

Report on

Death of Bangladeshi Female Labour Migrants in Destination Countries

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Death of Bangladeshi Female Labour Migrants in Destination Countries

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Abbreviations

BMET	Bureau of Manpower, Employment and Training
CSOs	Civil Society Organisations
DEMO	District Employment and Manpower Office
GCC	Gulf Cooperation Council
ILO	International Labour Organization
LWW	Labour Welfare Wings
MoEWOE	Ministry of Expatriates' Welfare and Overseas Employment
MoFA	Ministry of Foreign Affairs
MoCAT	Ministry of Civil Aviation
NHRC	National Human Rights Commission
PKD	Probashi Kallyan Desk
POA	Power of Attorney
UAE	United Arab Emirates
UN	United Nations
WEWB	Wage Earners Welfare Board

CHAPTER 1

INTRODUCTION

Tasneem Siddiqui

Labour migration is an integral part of current global economy. Origin, destination as well as transit countries gain from international labour migration. There is a general recognition that good governance of labour migration is essential to harness the maximum benefit from migration. UN agencies are particularly keen on the rights and wellbeing of the migrant workers, both men and women. Different aspects of migration are being thoroughly investigated and analysed to support policies and actions towards good governance. Many studies are available on recruitment process, migration costs, institutional frameworks, work and living conditions of labour migrants, social protection issues, gendered outcome of migration, impact of migration on national and local economies as well as on the households etc. However, there is hardly any research on untimely death of migrant workers in the countries of destination.

A good number of workers succumb to death in the countries of destinations. Each year around 10,000 workers die only in the Gulf countries (Vital Signs Report, 2022). Again, these figures are of those who migrated to Gulf from South and Southeast Asian countries. The figures should be higher when migrants from other regions are added. It is understood that a number of them succumb to natural death. Heart failure, cancer, diabetes, high blood pressure reproductive health related complications are considered as natural death. However, a good number of death cases are of accident, murder, occupational fatalities, suicide etc. They are usually termed as unnatural death. Majority of the recorded cases of death are of male migrants (Vital Signs Report, 2022). Incidents of death of female migrants are comparatively lower. Obviously, this is because proportion of male migrants is much higher compared to female migrants.

It is of great importance to understand the causes and consequences of untimely demise of the migrant workers in destinations. Such undesired death can be substantially reduced. In this respect knowledge generation will contribute to policies

that may reduce untimely, unnatural and undesired incidents of death. Besides the formalities related to the death of migrant workers such as death certificates, identification of deceased families, sharing information of the migrant's demise to the family, organisation of due payments, social protection entitlements, transportation of the dead body from the countries of destination, calculation of compensations are some of the areas which can be improved and systematised. Procedures followed in the countries of origin after receiving the dead body can also be streamlined. Best practices from different countries can be applied once understanding of the gaps in the process is clearer and available in a report.

Bangladesh is one of the major labour origin countries of South Asia. Each year 600,000 to 700,000 workers migrate to different labour receiving countries in order to take up short term contract employment. Initially mostly men migrated from Bangladesh as the principal migrants, since 2003 a large group of women are also migrating to different parts of Gulf, other Arab and Southeast Asian countries. According to BMET data altogether 1,100,100 female workers have gone abroad to take up overseas employment from 1991 to 2022. In 2022 alone, 99,644 women workers have taken up short-term employment abroad. Female workers are mostly employed in Saudi Arabia (4,72,870), UAE (1,33,941), Jordan (1,87,692), Oman (1,12,912), Lebanon (1,07,665) during 1991-2022. Qatar, Kuwait, Mauritius, Hong Kong, Malaysia and Singapore are also employing female workers from Bangladesh.

Bangladeshi migrants, both men and women also experience untimely death. The causes of death of male and female migrants may vary significantly. Experience of death can also be different based on type of occupations. There is hardly any information on how the families manage when the earning members are no longer there. Demise of the Bangladeshi migrants, both men and women is a big area of concern to both government and civil society organisations (CSOs). Different government bodies under the leadership of Ministry of Expatriates' Welfare and Overseas Employment (MoEWOE) have been working hard to reduce unnecessary death. Wage Earners Welfare Board (WEWB) has taken multiple measures to provide assistance to the deceased and their families. However, there is no systematic research to help government and civil society to perform their functions more effectively.

1.1 Aims, Objectives and Purpose

Aim of this research is to understand causes and extent of death of female migrant workers in different labour receiving destinations. The study also aims to come up with concrete suggestions on ways to reduce undesired death of female migrants. In the process it will generate in-depth information on experiences of left-behind family members in facing the changed circumstances of the households at the demise of an earning member. Purpose of the research is to develop evidence-based policy suggestions for the government. The study will provide information to relevant authorities of government to better negotiate with the countries of destination. The purpose is also to provide concrete suggestions to Wage Earners Welfare Board to streamline the process that handles death related formalities by the migrant households. The Bangladeshi civil society has all along been playing positive role in supporting government in providing assistance to labour migrants. In case of death as well the purpose of this research is to provide these organisations information to conduct advocacy at a global level on behalf of the deceased and their families.

1.2 Literature Review

4.7 percent of the global workforce is constituted by international migrant workers (ILO, 2018). 41 per cent of total workers in gulf and other Arab States are migrants. In some Gulf Cooperation Council (GCC) countries it is reaching over 90 percent, including Qatar and the United Arab Emirates (Brian, 2021). About one in five workers is a migrant in North America and in northern, southern and western Europe regions (20.6% and 17.8% respectively) (ibid).

Significant research from around the world demonstrates that migrant workers are in the greater risks than native workers and are more likely to suffer from injury, disease and fatal accidents (Arici et al., 2019; Hargreaves et al., 2019; Moyce and Schenker, 2018; Orrenius and Zavodny, 2012; Salminen, 2011). It is because migrant workers are more exposed to the risky jobs than the non-migrant native workers. An analysis of ILO on work-related fatalities in the context of COVID-19 found that in 73 percent of the countries for which data were available, the incidence rate of fatal occupational injuries was higher among migrants than natives (Gammarano, 2020).

In terms of almost all countries with available data, men are more exposed to the risk of fatal and non-fatal injuries than women. This is perhaps because men work more in the most unsafe sectors (Gammarano, 2020). However, migrant women experience significant negative health risks differing from men in terms of mental health problems, types of cancers and occupational injuries, and reproductive health concerns (Moyce and Schenker, 2018). Domestic work sector imposes such risks to the female migrant workers. The highest concentration of female domestic workers is seen in the Gulf, other Arab and Southeast Asian countries¹. Poor work and living conditions, restrictions of mobility, long working hours, mental stresses while adjusting to a new environment, heavy lifting and repetitive activities, and exposure to chemical cleaning agents, domestic workers are vulnerable to various health related risks to exploitation, Physical and mental abuse and violence also exposes women to health risks (Malhotra et al., 2013). Women who live inside the homes of their employers are especially vulnerable (Tayah, 2016).

A gendered lens to migration demonstrates that women are also at risk from their working conditions. It has long been established that domestic work makes women vulnerable to physical, psychological and sexual abuse (Vital Signs Report, 2022). Documentation of abuses of domestic workers in Oman and the United Arab Emirates found that 21 out of 87 domestic workers they interviewed experienced “psychological or health problems upon their return because of their exploitative working conditions in the Gulf.”² A therapist at the Psychiatric Unit of Hamad Hospital in Doha told a local newspaper in 2012 that 12 to 15 domestic workers visited the facility every day for treatment to deal with anxiety, including suicidal thoughts and attempts. In Saudi Arabia, hundreds if not thousands of Ethiopian migrants were held in squalid detention conditions during 2020 while they awaited removal from the country. Human Rights Watch spoke to migrants who estimated that 300 to 500 women and girls were held in one room in severely overcrowded conditions which contributed to health problems.³

¹Human Rights Watch. *slow reform: protection of migrant domestic workers in Asia and the middle east*. New York: Human Rights Watch; 2010.

²Human Rights Watch, “‘Working Like a Robot’: Abuse of Tanzanian Domestic Workers in Oman and the United Arab Emirates”, (14 November 2017).

³Migrant-Rights.org, “Covid Relief Report 2021”, (3 November 2021)

In case of Bangladesh a report by Vital Signs stated that since 2016, the number of deaths in the Gulf have been gradually rising. The year 2020 is an exception. In that year a smaller number of dead bodies arrived in Bangladesh. This does not mean that the number of deaths was lower in that year, it could be due to extra-ordinary situation of COVID-19 the dead bodies were buried in the countries of destination. The report highlights that 51 percent of all deaths occurred in Saudi Arabia, where about 2.28 million Bangladeshis were resident in 2021. Based on WEWB data (2016 to 2020) on the number of dead bodies received at three airport of Bangladesh, BRAC Migration Programme also highlighted that the highest number of death incidents of Bangladeshi female migrant workers takes place in Saudi Arabia⁴. Each year more than half of the female who migrates for work go to Saudi Arabia. Therefore, it is natural that the death rate of female migrants in Saudi Arabia will be highest in this country.

In terms of the death of migrant workers due to accidents an Australian report on fatal work-related injuries observed 374 deaths, a mortality rate of 1.93 per 100 000 workers, in 2010-2011 of which 59 percent were directly job-related⁵. Another study on the rate of fatal occupational injury in the United States of America between 2003 and 2010 found that foreign-born workers were 15 per cent more likely to die than native-born workers (Byler and Robinson, 2018). The researchers found significant differences in risk depending on where migrants originated. Workers from Europe, Oceania/Australia, Canada and South America were found to have a level of risk similar to native-born workers, while migrants from Central America, Africa, Asia and Mexico were at heightened risk. The greatest disparity was among Central Americans, who were 45 per cent more likely to suffer from fatal accidents than native-born workers (Byler and Robinson, 2018).

A study conducted by International Labour Organization in 2021 in respect to occupational injuries in Qatar found that in 2020, there were 506 severe occupational injuries, with an average of 42.2 severe injuries per month. Severe occupational

⁴ BRAC Migration Programme (n.d.) Female Deaths in Question: Piling up Corpses at an Alarming Rate in Job Destination Countries. BRAC, Dhaka

⁵ Work-related Traumatic Injury Fatalities Australia 2010-2011, Safe Work Australia (December, 2012)

injuries were most commonly caused by falls, followed by road traffic injuries, falling objects and machinery (VS).⁶

Factors related to COVID-19 stresses such as financial hardship, anxiety over the future, and fear of the virus led to deteriorating mental health and heightened the risk of suicide of migrant workers worldwide (Brian, 2021). A report published by Migrant-Rights.org stated that there was a domestic worker suicide roughly every 2 days in Kuwait.⁷ Based on the available government data on the death of migrant workers in the Gulf suicide rate among migrant worker populations runs at roughly 10 percent of the total number of deaths (Vital Signs Report, 2022). In Lebanon, a non-governmental project recorded 113 deaths of migrant domestic workers between 2010 and 2019 due to suicides, falls from residential buildings (possibly suicides, attempted escapes, accidents, or murders), and murders⁸.

1.3 Major Research Questions

This research aims to answer the following questions regarding the death of female migrants. What is the extent of untimely death of the migrants in destination countries? Is it more than national statistics on death? What age group do the deceased migrant belong to? Is there any difference in percentage of deceased migrant between labour receiving and other developed countries? Are the causes of death informed in the death certificate standard? In other words, do different countries follow similar framework? How was the general health of the migrant before departure? Any information about any physical sickness once the migrant reached the destination? How was the mental state of the migrant? Was she/he under work and living condition related stresses? Is there any information about physical and mental torture of the migrant? What was the level of communication between the migrant and their families? Did the migrant show any desperation to return home? It is also important to know the cause of death and the confidence of family members as well as relevant government functionaries on the death certificate provided by the authorities of the destination countries. What have been the experience of deceased families in respect to receipt and handling of death bodies?

⁶ One is too many: The collection and analysis of data on occupational injuries in Qatar, International Labour Organization, 2020, page 13-14

⁷ Migrant-Rights.org, "Almost every two days a migrant worker commits suicide in Kuwait", (5 October 2010).

⁸ More information available at: <https://civilsociety-centre.org/gen/map/mdw-deaths>

What type of compensation did the migrant families receive? What roles do different ministries and agencies play in this respect?

1.4 Research Methodology

The study utilised eight research instruments to address the research questions. These are literature review, secondary descriptive data analysis, validation and dissemination workshops with advisory group, purposive sampling and interview of households of deceased migrants, focus group discussion, key informant interview, in-depth interview, qualitative and quantitative data analysis.

1.4.1 Literature Review

Any study requires a comprehensive review of the existing literature. A literature review allows researchers to benefit from existing knowledge and to identify research gap. The literature review for this study included a) secondary data of death of WEWB, b) global literature on nature and extent of death of female migrants in the countries of destination, c) literature on death of Bangladeshi female migrants.

1.4.2 Secondary Data

The Wage Earners Welfare Board keeps the record of all the deceased bodies received through different airports. The Board occasionally publishes the figure of deceased male and female migrants in different reports such as souvenir on International Migrants Day on 18th December, BMET reports etc. information received from different sources has been combined and a descriptive analysis of The Wage Earners Welfare Board data has been conducted.

1.4.3 Interview of households of deceased migrants

Based on the Wage Earners Welfare Board data of deceased female migrants from the year of 2016 to 2021, 100 households have been selected purposively. The household members of these deceased migrants have been interviewed.

1.4.4 Focus Group Discussion, Key Informant Interview, In-Depth Interview

In order to gauge the general mindset of wider group of people, not necessarily those who have lost their family members, 4 FGDs were conducted in Tangail: 2 with male members and 2 with female members of the community. Both types of FGD

group represented older and younger population, people's representatives, school teachers, journalists, small business community etc. 26 key informant interviews were conducted with experts and rights activists on migration.²⁴ government officials were interviewed in-depth. This includes functionaries working in Bangladesh as well as in a few countries of destination.

1.4.5 Validation and Dissemination Workshops with the Advisory Group

Death of female migrants is extremely sensitive issue. It requires specialised knowledge. Government functionaries dealing with cases for an extended period have a decent knowledge on this matter. In order to gain from their knowledge an advisory group was formed at the very early stage of the research. It included retired government functionaries who directly handled death of migrants, officials who are currently employed in different missions, foreign office and home office, chairmen and member of human rights commission of Bangladesh, medical practitioners in-charge of forensic, statisticians of BMET and member of Wage Earners Welfare Board. A workshop was conducted at the beginning of the research where all the advisory group members explored different areas of investigation. They also provided ideas on how to proceed with the study and probable interviewees home and abroad. Half way into the search, another meeting was organised with selected members of advisory body to secure insights to overcome the challenges faced in respect to field work. After the field work and initial analysis of data a dissemination workshop was conducted where Parliamentarians representing the Parliamentary Caucus on Migration, concerned civil society organisations as well as the advisory group members participated.

1.4.6 Data Analysis

Data of deceased female migrants received from government sources as well as the data generated through interview of deceased female migrant's household members have been processed using the SPSS programme. All necessary steps such as data entry, cleaning, consistency check etc. were followed step by step. Thematic analysis was conducted in analysing qualitative data.

1.5 Limitations

Current study is a small scale research with limited resources. It only allowed interview of a small number of deceased migrant families. Deep insights could have been received if current migrants could be interviewed in the countries of destinations. No study is complete until the perspective of all parties is gathered. Another limitation of the study is that it could not secure the perspectives of the employers. A large number of deceased migrants are buried in the countries of destination. The figure that we receive is based on those whose body has been sent back to Bangladesh. This indicates the figures of death that are received from WEWB data should be less than the actual number of migrants who died in destinations. The study also could not conduct economic analysis of the migrant households since the demise of the female migrant.

1.6 Structure of the Report

The report is divided into six chapters which include both introduction and conclusions. The introductory chapter (current) sets the objectives of the research, explains its purpose, reviews the secondary literature on death in destination and details the methodology. Chapter 2 makes an analysis of secondary data provided by WEWB. Chapter 3 highlights the perspective of left-behind family members of deceased female migrants. Chapter 4 elaborates the formalities of compensation. Chapter 5 sketches the role of different ministries and agencies in respect to death of female migrants. Chapter 6 summarises the findings, draws major conclusions and provide some modest recommendations.

CHAPTER 2

DEATH OF FEMALE MIGRANTS

Tasneem Siddiqui

Any death is unfortunate, but death of female migrant workers is particularly unacceptable and worrisome. Wage Earners' Welfare Board keeps year-wise record of the dead bodies that it receives from overseas. It has information on country of destination, age and sex of the deceased migrants and causes of death. This chapter is based on the data of Wage Earners' Welfare Board. In this chapter a description is provided on extent of death of female migrants over a period of time. The percentage distribution of male and female deceased migrants, their age group and also country-wise variation, if any, in respect to death of the female migrants are analysed here.

2.1 Extent of Death

According to the WEWB 46,503 migrant workers died over the last 30 years (WEWB, 2022). It is understood that the dead bodies received in Bangladesh do not represent the full account of those who die abroad. A good number of them are also buried in the countries of destination. Given such limitation of actual extent of death in destination cannot be determined. Table 2.1.1 shows that from 2017 to 2022 in total 19,495 male and female Bangladeshis have died abroad. It is observed that the number dead bodies of male and female migrant workers received in these years have remained almost the same. It also shows dead bodies received were predominantly of those of male workers (96.4%) and only 3.6 percent were female. During the period under consideration women constituted 12 percent of the total international migrant work force. Males constituted 88% of the flow but accounted for 96% of the dead bodies. This indicates that death rate is comparatively lower in case of female migrants than male migrants. This is of course also due to a much larger stock of male migrants in destination countries. The data that WEWB collects provides information on dead bodies received from all over the world in a specific year. This includes labour receiving countries of Gulf, other Arab and Southeast Asian countries, Western developed countries and non-labour receiving Asian countries.

Table 2.1.1: Death Cases of Female Migrant Workers by Year (Labour Receiving Country)

Year	Female		Male		Total
	No. of deceased	% of total flow of migrants	No. of deceased	% of total flow of migrants	
2017	121 (4.1%)	12.8	2804 (95.9%)	87.2	2925 (100%)
2018	135 (4%)	13.8	3236 (96%)	86.2	3371 (100%)
2019	130 (3.7%)	14.9	3415 (96.3%)	85.1	3545 (100%)
2020	69 (2.7%)	10	2484 (97.3%)	90	2553 (100%)
2021	130 (3.6%)	12.9	3464 (96.4%)	81.1	3594 (100%)
2022	120 (3.4%)	10	3387 (96.6%)	90	3507 (100%)
Total	705 (3.6%)	12.1	18790 (96.4%)	87.9	19495 (100%)

Source: Prepared by RMMRU from Wage Earners' Welfare Board data

In order to clearly understand the situation of the death of female labour migrants we segregated the dataset into three sub-groups. These are labour receiving countries of Asia, non-labour receiving countries of Asia, and the developed countries of the West. Table 2.1.2 demonstrates that the majority of dead bodies (83%) are arriving from labour receiving countries. Saudi Arabia, Jordan, Kuwait, Lebanon, Malaysia, Maldives, Oman, Qatar, UAE, Hong Kong, Mauritius are the labour receiving countries from where dead bodies have arrived. Around 11 percent of the dead bodies are arriving from developed Western countries included UK, USA, Italy, Spain, Netherlands, Australia, Canada, Belgium, and New Zealand.⁹ Six percent of the dead bodies arrived from non-labour receiving Asian countries such as India, Philippines, Nepal and Bhutan.

⁹ There is no data on number of Bangladeshis living in developed western countries. Therefore, specific arguments about proportional share of west and labour receiving countries of Bangladesh cannot be determined.

Table 2.1.2 Distribution of Dead Bodies Received from Three Streams of Countries (2017-2022)

Type	Count	%
Labour Receiving countries	705	83.1
Non- Labour Receiving Asian countries	54	6.4
Developed Western Countries	89	10.5
Total	848	100

Source: Prepared by RMMRU based on Wage Earners' Welfare Board data

Destination Country Wise Death

Table 2.1.3 provides a comparative statement on flow and death of female migrants in different labour receiving countries. The Saudi Arabia accounts for 38 percent of the dead bodies which have arrived in Bangladesh. However, during this period 66.54 percent of the female migrant have moved to this country for employment. The same trend is visible in case of Oman. 12 percent of the female has migrated to Oman. Whereas percentage of Oman as a destination country from which dead bodies have arrived is a little lower (10%). Only less than 1 percent of the female migrant went to Lebanon whereas 10 percent of the dead bodies have been received from that country. The same trend is visible in case of Kuwait, Malaysia and UAE.

Table 2.1.3: Percentage of Annual Flow and Death in Different Destination Countries (2017-2022)

Country of destination	% of annual flow	% of death
Bahrain	.01	1.4
Brunei	.01	.1
Hongkong	.12	.1
Jordan	14.56	17.3
Saudi Arabia	66.54	37.9
Kuwait	.39	6.1
Lebanon	.96	10.1
Libya	.10	.3
Malaysia	.02	5.1
Maldives	-	.3
Mauritius	.62	1.0

Oman	11.67	9.6
Qatar	2.79	2.7
Singapore	.08	1.4
UAE	2.13	6.4
Others	-	.1
Total	100% (534596)	100% (705)

Source: Prepared by RMMRU based on Wage Earners' Welfare Board data

2.2 Average Age

Table 2.3.1 shows the average age of deceased female migrants in 14 labour receiving countries. It shows that their average age is 37. Minimum age of female migrant who died is 19. Average life expectancy of women in Bangladesh is 74.5 (BBS, 2022). Before taking up employment overseas it is mandatory for all types of migrants, including females to go through medical check-up. They can only obtain work visa after going through stipulated physical check-up and receipt of fitness certificate. Hence, logically it can be claimed that only physically fit and healthy workers are systematically screened to go abroad. It therefore raises the question why workers whose average age is 37 and have passed the required medical tests have to succumb to death?

The average age of those who died in non-labour receiving Asian countries is much higher compared to those in labour receiving countries. In case of non-labour receiving Asian countries the average age of female who died is 42 years (Annex 1, Table 2.2.1). In case of developed Western countries, it is 46 (Annex 1, Table 2.2.2). This allows one to argue that there are reasons to be anxious about death in labour receiving destination countries.

If the data is segregated on the basis of countries of destinations, it demonstrates that even within Asian labour receiving destination countries there are variations. It is observed that the average age of the female migrants who died in Saudi Arabia is 37. In UAE, it is 35 while it is 36 in Jordan, Oman and Qatar. In case of Malaysia, the average age of female deceased migrants is higher. It is 46 years.

2.3 Causes of death

Information on causes of death of female migrants is received from the death certificate provided by the destination countries with the dead body. There is no standard format that is used by the destination countries in classifying the causes of death. Usually causes are cited as natural death, cancer, kidney disease, heart attack, heart disease, stroke, illness, tumour, suicide, murder, accident, and unnatural death. It is interesting to note that in a general circumstance kidney disease, heart attack, tumour should be treated under natural death. However, the death certificates sometimes mention natural death and sometimes the disease.

Table 2.3.1: Causes of death in labour receiving countries

Labour Receiving Countries					
Cause of Death	Age				
	Count	Mean	Maximum	Minimum	Column %
Accident	100	37	58	21	14.2
Cancer	5	45	50	41	0.7
Dengue Fever	1	41	41	41	0.1
Heart Attack	8	39	39	39	1.1
Heart Disease	12	41	45	33	1.7
Illness	32	40	70	27	4.5
Mental Imbalance	1	47	47	47	0.1
Murdered	12	37	56	26	1.7
Natural Death	258	38	81	19	36.6
Stroke	156	38	70	24	22.1
Suicide	110	32	50	24	15.6
Tumour	1	51	51	51	0.1
Unnatural Death	1				0.1
Covid-19	1	34	34	34	0.1
Unknown	7	38	51	29	1.0
Total	705	37	81	19	100.0

Source: Wage Earners' Welfare Board

37 percent of the death cases of female migrants are recorded as natural death. 22 percent cases are recorded as death due to stroke and another 10 percent cases are of disease such as cancer, heart disease, illness, tumour etc. As high as 16 percent

cases are recorded under suicide and 14 percent cases are incidents of accidental death. Accidents include road accident, injury, electrocution, burn, mental imbalance etc. If accidental deaths, murder and suicide cases are combined, then as high as 32 percent cases of death are officially unnatural deaths and 68 percent are natural deaths. Almost all the government functionaries and civil society activists who have participated in KII and in-depth interviews both at home and abroad, opined that among these 68 percent whom the medical certificate identify as natural death may include people who have died because of torture, physical assault etc. but at the end their heart failed. In medical certificate it is treated as heart failure.

If we compare this data of Asian labour receiving countries with that of non-labour receiving Asian countries, interesting findings emerge. In case of the latter, there is no single incident of unnatural death. Similar results are also evident when we compare the same with that of developed Western countries. Again, there is no case of murder and only one case each of suicide and plane accident.

Special Cases of Murder and Suicide

Table 2.3.2 shows country wise incidents of murder and suicide. Incidents of murder of female migrants took place in six countries. The countries are Saudi Arabia, Kuwait, Lebanon, Malaysia, Oman and UAE. 62 percent of incidents of suicide took place in Saudi Arabia and 15 percent in Oman. It is true that more than half of the workers migrate to Saudi Arabia. So, in any case, the number of deaths will be proportionately higher in case of Saudi Arabia. Nonetheless 62 percent cases of suicide in one country demands a deep probe into the issue (indicate certain lack of accountability).

It will be interesting to know what percentage of these women had prior history of attempting suicide. The following chapter highlights the observations of the left-behind family members would provide answer to this. WEWB data does not detail who is the perpetrator. Earlier studies on murder indicate that in case of female workers, employers are the perpetrators in majority of the cases.

During KII and IDI the resource persons expressed that newspaper reports highlights incidents of physical and sexual abuse. Later, some of female workers succumb to death or commit suicide. They also question cases of heart failures. Physically

assaulted and abused workers also succumb to death which is recorded as heart failure. This results in the death certificate showing heart failure as cause of death. During IDI one of the experts argued that Bangladeshi women who dared to migrate in a different country to ensure a better life for their family members are extremely courageous women. They are not the type who will commit suicide because of home sickness. Cases have been reported in which murdered female migrant was camouflaged as case of suicide. Abiron's death is an important example in this regard. Abiron, an under aged girl who was sent to Saudi Arabia as a domestic worker. She was brutally tortured by members of her employer's family as a result of which she succumbed to death. In October, 2019 Wage Earners Welfare Board brought Abiron's body to Bangladesh 7 months after her death. In her death certificate there was a clear mention that she was murdered. The National Human Rights Commission recommended legal action, compensation for the murder and punishment of the accused. The Bangladesh embassy in Riyadh represented her family at the Saudi court. The Saudi court later sentenced the employer's wife to death, 3 years and 2 months' imprisonment for the employer and 7 months in juvenile correction centre for the son.

Table 2.3.2: Country wise incidents of murder and suicide in labour receiving countries (2017 to 2022)

Country wise incidents of murder and suicide (2017 to 2022)		
Name of the Countries	Murder	Suicide
Saudi Arabia	4 (33.33%)	68 (61.81%)
Kuwait	2 (16.66%)	0
Lebanon	3 (25%)	5 (4.54%)
Malaysia	1 (8.33%)	2 (1.81%)
Oman	1 (8.33%)	16 (14.54%)
UAE	1 (8.33%)	3 (2.72%)
Singapore	0	1 (0.90%)
Jordan	0	13 (11.81%)
Mauritius	0	2 (1.81%)
Total no. of Deceased Migrants	12 (100%)	110 (100%)

Source: Wage Earners' Welfare Board

Many of the female migrant workers face numerous challenges once they reach their countries of destination. They face difficulties with language, food, culture and working environment of the host countries (IDI). Female domestic workers although receive mandatory training in the Technical Training Center (TTC) under BMET, they lack the specialized skills that they require to conduct their service. Some of them suffer from homesickness and many of them have little knowledge about their rights and protection (IDI).

Among the dead bodies received during the reporting period, 12 were murdered. Of the total incidents, Saudi Arabia accounts for 33 percent. It is followed by Lebanon (25%) and Kuwait (17%). Perpetrators are usually the employers. In one case, a husband and wife beat a girl to death in Saudi Arabia. After investigation, the wife was sentenced to death and the husband got 3 years and 2 months' imprisonment.

Accidents

Table 2.3.3 shows that death of 98 women migrant has been categorised as accidental. This is 14 percent of the total deceased cases. In general, migrants' experience three types of accidents. These are workplace accidents, fire accidents and road accidents. Road accidents claim two types of victims: as pedestrian or as driver or passenger. Most of the unskilled female workers remained confined either in the employer's household or in the hostels of outsourcing and manufacturing company owners. Incidents of accidental deaths mainly occur within the household of the employer. Road accidents are less for female migrants.

Table 2.3.3: Country wise percentage of accidental death

Country	Number of deceased	Percentage
Jordan	15	15.31
Saudi Arabia	39	39.80
Kuwait	8	8.16
Lebanon	13	13.27
UAE	6	6.12
Oman	11	11.22

Qatar	1	1.02
Bahrain	1	1.02
Malaysia	3	3.06
Maldives	1	1.02
Total	98	100.00

Source: Wage Earners' Welfare Board data

There is no system in place to conduct post mortem in Bangladesh. Therefore, in the absence of such practice it is difficult to identify the exact reason of death. Perhaps bodies which have mark of injuries can be sent for autopsies in Bangladesh. Alternatively, the embassy staff can request to the authorities for an autopsy if the body has signs of injury.

2.4 Chapter Conclusions

Wage Earners Welfare Board data demonstrates that a good number of female migrants are dying in the countries of destinations. Female constitute 12 percent of the annual migration flows, but they constitute 3.6 percent of the dead bodies received. In proportion to flow, death rate is higher in case of male migrants. Of course the stock of male migrants is much larger than female migrants.

Female migrants who died are relatively young. There is a stark difference in respect to average age among three groups of countries i.e. labour receiving Asian countries, non-labour receiving Asian countries, and developed Western countries. The lowest age group came from Asian labour receiving countries (37 years), followed by non-labour receiving Asian countries (42 years) and developed Western countries (46 years). Receiving fitness certificate prior to migration to labour receiving countries indicates that most of them did not have any prior health conditions. 10 percent had chronic conditions such as blood pressure, diabetes, kidney problem etc.

68 percent of the deaths are categorised as natural death in the medical certificate provided by the destination countries. However, experts and civil society activists question such figure and argue many of the natural deaths such as heart failure, stroke may have been the cause but those could be precipitated and triggered by the

treatment that migrants endure in the hands of the employers. Physical, mental and sexual abuse in many cases may result in heart failure.

Another important observation drawn from this chapter is that, causes of death identified in the death certificate have not been standardised. In some death certificates only accident is mentioned, but in other, type of accident is mentioned. Some only states natural death, others mention diseases as the cause of death such as cancer, tumour, heart attack and illness.

Unnatural deaths are recorded only in labour receiving countries. No case of unnatural death reported in non-labour receiving Asian countries and developed western countries.

CHAPTER 3

DEATH OF MIGRANTS AND PERSPECTIVES OF THE LEFT-BEHIND MEMBERS OF THEIR FAMILIES

Tasneem Siddiqui

This chapter probes into perception of left-behind families of deceased female migrants. It is based on interview of hundred households selected from the Wage Earners' Welfare Board data on 548 dead bodies¹⁰. The challenging task of locating the households was done following systematic steps. Through telephone, the permission for interview was taken. Some of the numbers were found to be switched off and in other instances the family members refused to participate in the interview. 100 households were then selected through purposive and random sampling method. Interview of the household members provided some background information on the female migrants. It also probes into experience of the household members in facing the death of one their members in destination countries. It tries to answer, how the family received the information of the death, experience of receiving the dead body and her belongings, previous sickness of the deceased if any, perception of household members about the authenticity of the death certificate, and their attitude towards second autopsy.

3.1 Social Background of the Deceased

Marital Profile: In understanding the circumstances of death, it is important to have some basic idea about the deceased female migrants. Table 3.1.1 shows that almost 50 percent of the female migrants were married when they migrated and 15 percent were unmarried. Another 15 percent were widow and 21 percent were divorced. Siddiqui et al. (2021) shows that proportion of separated and divorced female migrant is much higher in case of international female migrants compared to those who move internally. Pre-migration economic condition of the international female migrants is also lower compared to the internal female migrants. The same study concluded that women who take part in international labour migration come from a more desperate economic and social status. They require income for their own

¹⁰ From 2017 to 2021,

survival or that of their children. Marital status of these female migrants indicates similar reality.

Table 3.1.1: Marital Status of Female Deceased Migrants by Age

Age Group	Married (%)	Unmarried (%)	Widow (%)	Divorced (%)	Total (%)
17-25	10.2	13.3	0.0	9.5	9.0
26-30	24.5	46.7	13.3	23.8	26.0
31-35	18.4	26.7	6.7	28.6	20.0
36-45	38.8	6.7	40.0	33.3	33.0
45+	8.2	6.7	40.0	4.8	12.0
Total no. of cases	49	15	15	21	100

Source: RMMRU survey on Death of Female Migrant Workers, 2022

Age group: Table 3.1.1 also shows the age group of these deceased female migrants. 46 percent of them belong to the age group of 26 to 35. 36 percent were aged between 36 to 45 and another 12 percent were more than 45 years of age. Their average age was 35.

Profession: Before their migration the female migrants represented only a few professions. These include home bound and out bound domestic work, garment and other manufacturing work and cleaning work. Table 3.1.2 shows that the majority of female migrants are domestic workers. Out of the 100 deceased female migrants, 79 percent belong to this category. 10 percent were working in readymade garments and other manufacturing industries, 6 percent were involved in cleaning profession and another 5 percent worked in other professions.

Domestic workers were employed under individual employers. Garment workers were employed under company visa. Cleaners were working either in hospitals, schools, or with outsourcing companies. Domestic workers were involved in several types of work. These include cooking, cleaning, child and elderly care. Two of them were taking care of mentally and physically challenged child and elderly.

Table 3.1.2: Occupational Background of 100 Deceased Female Migrants by Country of Destination

Destination Country	Domestic worker living in the employee's house (%)	Live in hostel but work in different houses (%)	Garment's worker (%)	Cleaner (Madrasha/hospital/office/market/others) (%)	Others (%)	Total (%)
Saudi Arabia	52.6	33.3	0.0	33.3	20.0	44.0
UAE	5.3	33.3	0.0	16.7	20.0	7.0
Kuwait	1.3	0.0	0.0	16.7	20.0	3.0
Bahrain	0.0	0.0	10.0	0.0	0.0	1.0
Oman	11.8	0.0	0.0	0.0	0.0	9.0
Qatar	2.6	0.0	0.0	0.0	0.0	2.0
Jordan	17.1	33.3	70.0	0.0	0.0	21.0
Lebanon	9.2	0.0	10.0	33.3	0.0	10.0
Malaysia	0.0	0.0	0.0	0.0	20.0	1.0
Maldives	0.0	0.0	0.0	0.0	0.0	0.0
Mauritius	0.0	0.0	10.0	0.0	20.0	2.0
Total no. of cases	76	3	10	6	5	100

Source: RMMRU survey on Death of Female Migrant Workers, 2022

Number of Children: The married, divorced and separated deceased female migrants on an average had two children.

3.2 Family Members Experiencing the Death

Health Condition Prior to Migration: Every worker underwent medical examination prior to departure and obtained a physical fitness report. The report is mandatory for getting visa as well. Therefore 82 percent of the household members opined that their female migrant member was in good health and sound mind when she went abroad. 10 households reported that their female migrant members had some chronic health issues. These include diabetes, blood pressure, and uterus related problems.

These families had some level of communication with their deceased female migrant members when they were abroad. At the beginning, the female migrants did not

complain about health problem. For some, health conditions developed in countries of destination. They started expressing different types of anxieties ranging from wellbeing of their children to irregular payment of salary. However, family members of 14 households informed that the female deceased migrant complained about physical and mental torture. Regular phone communications got disrupted before the family received information about the passing away their family member. Sayma's mother informed that though Sayma used to call regularly she did not do so for the last 3 months. It was only after securing the news of her daughter's demise, she understood the reason for her silence.

Forensic expert Dr. Eliza Ali felt that the medical tests done by the employers cover issues related to physical fitness to work. It does not record state of kidney, pregnancy and chronic diseases. If a migrant suffers from any chronic condition and is not given regular medicine and undergo periodic health check up then their risk of fatality increases manifold.

3.3 Information of Death

Out of the 100 families of the deceased migrants, 46 households have received the information about the death of the family member within 3 days. 32 households have received the information within 10 days. 7 households got to know about it in less than a month. 3 households have remained uninformed about the demise of their family member up to 6 months. Unfortunately, another 2 households learnt about the death of their family member as many as more than six months of the occurrence.

The highest number of these families (28%) has received the information about the death of their family members in destination from neighbours and co-workers of other countries. 19 percent households have received information from other Bangladeshi workers. In another 19 percent cases employers themselves have informed the left-behind households. Sub-agents informed the sad news to 14 percent of the families. 12 percent of the households learnt the sad news either from embassy, police or WEWB. 8 percent households get to know from their relatives. 4 percent house-holds have received information from hospitals.

The employers are bound to bear the transportation cost of the deceased female migrant. But it is noted that a good number of dead bodies has remained in the

mortuary for months; some even has been remained pending for years due to non-payment of transportation cost to Bangladesh. In these cases, the employers have been reluctant to bear the transportation cost of the deceased or it becomes difficult to identify the employer due to lack of papers for irregular employment. In that case it creates a challenge in repatriation of the dead body.

Under the Bangladesh government regulations, the heir of the deceased female migrant needs to apply to the Director General, Wage Earners' Welfare Board, in a prescribed form (which is available on the website) and request to bring back the dead body in Bangladesh. Necessary information e.g. passport number, name of the hospital, name and contact number of the person who can assist in this regard etc. have to be provided in the application. After receiving the application, Board will take necessary steps to bring back the dead body.

3.4 Trust in Death Certificate

Table 3.4.1 shows the level of trust of the household members regarding the death certificate issued by the authorities of the countries of destination. 52 percent of the households have expressed their trust on the reason assigned in the death certificate but 48 percent have not. Those who have not trusted the certificate mentioned that during phone conversations or after witnessing evidence of injury on the dead body they have felt that the female migrant had succumbed to death due to physical or mental torture. In 42 percent cases the families have mentioned that their deceased women member has experienced physical assault by the employers. In case of Romisa, on the day of her death Romisa told her family over phone that the Kafil brought alcohol and intoxicants to the house in the afternoon and around 5/6 guests arrived. From that evening onwards, the deceased was no longer in contact. Later the family learnt about the death. During the last mobile conversation, Pinky informed that she was dying. She could not work properly due to chest pain that she had claimed was caused by torture. One day, when she was unable to work, Kafil's wife poured hot water over her head and body. When the family has received information of Pinky's demise, they claimed she was a victim of burn. Till date the family strongly believes that it is a murder case. Similar story is depicted by Jolly. When her mother expressed her desire to return to Bangladesh, the employer refused to pay for her return ticket and asked her to bring money from home. Few

weeks after this, they received the news of her death. A Bangladeshi woman living in the same building later informed the family that she was severely beaten on the day she died. In another case, Putul also has informed that her sister was regularly abused by the wife of the employer regarding the quality of her sister's work. Both the employer and his wife used to torture her sister. Putul's whole family think that the employer had beaten her to death and camouflaged it as suicide. In her own words, 'My sister was a strong lady, she never had any previous experience of attempting suicide. The owner might have beaten her to death. Probably my sister was hit on the head for which she was taken to the hospital and died there.

Sazeda's mother used to talk to her daughter over phone. She used to cry and say that every now and then she was being beaten by her employer. 7 days before her demise, Sazeda was talking to her mother and suddenly the phone was snatched from her. After 7 days, she has been informed that her daughter passed away in the hospital. Although the death certificate notes that it was a case of heart failure, the mother strongly believes that it was murder. Members of 10 families have felt that the death ultimately occurred because of rape. Death certificate says Salam's mother committed suicide. He on the other hand trusts the death certificate as his mother also attempted suicide when she was in Bangladesh. Nonetheless family members of other 11 households do not believe that their deceased female migrant committed suicide as they had no prior record or inclination towards attempting suicide.

14 households have tried to inform the embassy or BMET office about their suspicion of murder of their family member. Among them, 4 have received positive response from the embassy. Rest of the 10 have not received any response. 11 of these 100 households have requested for second autopsy. They have been informed that second autopsy would not be possible.

Table 3.4.1: Family Members Level of Trust on the Death Certificate

Age Group	Yes (%)	No (%)	Total (%)
17-25	7.7	10.4	9.0
26-30	30.8	20.8	26.0
31-35	13.5	27.1	20.0
36-45	34.6	31.3	33.0

45+	13.5	10.4	12.0
Total no. of cases	52	48	100

Source: RMMRU survey on Death of Female Migrant Workers, 2022

Sharifa's husband was in regular contact with his wife. He does not believe that Sharifa had died naturally.

3.5 Rituals of Receiving the Deceased Female Migrant

Out of these 100 cases 98 bodies have been received by the households and 2 have been buried in the country of destination. Demise of any migrant exposes the migrant household to a completely unknown path. They hardly have any knowledge about how to bring the body back, who they should go to and what procedures they need to follow. In the process they learn that they have to sign a consent form either for the local burial or repatriation of the dead body through WEWB. They can also directly apply to the Labour Welfare Wing (LWW). LWW provides necessary assistance to the employer/employing organization from the Embassy in this regard. Usually the employer of the worker/employing organization does the needful for the transportation of the dead body. Prior to the departure of the body, they inform the Embassy about the date and time of arrival of the body to Bangladesh. LWW informs the flight schedule to the WEWB. WEWB through recruiting agencies or directly inform the family members and guide them in preparing all necessary documents to be presented at the airport. Once these procedures are completed, families receive the human remains.

80 percent of the households have expressed that they have faced all kinds of challenges while processing the papers to receive the dead body. Around 4 to 10 people come to airport to process different steps. There is no designated place for the members who wait at the holding areas at the airport. They hardly have any idea about what to do, where to go, or who to approach. A number of households have reported there is no designated place to keep the dead bodies and those are kept in disorganised manner among the other cargo items. In half of the cases when the dead bodies have arrived in the morning, completing all procedures may require a whole day. Rajon states that by the time he has received his sister's dead body it has been quite late at night. As family members or their representatives have to move from one desk to other to seek clearance for discharging the body from

customs authorities evidently there is a case for setting up a one-stop service. Family members have reported at such a time of emotional distress the lack of empathy of the government functionaries become an additional cause of pain

Many family members also reported that they were not provided with any belongings of their deceased migrants. They wanted that authorities should provide an explanation as to what happened to the belongings of their loved ones. Out of these 100 households only 12 have received some belongings of the deceased female migrant. The rest of the 88 households have received only the body. Households have complained that they knew for sure that the deceased females had jewellery such as gold chain or gold ring. They have no clue about what happened to the items. Claiming payment of the due wages and other entitlements have also been a near impossible task for the household members.

3.6 Chapter Conclusions

This chapter begins with a background of female deceased migrant workers. It shows that at least half of them have been married and as high as 36 percent of them are either divorced, separated, or widowed. The average age of the female deceased migrants of these 100 households has been 35. Their educational background is also very poor. Almost all of them have been in desperate need of income to maintain their families. 76 percent of them have worked as domestic workers, 10 percent in manufacturing and 6 percent in cleaning profession. All these contribute to a vulnerable work situation in the country of destination.

As high as 54 percent of the households have prior knowledge about mental and physical hardship of their deceased female member before their demise. 10 percent have observed that there have been incidents of sexual harassment. Death of an earning member has been a big shock to the family. Majority of the households have received information about demise of their family member within 10 days. 3 households have remained in dark for 6 months about the whereabouts of the female member and have no clue that she has already passed away. Another two households have got to know the sad news after more than 6 months. 2 families have not been able to perform the rituals after death as their bodies have been buried in destination countries. 52 percent household members have believed that the reason that is assigned in the certificate is genuine. Rest of the 48 percent have not trusted

the death certificate. 11 households have approached for second autopsy but have failed to attain so.

Family members have faced all types of challenges in receiving the dead bodies. Household members have hardly had any information on how to proceed. There is no designated place to keep the dead bodies, nor any designate place for the members who wait at holding areas at the airport. Papers, documents, attestations etc. required are scattered in different places. Families have hard time in finishing all the documentation in a reasonable time. Sometimes it takes a whole day to clear bodies. Government functionaries responsible for releasing the dead body are not given adequate training on treating the families with empathy.

CHAPTER 4

COMPENSATION

Md. Nurul Islam

Death of an earning member of a family is irreversible loss which cannot be compensated. The whole family suffers for untimely death of a family member. In case of married female migrants, their children grow up without their mother. Parents of the female migrant have to live rest of their lives bearing the pain. The economic wellbeing of the family gets compromised in a major way if the deceased person is one of the major income earners of the family.

For certain stipulated reasons migrant workers are entitled to compensation from an individual employer or company of the country of destination. In Bangladesh the Wage Earners' Welfare Board of the Ministry of Expatriates' Welfare and Overseas Employment provides two types of support. Besides this the deceased migrant may be entitled to some unpaid salaries and other entitlements, social protection benefits etc. This chapter looks at the experience of receiving compensation and due salaries by these 100 households.

4.1 Compensation from the Employers/Companies

The deceased female migrants are entitled to different service benefits, insurance payments, regular dues and death compensations when applicable. Wage Earners' Welfare Board provides assistance to families of the deceased migrants and help access the benefits and compensation money entitled to the deceased migrants in the countries of destination. Labour Welfare Wings (LWW) under the Bangladesh Missions abroad take necessary measures to collect the regular dues, death compensation, insurance and service benefit from the employer after the demise of the migrant. After receiving the money, LWW sends the collected money to the Board with necessary information and Board then pays the money to the legal heirs of the deceased. From 1977 to 2022 (November) a total amount of BDT 8,248.83 million has been distributed to 22,083 deceased families (Annex 1, Table 4.1.1). 16

of the 100 households under the study received compensation. One family received BDT 4,94,000 and another received BDT 2,56,000 from two companies. Another three received directly from foreign employers.

4.2 Transportation and Burial Assistance

The Wage Earners' Welfare Board provides transportation and funeral cost to the families of the deceased migrants. This one-time support is provided through the Welfare Desk at Hazrat Shajalal International Airport, Dhaka, Shah Amanat International Airport, Chattogram and MAG Osmani International Airport, Sylhet. According to BMET, from 1993 to 2022 (November) the total amount of BDT 1,474.47 million has been distributed to 46,503 deceased families¹¹. 80 percent of the households received this compensation from WEWB.

The families received BDT 35,000 as transportation and funeral costs. At the time of receiving the body at the airport they were given the money in cheque. They had to submit photocopy of National Identity Card of the receiver, certificate of the deceased family members attested by the Union Parishad Chairman or Ward Councillor in case of City Corporation and an authorisation letter for receiving the dead body and compensation money. The authorization letter states the consent of the family members to receive the dead body and the cheque. This letter has to be countersigned by the Union Parishad Chairman or Ward Councillor in case of City Corporation. UP Chairman/Ward Councillor also need to attest two passport size photographs and NID or Birth Certificate of the authorized person. Some of the family members had to provide financial incentives to the UP chairman or Ward Councillor's office for receiving the attestation.

Table 4.2.1 Receipt of transportation and burial cost by country of destinations

Destinations	Received (%)	Did not received (%)	Total (%)
Saudi Arabia	42.5	50.0	44.0
UAE	5.0	15.0	7.0
Kuwait	3.8	0.0	3.0
Bahrain	0.0	5.0	1.0

¹¹Collected from WEWB database

Oman	10.0	5.0	9.0
Qatar	1.3	5.0	2.0
Jordan	23.8	10.0	21.0
Lebanon	11.3	5.0	10.0
Malaysia	0.0	5.0	1.0
Mauritius	2.5	0.0	2.0
Total	80	20	100

4.3 Financial Assistance to the Deceased Family

70 percent of the members of deceased migrant households also received one-time financial assistance from the Wage Earners' Welfare Board. The Board provides BDT 3,00,000 to the family of the deceased those who migrate through regular process. If a migrant worker dies during his vacation at home, his family also receives this financial assistance. The family of migrant workers, who may have gone through irregular process but managed regular employment, are also entitled to get this financial assistance.

The members of families of deceased female migrants identified several challenges in receiving such assistance. They felt the process is quite long-drawn. Lots of paper work is required. It makes the families dependent on third parties.

Some of these 100 households received phone calls from the WEWB. They were instructed to go for an interview at the Board with necessary papers. They had to apply in a prescribed form to the Director General, Wage Earners' Welfare Board. A good number of papers have to be submitted with the application. A section of the interviewee households informed that they did not receive any such phone call from the WEWB. They went to district DEMO offices and through them they processed their claims. WEWB conduct investigations and finally disburse the money in cheque. However, the members faced other complications. They hold the view that WEWB is not always correct in identifying the rightful heir.

A section of them who did not receive compensation stated that the compensation was given to father and mother of the deceased instead of the husband. Another

household member complained that they had to bribe BDT 40,000 to receive the compensation. Yet another family member made an allegation that they provided BDT 50,000 as bribe to one of the relevant officials but did not receive the compensation. For a few others the compensation is still under process. WEWB data informs that during the last 6 years BDT 8527.71 million was disbursed among 28,933 deceased families (Annex 1, Table 4.3.1). According to the source, from 1996 to 2022 (November) a total amount of BDT 12,824 million has been distributed among 47,333 families of deceased migrants.

During in-depth interview of government functionaries in-charge highlighted the problem of identifying the lawful claimant. When a migrant worker dies, it is necessary to secure a succession certificate. Some family members create false succession certificate and then the dispute arises. Such a dispute may take a long to resolve.

Because of long drawn process a few of these migrant families end up in giving the power of attorney to private law firms of the countries of destination. Such firms mainly work in cases of accidental deaths and have better record in finishing formalities within a short period of time. They however keep a large portion of the compensation as legal fee. On some occasions private firms also have been alleged to have committed cheating and fraud, depriving the migrant households their lawful compensation. In some instance the family members assign the 'Power of Attorney' for collecting compensation to friends or relatives residing in the concerned country of destination.

4.4 Chapter Conclusions

This chapter shows that there are three types of compensations that a migrant family can access. 80 percent of the deceased migrant household have received transportation and burial assistances from WEWB. Around 80 percent have received financial assistance of BDT 30,000. The process of receiving this assistance is quite cumbersome. Securing compensation, due salaries or other benefits from the employer in the countries of destination was more difficult. 16 percent of the households received some form of payment from the employers of destination countries. However, the amount received was not very high.

Migrant families are not aware about the rights and entitlements of the deceased migrants. BMET, WEWB or MoEWOE tries to negotiate compensation deals with the employers. Because of long drawn process many migrant families end up in giving the power of attorney to private law firms of destination country or friends and relatives residing there. Private law firms have a better record in completing the formalities within a short period of time. They however keep a large portion of the compensation as legal fee. On some occasions private firms also commit cheating and fraud.

CHAPTER 5

POLICIES, LAWS AND INSTITUTIONS

Kazi Abul Kalam

The Government of Bangladesh has an elaborate institutional framework to provide services to the families of deceased migrants. Yet, there is scope for further improvement. The aim of this research is to help government provide better services to the families of the deceased female migrants. This section looks into all the relevant organisations that are involved in providing services to the deceased.

The Ministry of Expatriates' Welfare and Overseas Employment is the line ministry who among other things are also responsible for ensuring all the services relevant to deceased migrants. The Ministry of Foreign Affairs (MoFA) and Ministry of Civil Aviation and Tourism (MoCAT) also play a subsidiary role in respect to death of migrants. The agencies such as the Bureau of Manpower, Employment and Training (BMET), the Wage Earners' Welfare Board (WEWB), the Probashi Kallyan Desk (PKD) at the airport, the District Employment and Manpower Offices (DEMO), recruiting agencies, translation agents, sub-agents, the civil society (CSOs), NGOs, INGOs, National Human Rights Commission (NHRC) are also playing key relevant roles in death cases of migrant workers.

5.1 Policies and Laws

The Government of Bangladesh has framed various rules and policies to govern migration. All these laws and policies have provisions that cover services that are rendered to in case a migrant die in the country of destination. The relevant documents are: Overseas Employment Act, Wage Earners' Welfare Board Act, 2018, Wage Earners' Welfare Fund Regulations, 2002, Expatriates Welfare and Overseas Employment Policy, 2016, Migrant Workers Insurance Policy etc. The following table identifies all relevant sections which are linked to services for the deceased migrants.

Table 5.1.1: Provision of Welfare Services to the Migrant Workers in Legal and Policy Documents

Legal and Policy document	Relevant Provisions/ Chapter	Major themes
Overseas Employment and Migrants Act, 2013	Article 23	The government will establish Labour Welfare Wings in order to protect the interest of the expatriates.
	Article 24	Officer of the Labour Welfare Wing will send a list of deceased workers including the reason of the death, burial information, status of getting compensation as well as probability of receiving compensation and will send an annual report to the government with recommendations.
	Article 45	The government will take necessary measures to remove any obstacle (if any) in order to implement the act.
	Article 47	The government will formulate any regulation, order/circular in order to fulfill the objectives of the act.
Wage Earners' Welfare Board Act, 2018	Article 8	Collection of wage, compensation, insurance of a deceased migrant worker and provide financial assistance to their family members.
	Article 11	President of the Welfare Board will take any decisions for any emergency situation for the interest of the fulfilment of the act.
Wage Earners' Welfare Fund Regulations, 2002	Section 7	Financial assistance for repatriation of dead bodies of migrant workers, family members of the deceased migrant worker.

Legal and Policy document	Relevant Provisions/ Chapter	Major themes
Expatriates Welfare and Overseas Overseas Employment Policy, 2016	Section 2.3.5	Preparation of Wage Earners' Welfare Fund Act and revision of Wage Earners Welfare Fund Regulation for the welfare of the migrant workers and their family.
	Section 2.3.14	Effective measure can be taken during the death of migrant worker, collection of compensation of the deceased worker will be delivered as early as possible.
Migrant Workers Insurance Policy	Section 3.1	2 types of insurance (BDT 2,00,000/- and 5,00,000/) policy has been designed for migrant workers.
	Section 3.5	100% payment of the insured amount after death. Exclusion clauses for non-payment of the insured amount.
	Section 4	Age limit of the insurer and duration of the insurance. Insurance can be extended.

The Overseas Employment and Migration Act 2013 and the Overseas Employment Policy of 2016 identify the areas of welfare activities for the migrant workers while the rules spell out the ways and means of implementation. The acts confirm the establishment of LWW and the appointment of the officials in the LWW.

5.2 Institutions

Ministry of Expatriates' Welfare and Overseas Employment

The Ministry of Expatriates' Welfare and Overseas Employment is primarily responsible for overseas employment and plays a central role for the welfare of the workers. It provides all sorts of support to the family of deceased migrants and in this regard it administers i) Overseas Employment and Migrants Act 2013, ii) Wage Earners' Welfare Board Act 2018, iii) Wage Earners' Welfare Fund Regulations

2002, iv) Expatriates' Welfare and Overseas Employment Policy 2016 and v) Migrant Workers Insurance Policy 2019. MoEWOE also provides leadership under which BMET and WEWB execute the services. As per section 6 of the Overseas Employment Act 2013, protection of women migrant workers is provisioned to ensure safety and security of female domestic workers.

Ministry of Foreign Affairs

Ministry of Foreign Affairs (MoFA) assists the deceased male and female migrants through diplomatic efforts. According to the Vienna Convention, Bangladesh Embassy/High Commission always write a *Note Verbale* to seek assistance for accomplishment of any work to the relevant department of the host government. Since LWW is not functional in many destination countries, Bangladesh Embassy/High Commission plays the key role for repatriation of dead bodies as well as collecting the compensation (if any). Recently MoFA has also created a fund for the transportation of dead bodies from abroad.

Sometimes employers do not arrange medical treatment in case of prolonged illness of the workers which results in death. At other times homicide cases are suppressed and reported as suicide. Re-examine of autopsy of the dead body may be requested from the missions abroad in case of a suspicious report on the cause of death.

Ministry of Civil Aviation and Tourism

In transferring the body of a deceased migrant a major role is played by the Ministry of Civil Aviation and Tourism (MoCAT). Transportation of dead bodies is quite expensive and in some instances employers are reluctant to bear the cost. Even sometimes it is difficult to get a space in the carrier which delays the repatriation of the body. It is the obligation of this ministry to respect the dead and accommodate flight as soon as possible. Once the body arrives in the airport it is again the responsibility of this ministry to provide adequate services to the deceased body as well as their families. In the earlier chapter it was seen the families of deceased workers and experts have raised questions about the quality of the process of keeping and handing over dead bodies to the families.

Bureau of Manpower, Employment and Training (BMET)

BMET works under the direct supervision of the MoEWOE. It is BMET who receives the information on unfortunate demise of any migrant and through its district level offices it informs the deceased family. BMET authenticates information on the passport number, address at workplace and concerned recruiting agency which sent the migrant workers from its database. BMET informs the LWW regarding the repatriation of the dead body or local burial consent (if any) of the deceased family. BMET has a specialized women migrant workers cell which is active when information of death of female migrant is received by BMET.

Wage Earners' Welfare Board (WEWB)

Wage Earners' Welfare Board (WEWB) is one of the most important organizations for the welfare of the families of deceased migrant workers. After receiving the information of death, WEWB works actively to collect information of the deceased family member through liaison with the LWW.

The welfare activities of WEWB are: (i) providing BDT 35,000.00 to the deceased family at the airport in order to transposition of the dead body at the home district or intended burial place and to meet the burial cost; (ii) providing BDT 3,00,000.00 to the deceased family as financial assistance, (iii) collecting money against regular dues, death compensation, insurance, service benefits and distribute to the deceased's family, (iv) providing transportation cost of dead body from abroad when necessary, and (v) arranging insurance policy to the migrant workers and providing assistance in receiving compensations.

Wage Earners' Welfare Board has introduced a compulsory insurance policy for the migrant workers. Board has made an arrangement of life insurance policy with 'Jibon Bima Corporation'. It has created 2 types of insurance to the migrant workers. If a migrant worker (male/female) pays BDT 1975, they will get BDT 5,00,000 in case of unfortunate demise within 2 years. Wage Earners' Welfare Board pays BDT 500.00 on behalf of the government from the Wage Earners' Welfare Fund. Duration of the policy is 2 years.

If the migrant worker (male/female) pays BDT 990, their families will receive BDT 2,00,000 within 2 years. Wage Earners' Welfare Board pays BDT 500.00 on behalf

of the government from the Wage Earners' Welfare Fund. The duration of the policy is 2 years.

Probashi Kallyan Desk

At the three international airports, Probashi Kallyan Desks (PKD) are situated who among other duties receive the dead bodies. After receiving the information of the dead body, PKD keeps in contact with the family and provides all necessary assistance at airports. It also suggests the families to bring the necessary papers in order to receive the dead body along with the compensation given by the WEWB.

National Human Rights Commission

National Human Rights Commission also plays a role in case of any suspicious death of migrant worker. The commission challenged a death of a female migrant named Abiron in 2020 and demanded re-examination for autopsy of the body on the request of the family of the deceased. Finally, it was re-examined and found as culpable homicide case which was stated as suicide earlier. Due to successful follow up of the case, the female employer was sentenced to death for this offence and the husband along with the son were sentenced to imprisonment.

District Employment and Manpower Office (DEMO)

BMET has 42 DEMOs at the district level, which works in all 64 districts. DEMOs are working as the focal point and the communication platform for management of death cases. Family members of a deceased migrant receive the death information and submit the necessary documents for financial assistance, death compensation, arrear dues, insurance claim etc. through DEMO offices.

Labour Welfare Wing (LWW)

29 Labour Welfare Wings under the purview of Bangladesh Missions abroad provide all types of services related to death. They receive the news from employers, police or hospitals. LWW then informs WEWB about this and collect all types of documents. If any suspicion arises about the cause of death, members of LWW request for autopsy. They are responsible for organise the transportation of the deceased migrants' bodies.

Translation Agents

If a worker dies due to a road accident, there is likelihood to get compensation including that of 'Blood Money' in GCC. To qualify for any compensation, the claimant needs to assign a Power of Attorney (POA) to collect the money. Preparation of POA is an important task and it is done by the BMET registered translation agents. For GCC it is prepared in Arabic language. Preparation of POA needs to be faultless and accurate with all the necessary information so that this POA is accepted by the Court.

Sub-agent

Households of the deceased workers hardly have the ability to process the papers which are required for applying to WEWB for repatriation of the deceased female migrant's body or for claiming due compensations. It is the sub-agents who have the necessary contact and information on this. They are the ones who connect the deceased migrant families with DEMO office as well as WEWB. DEMO, BMET, sub-agents help the families with all kinds of information related to processing repatriation of deceased migrants which are available in the website. This is an essential service as migrant household members hardly have the capacity to follow such instructions. Here they mostly depend on sub-agents.

5.3 Chapter Conclusions

This chapter shows that various ministries and agencies are involved in providing services to the deceased female migrants and their families in home and abroad. MoEWOE has to coordinate the function of BMET, WEWB, DEMO, PKD etc. to ensure services at the Bangladesh end. Ministry of Foreign Affairs with the labour welfare wings acts as the front organisation in the countries of destination. It is well understood that the tasks these ministries and organisations perform is very complicated. However, there is a major scope for institutionalising all relevant services regarding deceased migrants.

CHAPTER 6

SUMMARY, CONCLUSIONS, and RECOMMENDATIONS

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This report is on the untimely death of Bangladeshi female migrant workers in different Gulf, other Arab, and South East Asian destination countries. The purpose of the research is to help the policy makers with evidence so that they can institutionalise effective policy interventions to reduce the scope of untimely death. The research followed a rigorous methodology that includes review of literature, analysis of secondary data on deceased bodies of female migrants received at the airport by the WEWB, key informant interviews, focus group discussions, in-depth interviews, and survey of left behind hundred households of deceased female migrants.

6.1 Summary

The study highlights that from 2017 to 2022, 19,495 dead bodies have arrived to Bangladesh. However, this figure does not represent the total number of deaths of female migrants in the countries of destination. This is because a section of their bodies are also buried in the countries of destination. Therefore, there is no data on total number of deaths. Out of the total bodies that arrive in Bangladesh, 3.6 per cent are of females and 96.4 per cent are of males. On an average each year women constitute 12 per cent of the total flow of migrants. In that respect percentage of female dead bodies are less compared to their share in the migrant labour force. However, it is recognised that the total stock of male migrant is much higher compared to female migrants.

Compared to non-labour receiving Asian countries or developed western countries share of dead bodies received from labour receiving countries of Asia is much higher (83% of the total dead bodies). Over the years, 67 per cent of the female migrant went to Saudi Arabia. However, 38 per cent of the incidents of death occurred in

Saudi Arabia. On the contrary, in Jordan, UAE, Kuwait experience of death of female migrant is higher than the percentage of annual flow to that country.

Those who died in labour receiving countries of Asia are young (37 years of age). In case of non-labour receiving Asian countries the average age of deceased was 42 and in case of developed western countries the average age of the deceased is 46. The death certificates inform that in as high as 32 percent cases migrants died of unnatural cause. Interestingly, cases of unnatural death are almost non-existent for both in the non-labour receiving Asian and developed western countries.

Chapter 3 presents the findings of interview of 100 household members of deceased female migrants. 76 per cent of the deceased female migrants have been working as domestic worker, 10 per cent in the manufacturing, and another 6 per cent were involved in cleaning profession. 54 per cent of the households had the knowledge about the mental and physical hardship of the deceased female migrants prior to their demise. Significant majority of the households received the information of the demise of their family members within 10 days. However, a couple of household have remained unaware about the death of their family member for around 6 months. 48 per cent of the families expressed their doubt about the cause of death indicated in the death certificate. 32 per cent of the cases of unnatural death were accepted by the families, another 20 percent household trusted the death certificate where it is described the cause as natural death. The rest 48 percent did not believe the assigned reason in the death certificate.

Family members have faced different types of challenges in receiving dead bodies. Absence of designated places for storing dead bodies, absence of waiting area for the families, documentation, long hours to receive the dead bodies etc. are some of the difficulties that the households highlighted.

The households of deceased migrants are entitled to benefits. These are: compensation from the employers/companies, transportation and burial assistance, and one time financial assistances of the deceased families. 16 household received compensation from the employers in countries of destination. Almost all of them received transportation and burial assistance at the airport. Majority of the households also received the financial assistance of BDT 300,000. However, a section of the households complained about speed money, requirement of

unnecessary documents, and wrong identification of heir by the concerned authorities.

Chapter 5 identifies the particular ministries and agencies responsible for providing services to the deceased female migrants and their families in home and abroad. MoEWOE, MoFA, MoCAT, play most important functions in this respect. MoEWOE is the line ministry which has different auxiliary agencies: BMET, WEWB, DEMO, PKD etc. to render services to migrants. In managing death cases, there is no multi-ministerial and multi-agency coordinating body. There is also lack of modules that would train members of different ministries together to create empathy and efficiency in providing services.

6.2 Major Conclusions

- The age of female migrants who succumb to death in the Gulf, other Arab, and South East Asian countries are at least ten years younger compared to those who die in Europe, United States of America, and other developed countries as well as non-labour receiving Asian countries. Unnatural death is also extremely higher in the labour receiving Asian countries compared to the other two;
- There is a lack of standardised classification of causes of death that works as hindrance in generation of systematic data generation on untimely demise of male and female migrants in destination countries;
- A large number of female migrant households does not trust the reasons assigned in the death certificate of their household member;
- The issue of untimely death of migrant workers and possible paths of reducing them are hardly discussed in different multilateral forums such as GFMD, Colombo Process or Abu Dhabi Dialogue;
- With right sets of policies and programmes both in origin and destination countries untimely deaths of migrant workers can be reduced to a great extent.

6.3 Recommendations

- In suspicious cases of death of female migrants, the labour wing of Bangladesh embassy in the concerned countries should request to the authority for autopsies in destination countries.
- If autopsy is not possible in countries of destination, then the labour wing should inform the WEWB to ensure preservation of the body and conduct autopsy in Bangladesh once the body arrives.
- CSOs should encourage families to demand autopsy in cases where marks on body are evident but the death certificate claims 'natural death'.
- CSOs should also raise the demand in global forums for standardising the death certificates particularly description of causes of death.
- The causes of death should be classified according to World Health Organization's international classification of diseases instead of stating "Natural causes".
- Civil society organizations should demand for independent investigation of UN led commission for selected cases of all migrant worker's death, including women in connection with impact of work condition on death.
- Both government and CSOs should attempt to bring the issue of high rate (32%) of unnatural deaths (accidents, suicides, and murders) in various bilateral and multilateral forums for joint actions to reduce such high figures.
- Reports of breakdown in communication between family and female migrant or complaints of alleged physical torture and abuse should be duly and immediately investigated by labour welfare wings of concerned embassies.
- A one-stop service for receipt of dead bodies has to be set up at the airport.
- A designated space at the holding areas of the airports for dead bodies should be set up so that migrants' remains are treated with dignity.
- Government functionaries, preferably women, who have expertise in conducting *surothal* should be placed in the airport to conduct initial

investigation. If the body shows any mark, then it should be sent for autopsy even without the request of the family.

- To conduct an autopsy, bodies have to be preserved in a cold place. In order to ensure the preservation, a dead body freezer (Himagar) should be created at all international airports of Bangladesh.
- A designated waiting area has to be assigned for families of deceased migrants who come to receive the remains and have to wait for long hours.
- To streamline payment of compensation, a system of declaration of nominee by the migrant should be in place before he/she departs for employment.
- Due to long process and requirement of various documents migrant families often authorize power of attorney to a third party in the countries of destination, particularly in cases of accidents. In order to reduce fraudulence, the existing process has to be made efficient and less time consuming. Supports should be extended to migrant families in preparing the documents.
- On the basis of information stored at BMET database the financial support of BDT 300,000 should be processed within a short period of time.
- The ambit of reintegration programme for the migrant workers should include the deceased female migrants' families. Members of such a family should receive business advisory support or other employment supports.
- An independent investigation should be conducted by the authorities in cases of complaints regarding speed money for processing financial assistance to the families of the deceased. Both government functionaries and the agents who mediate should be made accountable.
- An inter-ministerial coordinating body has to be established to ensure coordination among various agencies and ministries so that quick and efficient services are rendered in cases of deceased female as well as male migrants.
- Pre-migration medical check-up of migrants should include diagnosis of chronic health conditions such as hypertension, diabetes and uterus related

complicacies of women. Pregnancy test should also be in place for women who are in reproductive age.

- In pre-departure trainings, the female migrants should be informed about implications of chronic diseases and its requirement for regular medicine, timely food intake, and sound sleep. The female migrants should be encouraged to take a copy of their medical report about chronic diseases and the name of medicines.
- During pre-departure trainings the female migrants should be encouraged to communicate with LWW to inform if the employer is not abiding by the contract related to treatment. They also should inform their house-holds if they become seriously ill or hospitalised.
- A section of household member suspects that physical and/or sexual torture may have led to suicide of female domestic workers. The pre-departure training should also include psychological orientation to possibility of physical and sexual violence and ways of avoiding them and importance of immediate communication with Bangladesh missions.

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Annex

Annex 1, Table 2.2.1 Causes of Death in Non-labour Receiving Asian Countries

Asian Countries (India, Philippines, Nepal, Bhutan, Hongkong)					
Cause of Death	Age				
	Count	Mean	Maximum	Minimum	Column %
Cancer	15	42	45	31	27.8
Heart Attack	1				1.9
Heart Disease	3	44	50	41	5.6
Illness	18	43	54	27	33.3
Kidney Disease	1				1.9
Natural Death	3	46	46	46	5.6
Stroke	13	40	55	29	24.1
Total	54	42	55	27	100.0

Source: Wage Earners' Welfare Board

Annex 1, Table 2.2.2 Causes of Death in Developed Western Countries

Developed Western Countries					
Cause of Death	Age				
	Count	Mean	Maximum	Minimum	Column %
Cancer	8	45	50	40	9.0
Heart Attack	1	45	45	45	1.1
Heart Disease	6	44	45	41	6.7
Illness	23	43	50	35	25.8
Natural Death	21	47	82	23	23.6
Plane Accident	1	39	39	39	1.1
Stroke	25	50	79	32	28.1
Suicide	1	28	28	28	1.1
Unknown	3				3.4
Total	89	46	82	23	100.0

Source: Wage Earners' Welfare Board

Annex 1, Table 4.1.1: Distribution of Collected Money as Regular Dues, Death Compensation, Insurance, Service Benefit

Year	Amount (BDT million)	Number of family
2017	693.52	955
2018	630.39	1058
2019	536.95	850
2020	474.29	783
2021	779.55	1306
2022	733.84	1142

Source: Wage Earners' Welfare Board

Annex 1, Table 4.2.1: Transportation and Burial Cost Disbursed by WEWB

Year	Number of deceased	Amount (BDT in million)
2017	3263	114.21
2018	3676	128.66
2019	3658	128.03
2020	2884	100.94
2021	3803	133.11
2022	3860	135.10
Total	21144	740.05

Source: Wage Earners' Welfare Board

Annex 1, Table 4.3.1: Distribution of Compensation Money in Different Years

Year	Number of deceased	Amount (BDT million)
2017	3505	1011.63
2018	3942	1139.36
2019	4077	1201.07
2020	4720	1402.12
2021	6575	1956.60
2022	6114	1816.93
Total	28933	8527.71

Source: Wage Earners' Welfare Board