



Demographic and Socioeconomic Changes Induced by the COVID-19 Pandemic in Bangladesh: *Dynamics and challenges of new circumstances*

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Executive Summary

The COVID-19 pandemic has impacted almost all aspects of lives and livelihoods in Bangladesh. This report calls attention specifically to the impact of the COVID-19 on internal and international migration, including returnee migrants who were forced to return to their places of origin due to various circumstances during the pandemic. BRAC, UN WOMEN and NYU-CIC undertook this research to look into the changes in demographic, economic, and social environments in secondary towns, peri-urban (upazila) and rural areas brought on by the reverse migrations during the COVID-19 pandemic.

For this research, one-third of districts (21) out of 64 districts from all divisions were selected through a multistage systematic random sampling as study locations, with a focus on migration-prone districts. Both qualitative and quantitative approaches were applied. A survey using a semi-structured questionnaire was carried out for primary data collection from households in the selected villages and towns during 10-25 December 2020. The survey was conducted with 6,370 households (60% from rural areas and 40% from urban and peri-urban settings). Roughly 26.5% of the surveyed households included at least one migrant worker (internal or international), and 21.9% of households were female-headed. Among the migrant households, 60% had returnee migrants during the pandemic.

The first set of findings from the survey – focused on demographic changes – suggests that population growth in 2021 is likely to *exceed* the expected rate. The average family size was found to be 4.7, which is higher than the pre-pandemic national average of 4.06 (HIES 2016). The household survey identified 604 pregnant women among the surveyed households, indicating an expected crude birth rate of 20.2 (per 1000 people) which is higher than the crude birth rate in 2018 (18.2). Returnee migrant households have a higher expected crude birth rate (30.6) than households without returnee migrants (16.4).

An alarmingly high incidence of child marriages occurred in the surveyed households during this pandemic which has grave implications for maternal and child health and is also likely to result in higher population growth. More than three-fourth (77%) of the marriages that took place in these households had brides who were under the age of 18, which is 26% higher than the national rate of child marriage (51%) in 2018. Child marriages were found to be

more prevalent in rural areas (81%) than in urban locations (70%). It is also higher in female-headed households than male-headed ones.

Both primary and secondary data suggest that the death rate decreased in 2020. In the surveyed households, 152 persons died during the survey reference period, indicating a death rate of 5.1 (per 1000 people). The pre-pandemic death rate in Bangladesh was 5.5 (2018), suggesting a slightly lower death rate in 2020, which in turn may contribute to a higher population growth rate.

The economic disruptions caused many people to lose jobs and earning opportunities, especially in the low-income and informal economy. Around 34% of all surveyed households had at least one member who lost jobs or earning capacity and became economically inactive. Moreover, over three-quarters of sample households (77%) saw a decrease in their average monthly income during the pandemic. Households with migrants experienced a significantly (at 95% confidence interval) higher fall in income than households without migrants.

The households responded to the fall in income by depleting their savings and borrowing money to manage their daily expenses. The average monthly savings of households decreased by 62% on average, and household debt increased by 31%, while the average monthly expenditure fell by only 8.6%. Although there was not a significant difference in the fall of income and savings between urban and rural households, the rise in household debt of urban households (47%) was significantly (at 95% confidence interval) higher than that of rural households (22%). Moreover, urban households had a higher fall in expenditure (10%) than rural ones (7%).

The surveyed households reported a 58% decrease in monthly remittances received on an average during the pandemic. This is in stark contrast with the national reports of higher flow of remittances during this period. However, a plausible explanation lies in previous researches that suggest almost half of the remittances received by the households under normal circumstances are through unofficial channels (such as hundi houses, travelers carrying money, etc.), which were unavailable during the pandemic.

Government and non-government bodies and individuals made efforts to provide sustenance support to those in need during the pandemic. However, only 19% of responding households reported receiving any assistance from government or non-government sources. Urban households received more support (24%) compared to rural households (15%), while female-headed households (24%) received more support than their male counterparts (17%).

The returnee migrants are facing grim economic prospects. Among the migrant households with returnees, 61% had at least one member who lost a job or earning opportunity during the pandemic. In comparison, 37.8% of migrant households without any returnees experienced a loss of job/earning opportunity. A majority of respondents (77%) opined that job or work opportunities for returnee migrants are scarce. Many of these returnee migrants (44%) reported that they could not find any income-generating work; some of them are managing expenses by withdrawing from savings or using rent from assets.

Moreover, one-fourth (25%) of returnee migrant households expressed concern over repaying their outstanding migration loans, which amount to an average of BDT 76,000 (around USD 900), and a maximum of BDT 700,000 (around USD 8300).

The returnee migrant families will put pressure on the existing limited resources, especially in education and health sectors. The study found that 4.57% amongst returnee population were school-aged children (age 5 to 16 years). If these children can not return to their previous schools after the schools reopen, the educational institutions in local host communities will be under pressure. Furthermore, 13.35% of returnees (both external and internal) are above 40 years of age, and 4.56% are above 50 years of age. They have a lesser chance of re-migration, which has significant implications for the health services, especially on the services related to non-communicable diseases.

The female returnee migrants, mostly internal migrants, have been subjected to heightened burden during the pandemic. The main problems reported by them include the inability to engage in productive or income-generating work (74%), problems in moving freely in the streets and marketplaces (26.8%), problems in adjusting with local culture and absence of social utilities (20%), and increased burhen of household chores and problems in child-rearing and ensuring their education (18%).

The returnee migrants are facing economic and social adversities. Reintegration of these returnee migrants should be a policy priority in the pandemic recovery plan. Financial and business support is needed for their economic reintegration and to familiarise themselves with the local market, supply chain, and business environment. Skill development training should be offered to those who intend to make a change of career. Government agencies, the private sector and NGOs need to play the necessary roles in reintegration plan.

Internal returnee migrants, on the other hand, will need support to get back to work as soon as possible, maintaining the necessary health safety and hygiene rules. The return of women workers to their pre-pandemic workplaces should also be facilitated and encouraged by government initiatives.

Additional resources must be allocated in these sectors where necessary to accommodate the increased need for services caused by the potential increase in number of students, old aged people, new born babies, and people with psychological stresses at the local level.

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