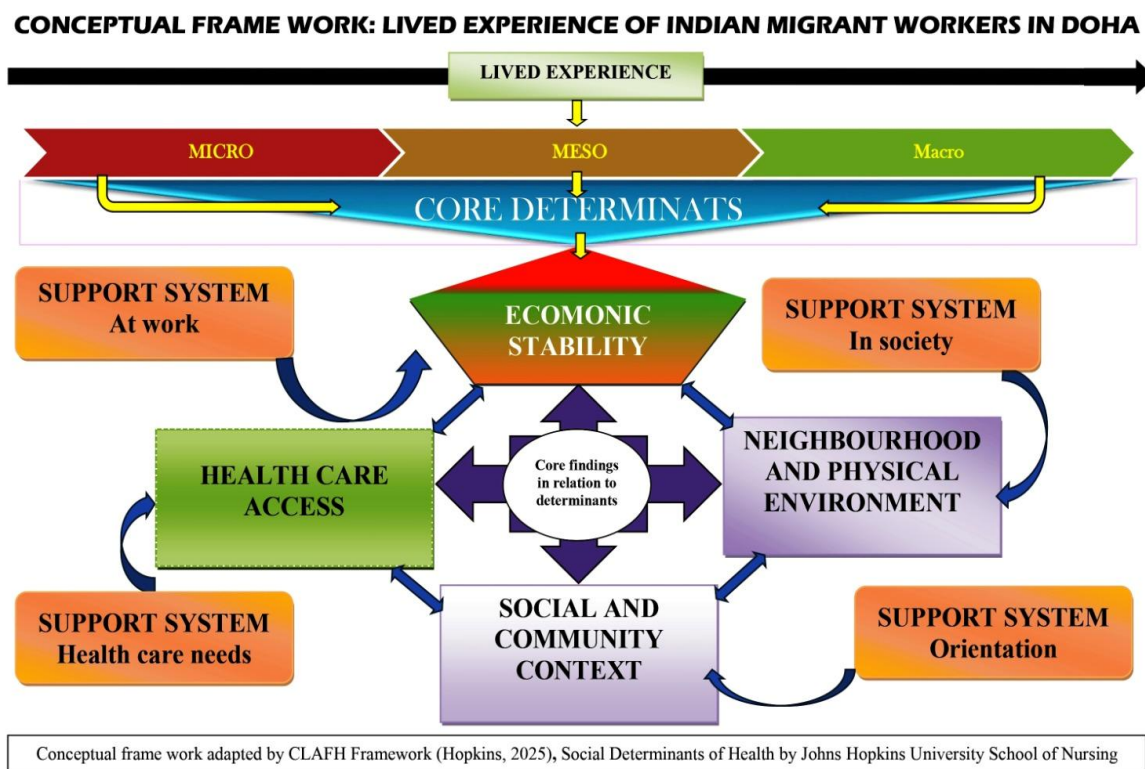
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Figure 1: The conceptual model adapted from the CLAFH Framework (Hopkins, 2025) Social Determinants of Health (SDOH)

The conceptual model adapted from the CLAFH Framework (Hopkins, 2025) and aligned with the Social Determinants of Health (SDOH) developed by the Johns Hopkins University School of Nursing presents a comprehensive illustration of the multifaceted and interrelated social factors influencing the lived experiences of Indian migrant workers in Doha. This framework is structured across three interdependent levels—Micro, Meso, and Macro—and places core determinants at the center, which collectively shape economic stability and overall well-being. At the micro level, the model considers individual experiences such as job satisfaction, health, and relationships with co-workers. The meso level emphasizes community and institutional influences like workplace environment, healthcare systems, and living conditions, while the macro level accounts for broader societal factors such as immigration laws, labor policies, and access to national healthcare. Central to this model is the concept of "lived experience," reflecting the subjective, emotional, and practical realities faced by migrant workers. Four primary core determinants are identified at the meso level: economic stability, health care access, neighbourhood and physical environment, and social and community context. These determinants are further shaped by five contextual support systems: support at work (e.g., supervisors, HR policies), in society (e.g., community groups), in healthcare (e.g., access to clinics and insurance), through orientation (e.g., training and language support), and via general social networks (e.g., family and friends). All components converge into the central determinant of economic stability, which anchors well-being and influences access to housing, healthcare, and social integration. The center of the framework highlights a dynamic interaction among all determinants, emphasizing that migrant experiences are non-linear and constantly evolving. This model provides valuable insight for researchers, policymakers, and healthcare professionals by highlighting how Indian migrant workers adapt or struggle under various social conditions. It underscores the necessity for multi-level interventions and enables the identification of critical entry points for support, including improvements in housing, workplace protections, language training, and equitable healthcare access.

4. DISCUSSION

This study explored the complex and multifaceted lived experiences of Indian migrant workers in Doha, drawing upon the Social Determinants of Health (SDOH) framework adapted through the CLAFH model (Hopkins, 2025). The findings underscore how various determinants—economic stability, healthcare access, social and community context, and the physical environment—interact dynamically with individual and collective migrant realities. Unlike studies that narrowly assess economic or occupational outcomes, this investigation provides a more holistic understanding of how Indian migrants adapt and cope with challenges in a foreign sociocultural and labor environment. The conceptual framework developed as part of this study integrates micro-, meso-, and macro-level influences to present a broader picture of migrant well-being.

Using Colizzi's phenomenological method allowed for a rich, participant-centered approach to data analysis, enabling authentic themes to emerge from the narratives. Participants described a range of lived experiences, from job insecurity, wage disparities, and lack of proper housing to struggles with healthcare access and social isolation. Despite these adversities, some migrants demonstrated resilience through spiritual beliefs, familial support from home, and mutual solidarity among co-workers, revealing both adaptive and maladaptive coping responses.

While some participants adjusted over time, many voiced ongoing stressors—particularly around job security, financial instability, and inadequate orientation or support systems. These themes not only align with existing literature on migrant laborers in the Gulf but also highlight nuanced areas often overlooked in policy and health programming. For example, emotional vulnerability due to disconnection from family and a lack of cultural integration emerged as critical, yet frequently unaddressed, issues. Such psychosocial concerns are seldom factored into labor migration policies, which tend to prioritize economic output over migrant welfare.

The findings advocate for a re-examination of current employer-based and governmental support mechanisms in Qatar. Structured orientation, equitable healthcare access, improved workplace protections, and culturally sensitive mental health services are necessary interventions to promote holistic adaptation and well-being. This study advances existing knowledge by demonstrating how the intersection of social support, environmental safety, and economic pressure shapes the daily realities of migrant life.

Furthermore, the thematic model developed in this study provides a conceptual tool for understanding migrant adaptation beyond Doha. By capturing both the institutional and interpersonal dimensions of migrant experience, the model has the potential to inform future research, health policy, and practice. Ultimately, this study calls for a compassionate, rights-based approach to labor migration that acknowledges the dignity, health, and social integration of all workers.

5. CONCLUSION

The conceptual framework developed from this study offers a nuanced and integrated understanding of how Indian migrant workers in Doha navigate and adapt to the layered realities of migrant life. Grounded in the Social Determinants of Health framework, the model captures the interplay between systemic factors—such as economic stability, healthcare access, social and community networks, and the physical environment—and personal coping responses shaped by support systems at work, in society, and in healthcare contexts.

This structured model sheds light on the lived experiences of migrant workers, providing a comprehensive perspective to examine how external determinants influence health, well-being, and adaptation. The framework not only illustrates the challenges faced—such as job insecurity, financial instability, language barriers, and housing concerns—but also reflects the resilience many migrants exhibit through social bonds, spiritual grounding, and gradual integration into the host society.

In practical terms, the framework provides a solid foundation for policymakers, public health professionals, and organizational leaders to design migrant-centered interventions. These may include culturally sensitive health services, robust orientation and support programs, labor protections, and community engagement strategies that address the specific needs of this vulnerable population. Ultimately, the study emphasizes the importance of a holistic, rights-based approach in improving the quality of life and well-being of migrant workers, both during their tenure abroad and in the long term

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