Situational Assessment of Labor Migrants in Asia: Needs and Knowledge During COVID-19

Series Paper 2: Bangladesh
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Introduction and Methodology

Between the months of February and March 2020, more than 200,000 labor migrants returned to Bangladesh as the Covid-19 pandemic caused mass business and industry closures in destination countries such as Saudi Arabia and Malaysia.[1] Hundreds of thousands were left unemployed, facing uncertain futures. To better understand the short- and long-term needs of this population, the USAID Asia Counter Trafficking in Persons (CTIP) project, implemented by Winrock International, collected information from 155 returned Bangladeshi migrants through a quantitative study that took place from May 15 to June 4.[2]

Data was collected remotely through phone-based interviews using a closed-question survey. Kobo Toolbox software was used for all data collection. The sample was generated from contact information gathered on migrants who had returned to Bangladesh within the last 12 months. The database of information was compiled by district governments in Jessore and Cox's Bazar, and was obtained with permission by two local organizations, Nongor and Rights Jessore (partners of the USAID Bangladesh CTIP project, also implemented by Winrock International). A random sample of 200 people was taken among those who had returned to Bangladesh after January 2020. Of those, 155 were reached by phone and agreed to participate in the phone interview. No other parameters were used for identifying or choosing the sample (i.e. income level, employment status).

Of the 155 respondents who participated in interviews, 95% were male and 5% were female. The small percentage of women reached was because men dominated the lists of returned migrants. This is quite representative of the migration context: many more Bangladeshi men migrate for work than women.

As of 2018, women made up about 14% of the total flow of labor migrants from Bangladesh.[3]

Roughly half of respondents were in Jessore district and half in Cox's Bazar.

Table 1: Respondents by district

Province	Respondents
Jessore	75
Cox's Bazar	75
Dhaka	2
Sylhet	1
Khulna	1
Chittagong	1
Total	155

Due to the small sample size and limited geographical coverage, results should be taken with caution and cannot be assumed as representative of the migrant population. However, the findings do shine a light on the current situation and needs of some migrants as well as their knowledge of Covid-19.

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[1] Anadolu Agency, 2020. Accessed online: https://www.aa.com.tr/en/asia-pacific/bangladesh-on-verge-of-double-whammy-amid-virus/1847595

[2] This is the second brief in a series. Data was also collected with migrants in Cambodia and Nepal.

[3] Labor Migration from Bangladesh 2018: Achievements and Challenges, RMMRU, 2019. Accessed online: https://www.forum-asia.org/uploads/wp/2019/05/Migration-Trend-Analysis-2018-RMMRU.pdf

Key Findings and Recommendations

❶ Nearly half (48%) of respondents said returned migrants are being treated worse or much worse by community members and/or community leaders, and in some cases by friends or family. Returned migrants who have less access to support services and who are experiencing verbal - and even physical violence - are more vulnerable to exploitation. They may also consider riskier migration options to return abroad and avoid further mistreatment. **Awareness campaigns targeting attitudes towards returned migrants should be developed by those working at community level to curb the mistreatment returned migrants are facing.**

❷ A staggering 86% of returned migrants interviewed reported receiving no support services since returning to Bangladesh. Most respondents (93%) reported not having enough income to support themselves, and two-thirds said they didn't have enough food to eat every day. **Cash assistance programs and immediate need packages such as food and hygiene items should be prioritized as ways to assist this population.**

❸ Most respondents (65%) plan to re-migrate for work and about half of those said they would ask for information from a recruitment agency when deciding whether it is safe and possible to re-migrate. **Migrant assistance organizations and the Bangladesh Ministry of Expatriates' Welfare and Overseas Employment should work closely with recruitment agencies to ensure correct information will be provided to migrant workers.** Information such as up-to-date travel restrictions and guidelines around possible Covid-19 quarantines, workers' rights briefings, and clear guidelines on what fees migrant workers should and should not be responsible for when migrating for work is recommended to provide recruitment agencies.

❹ Seventy-two percent of those planning to re-migrate said they would return to their previous job. Similar to the previous recommendation, **migrant assistance organizations and worker rights groups in both Bangladesh and destination countries could use this opportunity to reach employers of returned migrants via recruitment agencies to advocate for safe and hygienic conditions once workers return.** Guidelines on fees employers are legally responsible to pay when workers make the return journey to their jobsites should also be given to employers.

❺ Nearly all respondents (94%) had received prevention information on Covid-19 and could list several ways to protect themselves, but 84% said they needed more information. Most would look to government sources - including health centers, for trusted information, as well as Facebook and television news programs. **Targeted messaging campaigns that provide protection information, Covid-19 hotline number(s), and up-to-date travel restrictions should continue to be a priority for humanitarian organizations and the Bangladesh Ministry of Health.**

The sample includes 155 respondents: 95% were male and 5% were female. Roughly half of respondents were in Jessore district and half in Cox's Bazar (see table 1 above for a complete list of districts). The age of respondents was quite mixed, with 34% between the ages of 32-38, 29% between 25-31, and 19% between 39-45 years.

Table 2: Age group of respondents (n=152)

Age Group	% of Respondents
18 - 24	7%
25 – 31	30%
32 – 38	34%
39 - 45	19%
46 – 52	7%
53 years of age or older	3%

Nearly all respondents (97%) reported returning to Bangladesh more than a month ago.[4]

The majority of respondents (68%) returned from the Persian Gulf states of Saudi Arabia (44 respondents), United Arab Emirates (24 respondents), and Oman (9). More than a quarter of respondents (28%) returned from Malaysia, while 10% returned from Singapore.[5]

Figure 1: Primary countries of return, by respondents
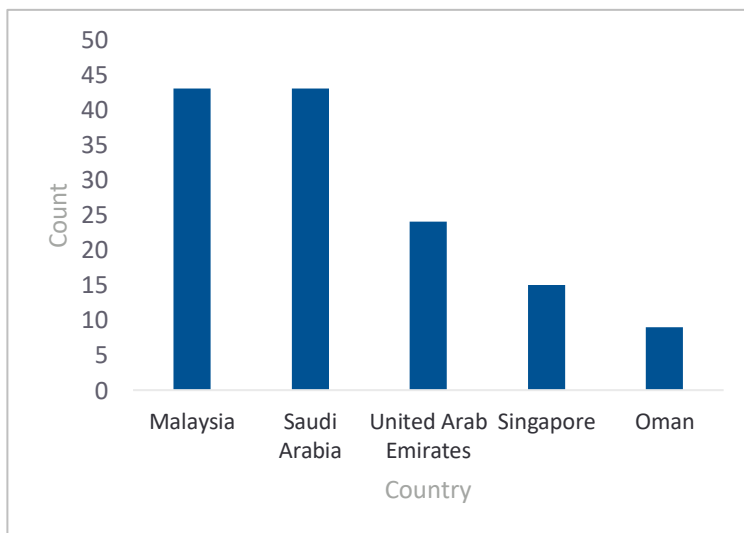
Over half of respondents were working in either construction (31%) or manufacturing/factory work (21%) in the destination country. Of those who were working in construction (47 respondents), the majority returned from Saudi Arabia (15 respondents) or Malaysia (14 respondents). Those who were working in manufacturing/factory work (33 respondents), almost half were employed in Malaysia, followed by Singapore (9), and Saudi Arabia (5).

Figure 2: Type of job respondents had in destination country (n=154)
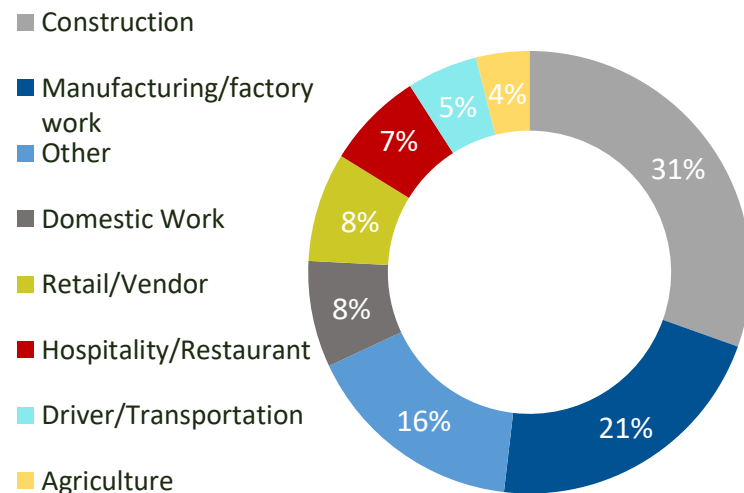
Since returning to Bangladesh, 94% of respondents reported not having enough income to support themselves and 60% said they did not have enough food to eat every day. Yet, **86% said they had not received any support services since returning.** Of the 13 respondents who did receive support, six received food assistance, five respondents received cash assistance, and three received medical care *(multiple responses could be given).*

Most respondents (92%) answered 'no' when asked if they had been sick since returning to Bangladesh. Participants were then asked how confident they were in accessing medical care if they became sick. Answers were given on a three-level scale of low / moderate / very. Of those who responded (133), over half of participants (56%) said they were moderately confident; 22% were very confident and only 8% said they had low confidence in accessing medical care. Of the 13 respondents who had been sick since returning, 10 were able to access medical care.

Figure 3: Confidence in accessing medical care if respondents became sick (n=141, 8 non-response not shown)
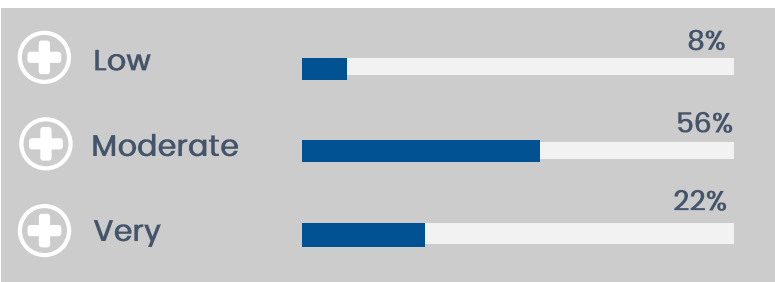

When asked if respondents think returned migrants are being treated differently than others, **nearly half (49%) said returnees are being treated worse or much worse.** Twice as many respondents who said returnees are being treated worse or much worse were in Jessore district (51) compared with those in Cox's Bazar (23).

Respondents reported that community members are primarily treating returnees worse or much worse (69 respondents), followed by community leaders (29 respondents) and friends or family (20).

Sixty-six percent of those answering worse or much worse said returnees are being treated that way by more than one group (i.e. community members *and* community leaders).
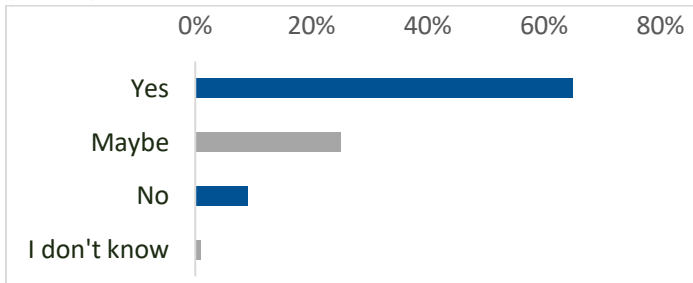
Figure 5: Who is treating returnees worse or much worse? (n=75, multi-response)
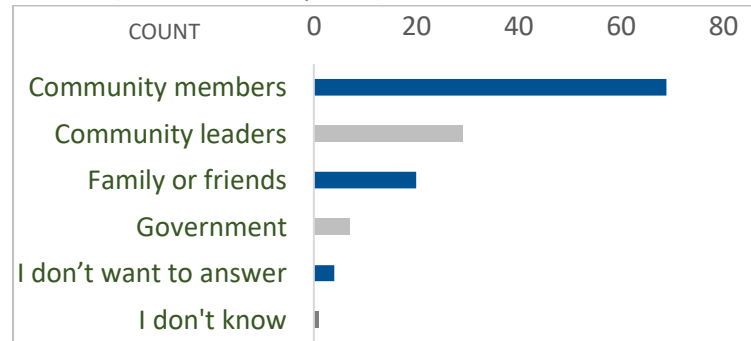
Most respondents (88%) said they are currently **unemployed** in Bangladesh. Sixty-five percent of respondents plan to re-migrate for work, while 25% said 'maybe' and less than 10% said they do not plan to re-migrate for work.

Figure 6: Do respondents plan to re-migrate for work? (n=154)

For those planning to re-migrate for work (100 respondents), almost all (94 respondents) said they would return to the country they were working in before returning to Bangladesh. The primary destination countries respondents said they would return to include Malaysia (36 respondents), Saudi Arabia (24), and Singapore (13). When asked how they will find employment in the destination country, most respondents said they would return to their previous job (72%) and 17% said they would use a recruitment agency (multiple responses could be given.)

Figure 7: How respondents will find employment in destination country (n=100, multi-response)
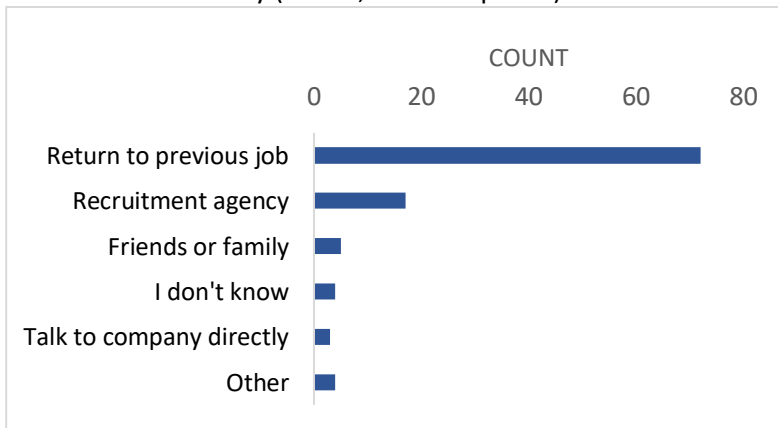
When asked how participants will decide when its safe and possible to re-migrate for work, over half (53%) said they would receive information from a recruitment agency, 21% would ask friends or family, and 16% would receive information from the government. About 10% said they didn't know (multiple responses could be given.)

Figure 8: How respondents will decide when its safe and possible to re-migrate (multi-response, n=100)

53% Receive info from recruitment agency

21% Ask family or friends

16% Receive info from government

10% I don't know

Knowledge and Information on Covid-19

Most participants (94%) said they had received prevention information on Covid-19. Eighty-two percent had received information from more than one source and nearly half (47%) received information from three or more sources. The primary ways respondents received information was from a social media platform (69%), from the government (63%), and family or friends (50%). M*ultiple responses could be given for how people received information.*

Respondents were asked what their level of trust was in the information received on a scale of 1 to 5 (1 being no trust, 5 being full trust). Results show respondents have quite a high level of trust in the information received, with zero respondents choosing 1 (no trust), and 69% choosing 4 or 5 (5 being full trust).

Figure 8: Level of trust in information received on Covid-19
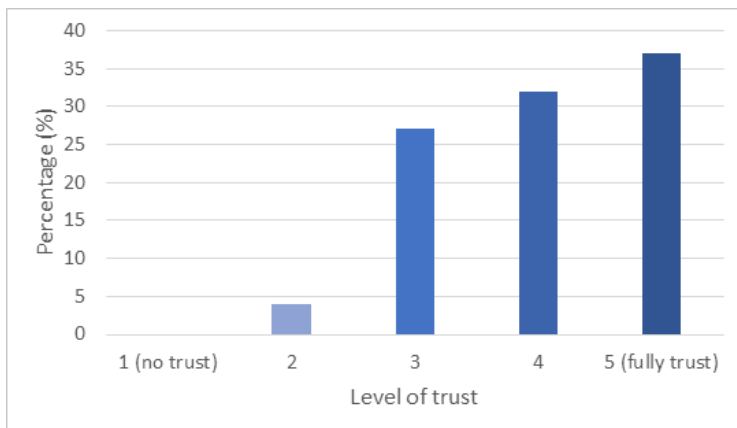
Respondents largely felt they understood how to protect themselves against Covid-19 and could list several ways to do so. Almost half (48%) listed three to four ways to protect themselves and 38% listed five to six ways. The most common protection behavior chosen was hand washing (92%) followed by wearing a face mask or cover (89%) and social distancing (81%). (*Multiple responses could be given.)*

Figure 9: Ways respondents protect themselves against Covid-19
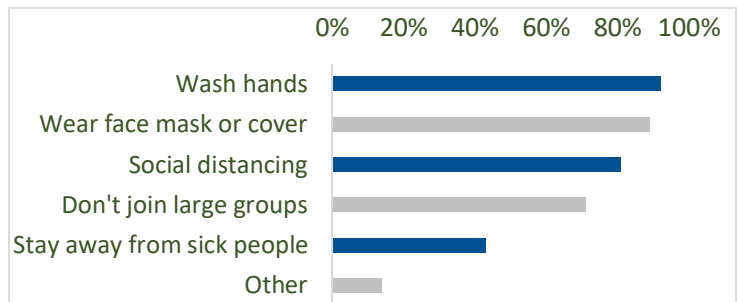
If respondents developed Covid-19 symptoms, 45% said they would call the government hotline and 42% would visit a hospital/health clinic. Other responses included staying at home (6%), asking a community leader for help (5%), and asking family or friends for help (2%). Only two respondents said they didn't know.

Although most participants had reported receiving prevention information on Covid-19 and could list multiple ways to protect themselves, **84% said they needed more information on Covid-19.** When asked where people would go for trusted information on Covid-19, 64% said the government, 56% said Facebook and 36% would get trusted information through television news (multiple responses could be given.)

Table 3: Where respondents would go for trusted information on Covid-19.

Source (multi-response)	Responses
Government/health center	99
Facebook	86
Television news	65
Friends or family	45
Online news/website	38
NGO/International organization	34
Village chief/community leader	17