Background:
Tuberculosis (TB) kills nearly 3 million people and incurs at least 9 million new cases each year. While developing countries are most affected by this epidemic, migration contributes substantially to the spread of the disease. Qatar employs a vast migrant laborer workforce from TB epidemic countries, who live in high-density labor camps. Workers are grouped in the same camp rooms, and often work side by side. This puts workers at risk of developing MDR TB, with re-activation of their old TB strain or acquiring new TB infections.

Objectives & Methods:
This project proposed two major phases using quantitative and qualitative research methods to examine TB understandings in the migrant worker population:
1. Surveying worker perceptions of tuberculosis through widely distributed questionnaires
2. Collecting illness narratives through interviews with TB infected patients receiving treatment at the TB National Program in-patient clinic.

Understanding these patients’ journey with TB from the time of infection to the time of diagnosis, to life during treatment and afterward, will offer physicians, nurses and other TB personnel a better understanding of workers who are infected, or face infection, with TB.

Results:
-1- Survey Data Analysis
Demographic and socio-economic variables of 231 participants (such as age, gender, marital status...etc) were summarized using frequency distributions. The majority of participants were between 20-29 years old and male. Almost half were Nepalese. The majority of participants said that TB is not so common or rare in their countries. Blood in cough, blood in sputum and cough were the most frequent symptoms known to participants. The majority reported the cause of bacteria was smoking. A large proportion of participants indicated that TB is preventable and treatable and it has a vaccine.
-2- Three illness narratives are presented.

Conclusions:
Still about 1 in 4 workers have never heard about TB. Of these, most have heard about it from their own countries. Alarmingly, participants’ knowledge about symptoms, causes and modes of human-to-human transmission are less than optimal. The interviews revealed several recurring themes, mainly a reluctance on the part of the patient to ask questions of the physician and health staff due to perceived social, educational, and linguistic barriers.