

Human trafficking among Bangladeshi workers in Malaysia: Unveiling the impact on health security

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Abstract

This article is designed to investigate the effects of trafficking and its multiple types on health security. We contend that human trafficking significantly impacts victims' health, both mentally and physically, which ultimately affects social life, ability to work, mobility, or migration status. We successfully interviewed several male Bangladeshi trafficking victims working in Malaysia, highlighting their feelings when subjected to situations of abuse, confinement, unpaid wages, restricted freedom of movement following the confiscation of identity documents, and coerced overwork without sufficient rest periods. We underscore how health security can impact other aspects, potentially leading to death, perpetuating poverty and economic vulnerability cycles, and affecting the local community. In addition, the neglect of health security among trafficking victims constitutes a violation of their human rights. Addressing these issues necessitates a comprehensive approach that upholds the rights and dignity of all individuals, irrespective of their circumstances. Therefore, we advocate that Malaysia prioritize the current and post-trafficking conditions of victims by establishing a dedicated agency to monitor their health status. It is essential to ensure that Bangladeshi victims, before repatriation to their home country, are fully recovered, can lead fulfilling lives, and are resilient in seeking other job opportunities.

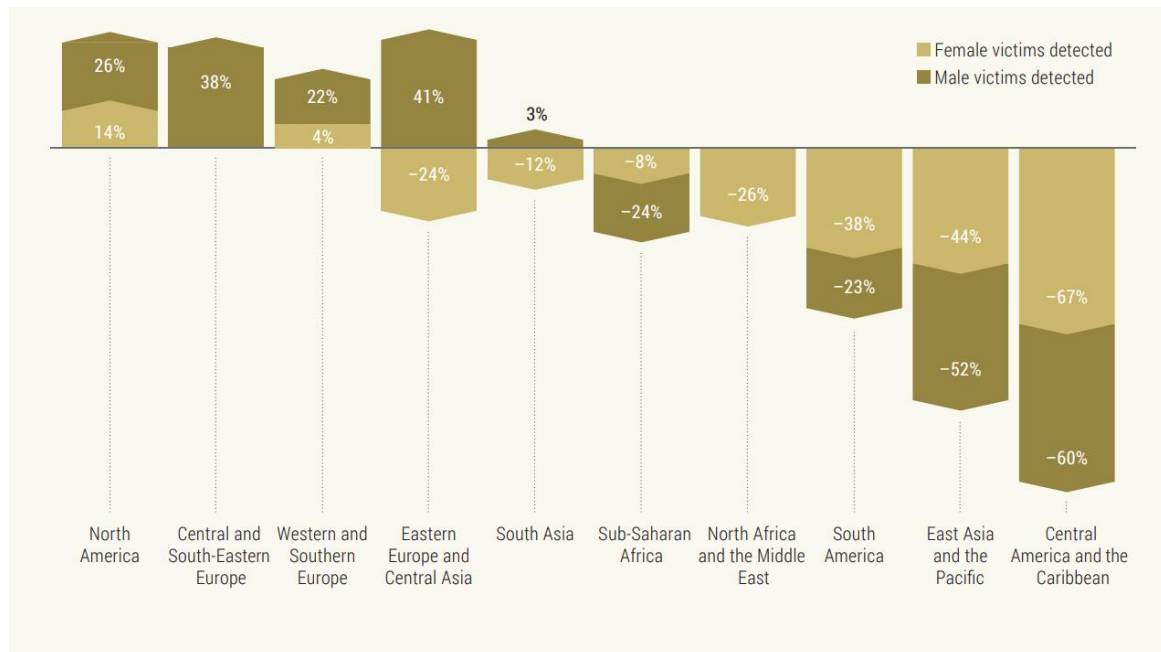
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Introduction

Malaysia's rapid economic growth has created ample space and job opportunities, attracting numerous foreign nationals from Indonesia, Bangladesh, Nepal, Myanmar, and Pakistan. Statistics as of June 2019, released by the Malaysian Immigration Department, highlight the current 2.3 million active foreign workforce, comprising 14.74% of the total workforce in Malaysia (Ahsan, 2021). On the positive side, the presence of foreign workers can help alleviate the country's labour shortages. However, from a negative perspective, the influx of foreign labour in a country can also adversely affect their futures. The involvement of male labourers (as victims) in transnational crimes such as human trafficking has significantly increased, indicating that this group has also become victims of human trafficking for various forms of exploitation (IOM, 2017).

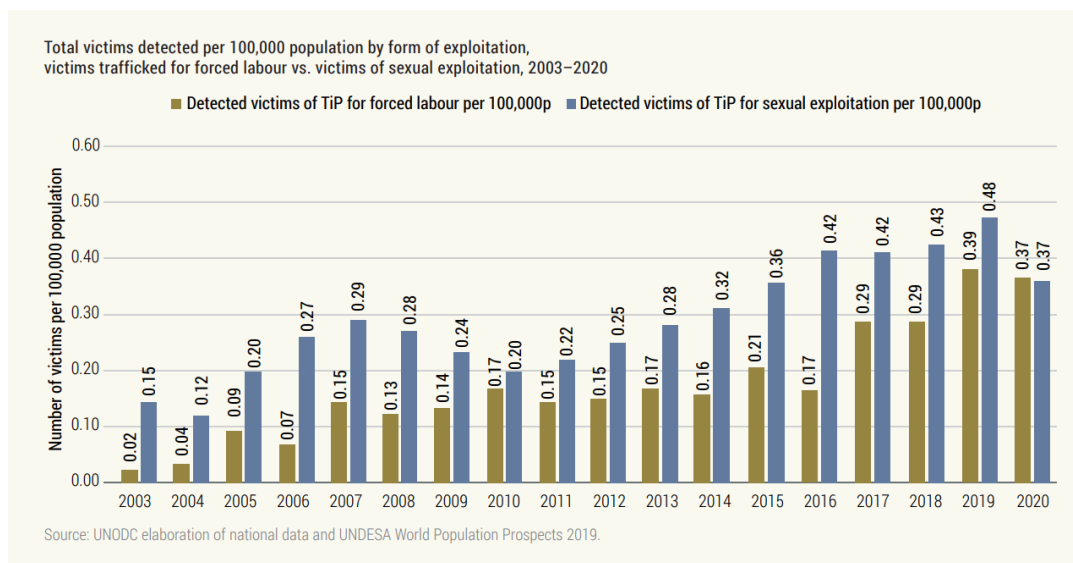
Based on the United Nations Office on Drugs and Crime’s (UNODC) report 2022, Figure 1 illustrates the trends in the number of detected victims per 100,000 people from 2019 to 2020, categorized by sex. This graph compares the incidence of trafficking victims based on gender over the two-year period. The data likely reflects trends that may highlight the impact of various social and economic factors, such as the COVID-19 pandemic, on trafficking patterns for both men and women. Through this comparison, one can infer whether trafficking increased or decreased for either gender within this specific timeframe. Meanwhile, Figure 2 presents data on the victims detected per 100,000 population by form of exploitation from 2003 to 2020. This figure compares victims trafficked for forced labour versus those trafficked for sexual exploitation. It provides a detailed view of how the proportions of victims in these two major categories of exploitation have evolved (UNODC, 2022).

According to a study conducted by the ILO in 2005, labour trafficking is more prevalent than sexual exploitation (Feingold, 2005). Still, a significant portion of the scholarly inquiry into human trafficking has predominantly concentrated on cases involving sexual exploitation. Conversely, there has been comparatively less scholarly attention devoted to research on trafficking for labour exploitation, explicitly on instances of forced labour (Goździak & Bump, 2008). Thus, we provide a new perspective in initiating conversations regarding human trafficking cases, particularly within the context of forced labour in Malaysia.



Source: UNODC, 2022

Figure 1. Trends in the number of detected victims per 100,000 population, comparison from 2019 to 2020 by sex



Source: UNODC, 2022

Figure 2. The types of exploitation experienced by trafficking victims identified from 2005 to 2016

Our study presents the narratives of Bangladeshi foreign workers' experiences as victims of human trafficking, which have implications for their health - a significant concern given their prominence as the top foreign workers in Malaysia. We argue that prioritizing safety measures for foreign workers is crucial, given Malaysia's high dependence on Bangladeshi foreign labour. Multiple implications arise for trafficking victims, including freedom of movement, personal safety, and working conditions (Norwood, 2020). However, we aim to shed light on the health implications by drawing on Zimmerman et al.'s (2011) paper, "Human trafficking is a form of violence that poses numerous and sometimes life-threatening health risks," in understanding the experiences of Bangladeshi foreign workers as trafficking victims. The hypothesis we aim to establish in this study is straightforward:

"When individuals are subjected to trafficking, their health and safety are compromised, leading to a range of consequences that extend beyond just physical and mental well-being."

We contend that the significant impact of human trafficking on victims lies in its effects on health (see details Ross, 2015; Recknor et al., 2022) compared to the other impacts, as it involves mental and physical aspects, ultimately affecting social life, ability to work, mobility, or migration status (Gallo et al., 2022).

How does human trafficking become a threat to health security?

Human trafficking among labourers involves coercion and abuse of power intending to exploit individuals (Ajis et al., 2017). Referring to the ILO (2005), crucial factors in determining an individual as a trafficking victim include the existing relationship between the worker and the employer, in addition to hazardous and life-threatening working conditions. Trafficking of persons or labour constitutes the most prevalent form of modern slavery and an extreme form of human exploitation. While many associate foreign labour and slavery with physical violence, the methods

used to compel individuals to work are often more difficult and organized across various cultures worldwide.

In this study, we seek to highlight how health constitutes the most significant impact on victims of human trafficking. Violence, harsh living conditions, and restrictions on movement commonly associated with trafficking pose serious health risks to those trafficked, particularly in terms of mental health (Ottisova et al., 2016). Before delving further, we adopt the understanding articulated by the UNDP (1994) that health security aims to ensure minimum protection from diseases and unhealthy lifestyles. Health security aims to provide a healthy environment and health services to address poor nutrition, infectious diseases, etc.

When an individual is threatened or oppressed physically while performing their job/service, it can impact his or her health. From the trafficking perspective, employment involving workers or labourers means that when the worker's rights are unlawfully violated, it encompasses elements of coercion and unreasonable exploitation. Human trafficking also involves a long-term relationship between the trafficker and the trafficked individual. This relationship persists until the worker is exploited, either by holding documents or work permits without the worker's consent, withholding salary payments, subjecting them to abuse and poor treatment, and continually threatening them to report to authorities and be sent back (Saad & Salman, 2014; Raby et al., 2022; Fabbri, 2023). The types of human trafficking exploitation ultimately contribute to implications for health security. Drawing on the intersections of human trafficking and health security, we seek to delve into the various threats to health security among trafficked Bangladeshi victims.

Methodology

We adopted a case study approach, utilizing male Bangladeshi migrant workers as the primary sample to identify the effects on health and safety when subjected to human trafficking. We investigated personal contexts that had hitherto lacked reasonable grounds for inclusion in narratives or stories (see details in Tracy, 2013). For instance, we explored their feelings when subjected to situations involving abuse, confinement, unpaid wages, restricted freedom of movement following the confiscation of identity documents, and coerced overwork without sufficient rest periods. Therefore, by conducting face-to-face interviews according to practical interview guidelines or ethics approved by the informants, we could elucidate every aspect we aimed to understand in this study.

Through face-to-face interviews, we could observe the victims' reactions when experiencing moments of anxiety and fear while in the 'perpetrator's zone of power' (the perpetrators in this study refer to agents or employers). Honest and earnest storytelling could be discerned through facial expressions, body and hand gestures, and vocal tones conveying sadness, anger, and so forth, contrasting with written reports and static images obtained through local or international newspapers or other mass media, accessing implicit experiences. We were not merely discerning the general outlook on their actions but, in this context, allowing seeing and hearing what individuals did (Tracy, 2013).

Table 1. The details of the informants

Informant	Date of interview	Location	Status
Victim			
Sohol	3 October 2019	Seri Kembangan, Selangor	Bangladeshi worker
Mortin	3 October 2019	Seremban, Negeri Sembilan	Bangladeshi worker
Kamal	1 October 2019	Seremban, Negeri Sembilan	Bangladeshi worker
Ali	3 October 2019	Seri Kembangan, Selangor	Bangladeshi worker
Non-victim			
Salawati	23 January 2020	Selangor	Legal Advisor, UKM
Kartini	18 April 2019	Selangor	Institute of Ethnic Studies, UKM
Akmal Fatin	5 May 2019	Putrajaya	JKM, Ministry of Women, Family and Community Development, Putrajaya

We divided the informants into two categories: victims and non-victims. The primary target informants were victims, referring to samples representing male Bangladeshi trafficking victims who came to Malaysia for work but were ultimately deceived by a group of individuals, such as recruiters and employers, for exploitation purposes. We successfully interviewed four individuals from various sectors, including construction and services. All victims encountered entered Malaysia legally and illegally via sea and air routes.

Meanwhile, this study chose non-victim informants, such as officers from selected government agencies, including Social Welfare Department or Social Welfare Department (JKM), and experts from Universiti Kebangsaan Malaysia (UKM), based on the specific criteria of the informants. The standards included the informants' backgrounds or areas of expertise, which allowed the study to obtain the desired information.

Interview ethics

Ethical issues have become part of preparing, conducting, and publishing empirical studies in the social sciences (Siegel & Wildt, 2016). Ethical procedures encourage researchers to present sensitive data or information carefully. Ethical guidelines are crucial as they produce accurate study findings and do not mislead readers (Tracy, 2013). Therefore, we must gain high trust from informants before the interview session begins. When there is doubt and a lack of confidence, informants may feel less secure and provide weak and possibly inaccurate responses. We utilized this procedure when conducting interviews with male Bangladeshi trafficking victims. We started with an ice-breaking session and stated the purpose of the interview session first. This action aimed to create a more positive or natural atmosphere; thus, informants did not feel awkward, pressured, or afraid. When informants felt comfortable and showed positive responses, the study began to ask questions that addressed the research objectives. Additionally, we refrained from reporting using the victims' real names to respect their privacy.

Findings

Poor health issues such as diseases, injuries, disabilities, and death pose critical threats to human safety (Sity et al., 2015). Our findings unveil several conditions involving threats to health security experienced by Bangladeshi human trafficking victims in Malaysia:

Access to healthcare facilities

Globally, poor working conditions, limited legal rights, and changing social contexts expose migrant workers to health risks and hinder their access to healthcare services. The health status of each migrant worker is influenced by their conditions before departure, during their journey to the destination country, upon arrival in the destination country, and after the termination of their employment contract and return to their home country (Ismayilova et al., 2014).

Forced labourers may be confined to prevent their escape at the workplace or when entering a destination country. If workers cannot enter and exit the workplace, subject to certain reasonable restrictions, forced labour has occurred. Valid restrictions may include ensuring workers' safety and health protection in hazardous workplaces or the requirement to obtain prior permission from supervisors to access medical facilities (ILO, 2015). This study finds that some victims of forced labour struggle with hazardous health conditions when employers compel them to work beyond the stipulated working hours:

"My colleagues and I were instructed to work up to 15 hours daily, and the workload was extremely exhausting. We had no breaks because we had work assigned by the employer every minute. We had to wake up at 5 a.m. every day. Many times, we were physically assaulted for minor mistakes or not completing tasks quickly enough. Our movements were also restricted. If we fell ill, the employer would not send us to the clinic for treatment. Instead, they would only provide basic medications like paracetamol. Suddenly, I felt sad and remembered my mother back in the village." (Interview Md Mortin, 3rd October 2019)

Another victim also revealed physical abuse inflicted by the employer, leaving a significant impact on their health:

"In addition to not being paid wages, I was also forced to work overtime until my body ached. If I refused to follow instructions or was slow in completing assigned tasks, the employer would hit my head with a metal pipe. Once, I was extremely sick and pleaded to be taken to the nearby clinic. However, my employer refused, citing that I did not have a permit and could be arrested by authorities at any time. I had no choice but to comply and slept while enduring the pain." (Interview Sohol, 3rd October 2019)

Meanwhile, Akmal Fatin recounted the unfortunate fate of human trafficking victims rescued and subsequently placed in shelters. Most victims have been denied their rights to proper healthcare by their employers:

"They (the victims) informed us that they were not only unpaid but also left untreated when they fell ill, be it from a fever or any other illness. There was one case at RP4 where a Bangladeshi individual arrived with a foot that was severely swollen and had holes in it. There were no maggots yet. This implies that perhaps the wound, sustained at the site, had been left untreated. Eventually, it became infected." (Interview Akmal Fatin, 1st October 2019)

The incidents experienced by human trafficking victims in Malaysia are consistent with findings from previous studies conducted by Pocock et al. (2016). Injuries commonly reported among male individuals involve significant weight loss. Most men do not have rest periods, and

some also experience severe violence. Employers, being irresponsible and cruel, avoid treating workers for fear that their actions may be detected by certain parties such as clinics or hospitals.

In Malaysia, limited access to healthcare not only arises due to the irresponsible actions of employers but is also faced by foreign workers detained by law enforcement authorities. Besides the lack of sleeping facilities, opportunities to access clean water and medication for treating illnesses among immigration detainees are also severely limited. Many detainees complain of frequent hunger, and the food provided is sometimes rotten or undercooked. Detainees confined to cells are deprived of opportunities for recreational activities, often spending consecutive days without access to fresh air outdoors. They lack space for exercise, practicing religious rituals, or engaging in other activities. This situation indirectly fosters an unhealthy and uncondusive environment, facilitating easy spread of diseases (Amnesty International, 2010).

Furthermore, a study by Rahman et al. (2019) found that despite migrant workers providing excellent service and job performance, they often encounter difficulties and constraints related to health and hygiene. Bangladeshi foreign workers frequently suffer from illnesses such as fever, jaundice, haemorrhoids, asthma, gallstones, back pain, tumours, eye problems, and ulcers. Many Bangladeshi foreign workers tend to reside in densely populated environments with poor sanitation conditions, exposing them to diseases, especially infectious ones. Therefore, good access to healthcare services in the destination country is crucial for them to receive timely and comprehensive treatment as local workers enjoy. Bangladeshi workers interviewed revealed that employers control workers who frequently take sick leave. A way employers exert control is by withholding passports. Additionally, most get paid daily wages, and some employers may refuse payment if they do not work, even if they have sick leave from any legitimate medical practitioner. These are among the tactics employers use to prevent foreign workers from seeking medical treatment and taking sick leave.

The psychological and emotional well-being

Workers in Malaysia, both from the public and private sectors, experience relatively high levels of life stress due to various surrounding factors such as rising living costs, and social issues. If this situation is not addressed, it can lead to more severe problems. Similarly, many foreign nationals who are trafficked or exploited by employers face challenging circumstances. During an interview, Kamal, one of the Bangladeshi human trafficking victims, recounted that he nearly took his own life due to the severe cruelty of his employer:

"I was mentally and physically tortured by the agent and left starving as well. I felt extremely pressured. Sometimes, I thought about ending my life. However, I am a Muslim. I fear God. So, I endured. Do not become a victim of fake agents. The agents who brought me were ruthless and unreasonable. They took away all my money. Now I feel very regretful. No one should migrate without obtaining proper information."
(Interview Kamal, 1st October 2019)

The same fate also befell Mortin:

"Almost every night, I suffer from headaches thinking about the unfortunate life that has befallen me. Without a valid work permit, it is difficult for me to secure a decent and guaranteed job. Moreover, the boss is intolerant. He refuses to pay wages. However, he (the employer) will hit me if I ask about wages. In my hometown, my younger sibling is constantly harassed by representatives of unlicensed moneylending

companies. They often threaten to rape my sibling if the debt is not repaid. I feel extremely hopeless and stressed." (Interview Mortin, 3rd October 2019)

IOM estimates that 27 million individuals worldwide are trapped in various forms of trafficking, including forced labour, domestic work, and commodification. The unquantifiable psychological impact leads trafficking victims to experience severe mental health issues and profound depression. On a broader scale, the trafficking syndicates contribute to cross-border conflicts that disrupt overall regional stability by fostering transnational organized crime and corruption at all levels of government (Rahim et al., 2016).

According to McCann (2018), trafficking victims require access to healthcare services for multiple reasons, including sexually transmitted infections, physical injuries, burns, anxiety, post-traumatic stress disorder, suicidal ideation, substance abuse, HIV/AIDS, depression, sexual violence, malnutrition, skin conditions, gastrointestinal disorders, dental injuries and diseases, and tuberculosis. In addition to these physical manifestations, mental health is a crucial medical concern for trafficking survivors. Mental health and trauma therapy are beneficial for survivors, all of whom experience some form of distress. Estimates suggest that 30% to 88% of trafficking victims access healthcare services during their exploitation (McCann, 2018).

The threat of infectious diseases

Some foreign workers originate from underdeveloped and impoverished areas or may already be afflicted with dangerous diseases but do not undergo health checks or screenings upon entering Malaysia illegally. This situation leads to the rapid spread of infectious diseases not only among other foreign workers but also within the local community, besides imposing implications and effects on public health services due to the increase in dangerous diseases such as AIDS, tuberculosis, hepatitis, sexually transmitted diseases, dengue fever, malaria, and others (Yahaya & Hussin, 2014). According to Salawati's perspective, employers or industrialists in this country seem to take the easy and light way out when it comes to the welfare of these foreign workers:

"The employers predominantly exhibit a lack of humanitarian values. They comfortably reside in luxurious homes yet concurrently allow their employees to dwell in cramped, overcrowded, and inadequately facilitated environments, which are unhygienic. With unclean living conditions, diseases undoubtedly spread rapidly. Without comfortable accommodations and proper care, these workers are also left to toil without regard for their basic needs and welfare. This is among the frequently discussed issues in Malaysia. What I can assert is that Malaysians do not demonstrate concern. They are not genuinely interested or sensitive as they often perceive issues concerning foreign workers as insignificant matters." (Interview Salawati, 23rd January 2020)

In the meantime, the experience of contracting tuberculosis in 2018 remains a bitter event etched in Ali's memory. He acquired the infection from a fellow worker originating from Indonesia. According to Ali, the employer 'crammed' as many as 20 workers into a small, sweltering container with only two toilets. Ali admitted that his entry into the country did not involve any health screening process. "I came from Bangladesh straight here without any health

check. I never underwent comprehensive examinations like x-rays, blood tests, or urine tests" (Interview Ali, 3rd October 2019).

Kartini's statement in the following interview further elucidates the absence of health screenings for many foreign residents in Malaysia:

"From a health perspective, the issue arises because we do not conduct thorough health screenings for those who enter the country. They may enter using fake visas, and we do not even check their health. Many workers from Bangladesh and other foreign workers become problematic. These foreign workers enter without health screenings, posing a safety issue. Infectious diseases brought in by foreign workers who have not undergone health screening processes are a concern. Secondly, they do not undergo screenings out of fear, perhaps due to fake visas or lack of funds, as they are also worried about not having insurance to cover health screenings." (Interview Kartini, 18th April 2019)

Moreover, the employers' persistent defiance in adhering to government directives to conduct health screenings on their workers invites problems for the nation- becomes especially critical when the country faces severe health crises such as the COVID-19 outbreak that 'hit' Malaysia and other countries worldwide in early 2020. According to the Ministry of Health (MOH), as cited by Muhamed and Ali (2021), a total of 64.3 percent, or 225 out of 350 clusters reported, were related to infections in workplaces, with the manufacturing and construction sectors contributing the highest clusters, namely 35.6 percent (80 clusters) and 23.6 percent (53 clusters) respectively. The surge in workplace clusters is deeply concerning. Contributing factors to the sudden increase in workplace clusters include the dominance of foreign labour in the manufacturing and construction sectors. Based on the COVID-19 pandemic developments in Malaysia, the infection rate involving foreign workers is difficult to reduce due to employers' irresponsible attitudes towards the Standard Operating Procedures (SOPs) outlined by the MOH.

The risk of infection transmission among foreign workers is high because many reside in densely populated and unhygienic settlements. Consequently, due to these factors, COVID-19 spreads rapidly and extensively among foreign workers if there is a single case of infection among them. Unsanitary living conditions expose foreign workers as a high-risk group for COVID-19 transmission and trigger various new clusters, potentially spreading it to the local population (Adnan, 2020).

Discussion: How is forced labour associated with human trafficking?

Human trafficking is a crime that violates human rights by exploiting women, children, and men for purposes such as organ harvesting, drug mules, begging, recruiting terrorist groups, forced labour, servitude, prostitution, child trafficking, and forced marriage. However, in our case, it involves the exploitation of male forced labour among Bangladeshi. Victims experience shame, pain, displacement, loss of autonomy, anger, and humiliation to a degree that is more closely linked to their character and situation than to the severity of the terms "exploitation" and "human trafficking" as defined by laws (Haynes, 2007).

Initially, the protection of workers from forced labour was aimed at safeguarding them from state-initiated coercion. However, in contemporary times, most offenders comprise private individuals and businesses. The landscape of exploitation has changed, now encompassing a migration aspect as well. The framework of transnational organized crime and border protection

against perceived criminal elements and undesired migrants shapes the creation of the Trafficking Protocol and has significantly influenced the current discourse on security, which presents trafficking as a component of a broader security spectrum (see Ollus, 2015; see also Aradau, 2004).

Our findings align with Zimmerman and Schenker's (2014) studies that trafficked workers are often compelled to toil for long hours and days each week until they are utterly exhausted. They frequently lack personal protective gear and receive inadequate or no training, particularly concerning tasks involving hazardous chemicals, heavy machinery, or working at elevated heights. Many of these individuals are in debt to loan agents or traffickers, who demand repayment for travel, documentation, accommodation, sustenance, and attire. Moreover, they are subjected to penalty fees for perceived errors, lateness, or sick leave. These financial burdens force them to continue working in hazardous conditions despite fatigue. Additionally, a significant portion of trafficked labourers operates within unregulated or unregistered sectors, where labour inspections are virtually non-existent.

Health security is detrimental and risk to the other

By proclaiming the 2030 Sustainable Development Goals, the global community has committed to reducing poverty, ensuring well-being, and fostering opportunities for decent employment (Zimmerman & Kiss, 2017). Therefore, human trafficking and exploitation have adverse effects on public health security and have become a global concern that needs to be addressed (Zimmerman et al., 2011). Likewise, we reveal deficiencies in access to healthcare facilities, psychological and emotional well-being disruptions, and the threat of infectious diseases that pose risks to health security.

Our study is not merely speculation but rather a reality regarding how the eventual health problems arising from trafficking can lead to death if the suffering persists and there is neglect from employers. Not only physical but also the experiences that make trafficked victims endure trauma leading to mental health issues contribute to prolonged depression and anxiety (Altun et al., 2017), ultimately resulting in death. Oram et al. (2015) studies have demonstrated the presence of severe mental disorders, such as schizophrenia and psychotic conditions, among trafficked individuals who have sought assistance from secondary mental health services in England. The extensive violence encountered by trafficked individuals and their persistent apprehension of traffickers during the post-trafficking phase leads them to believe that they are still under threat from their traffickers. Survivors will require psychological assistance to cope with the enduring and numerous traumatic incidents they have undergone, in addition to thorough risk evaluations and safety arrangements, especially if they are repatriating to their countries of origin (Oram et al., 2016).

Furthermore, we firmly assert that when health issues remain unresolved, they can spread within the community, ultimately posing a threat to community safety, whether to residents or upon their return to their home countries, potentially leading to hazardous outbreaks within the community. Additionally, the majority of Bangladeshi foreign workers who come to Malaysia hail from impoverished families, and the healthcare system in Bangladesh is at an unsatisfactory level, making it difficult for them to access timely treatment - this underscores a chronology of neglect regarding health issues.

Men who experience permanent disabilities face severe challenges in seeking future employment and providing for their families. Physical impairments can restrict access to various job opportunities, especially if suitable employment requires high physical skills. Additionally,

disabilities can reduce productivity and efficiency in multiple fields of work, potentially resulting in decreased income and increased financial pressure (Walter et al., 2004).

Feelings of failure and disappointment as breadwinners are common emotional responses among trafficked men. They may feel guilty for not being able to provide protection and economic stability for their families as expected in their traditional role as breadwinners. Shame may also arise due to the social stigma associated with being a victim of human trafficking, which can further worsen their emotional well-being (Zimmerman et al., 2014). All of these are closely related to the ongoing psychosocial stress experienced by trafficked men. Job loss, income inadequacy, and social stigma can lead to high levels of mental stress, including depression, anxiety, and other emotional pressures, disrupting social relationships, the ability to function daily, and overall quality of life.

Conclusion

Our discussions have validated the hypothesis that when individuals are trafficked, their health and safety are severely compromised, resulting in consequences that extend beyond just physical and mental well-being. As we develop this paper, it becomes evident that human trafficking is not only increasingly prevalent but will continue to worsen if there is no enactment of stricter laws against traffickers and agents. Those most affected are individuals seeking to escape poverty in hopes of supporting their families, only to have their dreams turn into nightmares when they fall victim to trafficking. The implications for the victims are profound, and our findings highlight that health is the most critical security issue that demands attention.

This research lies in advancing the understanding of how human trafficking among Bangladeshi workers in Malaysia poses threats to health security on multiple levels. It underscores the connection between forced labour, exploitation, and a wide range of health issues. We emphasize how health security can have cascading effects, leading to death, perpetuating cycles of poverty, and increasing economic vulnerability, ultimately impacting the local community. The neglect of health security for trafficking victims constitutes a violation of their human rights. We offer a framework for recognizing human trafficking as a critical public health and security issue, not just a legal or social problem. It highlights the intersection of human rights violations, labour exploitation, and health, calling for stricter policies that address these interconnected issues within the broader discourse on global security. Ultimately, this research has the potential to influence health, labour, and immigration policies, advocating for a more integrated approach to combating trafficking and ensuring the well-being of vulnerable populations.

Addressing this issue requires a holistic approach that upholds the rights and dignity of all individuals, regardless of their circumstances. Therefore, we suggest that Malaysia must prioritize the conditions of victims both during and after trafficking by establishing a dedicated agency to monitor their health status. It is crucial to ensure that Bangladeshi victims recover and are capable of rebuilding their lives before repatriation, as well as resilient enough to pursue future job opportunities. Regular psychosocial support sessions help them move forward, and trafficking victims need social support to rebuild their lives and regain the confidence to seek employment.

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