

## Migration in South Asia: A Review of Issues, Policies

Kandi Kamala

### Abstract

This paper presents migration trends, issues and challenges and policies in South Asia based on an analysis of recent trends. It first provides a broad sketch of migration profiles in major South Asian countries: Bangladesh, India, Nepal, Pakistan and Sri Lanka, There are some distinctive characteristics of migration from these countries: high concentration of flows to the Gulf and Middle East countries; largely temporary migration flows; predominance of semi-skilled and low-skilled workers in flows; informal and irregular status of part of the migration flows; and prevalence of trafficking in human beings and smuggling of persons. The paper next goes on to discuss the major challenges faced by the countries in terms of governance of migration, protection of migrant workers and maximizing development benefits of migration. The governance challenges relate to high, migration costs, rampant recruitment malpractices, inadequate institutional and regulatory framework for administration of labour migration, lack of transparent policies and limited cooperation between origin and destination countries. The paper points out the important role of international instruments and good practices for improving current migration policies. The conclusions identify the crucial role of India as the major emigration-immigration- transit country in the subregion for setting a good practice example in developing comprehensive and transparent migration policies based on international norms. The author also highlights the scope for a subregional approach to migration policy in South Asia through the SAARC framework although progress up to now has been quite limited. The paper concludes by making a case for transparent policies with full respect for rights and equal treatment of both national and foreign workers and with due consideration to gender specific concerns, and moving towards an inclusive and transparent migration policy which ensures equal protection for both national and foreign workers in line with international norms.

**Keywords:** Asia; Migration; Issues; Labour; Cross-Border.

### How to cite this article:

Kandi Kamala / Migration in South Asia: A Review of Issues, Policies./ International Journal of Political Science 2021;7(1):9-15.

### Introduction

Shared-destiny of migrants in the region has become all the more prominent during the Covid-19 lockdowns. The failure of state mechanisms to provide a modicum of income support, social security benefits and healthcare to migrants was glaring. Large scale migrant-receiving countries in the region like India, Pakistan and the Maldives

can ensure that immigrants from their South Asian neighbours are provided fair conditions at work. Ensuring dignity to intra-regional migrants also requires considerable efforts in terms of establishing peace within the region and finding amiable solutions on long-standing disputes around legality and citizenship of cross-border migrants within South Asia.

These countries could collectively negotiate with major migrant receivers like the GCC countries. For this, there is a need for reviving larger solidarities in the line of SAARC. Strengthening of protective frameworks, including labour laws, and signing/ honouring of relevant international labour conventions and guidelines on migration are equally important.

Migration is a process encompassing any kind of population movement regardless of length, composition, or cause, either across an international border or within a state. It includes the migration

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of refugees, displaced persons, uprooted people, and economic migrants (IOM 2003). Migration is considered an important global issue, as roughly one out of every 55 individuals in the world is a migrant today (IOM 2003). With access to modern transportation and telecommunications, more people are motivated and able to move. Estimates for migration vary. According to the United Nations report "Trends in Total Migrant Stock, 2005 Revision", between 1960 and 2005 the number of international migrants in the world more than doubled, from an estimated 75 million to almost 191 million. According to the International Organization for Migration (IOM), some 192 million people are living outside their place of birth, representing about 3 per cent of the world's population.

The United Nations Development Program (UNDP) estimates a higher figure, approximately 740 million internal migrants and 214 million international migrants (UNDP 2009). Undocumented migration is harder to track, but the International Labour Organization (ILO) estimates that there are 15–30 million irregular immigrants internationally. The Human Development Report 2009 (UNDP) is essentially pro-migration and applies a human development approach to the study of migration. When migrants integrate and diffuse broadly within their adopted homeland, the adopted homeland becomes more diverse and migrants have a better chance of being valued as enriching society and introducing complementary cultural traits. Ground realities in India, however, indicate that this has not happened and the influx of migrants from Bangladesh and Nepal has raised concerns. For the Indian state, the security implications of large-scale migration from both Bangladesh and Nepal are varied but inter-related, given the complex nature of migration and the multiple identities that migrants profess. They cover demographic changes, growth of radicalism, particularly Islamic fundamentalism, regionalism, and, more importantly, involvement and even encroachment of foreign powers on the country's "sovereign space". (Behra 2011). Hugo (2005) documents recent major trends in the various types of international migration in Asia and argues that there are elements in the existing system and in the region that will lead to the perpetuation and enhancement of international migration to some extent, regardless of political and economic development and government interventions. Contrary to popular perception that migration is mostly a South-North phenomenon, South-South migration is large. Available data from national

censuses suggest that nearly half the migrants from developing countries reside in other developing countries.

Almost 80 per cent of South-South migration takes place between countries that have contiguous borders (Ratha and Shaw 2007). Cross-border migration poses a big challenge for many countries, both in terms of the magnitude and variety of migration patterns and processes. If appropriately managed, migration can greatly benefit the individual as well as his/her source and destination communities. In contrast, poorly managed migration can result in various social, cultural, and economic difficulties, including public health problems such as HIV/AIDs, TB, and malaria. Nevertheless, migration is a natural process during the socioeconomic transformation of a country and cannot be stopped without coercive measures, which is not feasible in a democracy (Behra 2011). In addition, there is evidence that a city's migrant population makes a significant contribution to its economy, catering to labour demands at lower cost (Srivastava and Sasikumar 2003). Migrants make a huge contribution to the economy and culture of their source/destination countries by filling labour-market needs in high-skill and low-skill segments of the market, rejuvenating populations, improving labour-market efficiency, promoting entrepreneurship, spurring urban renewal, and injecting dynamism and diversity into destination countries and societies (ILO 2010). Although migrants are exposed to new risks, migration in the first instance reduces vulnerability and contributes to a secure livelihood and to reduced risks of seasonality, harvest failure, and food shortage (Thieme 2006). This desk review was undertaken to synthesize available evidence on programmes, policies, and research related to migrants in the South Asia region, specifically India, Bangladesh, and Nepal.

The objectives of this review are: 1. To synthesize existing evidence around migrants in order to characterize their specific vulnerabilities, 2. To collate information around existing policies and programmes for migrants and to identify gaps and challenges, and 3. To provide recommendations for future areas of research and evidence-gathering.

### **Cross-Border Migration**

India, Bangladesh, and Nepal According to a UN Department of Economic and Social Affairs report (2009), India was projected to rank ninth in terms of number of international migrants in 2010 and to account for 2.5 per cent of all international

migrants. As per India's National Sample Survey Organization (2010), there were 326 million internal migrants in 2007–08 (28.5 per cent of the population). India shares a common border with Bangladesh, Bhutan, China, Myanmar, Nepal, and Pakistan and thus is one of the most sought-after destinations by immigrants, evident from the huge influx of people from neighbouring countries such as Bangladesh, Nepal, and Tibet. According to Behra (2011), the nature of migration from Bangladesh and Nepal to India has been dissimilar because of their different historical backgrounds, geographical variants, ethno-religious affinities, political systems, and bilateral arrangements with India.

Although exact figures are unknown, the 2001 India census documented that there were approximately 3 million Bangladeshi migrants in India, representing 60 per cent of total migrants in India. People from India and Bangladesh regularly cross the porous borders through many unofficial transit points (Samuels et al. 2012). Singh (2009) highlight that illegal migration is extremely difficult to measure, and in the Indian context, it is far more complex in view of the ethnic ties the migrants share with the native population. Efforts to control illegal cross-border immigration remain highly inadequate in India. Unabated cross-border immigration for the last several decades is particularly worrisome in North-East India. Bangladeshi immigrants in the region are actually "settlers" and thereby competitors for space: land, water, services, and jobs. Hence, their presence is perceived as a potential threat, capable of creating tensions and conflict between the immigrants and the natives, and capable of altering the demographic and political profile of the region (Singh 2009). Dutta (2009) estimated the fresh migration rate as being (-0.0076) for Bangladeshi migrants to West Bengal from 1991–2001 and demonstrated it to be negative and very negligible both for rural and urban migrants by sex. Dutta concludes that though the migration rate of documented Bangladeshi migrants to West Bengal may reflect a declining trend, undocumented migration might reveal a different picture. In Nepal, more men migrated with their peers. In contrast, most women migrating to India have come with their spouse and children. While most Nepalese migrants moved on their own or with peers, migration among Bangladeshis is arranged largely by brokers (Samuels et al. 2012).

### **Obesity And Cardiovascular Health Problems**

Migrants generally tend to exhibit disadvantaged risk-factor profiles and are more frequently subject

to hypertension, chronic conditions, and obesity. (Ebrahim et al. 2010; McKay et al. 2003). The scale of obesity and diabetes among factory workers, their spouses, and rural siblings is very large, arguing for much wider adoption of population-prevention activities as proposed by the WHO. The effects of better access to health care (provided for factory workers and their co-resident families) may also influence the propensity for diagnoses of diabetes and hypertension (Ebrahim et al. 2010). Hypertension has emerged as a major threat to health in developing countries, and even in India the number of hypertensive individuals is expected to rise to 214 million by 2025.

With the increasing prevalence of hypertension even in the lower socioeconomic strata, it is important to understand the awareness of the problem and treatment-seeking behaviour in specific communities such as migrants. A cross-sectional prevalence study (Kusuma et al. 2013B) highlights the lack of awareness and inadequate treatment-seeking (in terms of medication) among migrants living in Delhi, in the background of considerable prevalence of hypertension in the socioeconomically disadvantaged study migrants (18.3 per cent). Also, their knowledge is mainly limited to "have heard of hypertension", thus comprehensive knowledge was lacking in these communities. This study is important in that it highlights community perceptions. Similar findings about lack of knowledge have been shown in other studies (Kusuma et al. 2009).

Recent migration was found to be a significant contributor to hypertension prevalence. Age contributed significantly to blood pressure variation in both groups in both groups of settled migrants and neo-migrants, except in neo-migrant men. Neo-migrants were likely to be subjected to more lifestyle issues in terms of insecurity regarding work, compromised housing and eating patterns, staying away from family, and so on, and the stress generated during the adjustment process may be contributing to rise of blood pressure even at younger ages and may lead to further increase as they grew older. Migration, chiefly from rural to urban areas, has been linked to precursor conditions of cardiovascular diseases. The association between overweight/obesity and different patterns of internal migration was studied by Varadharajan et al. (2013) using National Family Health Survey 3 data, a cross-sectional survey that covered 29 states of India in 2005–6.

### **Reversing the Effects of Migration: Urban to Rural Migration**

Urban-to-rural migration has been much less studied than rural-to-urban migration. The uniqueness of a study by Gupta et al. (2012) was that it had a sizeable cohort who back-migrated from urban to rural areas and demonstrated that changes of urbanization are reversed by regaining rural milieu. The study shows that both processes are closely interlinked and that lifestyle changes with migration leads to an increase in a number of cardiovascular risk factors and more importantly also shows that the effects of migration are reversed with the return to rural milieu. It showed that women who migrate from urban-to-rural locations have risk-factor prevalence that is lower than rural-to-urban migrants and urban women. Lending further credence to the obesogenic nature of urban environments was the finding of decreased odds of overweight/obesity for women migrating from urban to rural areas in India by Varadharajan et al. (2013). Apart from confirming rural-to-urban migration as a risk factor for being overweight, this study found that other patterns of migration are also associated with overweight/obesity. Since this study covered a large, representative sample (56,498 women aged 15–49 years, and 42,190 men aged 15–54 years), the findings can be generalized at the country level. Not much evidence is available for urban-to-rural migration, but this could possibly be associated with increased physical activity or less energy-dense diets or both, especially in women (Varadharajan et al. 2013; Gupta et al. 2012). Return to the rural milieu leads to a sense of togetherness and reversal of many sociocultural dimensions of migration (Gupta et al. 2012).

### **Duration of Stay As A Migrant And Health Outcomes**

Migrants' ill-health and unfavorable risk profiles may worsen with increasing duration of stay. In a review of evidence on migration and cardiovascular risk factors and obesity, McKay et al. (2003) reported that migrants tend to suffer from poorer health and display disadvantaged risk-factor profiles. In comparison with the host population, they are more frequently subject to hypertension, chronic conditions, low birth-weight, and obesity. Moreover, their ill health and unfavorable risk profiles may worsen with increasing duration of stay. Duration of migration in rural-urban women migrants correlates significantly with obesity parameters and systolic blood pressure (Gupta et al. 2012). A study in Mumbai (Choudhary and

Parthasarathy 2009) found that as the duration of stay increases, migrants learn to assimilate to the new environment and their relative disadvantage compared with non-migrants declines. However, irrespective of the length of stay in Mumbai, rural migrant mothers and their children continue to fare worse in terms of nutrition outcome as compared with non-migrants and urban migrants. In another study (Ebrahim et al. 2010), the hypothesis that longer duration of stay of migration is associated with increased risk of obesity and diabetes was not supported. Community-based studies in Nepal provided some information on HIV prevalence by duration of migration. Results of studies from districts such as Achham and Doti in Nepal imply that migrants who spent more than four or five years in India seem to have a substantially higher chance of contracting HIV than those who stayed for a shorter duration (Thapa et al. 2014; Poudel et al. 2003;

### **Gender and Migration**

A growing number of women in South Asia are migrating in search of better livelihood opportunities to support their families. By doing so, they are becoming economic actors (rather than dependent spouses) and financially independent (UN Women 2013). Until recently, migration studies have also tended to treat women's migration as primarily a consequence of male migration, and see women as merely accompanying or following husbands, fathers, or other related men (Boyd and Grieco 2003). In response, some feminist researchers have highlighted the existence of female labour migration, often predating the "feminization of migration" that has been suggested as a trend in global migration since the 1960s (Sharpe 2001).

Acknowledging the shortcomings of previous studies that focus too much on migrant-receiving countries and/or a single country case, Oishi (2002) examines female migration from a comparative and integrative perspective. Adopting a comparative case study approach, the study demonstrates the complex causation of international female migration in Asia. It compares "sending countries" and "non-sending countries" of migrant women at three levels of analyses: (1) the state, (2) individuals, and (3) society. The research is based on fieldwork conducted mainly in the Philippines and Sri Lanka (major sending countries) and in Bangladesh (non-sending country). At the state level, emigration policies treat men and women differently because policies for women tend to be value-driven while those for men are economically driven.



At the individual level, women's autonomy and decisionmaking power are crucial determinants of access to health care.

Women in so-called "major sending countries" (e.g., the Philippines and Sri Lanka) have higher autonomy and decision-making power in their households, compared with those in "non-sending countries". Women's emigration, if not accompanied by male family members, still carries social stigma that is strong enough to discourage the vast majority of lower-middle and middle-class women from leaving their country. Therefore, it is important to look at this meso-level factor of "social legitimacy". Oishi (2002) argues that the globalization process and the resulting export-oriented industrialization helps bring about changes in social perceptions towards women's employment and their independent departure from their own community.

#### **Migration-Related Policies in India, Bangladesh, and Nepal**

A review of laws, policies, and treaties between India, Bangladesh, and Nepal by Samuels and Wagle (2011) reported that there are many labour laws and policies in India that cater to internal migrants, but that these are poorly enforced and few workers are aware of them. Most of India's legal instruments address employees in the formal sector, which accounts for only 7 per cent of all workers in India, leaving the remaining 93 per cent without social benefit. Despite numerous labour-protection acts and policies, none of them address vulnerabilities faced by cross-border migrants. The key Indian law relevant to migrants is the Foreigners Act of 1946, which deals with the entry, stay, and exit of foreigners in the country, with the exception of Nepalese. Among other things, this act gives the government the power to: (1) order controls over foreigners; (2) restrict their movement, activity, and residence, and require their proof of identity and regular appearance before the police; and (3) deport them. With the large influx of Bangladeshis in the state of Assam, the Indian government created the Illegal Migration Determination by Tribunals Act in 1983, applicable only to Assam. This allowed legal citizenship for those who had settled in Assam before 25 March 1971.

However, there were issues about proving citizenship, and the Supreme Court ruled this act unconstitutional in 2005. Today, the Foreigners Act of 1946 is the only law that deals with cross-border migrants, particularly Bangladeshis in India. Undocumented migrants from Bangladesh to India

obviously have no access to the benefits associated with any of the Indian laws and policies. In Bangladesh, the Ministry of Expatriate Welfare and Overseas Employment is entrusted with protecting the rights and interests of Bangladeshi migrants in host countries, ensuring the welfare of remittance senders, facilitating overseas employment for prospective Bangladeshi migrants and increasing the capabilities and skills of the labour force.

However, these services are only provided to documented migrants. In Bangladesh, the Emigration Ordinance 1982 is the key regulatory instrument on migration, allowing people with valid travel documents to emigrate. Under the ordinance, the government of Bangladesh is authorized to grant licenses to individuals and companies wanting to recruit emigrants for overseas employment. This ordinance has two major limitations: (1) it does not protect migrant workers' rights in destination countries, and (2) migrant workers are subject to imprisonment if they return home without completing their employment tenure. The government of Bangladesh has ratified the International Labour Organization instrument, the Migration for Employment Convention of 1949, and the Migrant Workers Supplementary Convention of 1975.

The act also states that recruitment agencies should be punished if they do or cause anything to be done contrary to the contract, or if they conceal or alter documents. However, no recruitment agency has been punished under the act. As a consequence, agencies that have provided false or substituted contracts and collected fees above the maximum permitted by law have all done so with impunity. Although the government has set up complaints and compensation mechanisms in Nepal, Amnesty International's research shows that migrants were generally unaware of how to access them.

#### **Regional Bodies And Initiatives**

A number of regional initiatives exist that are important to issues of cross-border mobility and HIV. The South Asia Association of Regional Cooperation (SAARC), established in 1985, was initially dedicated to economic, technological, social, and cultural development, emphasizing collective self-reliance. As member states faced common emerging health-related issues, health became a part of SAARC's work. Eight South Asian countries are now members of SAARC – Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. In 2004, SAARC signed a Memorandum of Understanding with

UNAIDS to help member states work toward the goals of HIV prevention and appropriate care and support for PLHIV. In the same year, the SAARC Regional Strategy on HIV and AIDS (2006–10) was formulated, which emphasized regional-level coordination, collaboration, and partnership with organizations and national programmes and also stressed promotion of regional dialogue on cross-border issues relevant to HIV and AIDS. In addition to SAARC, the Colombo Process, or the Ministerial Consultation on Overseas Employment and Contractual Labour for Countries of Origin in Asia, was initiated in 2003. The governments of five South Asian countries (Bangladesh, India, Nepal, Pakistan, and Sri Lanka) participate in this process alongside six other Asian-labour exporting countries. The priorities are protection and provision of services to migrant workers; optimizing benefits of organized labour migration; and capacity-building, data collection, and interstate cooperation.

### Migration Research and Data Gaps

The exponential increase in significance of international migration in Asia has not been accompanied by a concomitant increase in the amount and quality of data collection regarding it. This is a major constraint upon the research effort in this area and needs to be systematically addressed. Measuring migration is especially problematic because of the widespread occurrence of undocumented migration. Stock migration data is usually obtained from censuses, but the enumerations of only a minority of countries has a full range of the basic questions of relevance to migration. Moreover, temporary migrants are rarely detected in censuses. A similar situation prevails with respect to migration flow data. While all nations have border systems, data on arrivals and departures are often not maintained in a way that makes them amenable to analysis, especially departures. The improvement of collection of both stock and flow data in the region is a crucial priority. Managing migration effectively is dependent, among other things, on the availability of comprehensive timely and accurate data relating to the scale and composition of that migration (Hugo 2005). Despite the importance of migration to India, few studies exist on Bangladeshi and Nepalese migrants in India. One reason for the limited research regarding Nepalese migrants in India might be that Nepal and India share a common border and the two countries have a longstanding history of migration between them, which is often not perceived as “foreign employment.” Illegal

migration is extremely difficult to measure, and in the Indian context it is far more complex in view of the ethnic ties that the migrants from Bangladesh share with the native population. Fewer studies are available that look at the migration process from both the source-region and the receiving country perspective.

### Conclusion

Migrant workers may be subjected to serious exploitation and human rights abuse both during the migration process and after reaching destination countries. If exploitation and human rights abuses are to be tackled effectively, measures should be taken by government and non-state actors (e.g., recruitment agencies and brokers) in both origin and destination countries (Amnesty International 2011). Migrants adapt and integrate best in situations where they have strong social-support networks to assist and support them. It is crucial for migrant workers to be linked to such social networks where they are not linked already Hugo (2005). This involves better preparation for migrant workers before they leave their home country, more and better information about what to expect, and mechanisms to contend with crises at the destination.

Some studies have also highlighted the lack of awareness on different health issues among migrants which points to the need for awareness generation programs for migrants. Ongoing programmatic efforts should also focus on some specific categories of migrants like neo-migrants, female migrants, migrants from specific communities (Dalits in Nepal), the poorest of the poor groups such as poor-migrant women who might be more vulnerable. Studies reiterate that health care access is inequitable to migrants in general, and programs and policies are needed that are aimed at tackling the inequities in health and health care among migrants.

Given India’s strong economic growth, migration from Bangladesh and Nepal is likely to increase. To create a safer environment for migrants, there is a need to recognize the existence of undocumented labour migrants going from Bangladesh to India; address weak labour laws and policies; distinguish between trafficked victims and cross-border migrants; include migrants in India’s health and HIV/AIDS services; raise awareness about migrants’ rights; and strengthen implementation of regional and national policies. To ensure better health for migrants, there is need to promote migrant-sensitive health policies, develop disease

prevention and health care programs targeted to the needs and vulnerabilities of migrants, and ensure equitable access to health care for all migrants.

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