

From Migration to Psychological Distress: Depression, Suicidal Thoughts and Associated Factors among Bangladeshi Migrant Workers

Pavel Ahmed, Illinois State University

Mst. Safia Akter, Mawlana Bhashani Science and Technology University, Tangail, Bangladesh

Rashed Ahmed Hawlader, Mawlana Bhashani Science and Technology University, Tangail, Bangladesh

Abstract

There is hardly any research on Bangladeshi migrant workers' mental health conditions. This study fills this void and explores symptoms of depression and suicidal thoughts among Bangladeshi returned migrant workers. We used the convergent mixed methods design and collected data using a modified Patient Health Questionnaire-9 (PHQ-9), adapting Blades et al.'s (2018) questionnaire, and creating open-ended questions for interviews. We collected quantitative data from 63 participants (56 males and 7 females), and interviewed 19 of them. We analyzed data using descriptive statistics, the Pearson chi-square test, a binary logistic regression model, and the thematic analysis technique. The findings indicate that 52 participants had depression, with 50% expressing severe depression. 41 (65%) participants had suicidal thoughts at least once. Country of destination, experiences of sexual victimization, physical victimization, and financial victimization have significant associations with depression and suicidal thoughts. Interview findings strengthens these findings. Participants who went to the Gulf Cooperation Council (GCC) countries or suffered from any of these victimizations are approximately two to five times more likely to be depressed or have suicidal thoughts than participants who did not go or suffer. We suggest documenting victimization, providing social support, setting up a hospital, and proper rehabilitation as possible intervention strategies to alleviate migrant workers' mental health problems. Suggestions have been provided for future research.

Keywords

Migration, migrant worker, mental health, psychology, victimization

Introduction

Migration is a complex global phenomenon. No universal definition can define this concept in all circumstances (Sinha, 2005). Clarke (1965) also opines that the definition of migration

is unresolved as it encompasses a wide range of elements, making it impossible to form a unanimous definition. Trewartha (1971) defines migration as having multifarious meanings; he stretched the definition by emphasizing the distance, will, and permanent change in residence and included numerous mobility of people. Generally, this involves a movement of some distance. This concept can be, however, defined as a permanent or a temporary change of residence. There are no limitations on the distance moved, whether voluntary or not, and no differentiation between external and internal migration. Moving within a country and from one country to another can be called migration (Lee, 1966), and international migration is the movement of citizens beyond their country's geography to another country to stay in the second country for some time (OECD, 2006). Bell et al. (2010) identified three forms of international migration—labor migration, forced migration, and international retirement migration.

Providing a universal definition of labor migration is difficult. This can be defined as the transnational movement intended to find employment (Dakua, 2019). This movement involves financial purposes and happens when a person moves to another country for financial gain through labor (IOM, 2020). The International Labor Organization (ILO) defines a migrant worker as a person who moves or has already moved with a view to finding employment (Simon et al., 2015). The United Nations Convention on the Protection of the Rights of all Migrant Workers and Members of their Families identifies a migrant worker as someone who is currently employed, or will be employed, or has been employed in a country other than their place of origin for financial reasons (Usher, 2004).

The World Migration Report 2022 shows that the number of international migrants worldwide was approximately 281 million in 2020. International migrant workers were 169 million (IOM, 2020). Although higher-income countries were the most preferred destinations for migrant workers, this trend underwent a shift due to legal and economic factors, including strict immigration policies and higher cost of migration, and middle-income countries have become the primary hosts of migrant workers (IOM, 2019).

Immigrants face intersectional discrimination in host countries (Ahmed & Akter, 2024). Specifically, migrant workers are generally employed in dangerous, dirty, and difficult (3Ds) jobs (Orrenius & Zavodny, 2009; Premji, 2018). The workers work in poor working conditions, they are paid less than native workers, work overtime, and face different types of abuse in the workplace (Moyce & Schenker, 2018). Risks in the job and poor working conditions affect migrant workers' mental health. They face more mental health-related problems than the native workers (Aalto et al., 2014; Cayuela et al., 2015; Devkota et al., 2021; Pham et al., 2019). Depression is the most prevalent psychological problem among migrants (Khaled & Gray, 2019; Lam & Johnston, 2015; Mucci et al., 2020). Besides, due to discrimination at the workplace, they go through different psychological problems that can lead them to drug and alcohol addiction and dependency (Brondolo et al., 2011). Their psychological problems and mental health issues stem from aging (Anjara et al., 2017; Attal et al., 2020; Chen et al., 2019), increased demands from employers and associated job risks (Daly et al., 2019), low living standards (Organista et al., 2019), physical abuse (Tilahun et al., 2020), financial abuse (Htay et al., 2020; Tilahun et al., 2020), and violence and harassment (Mauney et al., 2023).

South Asian workers constitute one-third of the total workforce of the international labor market (Weeraratne, 2020). Bangladesh's Bureau of Manpower Employment and Training (BMET) data show that Bangladesh alone sent 236,837 workers to the international labor market from January to March 2024. Most of the workers went to the GCC (United Arab Emirates, Bahrain, Saudi Arabia, Oman, Qatar, and Kuwait) countries in search of work (BMET, 2024), where xenophobic treatment of workers is common (Ullah et al., 2020).

Bangladeshi migrant workers make significant contributions to the country's economy by sending remittances (Siddiqui and Mahmood, 2015) and send approximately 20 billion dollars each year (Ara, 2022). Despite their contributions, migrant workers' issues remain unrecognised. Although a few research shows that Bangladeshi migrant workers face financial victimization (Azad, 2019; Miah & Aziz, 2013; Sarker, 2016) by recruiters and employers (Ahmed & Miah, 2023), sexual victimization (Akond, 2017) and abuse (Ahmed & Miah, 2023), and maltreatment from the police (Ahmed & Miah, 2023), which results in psychological trauma (Ahmed & Miah, 2023). However, studies regarding the impacts of victimization on Bangladeshi migrant workers' mental health are insufficient. Our study fills this void and unearths the aftermath of victimization on migrant workers' psychological well-being. To this end, this study finds out the effects of gender, country of destination, physical victimization, sexual victimization, and financial victimization on depression and suicidal thoughts of Bangladeshi migrant workers. We focused specifically on depression and suicidal thoughts because depression is the most prevalent psychological problem migrants go through (Khaled & Gray, 2019; Lam & Johnston, 2015; Mucci et al., 2020), and violence can make migrants suicidal (Mauney et al., 2023).

Labor exploitation: a brief global scenario

Labor exploitation is the suppression of workers to work in unhealthy working conditions. This definition covers the traditions of nonpayment and forced labor, which can become modern slavery (Boufkhed et al., 2022). ILO's Global Estimates of Modern Slavery report shows that 24.9 million people are victims of oppressive labor. The private sectors employ 16 million of these 24.9 million. The report shows that 5.4 out of 1000 people are under modern slavery, 25% of whom are children (ILO, 2017). Despite its prevalence everywhere, modern slavery is highly prevalent in Asian, East Asian, African, Latin American, and Middle Eastern countries (Crane, 2013), where women experience more exploitative practices. Gender clearly determines exploitation patterns, and different social constructs exploit women (LeBaron & Gore, 2020). The existing laws to protect laborers exist only in organized sectors, such as those formally established businesses that offer job security. Workers in the unorganized sectors face multifaceted exploitations. They receive less payment, live in substandard conditions, work in risky environments, get no sick leave, and face discrimination and harassment (Chatterjee, 2016). Also, the laborers become victims of human trafficking, and researchers hardly focus on the unorganized institutions that exploit workers. This lack of focus keeps workers' issues unaddressed, and they keep going through sufferings (Crane, 2013).

Risk factors behind migrant workers' psychological distress

There are numerous factors behind migrant workers' adverse mental health conditions. They keep facing problems from the moment they think of migrating (Rayee, 2023). The types of issues they face are based on their status as migrants. All immigrants, such as immigrant

workers, refugees, and asylum seekers, are at risk of increased mental health problems (Guillot-Wright et al., 2022).

Financial constraints and healthcare inaccessibility make migrant workers vulnerable to mental health issues. They are found to be more depressed than native workers. Besides, numerous sociodemographic factors and discrimination also affect their mental health conditions (Hasan et al., 2021). Specifically, age affects their mental health conditions (Anjara et al., 2017; Attal et al., 2020; Chen et al., 2019). Also, migrant workers' coping strategies influence their psychological well-being (Gambaro et al., 2020; González-Castro et al., 2020). In addition to these, higher job demands, risk, and insecurity are also reasons behind higher psychological pain (Daly et al., 2019), and deteriorated living standards can also make migrant workers depressed (Organista et al., 2019).

Additionally, various socio-environmental factors, including lower pay and higher risks, impact migrant workers' psychological well-being (Mucci et al., 2020). Physical abuse also creates mental health problems (Tilahun et al., 2020), and financial deprivation while at work triggers depression (Htay et al., 2020; Tilahun et al., 2020).

Female migrant workers also go through severe stress (Hargreaves et al., 2019). Women migrant workers undergo numerous mental health problems due to violence and harassment (Mauney et al., 2023). An IOM report shows that 70% of female migrant workers undergo inhumane torture (The Daily Star, 2022). The perpetuating effects of violence and harassment can drive them toward suicide (Mauney et al., 2023). Research found that migrant workers' families also suffer along with them (Mahat et al., 2021; Rayee, 2023), and go through severe emotional hardship, including depression (see Ahmed & Zainulabdin, 1991).

Methodology

Ethical consideration

We received approval¹ from the Institutional Review Board (IRB) of Mawlana Bhashani Science and Technology University. The participants in this study provided informed consent prior to data collection. We did not write participants' names to maintain anonymity and confidentiality. We ensured that the participants received no harm as a result of the research.

Study design and data collection procedure

We used the Convergent Mixed Methods Design² to explore and understand migrant workers' experience, depression, and suicidal thoughts. Since no governmental or non-governmental organization in Bangladesh has information on victimized returned migrant workers, reaching the participants was difficult. Therefore, we contacted two returned migrant workers whose victimisation experience was known to one of the researchers. We collected data from them and collected information about other victimized migrant workers. We then followed the snowball sampling process and collected data from the participants. The data collection period lasted from February 2024 to June 2024. Quantitative data were

¹ The reference number of the approval is MBSTU/SCI/EC/2024/11.

² In this design, the quantitative and the qualitative data are collected parallelly, analyzed separately and merged to ascertain similarities or differences (Fetters et al., 2013).

collected from 63 participants (both male and female) from Gazipur, Cumilla, and Chandpur districts in Bangladesh. Nineteen of them were interviewed.

This research includes returned migrant workers, both male and female, who are currently living in Bangladesh and have experienced some victimization during the migratory process. The participants are over 18 years old.

The survey questionnaire included inquiries about different socio-demographic variables, depression, and suicidal thoughts. Each questionnaire had an item on participants' consent. We included only those individuals who gave informed consent and participated voluntarily.

For interviews, we created a semi-structured interview guide and asked questions to nineteen participants who were willing to participate and provide detailed accounts to their victimization experiences and the subsequent mental health effects. We recorded the interviews with their consent. The interviews were 20-35 minutes long.

Variables

For the quantitative analysis, we used several independent covariates to ascertain the variables linked to depression and suicidal thoughts among returned migrant workers. We inquired about the following variables: gender (male or female), country of destination (GCC or non-GCC), experience of physical victimization (yes or no), sexual victimization (yes or no), and financial victimization (yes or no).

We modified the Patient Health Questionnaire-9 (PHQ-9)³ and used it to ascertain the participants' depressive symptoms. We asked questions regarding their mental health during their time abroad, rather than asking about their mental health conditions over the couple of weeks. PHQ-9 codes range from "0=not at all" to "3=virtually every day". Based on the PHQ-9 score, we categorized depression as minimal (PHQ-9 score: 0 to 4), mild (5 to 9), moderate (10 to 14), moderately severe (15 to 19), and severe (20 to 27). We diagnosed depression among the participants who scored 10 or more (see Rahman et al., 2022). We adapted Blades et al.'s (2018) questionnaire on suicide and asked if the participants thought of committing suicide during their migratory process or after they returned to Bangladesh. Based on their answers—yes or no, we assessed suicidal thoughts among the participants.

Data analysis methods

To analyze the quantitative data, we used descriptive statistics to report socio-demographics, depression, and suicidal thoughts. The level of score on the PHQ-9 questionnaire and answering "yes" on the suicidal thought question indicate participants are depressed and having suicidal thoughts, respectively. We also utilized the Pearson Chi-square⁴ test to ascertain the correlation between the selected variables and depression and suicidal thoughts. We kept depression and suicidal thoughts as dependent variables in our binary logistic regression model.

³ It is a nine-item instrument/questionnaire used to diagnose and determine depression. It examines the prevalence of 9 problems in participants' lives. See https://med.stanford.edu/fastlab/research/imapp/mrsr/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf

⁴ It is a statistical test that tests whether two categorical (nominal/ordinal) variables have a significant association. See <https://pubmed.ncbi.nlm.nih.gov/23894860/>

Additionally, we ran the Shapiro-Wilk test⁵ to determine the normality of our variables. Using a correlation matrix, we analyzed dataset multicollinearity. Besides, with the Kolmogorov-Smirnov test⁶, we verified data dependency, normality, independence, and non-multicollinearity. We calculated ORs and 95% CI for the categorical variables. For all our analyses, we used SPSS 26.0.

For qualitative data, we used the thematic analysis method and arranged four themes based on our quantitative variables (country of destination, experience of physical victimization, sexual victimization, and financial victimization), and outlined participants' experiences and their mental health effects. We then merged and reported the interview findings with those from the quantitative analysis.

Findings

Demographic characteristics and the prevalence of victimization experiences

Table 1 depicts the major demographic characteristics and preferred country of the participants. Most participants are male (88.89%), while a few are female (11.11%). Regarding preferred destinations, most participants went to GCC (76.19%), while a minority went to non-GCC (23.81%) countries. Moreover, a large number of participants reported physical victimization (74.60%), and the number of financially victimized participants is even higher, with 92.06% of the participants reporting instances of financial victimization. Only 5 participants reported experiencing sexual victimization. However, all of them are female, which is 71.43% of the female participants. The participants' stories also outline their victimization experiences. While we asked them if they could recall any incident of victimization, all the interview participants told us their dreadful experiences in foreign lands. For instance, Participant-13, who went to Oman 5 years ago, told about his experience, saying-

My employer demanded that I work for 15 hours a day despite paying half the salary.... and most of the time, I did not get my monthly salary. He (the employer) used to beat me if I demanded my salary on time.

Other interview participants expressed similar experiences. In their words-

The biggest mistake I made one day was asking for food. I was starving for a day, so I asked for food.... but I got a slap instead. You do not pay me my full salary, nor feed me....at least treat me as a human! (Participant-14, male, 24, 3 years in the UAE)

I could hardly send money home as I did not get the promised salary. One day, I demanded the promised salary and threatened my employer that I would complain to the police. The next day, he handed me over to the police, accusing me of stealing money...the police did not listen to me...surely took a bribe to beat me. (Participant-19, male, 23, 1 year in Kuwait)

⁵ The Shapiro-Wilk test examines whether a sample is extracted from a normally distributed population or not. That is, whether the values or the information of the data are almost identical or not.

⁶ A statistical method of testing whether samples are derived from a referenced distribution or whether two samples are extracted from the same distribution

I had no vacation and no sick leave. My employer also wanted me to work during the holidays for the same low salary. I was afraid to ask for overtime pay because he often warned us that he would send workers to jail if anyone requested extra pay... he even kicked me once for asking for sick leave and money to buy medicine. (Participant-23, male, 27, 1.5 years in Bahrain)

Promised job and salary? These were dreams for us. Asking for a salary would invite threats and beatings. (Participant-21, male, 22, 3 years in Qatar)

These narratives indicate the prevalence of simultaneous occurrences of physical and financial (non-payment/wage theft) victimization. The workers become vulnerable the moment they enter the destination countries, as evident by their fear of being reported to the police. Also, the employers often withhold the workers' passports to restrict their movements and subjugate them. Thirteen of the interview participants reported that their passports were withheld. Participant-28, who went to Saudi Arabia five years ago and worked there for four years, highlighted this saying-

I could not move elsewhere, even though I was not receiving my full salary on time. My employer withheld my passport and threatened to report me to the police. I was technically undocumented because I had no papers to show and prove my legal entry. I felt compelled to work for him.

Their vulnerability forces migrant workers to work under precarious conditions. Apart from their physical and financial sufferings, some workers, specifically the female workers, expressed experiences of sexual victimization. While we asked whether Participant-17 experienced any sexual victimization, she recalled her experience saying-

My recruiter told me my job would be to help with household work... but I did not know that there would be no woman in the house... only men, five men, and they would want to touch me inappropriately...who should I complain to? I was confined, with no way to call home, and one day, the youngest one beat me and wanted to do inappropriate things. He injured my head, and I was rushed to the hospital.... thank God! They were scared of being caught, so they sent me home to Bangladesh. (Participant-17, female, 25, 3 months in Saudi Arabia).

Another participant had a similar kind of experience. In her words-

My employer used to touch me inappropriately. I got my passport back after I had complained to his wife. (Participant-31, female, 22, 2 months in UAE)

Similarly, Participant-32 said-

The house-owner used to slap me for making mistakes while cleaning his house. One day, he grabbed my waist and assaulted me. I got faint and woke up with bruises on my body. I was taken to the nearby hospital and then sent home. (Participant-42, female, 21, 8 months in UAE)

These female participants' experiences highlight the prevalence of sexual assault and sexual victimization of female migrant workers. These vulnerable workers, who are primarily domestic workers, go through severe assault in addition to the denial of fundamental human rights. Both the female and male participants' narratives highlighted

the disregard for workers' problems by the authorities, including the legal and justice systems, as well as Bangladesh missions in destination countries.

Table 1. Participants with victimization experiences, depression, and suicidal thoughts

Variables		Total, N(%)	Depression			Suicidal thoughts		
			Yes	No	P-value	Yes	No	P-value
Age		Mean 23.3						
Gender	Male	56 (88.89 %)	45 (80.36 %)	11 (19.65 %)	0.733	36 (64.29 %)	20 (35.71 %)	0.778
	Female	7 (11.11 %)	7 (100 %)	n/a		5 (71.43 %)	2 (28.57 %)	
Country of destination	GCC	48 (76.19 %)	41 (85.42 %)	7 (14.58 %)	<0.001	32 (66.67 %)	16 (33.33 %)	<0.05
	non-GCC	15 (23.81 %)	12 (80 %)	3 (20 %)		5 (33.33 %)	10 (66.67 %)	
Sexual Victimization	Yes	5 (7.94 %)	5 (100 %)	n/a	<0.001	5 (100 %)	n/a	<0.05
	No	58 (92.06 %)	49 (84.50 %)	9 (15.50 %)		38 (65.52 %)	20 (34.48 %)	
Physical Victimization	Yes	47 (74.60 %)	42 (89.36 %)	5 (10.64 %)	<0.05	39 (82.98 %)	8 (17.02 %)	<0.001
	No	16 (25.40 %)	6 (37.5 %)	10 (62.25 %)		5 (31.25 %)	11 (68.75 %)	
Financial Victimization	Yes	58 (92.06 %)	58 (100 %)	n/a	<0.05	46 (79.31 %)	12 (20.69 %)	<0.05
	No	5 (7.94 %)	1 (20 %)	4 (80 %)		n/a	6 (100 %)	

Prevalence of depression and suicidal thoughts among the participants

Both our quantitative and qualitative findings provided rich data on depression and suicidal thoughts among participants. We asked the participants if they had experienced depression or if they had thoughts of suicide recently, due to their experience abroad. Findings from the interviews indicate the gravity of such psychological distress.

We found depressive symptoms among 52 participants, with 50% of them reporting severe depression and approximately 36% of them having moderate levels of depression (Figure 1). On the other hand, Figure 2 depicts that approximately 65% of participants have had suicidal thoughts.

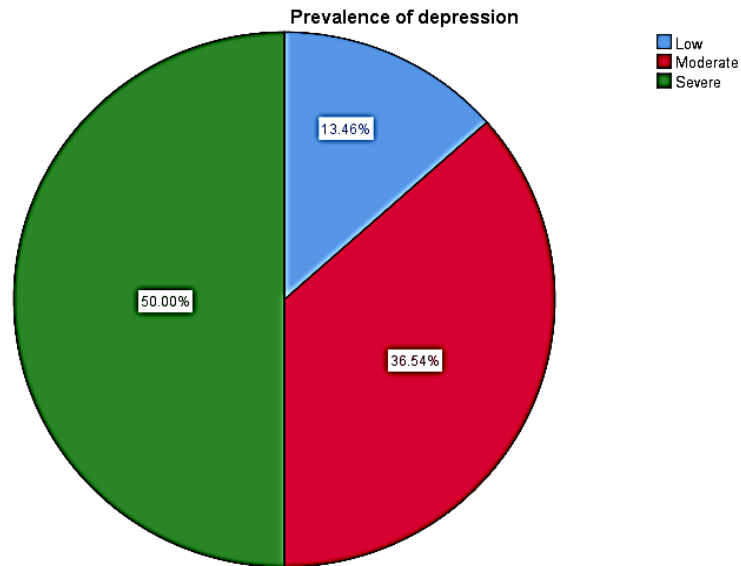


Figure 1. Participants with depression

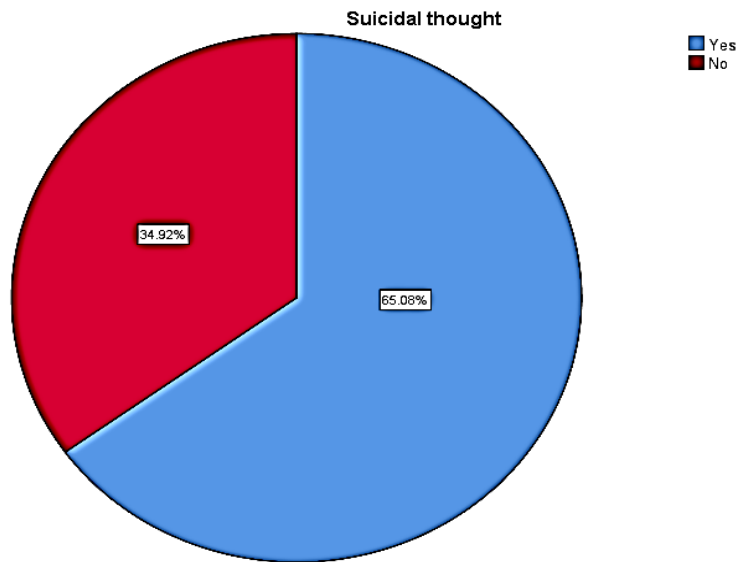


Figure 2. Participants with suicidal thoughts

Factors related to depression and suicidal thoughts

Our analyses present the factors behind depression and suicidal thoughts, both quantitatively and qualitatively. For the purposes of this study, we examined whether the destination country and different victimizations have positive relationships with being depressed or having suicidal thoughts. Additionally, we used interview data to support the claims of the quantitative findings.

Based on our quantitative findings, Table 1 shows that gender does not have any specific relation with depression and suicidal thoughts. However, Table 1 reveals that country of destination (<0.001), experiences of sexual victimization (<0.001), physical victimization (<0.05), and financial victimization (<0.05) have a significant association with depression. Also, these factors affect suicidal thoughts significantly.

Table 2. Binary logistic regression model of factors for depression and suicidal thoughts

Variables		Depression		Suicidal thoughts	
		Exp(B) (Lower – Upper)	P-Value	Exp(B) (Lower – Upper)	P-Value
Country of destination	GCC	Reference	<0.001	2.9 (0.67–4.83)	<0.05
	non-GCC	1.8 (0.89–8.17)			
Sexual Victimization	Yes	Reference	<0.001	4.8 (1.87–8.64)	<0.05
	No	2.9 (1.93–7.56)			
Physical Victimization	No	Reference	<0.05	4.2 (2.27–10.51)	<0.001
	Yes	3.4 (1.65–6.46)			
Financial Victimization	No	Reference	<0.05	5.4 (3.61–21.69)	<0.05
	Yes	3.5 (1.86–6.61)			

Table 2 shows the results of binary logistic regression. It shows the factors that are responsible for depression and suicidal thoughts. Participants who went to GCC countries are 1.8 times more likely to be depressed (OR=1.8; 95% CI: 0.89-8.17) and have 2.9 times more suicidal thoughts (OR=2.9; 95% CI: 0.67–4.83) than the participants who went to non-GCC countries.

Participants who experienced sexual victimization reported more depression (2.9 times more) and suicidal thoughts (4.8 times more) than those who did not face sexual victimization. Table 2 also indicates that participants who experienced physical and financial victimization are more likely to be depressed and have suicidal thoughts than participants who did not face such victimization.

The participants' narratives support these quantitative findings. While we asked them questions regarding depression and suicidal thoughts while they were abroad, their answers highlighted how their experiences had impacts on their depression and suicidal thoughts. In their words-

I went abroad to help my family financially... what's the outcome? Every time my employer bet me, I felt like killing myself. I could not send money home... I became frustrated, depressed, and thought dying was better than this life. (Participant-13, male, 26, 5 years in Oman)

I thought of committing suicide the day he (the employer) slapped me. The humiliation, in front of everyone, was unbearable. I could barely sleep at night. I borrowed money to go abroad, but I didn't receive regular payments. I felt frustrated thinking about how I would pay my debt! (Participant-14, male, 24, 3 years in UAE)

I felt dead inside, thinking of my family back in Bangladesh. The creditors would come demanding money and threatening my wife. When he turned me over to the police, I thought that committing suicide would be the easiest solution to my never-ending financial problems. (Participant-19, male, 23, 1 year in Kuwait)

Depression was a daily experience. The beatings and non-payments motivated me several times to die. (Participant-21, male, 22, 3 years in Qatar)

I cry every day since this incident... cannot forget what happened to me... I made several suicidal attempts. (Participant-17, female, 25, 3 months in Saudi Arabia).

I could not sleep at night because I was scared, thinking that the owner of the house might come into my room at any moment and touch me. I was tired of being afraid. I thought I would take my life if I failed to go to Bangladesh. (Participant-31, female, 22, 2 months in UAE)

While I was in the hospital, I thought that killing myself would be better than going back to work and getting assaulted. (Participant-42, female, 21, 8 months in UAE)

These narratives highlight participants' pathways to depression and suicidal thoughts. The vulnerable participants experienced severe depression and thought of committing suicide as they lived in despair, with the burdens of paying debt and the pains of victimization.

Discussion

We examined the prevalence of depression and suicidal thoughts among Bangladeshi migrant workers who worked abroad for some years and returned home. Our findings show that depression and suicidal thoughts are common among the participants. However, gender does not affect depression or suicidal thoughts.

Our findings indicate that Bangladeshi migrant workers prefer GCC countries, as evidenced by BMET's (2024) report. Participants who went to GCC countries exhibited higher levels of depression and suicidal thoughts compared to those who went to non-GCC countries. Previous research also shows similar findings, revealing that migrant workers in GCC countries exhibit greater levels of psychosis and suicide attempts (Al-Ghafry et al., 2012). Several studies on migrant workers' mental health conditions across various GCC countries indicate that these workers experience severe mental health issues or suicidal incidents (see AbuMadini & Rahim, 2002; Adhikary et al., 2011; Al Ansari et al., 2007; Al-Maskari et al., 2011; El-Hilu et al., 1990; Zahid et al., 2004). Additionally, studies show that migrant workers encounter more mental health issues than natives (see Aalto et al., 2014; Cayuela et al., 2015; Devkota et al., 2021; Pham et al., 2019).

Additionally, our findings provide evidence of other risk factors, such as sexual, financial, and physical victimization, which increase the likelihood of depression and suicidal thoughts. The participants' narratives also outlined their different victimization experiences, which made them depressed and triggered their suicidal thoughts. In line with previous studies, it is certain that physical abuse results in mental health problems (Tilahun et al., 2020), and being paid less triggers depression (Htay et al., 2020; Tilahun et al., 2020).

Our findings are novel because we focused on both workers who went to GCC countries and those who did not. Furthermore, this is the first mixed-method study involving Bangladeshi

migrant workers that explored various victimization experiences as risk factors for depression and suicidal thoughts.

Conclusion and policy recommendations

Millions of people move abroad in search of a better life, making them more vulnerable than native citizens. Migrant workers, specifically those working in the unorganized sector, are the most vulnerable group. Their vulnerability makes them victims, which triggers depression and suicidal thoughts among them. As Bangladesh is among the top countries that send the largest labor force to the international labor market, understanding the conditions of these workers is warranted. Our study employs both quantitative and qualitative data to achieve this.

Numerous factors fuel depression and suicidal thoughts among migrant workers. Financial instability, physically demanding work, and illness impact depression and suicidal thoughts (Al-Maskari et al., 2011). We found factors behind depression and suicidal thoughts as well, and our findings show that sexual, physical, and financial (non-payment, wage theft, higher cost of migration) victimizations are linked to depression and suicidal thoughts. Workers who experienced such victimization reported higher levels of depression and suicidal thoughts than those who did not experience such incidents. Previous studies also reported that financial deprivation depression (Htay et al., 2020; Tilahun et al., 2020) and physical abuse (Tilahun et al., 2020) affect migrant workers' psychological well-being.

Several studies have focused on the mental health conditions of migrant workers in numerous host countries. However, research focusing solely on Bangladeshi migrant workers' mental health conditions is almost non-existent. The underreporting of migrant workers' mental health conditions affects millions of workers worldwide. Discriminatory policies, ineffective laws, and xenophobia against immigrants contribute to migrant workers' human rights violations (Varia, 2011). They go through mental health issues even after they return home. The participants in this study reported receiving little to no help with rehabilitation. Also, there was no intervention from the stakeholders to minimize their mental health problems. Therefore, our suggestion is to provide migrant workers with social support. Social support has a positive impact on the psychological well-being of immigrants (Alegría et al., 2017; Awuah et al., 2022).

There is no official documentation of victimized migrant workers in Bangladesh. Therefore, we suggest that the authorities and the stakeholders should document victimized migrant workers and alleviate their mental health issues. The government should set up a hospital for treating migrant workers suffering from physical and mental illness. Labor laws should include provisions regarding the rehabilitation of victimized migrant workers.

Future studies can benefit by addressing the limitations of our study. For instance, future research should include a larger number of participants, including those currently abroad, to gain a more comprehensive understanding of their issues. Additionally, recruiting workers from all the preferred destinations of Bangladeshi migrant workers would help develop more effective policies. Studies should collect data from government and non-government authorities involved in the migratory processes to understand gaps in policies and develop better ones, which would stop workers from experiencing psychological distress during the migratory process.

Acknowledgments

We are thankful to the study participants for their voluntary participation. We extend our gratitude to every person who helped us during the arduous data collection period.

Author Bios:

Pavel Ahmed is a graduate student of Criminal Justice at Illinois State University. He is interested in researching migration, gender and minority issues, and is actively involved in researching these issues from a Global South perspective.

Mst. Safia Akter has recently completed her undergraduate in Criminology and Police Science from Mawlana Bhashani Science and Technology University, Bangladesh. Her research focuses on immigration, policing, and GBV. She is currently conducting research on AI and GBV.

Rashed Ahmed Hawlader received his master's in Economics from Mawlana Bhashani Science and Technology University, Bangladesh. His primary interest lies in Development Economics. Ever since completing his graduate studies, he has been working in the development sector for NGOs—with the goal of helping working-class people.

Bibliography

- Aalto, A.-M., Heponiemi, T., Keskimäki, I., Kuusio, H., Hietapakka, L., Lämsä, R., Sinervo, T., & Elovainio, M. (2014). Employment, psychosocial work environment and well-being among migrant and native physicians in Finnish health care. *European Journal of Public Health, 24*(3), 445–451. <https://doi.org/10.1093/eurpub/cku021>
- AbuMadini, M. S., & Rahim, S. I. (2002). Psychiatric admission in a general hospital. Patients profile and patterns of service utilization over a decade. *Saudi Medical Journal, 23*(1), 44–50.
- Adhikary, P., Keen, S., & van Teijlingen, E. (2011). Health issues among Nepalese migrant workers in the Middle East. *Health Science Journal, 5*(3), Article 3.
- Ahmed, P., & Akter, S. (2024). Yasmine Shamma, Suzan Ilcan, Vicki Squire y Helen Underhill (eds.) (2022). Migration, Culture and Identity: Making Home Away. *Migraciones, 61*, 10.
- Ahmed, P., & Miah, Md. A. K. (2023). Narrated Victimization Experiences of Bangladeshi Migrant Workers: Forms and Causes. *Indian Journal of Criminology, 51*(2), 62–78.
- Ahmed, S.H. and Zainulabdin, F. (1991) 'Dubai syndrome in Karachi', *Journal of Pakistan Medical Association, 41*(1), pp.10-12.
- Akond, A. (2017). *Victimisation of Female Migrant Workers in Countries of Destination: A Review*.
- Al Ansari, A., Hamadeh, R. R., Ali, M. K., & El Offi, A. (2007). Suicide in Bahrain in the last decade. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 28*(1), 11–15. <https://doi.org/10.1027/0227-5910.28.1.11>

- Alegria, M., Álvarez, K., & DiMarzio, K. (2017). Immigration and Mental Health. *Current Epidemiology Reports*, 4(2), 145–155. <https://doi.org/10.1007/s40471-017-01111-2>
- Al-Ghafry, M., Saleh, M., & Kronfol, Z. (2012). *Mental health issues among migrant workers in the Gulf Cooperation Council countries: Literature review and case illustrations*. 2012(1), AHPS2. <https://doi.org/10.5339/qfarf.2012.AHPS2>
- Al-Maskari, F., Shah, S. M., Al-Sharhan, R., Al-Haj, E., Al-Kaabi, K., Khonji, D., Schneider, J. D., Nagelkerke, N. J., & Bernsen, R. M. (2011). Prevalence of depression and suicidal behaviors among male migrant workers in United Arab Emirates. *Journal of Immigrant and Minority Health*, 13(6), 1027–1032. <https://doi.org/10.1007/s10903-011-9470-9>
- Anjara, S. G., Nellums, L. B., Bonetto, C., & Van Bortel, T. (2017). Stress, health and quality of life of female migrant domestic workers in Singapore: A cross-sectional study. *BMC Women's Health*, 17(1), 98. <https://doi.org/10.1186/s12905-017-0442-7>
- Ara, A. (2022, January 4). Bangladesh sends 617,209 workers abroad in 2021. *The Financial Express*. <https://thefinancialexpress.com.bd/national/bangladesh-sends-617209-workers-abroad-in-2021-1641266530>
- Attal, J. H., Lurie, I., & Neumark, Y. (2020). A rapid assessment of migrant careworkers' psychosocial status during Israel's COVID-19 lockdown. *Israel Journal of Health Policy Research*, 9(1), 61. <https://doi.org/10.1186/s13584-020-00422-0>
- Awuah, R. B., de-Graft Aikins, A., Dodoo, F. N.-A., Meeks, K. A., Beune, E. J., Klipstein-Grobusch, K., Addo, J., Smeeth, L., Bahendeka, S. K., & Agyemang, C. (2022). Psychosocial stressors among Ghanaians in rural and urban Ghana and Ghanaian migrants in Europe. *Journal of Health Psychology*, 27(3), 674–685. <https://doi.org/10.1177/1359105320963549>
- Azad, A. (2019). Recruitment of Migrant Workers in Bangladesh: Elements of Human Trafficking for Labour Exploitation. *Journal of Human Trafficking*, 5(2), 130–150. <https://doi.org/10.1080/23322705.2017.1422091>
- Bell, S., Alves, S., Oliveira, E., & Zuin, A. (2010). Migration and Land Use Change in Europe: A Review. *Living Reviews in Landscape Research*, 4. <https://doi.org/10.12942/lrlr-2010-2>
- Blades, C. A., Stritzke, W. G. K., Page, A. C., & Brown, J. D. (2018). The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide-related content. *Clinical Psychology Review*, 64, 1–12. <https://doi.org/10.1016/j.cpr.2018.07.001>
- BMET (2024), Bureau of Manpower, Employment and Training (BMET) website, Ministry of Expatriates' Welfare and Overseas Employment, Government of the People's Republic of Bangladesh (accessed on 15/06/2024)
- Boufkhed, S., Thorogood, N., Ariti, C., & Durand, M. A. (2022). Building a better understanding of labour exploitation's impact on migrant health: An operational framework. *PLOS ONE*, 17(8), e0271890. <https://doi.org/10.1371/journal.pone.0271890>
- Brondolo, E., ver Halen, N. B., Libby, D., & Pencille, M. (2011). Racism as a psychosocial stressor. In *The handbook of stress science: Biology, psychology, and health* (pp. 167–184). Springer Publishing Company.
- Cayuela, A., Malmusi, D., López-Jacob, M. J., Gotsens, M., & Ronda, E. (2015). The Impact of Education and Socioeconomic and Occupational Conditions on Self-Perceived and Mental Health Inequalities Among Immigrants and Native Workers

- in Spain. *Journal of Immigrant and Minority Health*, 17(6), 1906–1910.
<https://doi.org/10.1007/s10903-015-0219-8>
- Chatterjee, Prof. (Dr.) Subhasish. (2016). Labourers of Unorganised sectors and their Problems: *International Journal of Emerging Trends in Science and Technology*.
<https://doi.org/10.18535/ijetst/v3i07.18>
- Chen, H., Wang, L., Wei, Y., Ye, B., Dai, J., Gao, J., Wang, F., & Fu, H. (2019). The Potential Psychological Mechanism of Subjective Well-Being in Migrant Workers: A Structural Equation Models Analysis. *International Journal of Environmental Research and Public Health*, 16(12), 2229. <https://doi.org/10.3390/ijerph16122229>
- Clarke, J. I. (1965). *Population geography*. Pergamon Press.
<http://books.google.com/books?id=UHEeAAAAIAAJ>
- CRANE, A. (2013). MODERN SLAVERY AS A MANAGEMENT PRACTICE: EXPLORING THE CONDITIONS AND CAPABILITIES FOR HUMAN EXPLOITATION. *The Academy of Management Review*, 38(1), 49–69.
- Dakua, T. (2019). Labour Migration. *International Journal of Research in Geography*, 5(1), 9–26.
- Daly, A., Rn, C., E, D., H, C., Ad, L., A, M., & A, R. (2019). Using Three Cross-Sectional Surveys to Compare Workplace Psychosocial Stressors and Associated Mental Health Status in Six Migrant Groups Working in Australia Compared with Australian-Born Workers. *International Journal of Environmental Research and Public Health*, 16(5). <https://doi.org/10.3390/ijerph16050735>
- Devkota, H. R., Bhandari, B., & Adhikary, P. (2021). Perceived mental health, wellbeing and associated factors among Nepali male migrant and non-migrant workers: A qualitative study. *Journal of Migration and Health*, 3, 100013.
<https://doi.org/10.1016/j.jmh.2020.100013>
- El-Hilu, S. M., Mousa, R., Abdulmalek, H., Kamel, N., Zohdi, M., Maher, A., & Al-Aamriti, M. (1990). Psychiatric morbidity among foreign housemaids in Kuwait. *International Journal of Social Psychiatry*, 36(4), 291–299.
<https://doi.org/10.1177/002076409003600407>
- Gambaro, E., Mastrangelo, M., Sarchiapone, M., Marangon, D., Gramaglia, C., Vecchi, C., Airoidi, C., Mirisola, C., Costanzo, G., Bartollino, S., Baralla, F., & Zeppegno, P. (2020). Resilience, trauma, and hopelessness: Protective or triggering factor for the development of psychopathology among migrants? *BMC Psychiatry*, 20(1), 358.
<https://doi.org/10.1186/s12888-020-02729-3>
- González-Castro, J. L., Ubillos Landa, S., Puente Martínez, A., & Vera Perea, M. (2020). The Role of Emotional Intelligence and Sociocultural Adjustment on Migrants' Self-reported Mental Well-Being in Spain: A 14 Month Follow-Up Study. *International Journal of Environmental Research and Public Health*, 17(4), 1206.
<https://doi.org/10.3390/ijerph17041206>
- Guillot-Wright, S., Cherryhomes, E., Wang, L., & Overcash, M. (2022). Systems and subversion: A review of structural violence and im/migrant health. *Current Opinion in Psychology*, 47, 101431. <https://doi.org/10.1016/j.copsyc.2022.101431>
- Hargreaves, S., Rustage, K., Nellums, L. B., McAlpine, A., Pocock, N., Devakumar, D., Aldridge, R. W., Abubakar, I., Kristensen, K. L., Himmels, J. W., Friedland, J. S., & Zimmerman, C. (2019). Occupational health outcomes among international migrant workers: A systematic review and meta-analysis. *The Lancet. Global Health*, 7(7), e872–e882. [https://doi.org/10.1016/S2214-109X\(19\)30204-9](https://doi.org/10.1016/S2214-109X(19)30204-9)

- Hasan, S. I., Yee, A., Rinaldi, A., Azham, A. A., Mohd Hairi, F., & Amer Nordin, A. S. (2021). Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *PLoS ONE*, *16*(12), e0260221. <https://doi.org/10.1371/journal.pone.0260221>
- Htay, M. N. N., Latt, S. S., Maung, K. S., Myint, W. W., & Moe, S. (2020). Mental Well-Being and Its Associated Factors Among Myanmar Migrant Workers in Penang, Malaysia. *Asia-Pacific Journal of Public Health*, *32*(6–7), 320–327. <https://doi.org/10.1177/1010539520940199>
- ILO. (2017). *Global Estimates of Modern Slavery: Forced Labour and Forced Marriage* [Report]. http://www.ilo.org/global/publications/books/WCMS_575479/lang--en/index.htm
- IOM. (2019). *World Migration Report 2020*. United Nations. <https://doi.org/10.18356/b1710e30-en>
- IOM. (2020). *World Migration Report 2022*. <https://publications.iom.int/books/world-migration-report-2022>
- Khaled, S. M., & Gray, R. (2019). Depression in migrant workers and nationals of Qatar: An exploratory cross-cultural study. *The International Journal of Social Psychiatry*, *65*(5), 354–367. <https://doi.org/10.1177/0020764019850589>
- Lam, K. K. F., & Johnston, J. M. (2015). Depression and health-seeking behaviour among migrant workers in Shenzhen. *The International Journal of Social Psychiatry*, *61*(4), 350–357. <https://doi.org/10.1177/0020764014544767>
- LeBaron, G., & Gore, E. (2020). Gender and Forced Labour: Understanding the Links in Global Cocoa Supply Chains. *The Journal of Development Studies*, *56*(6), 1095–1117. <https://doi.org/10.1080/00220388.2019.1657570>
- Lee, E. S. (1966). A theory of migration. *Demography*, *3*(1), 47–57. <https://doi.org/10.2307/2060063>
- Mahat, P., Thorley, K., Kunwar, K., & Smriti, G. (2021). Mental Health Problems in Nepalese Migrant Workers and their Families. *Journal of BP Koirala Institute of Health Sciences*, *4*(1), 64–67. <https://doi.org/10.3126/jbпкиhs.v4i1.36081>
- Mauney, R., Ishii, H., Volpe, V., Deligiorgis, D., Alvarado, M., Azizov, N., Sanjines, C. S., Choi, Y., & Mathai-Luke, R. (2023). *Action Brief: Women Migrant Workers and Mental Health* (p. 12). UN Women. <https://asiapacific.unwomen.org/sites/default/files/2023-12/ap-c514-action-brief-women-migrant-workers-and-mental-health-updated-s.pdf>
- Miah, M. A. K., & Aziz, M. B. (2013). Problems of Migrant Workers of Bangladesh: An investigation on defrauded migrant workers in Dhaka. *Bangladesh Institute of Labour Studies-BILS*, *1*. <http://bilsbd.org/wp-content/uploads/2016/03/Labour-A-BILS-Journal-January-June-2016.pdf>
- Moyce, S. C., & Schenker, M. (2018). Migrant Workers and Their Occupational Health and Safety. *Annual Review of Public Health*, *39*, 351–365. <https://doi.org/10.1146/annurev-publhealth-040617-013714>
- Mucci, N., Traversini, V., Giorgi, G., Tommasi, E., De Sio, S., & Arcangeli, G. (2020). Migrant Workers and Psychological Health: A Systematic Review. *Sustainability*, *12*(1), Article 1. <https://doi.org/10.3390/su12010120>
- OECD. (2006). Where Immigrant Students Succeed: A Comparative Review of Performance and Engagement in PISA 2003. <http://Lst-Iiep.Iiep-Unesco.Org/Cgi->

- Bin/Wwwi32.Exe/[In=epidoc1.in]/?T2000=023310/(100).*
<https://doi.org/10.1787/9789264023611-en>
- Organista, K. C., Jung, W., & Neilands, T. B. (2019). Working and Living Conditions and Psychological Distress in Latino Migrant Day Labourers. *Health Education & Behavior: The Official Publication of the Society for Public Health Education*, 46(4), 637–647. <https://doi.org/10.1177/1090198119831753>
- Orrenius, P. M., & Zavodny, M. (2009). Do immigrants work in riskier jobs? *Demography*, 46(3), 535–551. <https://doi.org/10.1353/dem.0.0064>
- Pham, K. T. H., Nguyen, L. H., Vuong, Q.-H., Ho, M.-T., Vuong, T.-T., Nguyen, H.-K. T., Vu, G. T., Nguyen, H. L. T., Tran, B. X., Latkin, C. A., Ho, C. S. H., & Ho, R. C. M. (2019). Health Inequality between Migrant and Non-Migrant Workers in an Industrial Zone of Vietnam. *International Journal of Environmental Research and Public Health*, 16(9), 1502. <https://doi.org/10.3390/ijerph16091502>
- Premji, S. (2018). “It’s Totally Destroyed Our Life”: Exploring the Pathways and Mechanisms Between Precarious Employment and Health and Well-being Among Immigrant Men and Women in Toronto. *International Journal of Health Services: Planning, Administration, Evaluation*, 48(1), 106–127. <https://doi.org/10.1177/0020731417730011>
- Rahman, M. A., Dhira, T. A., Sarker, A. R., & Mehareen, J. (2022). Validity and reliability of the Patient Health Questionnaire scale (PHQ-9) among university students of Bangladesh. *PloS One*, 17(6), e0269634. <https://doi.org/10.1371/journal.pone.0269634>
- Rayee, Z. (2023). Understanding Migration and Psychological Health of Migrant Workers. *International Journal on Responsibility*, 5(2). <https://doi.org/10.62365/2576-0955.1065>
- Sarker, R. (2016). Migration and Employment: A Study of Bangladeshi Male Migrant Workers in Malaysia. In K. F. Lian, M. M. Rahman, & Y. bin Alas (Eds.), *International Migration in Southeast Asia: Continuities and Discontinuities* (pp. 125–148). Springer. https://doi.org/10.1007/978-981-287-712-3_7
- Simon, J., Kiss, N., Łaszewska, A., & Mayer, S. (2015). DEFINITIONS OF LABOUR MIGRANTS. In *Public Health Aspects of Migrant Health: A Review of the Evidence on Health Status for Labour Migrants in the European Region*. WHO Regional Office for Europe. <https://www.ncbi.nlm.nih.gov/books/NBK379428/>
- Sinha, B. R. (2005). *Human migration: Concepts and approaches*. 54.
- The Daily Star. (2022, April 22). A platform for systematically abused female migrant workers. *The Daily Star*. <https://www.thedailystar.net/views/editorial/news/platform-systematically-abused-female-migrant-workers-3010176>
- Tilahun, M., Workicho, A., & Angaw, D. A. (2020). Common mental disorders and its associated factors and mental health care services for Ethiopian labour migrants returned from Middle East countries in Addis Ababa, Ethiopia. *BMC Health Services Research*, 20(1), 681. <https://doi.org/10.1186/s12913-020-05502-0>
- Trewartha, G. T. (1971). G.T. Trewartha A Geography of Population: World Patterns. New York, London, John Wiley & Sons, Inc., 1969, 186 p., £ 3.25 (cloth), £ 1.75 (paper). *Recherches Économiques de Louvain/ Louvain Economic Review*, 37(4), 485–485. <https://doi.org/10.1017/S0770451800027202>

- Ullah, A. K. M. A., Lee, S. C. W., Hassan, N. H., & Nawaz, F. (2020). Xenophobia in the GCC countries: Migrants' desire and distress. *Global Affairs*, 6(2), 203–223. <https://doi.org/10.1080/23340460.2020.1738951>
- Usher, E. (2004). *Essentials of migration management: A guide for policy makers and practitioners*. International Organization for Migration. <http://swbplus.bsz-bw.de/bsz117273813inh.htm>
- Varia, N. (2011). "Sweeping Changes?" A Review of Recent Reforms on Protections for Migrant Domestic Workers in Asia and the Middle East. *Canadian Journal of Women and the Law*, 23(1), 265–287. <https://doi.org/10.3138/cjwl.23.1.265>
- Weeraratne, B. (2020). Return and reintegration without assimilation: South Asian migrant workers in the gulf during COVID-19. *Institute of South Asian Studies. Working Paper*, 327.
- Zahid, M. A., Fido, A. A., Razik, M. A., Mohsen, M. a. M., & El-Sayed, A. A. (2004). Psychiatric morbidity among housemaids in Kuwait. A. Prevalence of psychiatric disorders in the hospitalized group of housemaids. *Medical Principles and Practice: International Journal of the Kuwait University, Health Science Centre*, 13(5), 249–254. <https://doi.org/10.1159/000079522>