

REPORT

LIFE ACROSS THE BORDER: MIGRANTS IN SOUTH ASIA

Findings from
Bangladesh, India, and Nepal

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The Report has been funded by UKaid from the UK Government; however the views expressed do not necessarily reflect the UK Government's official policies.

Published in July 2015

Suggested citation: Vartika Sharma, Lopamudra Ray Saraswati, Ubaidur Rob, Mahesh Puri and Avina Sarna, 2015. Life across the border: Migrants in South Asia. New Delhi: Population Council.

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Acknowledgments

We are grateful to UKaid for supporting this regional research on health and migration in South Asia.

We would like to thank Dr Nupur Barua, Deputy Head, South Asia Research Hub at DFID, India, for her support.

Our thanks to Dr Niranjan Saggurti, Senior Program Officer, Bill & Melinda Gates Foundation (ex-Population Council) for conceptualizing this study and to Mr Akash Porwal, Population Council, Delhi, for developing the CAPI program for the survey.

Our sincere thanks to Mr Iqbal Ehsan, Assistant Program Officer at the Population Council, Bangladesh, and Mr Badri Dulal, Research Officer and Mr Dev Chandra Maharjan, Data Management Officer at the Center for Research on Environment Health & Population Activities (CREHPA) in Nepal, for facilitating data collection in Bangladesh and Nepal.

We would like to thank Dr Waimar Tun, Population Council, Washington, DC for her technical review of the report. The editorial support from Deepika Ganju, Population Council, Delhi, Christina Tse and Michael Vosika, Population Council, New York, is also acknowledged.

We would also like to thank our field investigators who continued data collection activities in the difficult field situations in all three countries and helped in completing the study in time. Lastly and most importantly, the Population Council would like to express sincere gratitude to all the men and women who participated in this study.

Executive Summary

Over the past few decades, India's growing economy and demand for labour has attracted people from the neighbouring countries of Nepal and Bangladesh. Many Nepalese and Bangladeshis move from their home countries to India in the hope of better opportunities. However, the nature of migration from Bangladesh and Nepal to India is dissimilar because of their different historical backgrounds, geographical variants, ethno-religious affinities, political systems, and bilateral arrangements with India.

The Indo-Nepal Treaty of Peace and Friendship (1950) enables Nepalese citizens to move freely across the border without a passport or visa, live and work in India, and own property or do business in India. It does not, however, afford them certain rights, including voting and access to government schemes, such as ration cards. The situation is quite different for Bangladeshi citizens: India has a closed border with Bangladesh, and Bangladeshis can travel to India only after obtaining a valid passport and visa. Nonetheless, evidence from official and unofficial sources indicates that a large number of Bangladeshi migrants arrive in India by crossing the porous border through unofficial transit points. Sources also confirm the existence of a large number of Nepali migrants in the metropolitan cities of India. According to Census of India 2001, immigrants of Bangladeshi origin comprise 61 per cent and of Nepalese origin 10 per cent, of all the immigrants currently living in India [1].

Although migration from Bangladesh and Nepal to India has been widely discussed, there is a dearth of reliable data and studies that address migrants' social and human rights and health on both sides of the border, and only a few studies examine the vulnerabilities of their spouses living with them in the host country, as well as those who are left behind in the country of origin. There is a need to better understand social norms, health status, and the determinants of health of migrants (who are primarily male) as well as their spouses, both in destination areas and at their points of origin.

The Population Council undertook a multi-country study, funded by the Department for International Development (DFID), with the goal of developing a strategy to address sociocultural barriers to health and health-seeking behaviour among men who migrate from Bangladesh and Nepal to India and their spouses. The specific aims of this study were to assess the social and cultural integration; lifestyle; and prevailing physical, sexual, and mental health status (both self-reported and using select biological measurements); and the health-seeking behaviours of (1) male migrants and spouses of cross-border male migrants in India; and (2) returnee male migrants and left-behind spouses of male migrants in their place of origin (Bangladesh and Nepal).

The study used a mixed-method, cross-sectional design and was implemented in two phases. Phase 1 included (1) a desk review of the literature on studies conducted among cross-border migrants in the South Asia region; and (2) qualitative data collection among 82 male cross-border migrants, 79 spouses of male cross-border migrants, and 67 key informants in Delhi, Kolkata, and Mumbai in India. Phase 2 involved a cross-sectional bio-behavioural survey that was conducted in eight sites across three countries—India (Kolkata, Mumbai, and Delhi); Bangladesh (Jessore and Satkhira); and Nepal (Gulmi, Palpa, and Rolpa). Respondents in the destination country (India) comprised (1) current male migrants from Nepal or Bangladesh working or residing in India; and (2) spouses of current male migrants from Nepal or Bangladesh working or residing in India. Respondents in the origin countries (Bangladesh and Nepal) were (1) male migrants who had returned from India; and (2) left-behind spouses of male migrants working or residing in India. A total of 504 current Bangladeshi male migrants, 500 current Nepalese male migrants, 524 spouses of Bangladeshi migrants, and 504 spouses of Nepalese migrants were surveyed in India. Sample sizes for the origin countries were: 250 returnee male migrants and 250 left-behind spouses in Bangladesh, and 270 returnee male migrants and 270 left-behind spouses in Nepal. The bio-behavioural survey was conducted in India between September-October 2014, and in Bangladesh and Nepal between October 2014–January 2015.

KEY FINDINGS

Cross-border Male Migrants

Poverty was the main reason for leaving their home country

The main factors driving male migrants out of their country were poor financial status (reported by 79.0% of Bangladeshi and 69.4% of Nepalese migrants), unemployment (41.1% and 81.6%, respectively), and low wages at home (32.1% and 23.4%, respectively). Returnee migrants in both countries also cited lack of money and poor employment opportunities in their home country. Additionally, about one-quarter of returnee migrants in both the origin countries reported debt at home as a push factor. This corroborates the findings from qualitative interviews, where inadequate funds as a reason for leaving the countries of origin was a recurrent theme.

Better economic opportunity in India was the most common draw for male migrants

Consistent with the push factors, the most common factors that attracted them to India reported by current and returnee migrants were higher wages and better work opportunities.

Migration was found to be a vicious circle for Bangladeshi male migrants

Many Bangladeshi male migrants pay agents to help them come to India. In India, current Bangladesh male migrants are engaged in low-paying manual labour and experience a lack of housing (only 28.2% lived in their own house), poor sanitation (61.7% used public toilets and 28.8% used public open spaces) and limited access to financial services (16.9% had a bank account). More than one-half (56.4%) of returnee male migrants in Bangladesh reportedly left India due to health problems pushing them back into the very poverty they were seeking to escape.

Nepalese male migrants had higher income and longer working hours than Bangladeshi migrants

Nepalese migrants in India earned a higher monthly income (mean monthly income of Nepalese being INR 8,250 versus INR 7,649 for Bangladeshi; $p < 0.001$). However, they also worked more days per month and longer hours per day than Bangladeshi migrants, possibly due to the difference in the nature of their jobs. Many Nepalese worked as security guards (48.6%) or in restaurants (13.1%) that demand longer working hours than the type of work in which Bangladeshi migrants are mostly engaged—e.g., construction work (49.1%) or factory/dockyard work (23.5%).

Older Nepalese and younger Bangladeshis comprised the majority of returnee male migrants

Returnee Nepalese migrants were older (mean age 45.5 years) and less likely to be engaged in remunerative employment in their home country, suggesting that they may have completed their current work life; those working were mostly engaged in running petty businesses. Bangladeshi returnees were younger (mean age 31.0 years), and were mainly returning for agricultural work.

Social integration was better among Bangladeshi migrants than Nepalese migrants

Overall, male migrants from Bangladesh were more likely than Nepalese migrants to adapt to the sociocultural environment in India. A higher proportion of Bangladeshi migrants compared to Nepalese reported receiving help from local Indians (60.8% versus 44.6%; $p < 0.001$). Bangladeshi migrants were also more likely than Nepalese migrants to report helping Indians in the locality (59.5% versus 44.6%; $p < 0.001$), suggesting better integration into the community. They were also more likely than Nepalese migrants to attend social functions and invite people from outside their community.

The health status of Bangladeshi and Nepali migrants residing in India was significantly different

Bangladeshi male migrants were significantly more likely than Nepalese migrants to have respiratory problems (14.9% versus 8.4%; $p < 0.001$) and to report problems related to reproductive tract infections/sexually transmitted infections (RTI/STI) in the past six months (37.7% versus 20.0%; $p < 0.001$). However, Nepalese male migrants were significantly more likely than Bangladeshi migrants to report hypertension (22.6% versus 2.0%; $p < 0.001$).

Current Bangladeshi male migrants fared poorer than their Nepalese counterparts in India on the 12-point scale constructed from the General Health Questionnaire with regard to psychological distress. Moderate-to-severe anaemia was more frequently observed among Bangladeshi migrants compared to Nepalese migrants (10.1% versus 6.6%; $p < 0.001$). Obesity was an issue among the Nepalese migrants, with 39.3% being overweight based on their body mass index (BMI).

Spouses of Male Migrants

The age and work status of migrated and left-behind spouses were different

Left-behind spouses of both groups were younger than spouses accompanying migrant workers in India. Spouses in India were more likely to be working and report higher income than left-behind wives in both communities; most were engaged in low-paying jobs, especially domestic household work. However, more Bangladeshi spouses in India worked compared to spouses of Nepalese migrants and took on daily wage work in construction and other odd jobs.

Spouses left behind were in greater financial debt than spouses accompanying their husbands

Despite their earnings in India, migrants and their spouses reported varying levels of debt, more so among the left-behind spouses. A quarter of the spouses accompanying male migrants in India reported debt in India, while about half of left-behind spouses (45.6% in Bangladesh and 69.3% in Nepal) reported debt in their native place.

Left-behind spouses' health was better than that of spouses accompanying their husbands

Spouses of both Bangladeshi and Nepalese migrants in India reported a higher prevalence of non-communicable diseases, such as diabetes and hypertension, than those who were left behind at origin country. While hypertension could be the result of a stressful life in India—working to earn a living in addition to managing household chores, sociocultural adjustments in settling down in India, and constant fear of deportation amidst the changing political scenario (for Bangladeshi migrants)—it is also known to be associated with obesity and high salt intake, which are both prevalent in the Nepalese community.

The psychological health of left-behind spouses was poorer than that of spouses accompanying their husbands

Left-behind spouses of Bangladeshi male migrants were more likely than spouses in India to show severe psychological distress (38.8% versus 27.5%; $p < 0.01$). Similarly, left-behind spouses of Nepalese migrants showed higher evidence severe psychological distress than spouses in India (15.5% versus 10.3%; $p < 0.001$). Qualitative interviews show that left-behind spouses experienced stress due to the larger responsibility of maintaining the family—health care, nutrition, farming/livelihood, child care, and education—in addition to the stress of living away from their husbands for long durations.

Gender norms and attitudes among the Nepalese spouses were better than those among Bangladeshi spouses, where spousal abuse was pervasive

Spouses of Nepalese male migrants in India supported more gender egalitarian norms than their Bangladeshi counterparts, where verbal abuse and physical violence were pervasive. A significant proportion of spouses of male migrants in India reported experiencing verbal (96.5% of Bangladeshi and 97.4% of Nepalese) and physical (96.9% and 90.8%) violence perpetrated by their husbands in the last 12 months. Left-behind spouses were less likely to report verbal (84.6% of Bangladeshi and 68.4% of Nepalese) and physical (74.6% and 34.2%, respectively) violence by their husbands in the last 12 months, possibly because their husbands lived away.

CHAPTER 1

Introduction

Over the past few decades, India's growing economy and demand for labour has attracted people from the neighbouring countries of Nepal and Bangladesh [2, 3]. Many Nepalese and Bangladeshis move from their home countries to India in the hope of better opportunities [4]. According to Census of India 2001,¹ immigrants of Bangladeshi origin comprise 61 per cent and of Nepalese origin 10 per cent, of all the immigrants currently living in India [1]. However, the nature of migration from Bangladesh and Nepal to India is dissimilar because of their different historical backgrounds, geographical variants, ethno-religious affinities, political systems, and bilateral arrangements with India.

The Indo-Nepal Treaty of Peace and Friendship (1950) enables Nepalese citizens to move freely across the border without a passport or visa, live and work in India, and own property or do business in India. It does not, however, afford them certain rights, including voting and access to government schemes, such as ration cards [4-6]. The situation is quite different for Bangladeshi citizens: India has a closed border with Bangladesh, and Bangladeshis can travel to India only after obtaining a valid passport and visa. Nonetheless, evidence from official and unofficial sources indicates that a large number of Bangladeshi migrants arrive in India by crossing the porous border through unofficial transit points [4]. Sources also confirm the existence of a large number of Nepali migrants in the metropolitan cities of India.

Trends and pattern of labour migration among Bangladesh, India, and Nepal; the socio-political implications of irregular migration, and migrants' health in the context of HIV/AIDS has been widely discussed. However, there is a dearth of reliable data or efforts to address migrants' social, human, and health rights on both sides of the border. Most migrant workers from Bangladesh and Nepal live in Mumbai, Kolkata, and Delhi (India's major urban centres) and are mainly employed in bars, restaurants, domestic work, construction work, and security services [7-9]. To a great extent, migration benefits both migrants (and their families) and the host country, as new economic opportunities in destination areas meet the livelihood needs of migrant workers, while their remittances play a crucial role in strengthening the economy of both their native and host countries. However, cross-border migrants face multiple vulnerabilities at their destination due to social exclusion, substance abuse and other high-risk behaviours, and lack of access to services [7-9].

Studies show that migration and mobility are social determinants of health [10-17]. The circumstances under which migration takes place, together with such factors as gender, language barriers, and immigration status, affect migrants' health-related vulnerabilities and access to health services [18]. However, the lack of understanding of social norms and determinants of health in both places of destination and origin is currently impeding India's efforts to improve the welfare of migrants. A review of studies conducted among migrants from Bangladesh, India, and Nepal suggests that the association between migration and HIV has been well studied, and results demonstrate that the risk of contracting HIV is higher among migrants than non-migrants (i.e., the native population) [6-8, 13, 14, 19, 20]. Male migrant workers, in particular, are a high-risk population, as many become infected through transactional sex in high-epidemic regions [16, 21]. Further, migrants often carry the virus back to low-epidemic regions (home districts) and other populations [6, 14, 16, 20-25]. For these reasons, the National AIDS Control Organisation (NACO) has identified migrants as a key population group in need of HIV prevention, care, and treatment services.

Studies examining the health status of in-country migrants in India show poor uptake of maternal health services by migrant women in urban areas [17, 26], as well as high levels of malnutrition among children of migrant workers in urban slums [10, 27-29]. Poor environmental conditions, inadequate health services, and impaired absorption of nutrients due to infections and lack of proper child-care practices are the most common causes for malnutrition among children of migrant workers [2, 5, 6, 12]. Tuberculosis (TB) is another commonly reported condition among in-country migrants.

¹ Although aggregate level migration data from Census 2011 has been released, break-up by country of origin is still not available.

Information on health disparities among cross-border migrants and their families is limited, and most studies have been conducted outside Asia, mostly across European and US–Mexican borders. The only research study conducted in South Asia was under the EMPHASIS project, which was a regional project implemented by CARE in three countries (Bangladesh, India, and Nepal) to reduce HIV/AIDS vulnerability among cross-border migrants from Bangladesh to India and from Nepal to India (2009–12) [9, 30]. Essential preventive, referral, and care services to cross-border migrant communities, capacity building of partners and stakeholders, and evidence-based advocacy were some of the core operating portfolios for EMPHASIS. A qualitative study conducted under the EMPHASIS project among Bangladeshi migrants in India indicated that migrants face various challenges at destination, including economic and political insecurities, difficulty understanding the new language and culture, labour exploitation, and engagement in sex work [5, 7, 8, 31].

Thus, despite a large body of research on migration, there is limited information on health and social vulnerabilities of cross-border migrants from neighbouring countries. Studying the issues of sexual and reproductive health, including child-rearing and health-seeking behaviours of cross-border male migrants, their spouses at destination, and the populations left behind in places of origin could offer valuable insights into addressing migrants' health. Further, research on other health issues of cross-border migrants such as non-communicable diseases and psychological health at destination and their families at origin is limited. There is a need to better understand social norms, health status, and the determinants of health of this population at their place of work (destination sites) and at their origin. This information will help to guide policies for this population.

STUDY OBJECTIVES

The goal of this project was to assess and develop strategies to address sociocultural barriers to health status and health-seeking behaviours among migrant men and their spouses. The specific aim of this study was to assess the individual, economic, social, and cultural factors that determine the health vulnerabilities among:

1. Cross-border Bangladeshi and Nepalese male migrants at places of origin and destination areas.
2. Spouses of cross-border Bangladeshi and Nepalese migrants at places of origin and destination areas.

STUDY HYPOTHESES

Hypothesis 1: Bangladeshi migrants in destination areas (in India) are more likely to have poor physical, mental, sexual, and reproductive health than Nepalese migrants and their families.

Hypothesis 2: Returnee migrants in their places of origin are more likely to have poor physical, mental, sexual, and reproductive health than current migrants in destination areas.

Hypothesis 3: Spouses of male migrants who are left behind in places of origin are more likely to have poor physical, mental, sexual, and reproductive health than spouses of male migrants who are living with their husband in destination areas.

Based on a review of the literature, a conceptual framework was developed to better understand the relationship between migration and health, with a focus on cross-border migrants in places of destination and origin (Figure 1). This framework was used as a basis for the study.

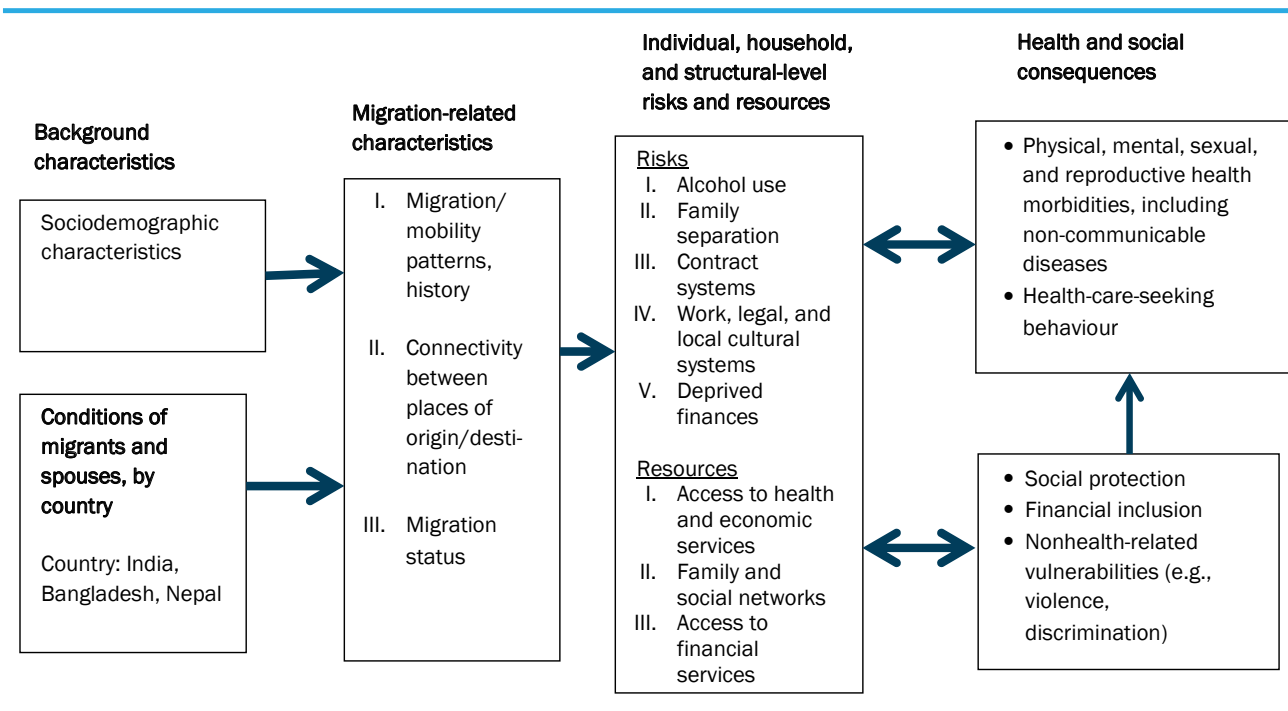


Figure 1: Analytic framework exploring the association between migration and health status

METHODOLOGY

The study was conducted in seven districts across three countries—India (destination sites), Nepal (origin sites), and Bangladesh (origin sites). The cities of Mumbai, Kolkata, and Delhi in India were selected as destination sites for cross-border migrants, as these are India’s major urban centres and employ migrant workers in various occupations [2, 4, 9]. Five origin study sites were identified in Nepal and Bangladesh based on the literature review and the qualitative interviews: Gulmi, Palpa, and Rolpa in Nepal, and Jessore and Satkira in Bangladesh.

The study used a cross-sectional, mixed-methods design and was implemented in two phases to assess and develop strategies to address sociocultural barriers to health-seeking behaviours among migrant men and their spouses.

- Phase 1 conducted between March-July 2014 included (1) a desk review of literature on studies conducted among cross-border migrants in the South Asia region; and (2) qualitative data collection among male cross-border migrants and stakeholders at study sites in India to understand migration patterns and identify factors at multiple levels (individual, household, community, and health facility) that affect migrants’ health and health-seeking behaviours.
- Phase 2 conducted between August 2014 – January 2015 involved a cross-sectional bio-behavioural survey to identify the individual, social, economic, and cultural predictors of migrants and their families’ health in different migration environments. This phase included data collection in India, Nepal, and Bangladesh.

PHASE 1

A. Desk Review of the Literature

For the literature review, studies exploring issues related to migration and health from the Asian countries, specifically those in the South Asian region, were identified. Standard systematic review procedures were used to select studies from three bibliographic databases – JSTOR, POPLINE, and PubMed – and standard search engines, such as Google Scholar, using free-text terms and adjusting terms, depending on the search tools available (e.g., truncation for timeline). The search included a combination of the following terms in addition to the

domains identified through the literature review: “Cross-border migration”, “Migrants’ health”, “South Asia”, “HIV”, “Places of origin”, “Bangladeshi migrants”, “Nepalese migrants”, “Migrants and TB”, “Malaria and migrants”, and “Migration-related policies”. To obtain the most relevant findings, the review was narrowed to peer-reviewed materials published between 2001 and 2014, except for some materials we considered relevant, despite being published before the specified timeframe. For issues such as policies related to migrants and country-specific schemes, documents were included without any time limit. Broadly, the following categories of documents were analyzed:

- Scientific papers published in national and international peer-reviewed journals identified using search engines through selected keywords; and
- Current policy and strategy documents pertaining to migrants.

The detailed literature review report is available.

B. Qualitative Interviews

Based on findings from the literature review and discussions with nongovernmental organizations (NGOs) working with migrant workers, possible geographical locations for data collection were identified in Delhi, Kolkata, and Mumbai. At these sites, social mapping was conducted through brief street conversations with business owners and community members, to help identify migrant pockets within the area, and to collect information on general and sexual and reproductive health, health services in and around the migrant areas, and availability of social protection and financial services. During the social mapping exercise, key informants such as community members (within migrant populations as well as other residents in the locality), informal leaders, and members of local committees or public/private health-care practitioners were identified and interviewed. In-depth interviews with current male migrants and spouses of male migrants were conducted using a standardized guideline. Qualitative interviews were conducted between June-July 2014 in the selected sites in India.

Male migrants were eligible if they were 18 years of age or older, were an official native of Nepal/Bangladesh, and were residing at the current site for at least six months. Eligible spouses of male migrants were identified as women who were currently married to migrant workers who met the above eligibility criteria of being a male migrant respondent in our study. Respondents were purposively selected from the sampling frame developed during social mapping. Selection of respondents was diversified by duration of stay in India, marital status, type of employment, and type of accommodation (living with family versus living with peers).

Selected individuals participated in key informant interviews exploring barriers and facilitators to migrants’ utilization of health services, with particular attention to cultural practices. Information gathered from qualitative interviews was used to define the profile of migrant workers to be included in the quantitative bio-behavioural survey.

PHASE 2: BIO-BEHAVIOURAL SURVEY

Phase 2 comprised a cross-sectional bio-behavioural survey conducted with (1) current male migrants at three destination sites (Delhi, Mumbai, and Kolkata); (2) spouses of male migrants at three destination sites (Delhi, Mumbai, and Kolkata); (3) returnee migrant men at three origin sites in Nepal and two sites in Bangladesh; and (4) spouses of current male migrants at three origin sites in Nepal and two sites in Bangladesh. This bio-behavioural survey was conducted in India between September-October 2014, and in the two countries of origin between October 2014-January 2015.

Eligibility Criteria for the Bio-Behavioural Survey

Inclusion criteria for respondents were refined based on findings from the qualitative study in Phase 1.

1. *Current male migrants at destination sites* included married and unmarried males who were age 18 years and older, were natives of Nepal or Bangladesh, had spent most of their first 15 years in their native country, and were currently employed or residing in Delhi, Mumbai, or Kolkata.
2. *Spouses of male migrants at destination sites* included women age 18 years and older whose husbands met the following criteria: (i) male migrants from Nepal or Bangladesh; and (ii) spent most of their time between 0–15 years in their native country. Hence, respondent spouses could be citizens of any country, provided their husbands were Bangladeshi or Nepalese.

3. *Returnee male migrants at origin sites* included men age 18 years and older, who returned to their place of origin (Bangladesh or Nepal) for at least six months, either due to completion of their job contract or no job at the destination place (Delhi, Mumbai, or Kolkata).
4. *Spouses of current male migrants at origin sites* included native Nepalese or Bangladeshi women age 18 years and older whose husbands were current migrants working in India while they stayed in their home country.

Sample Selection in India (destination sites)

In the Indian sites, Nepalese male migrants and spouses of male migrants were recruited through a household listing in the selected sites to identify eligible households with individuals 18 years of age or older, natives of Nepal, currently working and residing in Delhi, Mumbai, or Kolkata. Eligible households were approached for participation in the study, and the male member was selected for the interview. In view of the political sensitivity around Bangladeshi migrants, household listing was not undertaken for this population and participants were recruited through snowball sampling, with the initial participants recruited through NGOs working in selected sites.

Sample Selection in Nepal and Bangladesh (origin sites)

Based on the literature review and qualitative interviews with Nepalese and Bangladeshi migrants in India, two districts in Bangladesh and three districts in Nepal were selected for interviews with returnee male migrants and spouses of current male migrants.

In Bangladesh, participants were recruited from Jessore and Satkira districts. The study was conducted in two sub-districts—Bagarpara, where participants were recruited from 12 unions (administrative unit in Bangladesh); and Kolaroa, where participants were recruited from three unions. Given the political sensitivity regarding illegal migration from Bangladesh to India, the team was advised not to undertake household listing in the selected villages in these districts, as this would identify migrant households. Instead, the team recruited migrant households identified by the key informants from the village. This was followed by screening for eligibility and selection of individuals for the survey.

To ensure consistency, the same methodology was used to reach out to the target population in Nepal, where participants were recruited from Gulmi, Palpa, and Rolpa districts. Further, in each district, three village development committees (VDCs) were selected. Each VDC has nine wards, from which 3–6 wards were selected for participant recruitment. Here too, the team recruited migrant households identified by key informants from the village. This was followed by screening for eligibility and selection of individuals for the survey.

Sample Size

In destination sites, i.e., in India, a total of 504 current Bangladeshi male migrants, 500 current Nepalese male migrants, 524 spouses of Bangladeshi migrants, and 504 spouses of Nepalese migrants were interviewed. The details on site-specific sample sizes are given below:

Mumbai

1. Migrants from Bangladesh to India
 - a. Bangladeshi male migrants (sample size = 254)
 - b. Spouses of Bangladeshi male migrants (sample size = 274)
2. Migrants from Nepal to India
 - a. Nepalese male migrants (sample size = 250)
 - b. Spouses of Nepalese male migrants (sample size = 251)

Delhi

1. Migrants from Nepal to India
 - a. Nepalese male migrants (sample size = 250)
 - b. Spouses of Nepalese male migrants (sample size = 253)

Kolkata

1. Migrants from Bangladesh to India
 - a. Bangladeshi male migrants (sample size = 250)
 - b. Spouses of Bangladeshi male migrants (sample size = 250)

In origin sites, 520 returnee male migrants and 520 left-behind spouses of current migrants were interviewed (250 each in Bangladesh and 270 each in Nepal). Site-specific details on sample size are given below:

Bangladesh

1. Jessore
 - a. Returnee male migrants from India (sample size = 120)
 - b. Left-behind spouses with husband currently migrated to India (sample size = 120)
2. Satkhira
 - a. Returnee male migrants from India (sample size = 130)
 - b. Left-behind spouses with husband currently migrated to India (sample size = 130)

Nepal

1. Gulmi
 - a. Returnee male migrants from India (sample size = 90)
 - b. Left-behind spouses with husband currently migrated to India (sample size = 90)
2. Palpa
 - a. Returnee male migrants from India (sample size = 90)
 - b. Left-behind spouses with husband currently migrated to India (sample size = 90)
3. Rolpa
 - a. Returnee male migrants from India (sample size = 90)
 - b. Left-behind spouses with husband currently migrated to India (sample size = 90)

The study did not aim to recruit single female migrants from Nepal and Bangladesh in India, as most women migrate to India with their spouses. Further, most single women who migrate across the border are believed to be trafficked [32, 33]. The vulnerabilities of this group are very different from those of our current study population; hence, they were not included in this research study.

Bio-behavioural Study Tool

The survey followed the domains in the study conceptual framework. The sample and type of measures by domain are described in Table 1.

Table 1: Survey domains, areas, and sample measures

Domain	Topical areas	Sample measures
Demographics, work, earnings, remittances, and wealth	Demographics	Age, education, marital status
	Occupational risk	Main occupation before and after migration, work conditions at destination, hours of work, exploitation at work, job insecurity, and work-related stress
	Earnings, remittances, economic empowerment	Earnings (regular and non-regular employment) per month; remittances sent to/received by family members in places of origin; frequency, amount, and mode of remittance
Migration factors	Migration history	Native place, age at first move, accompanying person at first move, living arrangements at first move, number of months/years of stay in current place
	Migration/mobility patterns	Most commonly visited place for work, frequency of movement between destination and origin areas
Cultural and vulnerability factors	Cultural adjustment	Socio-cultural practices
	Access to safe water and sanitation	Access to safe drinking water and availability/utilization of sanitation facilities
	Gender-based violence	Intimate partner violence and sexual violence
Social and financial services	Social protection and schemes	Perceived collectivization of migrants, and access to ration card, voter card, permanent account number (PAN) card, and birth certificate
	Financial inclusion	Having bank account, loans, money transactions between destination and origin sites
Health outcomes	Health status	Communicable and non-communicable diseases, mental health status, perceived physical health
	Health-seeking behaviour	Treatment-seeking behaviour, public versus private health care utilization
	Maternal and child health behaviours	Antenatal care, institutional delivery, and contraception
	Biological information	Height, weight, BMI, haemoglobin, blood pressure

Data Collection and Analysis

All field staff in the study were multilingual in Hindi, Bengali/Marathi, and English. In India, Bangladeshi respondents were interviewed in Bengali and Nepalese respondents in Hindi. Interviews were conducted in local languages in the origin countries. Immediately prior to administering the survey, or in-depth and key informant interviews, participants were given a copy of the consent form and written or oral informed consent was obtained.

Qualitative interviews

In-depth interviews lasted approximately 30–35 minutes. Interviews were audiotaped, transcribed, and translated into English for analysis. Atlas Ti (GmbH, Berlin; Version 6.2) was used for coding and analysis of interviews. During the course of data collection, interview transcripts were reviewed and analyzed to identify a saturation level beyond which further interviews did not elicit new information or new risk profiles. Two researchers read the transcripts independently for content analysis and generated descriptive categories and codes. Codes were then compared, and a final code list was prepared by consensus. For participants who refused to have their interviews recorded, the interviewers took brief notes in the language of the interview, and as soon as the interview was completed, added full details to their notes.

Bio-behavioural survey

The bio-behavioural survey was conducted using handheld mini laptops using CSPro version 6.0. Participants could choose not to answer any question within the survey or interview, and were free to participate in the interview and/or the biological assessment. The entire survey, including biological measurements, took about 30–45 minutes. At the origin and destination sites, following the survey, biometric measures including height, weight, haemoglobin, and blood pressure (BP) for both male and female participants were recorded. Haemoglobin

was measured using a standardized digital haemoglobin meter (STAT-Site® MHgb Meter, Stanbio Laboratory, USA). Blood pressure and weight were measured using the standard digital machines. Those found to be hypertensive or anaemic, or who had symptoms indicative of TB, were referred to a local government health facility for treatment.

All analyses were conducted using STATA version 11.2 (College Station, Texas). Comparative analyses were done for two sets of male migrant groups – (i) current Nepalese male migrants vs. current Bangladeshi male migrants, in India; and (ii) current male migrants in the destination country vs. returnee male migrants in the country of origin (India vs. Bangladesh; and India vs. Nepal). Similar comparisons were done for the spouses of migrants – (i) spouses of male migrants in the destination country vs. left-behind spouses of the current migrants in the place of origin (India vs. Bangladesh; India vs. Nepal); and (ii) spouses of Bangladeshi male migrants vs. spouses of Nepalese male migrants in India. Pearson's chi-square test for categorical variables and Student's t-test of means for continuous variables were used to see the differences between groups. Further, multivariate analysis has been carried out for some of the outcome variables (as shown in our analytic framework in Figure 1). First bivariate association between the outcome variable and the potential independent variables has been tested using chi-square or t-test. Those found to be significantly associated with the outcome variable in bivariate analysis were included as independent variables in the binary logistic regression.

Key definitions and variables used in data analysis are described below:

Body mass index (BMI) was calculated using the standard formula: dividing the body weight in kilograms by the square of the height in meters. According to World Health Organization (WHO) definitions, **obesity** was qualified by a BMI greater than 25.

Hypertension was defined as readings above 140/90 millimetres of mercury (mmHg) in accordance with the WHO definition.

Anaemia was considered mild in cases where haemoglobin (Hb) levels were 10.0–10.9 grams per decilitre (g/dl), moderate with Hb 9.9–7.0 g/dl, and severe with Hb <6.9g/dl, according to the National Family Health Survey (NFHS-3) definition.

Psychological health was assessed using the 12-point General Health Questionnaire (GHQ) which is a screening tool for identifying psychiatric disorders in the general population in community or non-psychiatric clinical settings, such as primary-care or general medical outpatients. The score ranges from 0 to 36, and is classified as normal (0–15), evidence of distress (16–20), and severe problem and psychological distress (>20).

Social integration was considered to have happened if respondents reported having attended social functions in India outside their own migrant community or invited other people outside the migrant community to their social functions and if they ever received help from Indians when in trouble or ever helped somebody who was in trouble, in India.

Social and financial inclusion was defined as having a bank account, Aadhar card (a biometric identity card issued by the Unique Identification Authority of India on behalf of the government, available to anyone residing in India to establish a unique identity – not citizenship – to access such services as bank accounts, mobile phone and gas connections), voter card, or ration card.

Non-communicable diseases included hypertension, diabetes, or heart disease in the past six months.

Symptoms related to **RTI/STI** (Reproductive Tract Infection/ Sexually Transmitted Infection) included abnormal discharge from vagina/penis, dysuria (pain or burning during urination), and genital ulcer in the past six months.

Sexual dysfunction comprised erectile dysfunction, sexual dissatisfaction or loss of sexual desire for men, whereas only sexual dissatisfaction or loss of sexual desire for women.

ETHICAL APPROVAL

The study was reviewed and approved by the Institutional Review Board of the Population Council and the Nepal Health Research Council.

STUDY LIMITATIONS

Respondents' knowledge and behaviours were assessed using self-reports, therefore reporting may be biased. Considering the political sensitivity regarding the illegal status of Bangladeshi migrants in India, the information on native districts of Bangladeshi migrants was provided by peers who were known to the participants. Also, it was not possible to randomly select participants for the bio-behavioural survey, as many migrants did not readily disclose their migrant status to the field team. Therefore, snowball sampling was used for recruitment of participants, which may have led to some selection bias whereby those who did not want to identify as migrants may not have been included in our sample.

CHAPTER 2

Findings from qualitative analysis: Characteristics of cross-border migrants in India

In this section, we report findings from the qualitative interviews conducted with Bangladeshi and Nepalese male migrants, their spouses, and key informants at destination sites.

NATIVE DISTRICTS

Nepalese respondents, in both Delhi and Mumbai, stated that people from all parts of Nepal migrate to India for work. The most frequently cited districts were Dang, Gomla, Gulmi, Lumbini, Palpa, Rolpa, and Shelpa, and areas near the Indo-Nepal border. Participants said that while earlier people migrated only from rural Nepal, migrants now come from both rural and urban sites.

Most of the Bangladeshi migrants settled in Kolkata are from Barisal, Faridpur, Jessore, and Khulna. Respondents mentioned that men from Dhaka, Koira, Narail, Sathkira, and Sorudga also migrate to India.

Considering the political sensitivity regarding illegal Bangladeshi migrants, most respondents in Mumbai did not provide details about their native place. They insisted that they had migrated from various districts of West Bengal, such as Murshidabad, South and North 24 Paragnas, and Bhingbhum. A few respondents who confirmed their migrant status stated that most Bangladeshi migrants in Mumbai are from Barisal, Jessore, and Khulna.

REASONS FOR MIGRATION

Among the primary reasons for migration to India, from both Nepal and Bangladesh, are poverty and lack of employment opportunities in the native country. The open border with Nepal allows people to easily come to India to earn money. Once they earn and save, many go back to Nepal to build their property/assets.

“In Nepal, I helped my father in his agricultural work, but it was not sufficient for the whole family; therefore, I moved out. I worked for a year in Kathmandu as a daily-wage worker, but income was not enough. Finally, I came to Delhi with my brother, who was already here with his family.”

– Nepalese male migrant, Delhi

“I have to stay here out of need and obligations. My heart doesn’t wish to. Is it possible to stay in an alien country leaving behind your children and loved ones? I have to stay here out of obligations ... due to dearth of money.”

– Nepalese male migrant, Mumbai

In addition, many Nepalese respondents cited reasons for migrating to India such as medical treatment, better quality of life, and better educational opportunities for children. Respondents also said that it is more difficult to earn money in Nepal because it has hilly terrain and, hence, requires harder work compared with India. All the spouses said that they had to come to India along with their husband and family members.

“I couldn’t go to school as I lived in the mountains.... I had to take care of the cattle and do all the other work If I had continued to stay there, my children would also have had to do it That is why I left home ... for my four children I left home.”

– Nepalese male migrant, Delhi

Migrants from Bangladesh, both in Kolkata and Mumbai, expressed the expectation of earning a lot of money in India, and one respondent called Mumbai “a valley of money”. Respondents noted that Bangladesh has a huge population, but that the only work opportunity is seasonal agriculture, which lasts for just two to three months. For the remaining months, therefore, respondents have to look for menial work opportunities, such as labour. Considering the risks migrants take to come to India, their only objective, as expressed by one respondent, is to

“do whatever, but earn money”. Respondents in Mumbai also added that they earn more money for work in India because of the exchange rate and overtime payment for extra hours of work.

“We were dependent on agriculture. For two years, the paddy did not grow well, as the field was covered with water. We had to incur multiple loans to feed our children. So, we came to Kolkata from Bangladesh. If we had not come here, we would have had to sell out our land to feed our children. And if we feed them by selling out our land, then we would have nothing for the future... .”

– Spouse of Bangladeshi male migrant, Kolkata

Some migrants in Kolkata discussed the high cost of living in Bangladesh, even for basic needs like food and shelter. Male migrants and their spouses expressed their desire to earn, save, and send money back home to their family. Another advantage is that migration provides an opportunity for both migrant men and their spouses to work in India, while in Bangladesh, women cannot engage in income-generating work.

“There is much poverty and misery in Bangladesh; because of it they come here. They have all types of hardship in that place. The price of rice and vegetables is very high. It is a great misery for the poor people. The price of everything is rising, but the income of the labourers is not rising. People earn 200 rupees, which is not sufficient for family expenses. However, there is an opportunity in this place. Here if one earns 200 rupees, then he could save 50 rupees after spending 150 rupees for food and other expenditures. That is why people are coming here.”

– Key Informant interview, Bangladeshi male migrant, Kolkata

Unlike in Mumbai, respondents in Kolkata noted that it is common for Bangladeshi women to migrate from Bangladesh to Kolkata. For female migrants, reasons for moving to India included divorce, torture by in-laws, and the inability to get married because of poverty.

“After 10 years of my marriage, my husband divorced me.... This was because he demanded Rs 30,000 from my father, which my father could not afford. I also have a daughter from my first husband, and since my parents had become old, they could not look after her. Thus, out of tension due to various reasons (being divorced, etc.), I migrated to Kolkata to earn some money and move on with my life.”

– Bangladeshi female migrant, Kolkata

REMITTANCES

Most migrants reported that they are not able to save enough money to send it home regularly. Respondents mentioned that they send money frequently if their wife and children are living at home, but not to other relatives. Most respondents send money through a friend/relative travelling to their native place. Very few respondents in both Mumbai and Delhi said they send money through a bank. Some also mentioned carrying the money themselves when they travel back home.

“We are hardly able to save any money ... there are so many children. We have to feed them and educate them. Other people, who send it, take it on their own or through someone who is travelling to the village.”

– Spouse of a Nepalese male migrant, Mumbai

A few respondents expressed their apprehension about sending money home with friends and relatives because they fear losing the money at the border or that it will be pickpocketed. They also added that they have to pay friends and relatives to deliver the money to their families. Such respondents preferred to transfer the money through banks. The most commonly used banks were State Bank of India, United Commercial Bank, and Axis Bank. Only one respondent in Kolkata mentioned having a joint account with his wife, where he deposits the money in India and his wife withdraws cash in Bangladesh.

CURRENT OCCUPATION

Most Nepalese migrants are engaged as construction workers, personal drivers, watchmen, or hotel workers, while a few were working on their own, running a local grocery shop or driving an automobile. Very few respondents were engaged in office or technical work. In Mumbai, respondents said that older migrants tend to work as security guards and younger migrants in hotels.

“Different people do different work. There is no specific occupation. They leave their home to earn money. They don’t have any degree and are illiterate, so they do any work that they get.”

– Nepalese male migrant, Mumbai

In contrast, Bangladeshi migrants in Mumbai work on a daily wage rate as masons. In Kolkata, some male migrants reported working as rickshaw pullers and rag pickers. A few respondents worked for NGOs or in fishery-based jobs.

“They work in the construction sector, mostly as a mason Some do garbage cleaning. They all find work and do it together They do that work It is for money”

– Key informant, Bangladeshi male migrant, Kolkata

A respondent from Kolkata talked about contractors who bring people from across the Bangladesh border and hire them out for work in India.

“Yes, he calls people from the village [Bangladesh] and he himself is in touch with the builder here He takes the work on contract and gets the work done through these people [Bangladeshis].”

– Spouse of Bangladeshi male migrant, Kolkata

There were mixed responses about the working status of migrants’ spouses from both Nepal and Bangladesh as not all of them reported working for money. Spouses who worked were mainly engaged as housemaids. A few spouses in Kolkata worked as helpers at the construction work site.

“Both husband and wife earn somewhere between 10,000–15,000 rupees a month. They left everything behind so now they spend only 8,000 rupees and save everything else.”

– Nepalese male migrant, Delhi

Most Nepalese migrants are not educated and have only agriculture-related skills, so they often end up in low-profile jobs. Most migrants are helped by relatives or friends to get jobs. Only one Nepalese respondent mentioned that a contractor goes to Nepal to bring people to Delhi for work. Nepalese migrants in Delhi discussed the keen competition between Indian and Nepalese labourers for jobs, and the long wait to get jobs. Respondents said that they never face prejudice because of their Nepalese origin. They added that since Nepalese labour is cheap, they often have more job opportunities than the Indian labourers.

There was mixed feedback about migrants’ willingness to help those who come from Nepal to find jobs in India. Most respondents reported helping relatives, but not friends or acquaintances from their native areas. On the other hand, Bangladeshi migrants in Kolkata said they help newly arrived Bangladeshi migrants in India to find jobs.

“They come here from all corners of Nepal. There is so much poverty and no job opportunities there. They come to India and stay with their relatives and start looking for small odd jobs like cleaning in the offices and factories, household chores, or work as security guards.”

– Key Informant, Delhi

Bangladeshi migrants, in both Mumbai and Kolkata, reported earning lower incomes compared to Nepalese migrants in Delhi and Mumbai. Most of the Bangladeshi migrants in Mumbai reported problems meeting household expenses and, hence, had to take loans from friends and relatives.

SOCIAL NETWORK AND QUALITY OF LIFE

Given the similarity of sociocultural practices between India and Nepal, Nepalese migrants settle down easily in India and do not face discrimination due to their nationality. A few spouses of Nepalese migrants reported that they have limited interaction with other women in the area, as they are busy with household chores.

There is a deep trust among community members in terms of borrowing money when in need and sending money home with friends and relatives. This is more relevant for Bangladeshi than Nepalese migrants, as the former mostly stay illegally in India.

While migrants reported that the quality of life in India was much better than in their native place, they face multiple challenges. These challenges were similar across the study sites and among both Nepalese and Bangladeshi migrants. Access to clean toilets and water supply was the most commonly reported problem. Respondents in Mumbai and Delhi reported fights in the community over drinking water. Most respondents across

the sites reported open defecation and unclean living conditions resulting in frequent health problems among them.

“We face illnesses like malaria. Then there is garbage all over the place ... and the problem of toilets. You have to stand in a queue and pay three rupees to use the toilet. These are the main problems.”

– Bangladeshi male migrant, Mumbai

Nepalese migrants in Delhi reported frequent fights in the community due to rampant alcoholism among men in their communities. Spouses of male migrants also reported physical abuse by alcoholic husbands. Respondents added that since domestic violence is a family issue, friends and neighbours do not intervene.

“In the slums, people are often addicted to alcohol. Every evening, they come home after drinking Some people spend too much money on their alcohol. Consequently, their ladies become irritated due to the growing financial household burden, resulting in frequent fights with each other.”

– Spouse of a Nepalese male migrant, Delhi

“Men often fight and beat their wife We don’t do anything What can we do? It’s their matter and we can’t interfere.”

– Spouse of a Nepalese male migrant, Mumbai

Kolkata, where only Bangladeshis were interviewed, was the only site where respondents cited the use of cannabis and dendrite by young migrant boys, in addition to alcohol and tobacco.

None of the migrants reported instances of rape, molestation, kidnapping, or trafficking. Respondents also said that they were comfortable approaching the police if they needed help.

Bangladeshi migrants in Mumbai reported incidents of suicide by their peers who were in extreme financial debt.

“If someone has taken a loan but can’t return it or does not get a job, then he jumps from somewhere or goes on the railway tracks to give his life. Or he just drinks alcohol and gives his life.”

– Spouse of Bangladeshi male migrant, Mumbai

HEALTH PROBLEMS

Respondents attributed their health problems to an unhygienic environment and malnourishment; they reported frequent episodes of typhoid and diarrhoea, and pointed out that mosquito breeding in their area resulted in widespread cases of dengue and malaria. However, respondents recognized the fact that these problems were not specific to migrants but were also experienced by other people living in that community.

“Here we do not have proper toilets, no water to drink, no proper dustbin There is garbage everywhere. Because of all this, people suffer with problems like vomiting, diarrhoea, malaria, colds, and cough.”

– Nepalese male migrant, Delhi

“Look at the condition of garbage, toilet, and drinking water. All this makes us prone to diseases.”

– Spouse of Nepalese male migrant, Mumbai

Few respondents discussed the increasing problems of TB, asthma, blood pressure, and diabetes among community members. Only a few Bangladeshi migrants in Mumbai mentioned symptoms suggestive of sexually transmitted infections, such as itching and rashes. One respondent mentioned that since these symptoms are generic and thus people often ignore them until the condition gets worse.

“TB and hypertension are reported in both men and women. Some people in our community died due to TB Diabetes is mostly reported in men. These problems are generally reported by older aged men between 50–70 years.”

– Nepalese male migrant, Mumbai

“Some of them lack awareness of symptoms [of diabetes and hypertension]. People may have a headache and weakness and may think it is normal or due to a heavy workload or stress. It is only when these symptoms worsen that they visit the doctor and realise that they have hypertension or diabetes.”

– Nepalese male migrant, Mumbai

Many respondents, both Nepalese and Bangladeshi, mentioned “stress” as a key factor triggering problems of hypertension and diabetes. A few spouses of migrants added that women are often more vulnerable to illness than men, since they have the dual responsibility of looking after the household and earning a living.

“Most common illnesses are malaria, typhoid, dengue, diarrhoea, and TB. TB and diabetes are more found in men, because they do hard work and don’t take proper meals and don’t care about minor illness. Anaemia and weakness are more found in women, due to insufficient food and eating at odd hours. I think 50 per cent of men and women are suffering from hypertension They have a stressful life.”

– Spouse of Nepalese male migrant, Mumbai

None of the respondents cited knowing any HIV-positive people in the community. They added, however, that even if someone was HIV-positive, they would not disclose their HIV status. Kolkata is the only site where one respondent mentioned the presence of sex workers in the community.

“To my knowledge, there is no case of HIV/AIDS in this area. I am sure there will be such cases, but they would not have disclosed it in the community. No doubt, women here would have STI symptoms.”

– Bangladeshi male migrant, Mumbai

Respondents also mentioned that poor economic conditions were a key factor for their malnourishment and inability to access health services.

“I don’t eat hygienic food. To run the household, I always ignored hygiene and proper food. I came from Nepal only due to economic constraints. So earning money and saving was always in my mind.”

– Nepalese male migrant, Mumbai

CONNECTIVITY WITH PLACE OF ORIGIN

Male migrants from Nepal reported having immediate family members, such as parents or siblings, in Nepal; hence, they made regular visits either alone or with the family, depending on the availability of money. Visits home were made around festivals, especially Dusshera. Participants also reported unplanned travel in case of an emergency at home; to attend social functions, such as marriages; or to look after their agricultural land.

All respondents mentioned encountering trouble with the police when crossing the border. Respondents reported that the border police often took gifts and other expensive items that they were carrying to Nepal. Unmarried girls face more scrutiny at the border, because the police interrogate them to ensure that they have not been abducted or trafficked.

“When we cross the border with some luggage, police often harasses and creates problems. If someone is carrying electronic gadgets, they often take it away or ask for bribe to take it across border. Nepalese police harasses us more. We encounter such problems while going to Nepal and not while coming back to India.”

– Nepalese male migrant, Mumbai

Male migrants from Bangladesh also reported the need to travel back home to take care of their farm, livestock, and family members. Compared with Nepalese male migrants, migrants from Bangladesh faced greater challenges when visiting their country. Since India does not share an open border with Bangladesh, all migrants reported paying a bribe to cross the border. Bribes ranged between INR 2,000–5,000 per trip. Therefore, the number of visits made and whether they travelled alone or with the family depended on the availability of money. A few respondents from Kolkata highlighted that it has become difficult to cross the border now due to stricter controls.

“I don’t go home (to Bangladesh) because of the border; it is very strict now. One person’s daughter was caught at the border and was detained in jail for over three months. If the police catch somebody they beat him very hard and take away all his belongings. They also accuse him of engaging in smuggling. I don’t go anymore for the fear of beating. The border is no longer safe now.”

– Bangladeshi male migrant, Kolkata

“They go to Bangladesh to give money to their family, meet their children, and stay with them for two or three months. Many people go back [to Bangladesh] at the time of paddy harvesting. Their family members are already there They don’t hire people for harvesting the crop, but return from here and do their work themselves.”

– Key Informant, Bangladeshi male migrant, Kolkata

Only one participant from Kolkata reported crossing the border with a “tout”, who charges INR 5,000–6,000 per trip and takes a group of 10–15 people with him across the border. In Mumbai, most single male migrants reported travelling back to Bangladesh during the monsoon season, because at that time there are limited work opportunities in India. From Kolkata, participants find it easier to go back to Bangladesh multiple times. Respondents from Kolkata added that they also travel at the time of Eid to be with their family for the festival. Although not common, a few participants from Kolkata mentioned that since their children are settled in India, they make infrequent visits to Bangladesh.

“Now I am married so I will have to live here. My son is also married. Now, what will I go back to live in Bangladesh for? I go there once every two–three years to visit my relatives. I cannot disconnect myself from my parental home permanently.”

– Spouse of a Bangladeshi male migrant, Kolkata

CHAPTER 3

Cross-border male migrants

In this section, we report findings from the bio-behavioural survey conducted with current Bangladeshi and Nepalese male migrants at destination sites in India; and returnee male migrants at the places of origin in Bangladesh and Nepal.

SOCIO-DEMOGRAPHIC PROFILE

Current Bangladeshi and Nepalese Migrants

The age and educational profile of current male Bangladeshi (BM) and Nepalese (NM) migrants in India were similar. While most Bangladeshi male migrants were Muslims (79.6%), most Nepalese migrants were Hindu (98.8%). Bangladeshi male migrants were more likely to have never been married (27.0%), compared with Nepalese migrants (14.2%). Among married migrants, 18.0% of Bangladeshi migrants compared to 1.2% of Nepalese migrants had Indian wives [data not shown]. While a similar proportion of Bangladeshi and Nepalese male migrants lived with their immediate family, comprising their wife and children, a significantly higher proportion of Bangladeshi male migrants lived in shared accommodation with friends from their native area or workplace (41.3%), compared to Nepalese migrants (28.8%). More than 11.0% of Nepalese migrant men lived alone, while very few (2.0%) Bangladeshis lived alone.

Current and Returnee Bangladeshi and Nepalese Migrants

Bangladeshi male migrants in India were slightly older than returnee Bangladeshi male migrants (mean age: 32.9 years vs. 31.0 years; $p = 0.031$). Current Bangladeshi male migrants were more likely to be illiterate compared with returnee migrants (35.1% vs. 26.8%), but were similar in regard to marital status. Almost all returnee migrants (>99%) lived with their immediate (wife and children) or extended (relatives, parents) family in their place of origin, while 46.2% of current Bangladeshi migrants in India lived with their immediate family, 10.5% lived with relatives or extended family, and 41.3% in shared accommodation with friends. Very few lived alone.

In contrast, Nepalese male migrants in India were significantly younger than returnee male migrants in Nepal (mean age: 35.5 years vs. 45.5 years; $p < 0.001$), but there were no differences in education. Nepalese male migrants in India were more likely to be single/never married than returnee migrants (14.2% vs. 5.6%; $p = 0.001$). As with Bangladeshi male migrants, the vast majority of returnee Nepalese migrants (>98%) lived with their immediate (wife and children) and extended (relatives) family, while among current migrants, a sizeable proportion lived with friends from the workplace or native place (28.8%) or alone (11.4%).

Table 2: Background characteristics of Bangladeshi and Nepalese male migrants in India and in place of origin in Bangladesh and Nepal, 2014

Background characteristics of migrants	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Currently in India	Returned to Bangladesh	p-value	Currently in India	Returned to Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	504	250		500	270		
Age							
Mean (SD)	32.9 (11.6)	31.0 (10.1)	<0.05	35.5 (11.4)	45.5 (14.7)	<0.001	<0.001
Median (IQR)	30 (24, 40)	28 (23, 37)		35 (26, 45)	46 (34, 56)		
Education							
No education	35.1 (177)	26.8 (67)	0.001	31.4 (157)	30.0 (81)	NS	<0.05
Primary or below (1–4 years)	23.4 (118)	16.8 (42)		18.2 (91)	23.3 (63)		
Below secondary (5–9 years)	34.3 (173)	49.6 (124)		40.2 (201)	36.7 (99)		
Secondary or above (10 years or more)	7.1 (36)	6.8 (17)		10.2 (51)	10.0 (27)		
Marital status							
Currently married	71.6 (361)	73.2 (183)	NS	83 (415)	91.1 (246)	0.001	
Separated/divorced/widowed	1.4 (7)	1.6 (4)		2.8 (14)	3.3 (9)		<0.001
Never married	27.0 (136)	25.2 (63)		14.2 (71)	5.6 (15)		
Religion							
Hindu	20.4 (103)	24.8 (62)	NS	98.8 (494)	97.0 (262)	NS	
Muslim	79.6 (401)	74.8 (187)		-	-		
Buddhist	-	-		0.8 (4)	1.5 (4)		
Other	-	0.4 (1)		0.4 (2)	1.5 (4)		
Currently living with							
Wife and children	46.2 (233)	72.8 (182)	<0.001	48 (240)	89.6 (242)	<0.001	<0.001
Alone	2.0 (10)	0.4 (1)		11.4 (57)	1.5 (4)		
Family/parents/relatives	10.5 (53)	26.8 (67)		11.8 (59)	8.5 (23)		
Friends	41.3 (208)	-		28.8 (144)	0.4 (1)		
Age at marriage							
Mean (SD)	21.4 (3.9)	22.1 (4.4)	NS	21.0 (3.6)	21.0 (3.8)	NS	NS
Median (IQR)	21 (19, 23)	22 (19, 25)		20 (18, 23)	20 (18, 23)		

SD: Standard deviation; NS: not significant

ECONOMIC ACTIVITIES

- *In India, Nepalese male migrants earned more than Bangladeshi migrants.*
- *Most Bangladeshi returnee male migrants worked after they returned to their home country, while most returnee Nepalese migrants discontinued employment.*
- *Returnee male migrants reported lower incomes in their countries of origin compared with current migrants in India.*
- *Returnee male migrants were more likely to live in their own houses and had better access to toilet facilities.*

Current Bangladeshi and Nepalese Migrants

The vast majority of male migrants in India were currently employed (Table 3). Bangladeshi male migrants were primarily working as construction workers (49.1%) or factory/dockyard workers (23.5%), or were running petty businesses (11.3%); while Nepalese migrants were mainly engaged as security guards (48.6%), restaurant workers (13.1%), wage labourers (12.3%), drivers (8.1%), and factory/dockyard workers (8.3%). Nepalese male migrants earned a slightly higher monthly income than Bangladeshi migrants (mean: INR 8,250 vs. INR 7,649; $p < 0.001$), although they were also more likely to report a higher number of working days (mean: 6.7 days vs. 5.9 days; $p < 0.001$) and more hours of work per day (mean: 11.9 hours vs. 9.2 hours; $p < 0.001$). Further, more Nepalese male migrants compared with Bangladeshi migrants reported being called after working hours (NM: 42.0% vs. BM: 19.9%; $p < 0.001$), but fewer Nepalese migrants reported being paid for overtime work (NM: 33.9% vs. BM: 70.8%; $p < 0.001$), which could be attributed to the nature of jobs they are engaged in, such as security guards, drivers, and restaurant work.

Current and Returnee Bangladeshi and Nepalese Migrants

There were significant differences in the type of income-generating activities between Bangladeshi male migrants in India and in Bangladesh. Most returnee Bangladeshi migrants were engaged in agriculture-related work (69.8%). A few ran petty businesses (9.9%) or worked as drivers (5.4%). This was in contrast to the occupations of the current migrants (mentioned above). The mean monthly income was significantly higher among current male Bangladeshi migrants compared with returnee male migrants (mean: INR 7,649 vs. INR 4,669; $p < 0.001$), supporting the view that migrants come to India for a better income. Although the number of working days per week was higher for returnee migrants (6.2 days vs. 5.9 days; $p < 0.001$), the number of working hours per day was higher for current migrants (9.2 hours vs. 7.6; $p < 0.001$). Overtime compensation was better in India, where 70.8% of current male Bangladeshi migrants reported receiving payment for overtime work, compared to only 14.5% of returnee male Bangladeshi migrants ($p < 0.001$).

Almost all current Nepalese male migrants in India were gainfully employed, compared to only 38.5% of returnee migrants. Returnee migrants were mostly engaged in petty business (43.3%), construction work (39.4%), and other wage labour (11.5%). This was significantly different from the work profile of current migrants in India. As with Bangladeshi migrants, current Nepalese migrants had a significantly higher income than the returnee migrants (mean: INR 8,250 vs. INR 6,244; $p < 0.01$), worked more days per week and more hours per day, and were more likely to report being called for work after work hours.

TABLE 3: ECONOMIC ACTIVITIES AND WORK ENVIRONMENT OF BANGLADESHI AND NEPALESE MIGRANTS IN INDIA AND IN PLACE OF ORIGIN (BANGLADESH/NEPAL), 2014

Economic activities and work environment	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Currently in India	Returned to Bangladesh	p-value	Currently in India	Returned to Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	504	250		500	270		
Employment status							
Working	98.6 (497)	96.8 (242)	NS	96.2 (481)	38.5 (104)	<0.001	<0.05
Not working	1.4 (7)	3.2 (8)		3.8 (19)	61.5 (166)		
Economic activity							
Agricultural labour	0.2 (1)	69.8 (169)	<0.001	0.0 (0)	1.0 (1)	<0.001	<0.01
Construction worker	49.1 (244)	7.9 (19)		0.4 (2)	39.4 (41)		
Restaurant worker	0.4 (2)	0.8 (2)		13.1 (63)	0 (0)		
Factory/dockyard worker	23.5 (117)	0.8 (2)		8.3 (40)	0.0 (0)		
Other wage labourers	3.4 (17)	1.7 (4)		12.3 (59)	11.5 (12)		
Driver	3.6 (18)	5.4 (13)		8.1 (39)	0.0 (0)		
Rickshaw puller	7.0 (35)	2.9 (7)		0.2 (1)	0.0 (0)		
Security guard	0.2 (1)	0.0 (0)		48.6 (234)	0.0 (0)		
Small business	11.3 (56)	9.9 (24)		5.0 (24)	43.3 (45)		
Private/public service persons	0.0 (0)	0.4 (1)		1.9 (9)	3.8 (4)		
Other workers	1.2 (6)	0.4 (1)		2.1 (10)	1.0 (1)		
Monthly income in INR¹							
Mean (SD)	7,649.10 (3,782.80)	4,669.94 (2,458.40)	<0.001	8,250.68 (6,142.66)	6,244.71 (4,393.62)	<0.01	<0.01
Median (IQR)	7,000 (5,000–10,000)	4,100 (3,280–5,412)		7,550 (6,000–9,000)	5,580 (4,340–7,440)		
Number of months employed in last one year²							
Less than 10 months	28.2 (142)	25.6 (64)	<0.001	31.0 (155)	74.1 (200)	<0.001	<0.01
10–11 months	36.1 (182)	23.6 (59)		27.2 (136)	4.8 (13)		
12 months	35.7 (180)	50.8 (127)		41.8 (209)	21.1 (57)		
No. of working days per week² (mean, SD)	5.9 (0.9)	6.2 (1.2)	<0.001	6.7 (0.69)	6.4 (1.02)	<0.001	<0.001
No. of working hours per day² (mean, SD)	9.2 (2.2)	7.6 (1.9)	<0.001	11.9 (3.27)	8.9 (2.01)	<0.001	<0.001
Frequent calls after working hours²							
Yes	19.9 (99)	12.8 (31)	<0.05	42.0 (202)	27.9 (29)	<0.05	<0.001
No	80.1 (398)	87.2 (211)		58.0 (279)	72.1 (75)		
Paid for overtime work²							
Yes	70.8 (352)	14.5 (35)	<0.001	33.9 (163)	23.1 (24)	<0.05	
No	29.2 (145)	85.5 (207)		66.1 (318)	76.9 (80)		

¹All income converted into INR. 1 Bangladeshi Taka = 0.82 INR; 1 Nepalese Rupee = 0.62INR.

²Among working migrants.

SD: Standard deviation; NS: not significant

IVING CONDITIONS

- *In India, Nepalese male migrants had better living conditions than Bangladeshi migrants, possibly due to their legal status and better economic conditions.*
- *The majority of current male migrants in India used either public toilets or open spaces; they did not have access to private sanitation facilities.*
- *Returnee migrants more likely to live in their own houses and had better access to toilet facilities*

Current Bangladeshi and Nepalese Migrants

Bangladeshi and Nepalese male migrants did not reside in the same urban slums/low-income neighbourhoods in any of the study sites. Considerable differences in living conditions exist: More Nepalese male migrants than Bangladeshi migrants reported living in their own house (NM: 35.6% vs. BM: 28.2%; $p < 0.05$), indicating a better economic status and a legal right to live and work in India. More than one in ten Bangladeshi migrants reported living on the street (11.7%). While there was no significant difference in access to drinking water, more Nepalese migrants (24.0%) had access to private flush toilets than Bangladeshi migrants (2.0%), suggesting better living conditions (Table 4).

Current and Returnee Bangladeshi and Nepalese Migrants

In both communities, the vast majority of returnee male migrants reported living in their own house (BM: 92.8%; NM: 97%) compared to current migrants in India. For returnee Bangladeshi migrants, access to water supply was largely through public or private tube wells on their land. Current migrants living in city slums had access to piped water (40.1%) and public taps (46.0%). Among Nepalese migrants, more current migrants than the returnee migrants had access to piped water in their dwelling (45.8% vs. 21.5%; $p < 0.001$). Access to toilet facilities was significantly poorer among current migrants in both communities: more than 60.0% of Bangladeshi and Nepalese male migrants in India reported using public toilets, while 28.8% and 14.6%, respectively, used open spaces to defecate.

Table 4: Living conditions of Bangladeshi and Nepalese male migrants in India and in place of origin (Bangladesh/Nepal), 2014

Living conditions	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Currently in India	Returned to Bangladesh	p-value	Currently in India	Returned to Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	504	250		500	270		
Ownership of current residence							
Own house	28.2 (142)	92.8 (232)	<0.001	35.6 (178)	97.0 (262)	<0.001	<0.05
Rented house	47.4 (239)	0.4 (1)		42.8 (214)	1.5 (4)		
Friends' or relatives' house	12.7 (64)	6.0 (15)		21.4 (107)	1.5 (4)		
No house/lives on streets	11.7 (59)	0.8 (2)		0.2 (1)	-		
Source of drinking water							
Piped water into dwelling	40.1 (202)	2.4 (6)	<0.001	45.8 (229)	21.5 (58)	<0.001	<0.001
Public tap	46 (232)	0.4 (1)		20.8 (104)	65.9 (178)		
Public/private tube well/ borehole	13.1 (66)	96.8 (242)		2.6 (13)	0.4 (1)		
Tanker truck/cart with small tank	0.8 (4)	0.4 (1)		18.2 (91)	-		
Bottled water	-	-		7.8 (39)	-		
Surface water (river, dam, pond, canal, lake)	-	-		-	11.9 (32)		
Others	-	-		4.8 (24)	0.4 (1)		
Toilet facility used							
Private flush toilet	2.0 (10)	19.6 (49)	<0.001	24.0 (120)	25.6 (69)	<0.001	<0.001
Private pit latrine	7.5 (38)	73.6 (184)		-	71.1 (192)		
Public toilet	61.7 (311)	6.4 (16)		61.4 (307)	-		
Open space (field, railway track)	28.8 (145)	0.4 (1)		14.6 (73)	3.3 (9)		

MIGRATION HISTORY AND MOBILITY PATTERN

- Nepalese male migrants tended to stay in India for longer periods than Bangladeshi migrants; more than one-half of both groups had first migrated to India more than 10 years ago.
- Better employment opportunities and higher wages were the main reasons for migrating to India for both groups.
- The primary reasons for returning to their origin country were poor health for Bangladeshi male migrants and family concerns for Nepalese migrants.

Current Bangladeshi and Nepalese Migrants

Current Nepalese male migrants reported staying for a longer period at their current place than Bangladeshi migrants (mean: 11.7 years vs. 9.1 years; $p < 0.001$) (Table 5). Long-duration migration was more common among Nepalese than Bangladeshi male migrants: 46.4% of Nepalese migrants compared to 32.9% of Bangladeshi migrants reported living in India for more than 15 years, possibly related to their legal status in India. Further, 25.7% of Bangladeshi male migrants compared to 10.7% of Nepalese migrants had never returned to their home country after migrating to India. Current Bangladeshi migrants were mainly from districts such as Jessore (40.7%), Khulna (23.6%), Satkhira (12.6%), and Faridpur (11.7%) in Bangladesh, while Nepalese migrants came from Accham (22.1%), Gulmi (20.1%), Bajura (19.1%), and several other districts (38.7%) of Nepal.

India was the first country of migration for the vast majority of current male migrants from both countries [data not shown]. Given that West Bengal shares a porous border with Bangladesh, 62.2% of Bangladeshi migrants reported first coming to West Bengal. Most Bangladeshi male migrants in Kolkata were from the districts of Khulna (40.2%) and Jessore (33.7%) while most migrants in Mumbai were from Jessore (48.8%) and Faridpur (21.6%) districts [data not shown]. More than one-fourth (28.5%) of Bangladeshi male migrants first moved to Maharashtra, less than 2.0% first went to Delhi. In contrast, 46.4% of Nepalese migrants first travelled to Delhi, 35.0% to Maharashtra, and 6.2% moved to Uttarakhand.

Mean age at first migration was similar for both Bangladeshi and Nepalese male migrants. Most Nepalese reported coming to India with friends/relatives (84.8%), possibly a result of the open border between India and Nepal. In contrast, only 54.7% of Bangladeshi migrants came to India with friends/relatives, while 43.7% came with agents/contractors/touts who facilitated their movement across the border for a fee. While a comparable proportion of both Nepalese male migrants and Bangladeshi migrants reported working before migrating, Bangladeshis were more likely to be engaged in non-agricultural activities before migrating to India (BM: 55.9% vs. NM: 20.9%; $p < 0.001$) compared to the Nepalese migrants.

We explored push and pull factors leading to migration; multiple responses were permitted (Table 5). Similar to what was reported in qualitative interviews, the main factors pushing people to migrate from their country were poor financial status (BM: 79% vs. NM: 69.4%), unemployment (BM: 41.1% vs. NM: 81.6%), and low wages at home (BM: 32.1% vs. NM: 23.4%). The main factors that attracted people to migrate to India were better income (BM: 83.7% vs. NM: 83.8%) and better work opportunities (BM: 77% vs. NM: 64.4%).

A significantly greater proportion of Nepalese male migrants reported problems while living in India compared to their Bangladeshi counterparts (NM: 73.8% vs. BM: 49.0%). Non-payment of wages for long periods of time was reported by more than half the Nepalese migrants. Although Nepalese can stay in India legally, lack of personal or life security (27.2%) was reported as a key problem. A few Nepalese migrants complained of inadequate access to health-care facilities. The most common problems reported by Bangladeshi migrants during their current stay in India were inadequate health-care facilities (29.6%), delayed payment of wages (23.8%), and lack of job security (36.5%).

Returnee Migrants

For Bangladeshi returnee male migrants the most important reason for returning to their native country was poor health (56.4%); for Nepalese migrants it was mainly family problems (46.7%) and plans to migrate to another country (18.5%).

Current and Returnee Bangladeshi and Nepalese Migrants

There were no differences in the age at first migration for both categories of Bangladeshi migrants.

Over one-third (37.6%) of returnee migrants had first migrated less than five years back, and a further 22.0% had first left Bangladesh 5–9 years before, suggesting short stays in India. India was the first destination for 60.8% of returnee and 98.8% of current migrants ($p < 0.001$). Returnee migrants were more likely to report debt at home and political instability as reasons for moving from Bangladesh to India. Better income and employment opportunities were reported as the reasons for migration by both the respondent categories. Facilitators of migration were different for current and returnee Bangladeshi migrants: while more than half of the current migrants moved to India through their friends/relatives, most returnee male migrants (67.3%) reported that they had migrated to India through agents/contractors. Unlike the current Bangladeshi migrants who are mainly concerned with problems related to living conditions in India, most returnee migrants (52.0%) reported the lack of physical security in their home country as their biggest concern. Furthermore, more than half of the returnee migrants reported returning to Bangladesh for health reasons (56.4%).

Almost two-thirds of Nepalese returnee migrants (65.6%) had first migrated to India over 20 years back, suggesting a long stay in India. It was interesting to note that more than 90.0% of returnee migrants were not employed before migrating to India. This conforms to the fact that the most common push factor reported by returnee migrants was unemployment (80.4%), followed by no money at home (62.6%) and debt (27.0%). Better work opportunities and better income were the most common pull factors reported by both respondent categories. Well-settled relatives were also mentioned as an important pull factor by 16.3% of returnee migrants. The most common reason for returning to their native place was family concerns (46.7%).

¹ For those whose first migration was in India. ² Multiple responses possible. ³ Only for returnee male migrants

Table 5: Migration history and mobility pattern of Bangladeshi and Nepalese migrants at the place of origin (Bangladesh/Nepal) and in India, 2014

Migration history	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Currently in India	Returned to Bangladesh	p-value	Currently in India	Returned to Nepal	p-value	p-value
	n/N (%)	n/N (%)		n/N (%)	n/N (%)		
Number of respondents	504	250		500	270		
Duration of stay at the present place (in years)							
Mean (SD)	9.1 (7.2)	-		11.7 (8.5)	-		<0.001
Median (IQR)	7 (4, 13)	-		10 (5, 16)	-		
Age at first migration (years)							
Mean (SD)	21.1 (7.47)	21.1 (7.31)	NS	20.5 (5.5)	18.9 (5.0)	<0.001	NS
Median (IQR)	20 (17, 25)	19 (16, 25)		20 (17, 23)	17 (16, 20)		
Duration since first migration							
Less than 5 years	22.2 (112)	37.6 (94)	<0.001	15.0 (75)	8.1 (22)	<0.001	<0.001
5-9 years	27.2 (137)	22.0 (55)		20.2 (101)	7.0 (19)		
10-14 years	17.7 (89)	13.6 (34)		18.4 (92)	7.8 (21)		
15-19 years	12.7 (64)	12.0 (30)		14.0 (70)	11.5 (31)		
20 years or more	20.2 (102)	14.8 (37)		32.4 (162)	65.6 (177)		
State of first migration within India ³							
West Bengal	62.2 (312)	23.5 (36)	<0.001	0.2 (1)	0.8 (2)	<0.001	<0.001
Maharashtra	28.5 (143)	41.8 (64)		35.0 (164)	1.5 (4)		
Delhi	1.4 (7)	3.9 (6)		46.4 (217)	21.5 (57)		
Uttar Pradesh	0.2 (1)	2.6 (4)		1.7 (8)	12.5 (33)		
Himachal Pradesh	-	-		2.1 (10)	23.4 (62)		
Uttarakhand	-	-		6.2 (29)	17.0 (45)		
North-eastern states	0.2 (1)	-		-	6.8 (18)		
Southern states	1.6 (8)	11.1 (17)		0.4 (2)	1.5 (4)		
Other states	6.0 (30)	17.0 (26)		7.9 (37)	15.1 (40)		
Reason for first migration							
Job/work	98.8 (498)	93.6 (234)	<0.001	95.0 (475)	97.4 (263)	NS	<0.01
Family migration	0.8 (4)	2.4 (6)		1.4 (7)	0.4 (1)		
Other reasons	0.4 (2)	4.0 (10)		3.6 (18)	2.2 (6)		
Who arranged the first movement							
Agent/contractor	43.7 (217)	67.3 (101)	<0.001	0.4 (2)	9.1 (24)	<0.001	<0.001
Friends/relatives	54.7 (272)	26.0 (39)		84.8 (395)	86.0 (228)		
None	1.6 (8)	6.7 (10)		14.8 (69)	4.9 (13)		
Accompaniment during first movement¹							
Moved alone	8.2 (41)	5.9 (9)	<0.001	21.8 (102)	6.4 (17)	<0.001	<0.001
Parents/family/relatives	46.1 (229)	21.1 (32)		25.2 (118)	45.7 (121)		
Friends/neighbour	45.5 (226)	15.8 (24)		52.6 (246)	42.6 (113)		
Co-workers	0.2 (1)	11.2 (17)		0.2 (1)	1.1 (3)		
Contractor/employer	-	46.1 (70)		0.2 (1)	4.2 (11)		
Worked before migration							
Yes	67.1 (338)	84.4 (211)	<0.001	64.2 (321)	8.1 (22)	<0.001	NS
No	32.9 (166)	15.6 (39)		35.8 (179)	91.9 (248)		

Type of work done before migration

Agricultural work	44.1 (149)	74.9 (158)	<0.001	79.1 (254)	-	<0.001	<0.001
Non-agricultural work	55.9 (189)	25.1 (53)		20.9 (67)	100.0 (22)		

Push factors at origin to migrate²

No money in the household	79.0 (398)	70.8 (177)		69.4 (347)	62.6 (169)		
Fed up with work	42.9 (216)	0.4 (1)		36.4 (182)	5.2 (14)		
Low wages	32.1 (162)	35.2 (88)		23.4 (117)	1.1 (3)		
Floods/drought situation	6.5 (33)	-		5.0 (5)	1.1 (3)		
Unemployment	41.1 (207)	0.4 (1)		81.6 (408)	80.4 (217)		
Debt at home	6.3 (32)	27.2 (68)		7.4 (37)	27.0 (73)		
Political instability	1.6 (8)	25.6 (64)		0.2 (1)	4.4 (12)		

Pull factors in India to migrate³

Better income	83.7 (422)	90.8 (227)		83.8 (419)	75.6 (204)		
Better work opportunities	77.0 (388)	40.8 (102)		64.4 (322)	63.3 (171)		
Contract system	12.3 (62)	-		5.6 (28)	11.9 (32)		
Family movement	12.3 (62)	0.8 (2)		1.8 (9)	0.7 (2)		
Specific work requirements	7.3 (37)	-		1.6 (8)	7.8 (21)		
Own education	6.0 (30)	13.2 (33)		1.4 (7)	1.1 (3)		
Health-related	4.0 (20)	-		0.6 (3)	1.5 (4)		
Well-settled relatives	5.0 (25)	0.8 (2)		8.8 (44)	16.3 (44)		

Problems at current place²

No problem	51.0 (257)	9.2 (23)		26.2 (131)	63.3 (171)		
No or poor health-care facilities	29.6 (149)	6.8 (17)		12.8 (64)	1.9 (5)		
Work pressure/long working hours	3.8 (19)	3.2 (8)		5.4 (27)	3.0 (8)		
No wages for a long time	23.8 (120)	14.0 (35)		51.6 (258)	13.7 (37)		
No job security	36.5 (184)	0.4 (1)		1.6 (8)	1.5 (4)		
No life security	9.9 (50)	52.0 (130)		27.2 (136)	5.9 (16)		

Reason for return³

Completed contract	-	4.8 (12)		-	16.3 (44)		<0.001
Health problems	-	56.4 (141)		-	9.3 (25)		
Family problems	-	20.4 (51)		-	46.7 (126)		
Financial Issues	-	1.2 (3)		-	5.6 (15)		
Plan to go to some other place	-	0.8 (2)		-	18.5 (50)		
Other reasons	-	16.4 (41)		-	3.7 (10)		

Connectivity with native place

Never visited home after migration	25.8 (129)	-		11.4 (57)	-		<0.001
Visits home once per year or more	40.0 (200)	-		35.2 (176)	-		
Visits home less frequently	34.2 (171)	-		53.4 (267)	-		

¹ For those whose first migration was in India. ² Multiple responses possible. ³ Only for returnee male migrants
SD: Standard deviation; NS: not significant

COMMUNITY ORGANIZATION AND SOCIAL INTEGRATION

- Only a few current Bangladeshi and Nepalese male migrants were associated with any migrant community groups in India.
- Bangladeshi male migrants were more likely to be socially integrated into local communities than the Nepalese migrants.

Almost all Bangladeshi male migrants reported that they were not part of any community group at their place of origin or destination; in contrast, 20.0% of Nepalese male migrants were associated with a community group at their place of origin (Table 6). However, when faced with local problems, migrants from both groups relied on other migrants for assistance (BM: 72.8% vs. NM: 50.2%; $p < 0.001$). Current migrants were asked if they had received assistance from or provided assistance to others facing difficulties. A higher proportion of Nepalese male migrants reported receiving help from a same-country migrant compared with Bangladeshi migrants (NM: 34.6% vs. BM: 25.6%; $p < 0.001$), while a higher proportion of Bangladeshi migrants reported having received help from local Indians (BM: 29.8% vs. NM: 12.6%). Bangladeshi male migrants were also more likely than Nepalese migrants to report helping local Indians, suggesting better integration into the local community (BM: 26.8% vs. NM: 8.8%; $p < 0.001$).

Almost half (47.4%) of the Nepalese male migrants reported that they had never attended any social function outside their own migrant community, compared with less than a quarter (23.4%) of Bangladeshi migrants ($p < 0.001$). Furthermore, 63.8% of Nepalese migrants reported never inviting people from outside their migrant community for social or personal functions, compared with 43.4% of Bangladeshi migrants.

In the **multivariate analysis** for current male migrants, those who were currently married (AOR: 1.63, 95% CI: 1.04–2.54), residing in India for longer periods (10–14 years: AOR: 1.71; 95% CI: 1.0–2.94; and >20 years: AOR 2.01; 95% CI: 1.01–4.03), who had moved to India with their family or had well-settled relatives in India (AOR: 4.26; 95% CI: 2.67–6.80) were more likely to report social integration and integration into the community (controlled for age and education). Non-Hindu male migrants (AOR: 0.33; 95% CI: 0.17–0.61) and Nepalese male migrants (AOR: 0.12; 95% CI: 0.06–0.23) were significantly less likely to be socially integrated than Hindu and Bangladeshi male migrants, respectively. Further, migrants who remained connected to their native place by visiting their hometown at least once per year (AOR: 0.49; 95% CI: 0.31–0.76) or even less frequently (AOR: 0.53; 95% CI: 0.34–0.82) were significantly less likely to be socially integrated.

TABLE 6: COMMUNITY ORGANIZATION AND CULTURAL ADJUSTMENT OF BANGLADESHI AND NEPALESE MIGRANTS IN INDIA AND IN PLACE OF ORIGIN (BANGLADESH/NEPAL), 2014

Community and cultural indicators	Current Bangladeshi in India	Current Nepalese in India	p-value
	% (n)	% (n)	
Belong to a social/community group			
Yes, in India	1.8 (9)	2.6 (13)	<0.001
Yes, in origin area (Bangladesh/Nepal)	1.8 (9)	20.0 (100)	
Yes, in both the places	-	1.0 (5)	
Not part of any group	96.4 (486)	76.4 (382)	
Rely on migrant community groups at the time of a problem			
Never	16.9 (85)	24.0 (120)	<0.001
Sometimes	72.8 (367)	50.2 (251)	
Most of the time	9.1 (46)	24.0 (120)	
All the time	1.2 (6)	1.8 (9)	
Ever received help in trouble			
Yes, from a fellow country migrant	25.6 (129)	34.6 (173)	
Yes, from an Indian	29.8 (150)	12.6 (63)	<0.001
Yes, from both	31.0 (156)	32.0 (160)	
No, from none	13.7 (69)	20.8 (104)	
Ever helped somebody who was in trouble			
Yes, to a migrant of origin place	27.4 (138)	35.8 (179)	
Yes, to a native	26.8 (135)	8.8 (44)	<0.001
Yes, to both	32.7 (165)	35.8 (179)	
No, none	13.1 (66)	19.6 (98)	
Difference in day-to-day life between destination and origin			
Very different	47.2 (238)	43.4 (217)	
Somewhat different	41.1 (207)	32.6 (163)	<0.001
Comparable	7.3 (37)	18.8 (94)	
No difference	3.6 (18)	5.2 (26)	
Ever attended social functions in India outside own migrant community			
Yes	76.6 (383)	52.6 (263)	<0.001
No	22.8 (114)	43.6 (218)	
Never got invited	0.6 (3)	3.8 (19)	
Invited other people outside own migrant community in own social functions in India			
Yes	55.6 (278)	27.4 (137)	<0.001
No	43.4 (217)	63.8 (319)	
Go back to the native place for such functions	1.0 (5)	8.8 (44)	

Interestingly, after controlling for age, education, marital status, religion, duration of stay in India and migrant's country of origin, returnee male migrants were less likely to report being socially integrated during their stay in India (AOR: 0.22, 95% CI: 0.16–0.29), possibly contributing to their return to their home country.

Further, after adjusting for age, education, marital status, religion, and the pull factor for migration, the results show that migrants who were socially integrated (AOR: 0.20, 95% CI: 0.15–0.27) or had a wife of Indian origin (AOR: 0.21; 95% CI: 0.09–0.47), were significantly less likely to return to their home country. Male migrants from Bangladesh were significantly more likely to return to their home country than Nepalese migrants (AOR: 1.49; 95% CI: 1.22–1.82).

ACCESS TO FINANCIAL SERVICES AND SOCIAL SCHEMES

- *More Nepalese male migrants had a bank account compared with Bangladeshi migrants.*
- *Nepalese migrants owned more immovable assets (e.g., house, land) in their place of origin compared to Bangladeshi migrants.*
- *More than a quarter of Bangladeshi and Nepalese male migrants in India had ration cards, voter ID cards, and Aadhar cards.*
- *More returnee male migrants reported being in debt compared with current migrants.*

Current Bangladeshi and Nepalese Migrants

More Nepalese male migrants had a bank account compared with Bangladeshi migrants (NM: 32.4% vs. BM: 16.9%; $p < 0.001$) (Table 7). Among those who had a bank account, 90% of Nepalese migrants banked with public-sector banks compared to 40% of Bangladeshi migrants; more than half (54.1%) of the Bangladeshi migrants banked with private-sector banks. Male migrants were asked about their savings pattern. Very few respondents in both groups saved money in a bank account or through informal saving clubs. The most common mode of saving was keeping money with themselves (NM: 56.4% vs. BM: 50.2%; $p < 0.001$). A higher proportion of Nepalese male migrants had set aside money for an emergency in the past six months compared with Bangladeshi migrants (NM: 65.8% vs. BM: 45.8%; $p < 0.001$). Nepalese male migrants had more immovable assets in their place of origin than Bangladeshi migrants, such as their own house (NM: 84.4% vs. BM: 56.2%; $p < 0.001$) or agricultural land (NM: 92.4% vs. BM: 33.5%; $p < 0.001$). However, more Nepalese also reported being in debt both in India (NM: 28.6% vs. BM: 13.5%; $p < 0.001$) and in their home country (NM: 25.4% vs. BM: 11.1%; $p < 0.001$), compared with Bangladeshi migrants.

Respondents were asked about their access to and utilization of social schemes; multiple responses were permitted. Around 25% of both Bangladeshi and Nepalese male migrants in India had ration cards, voter ID cards, and Aadhar cards. While the Aadhar is a biometric identity card issued by the Unique Identification Authority of India on behalf of the government, and is available to anyone residing in India to establish a unique identity (not citizenship) to access such services as bank accounts, mobile phone and gas connections, ration cards and voter ID cards are available only to Indian citizens. A slightly higher proportion of Bangladeshi male migrants than Nepalese migrants had used social welfare schemes, such as ration cards (BM: 28.2% vs. NM: 24.4%) and had birth certificates for their children (BM: 36.4% vs. NM: 24.4%). On the other hand, more Nepalese had a voter ID card (NM: 34.4% vs. BM: 27.6%) and an Aadhar card (NM: 49.2% vs. BM: 26.8%). Among current male migrants who had a ration card, 31.7% of Bangladeshi migrants and 2.5% of Nepalese migrants had a wife of Indian origin. Similarly, among migrants who had a voter ID card, 26.6% Bangladeshi and 1.2% Nepalese migrants had Indian wives (data not shown).

Respondents were asked about various social schemes, such as the Indira Gandhi National Old Age and Pensions Scheme, Janashree Bima Yojana, and Rashtriya Swasthya Bima Yojana. Overall, there was low awareness of the availability of these schemes, except for the Mid-day Meal Scheme and the Integrated Child Development Scheme (Table 7).

Current and Returnee Bangladeshi and Nepalese Migrants

Current male migrants in both the groups were more likely to report inclusion in social and financial schemes than returnee migrants (87.4% vs. 12.6%, $p < 0.001$). Among current and returnee Bangladeshi male migrants, there were no significant differences in access to banking services, except that a higher proportion of current migrants reported having an account in a public-sector bank (62.5% vs. 40.0%; $p < 0.005$). Returnee migrants were more likely than the current migrants to save money with an informal club (11.2% vs. 3.0%; $p < 0.001$), while current migrants were more likely to keep savings with themselves (50.2% vs. 37.6%; $p < 0.001$). A significantly higher proportion of current migrants than the returnee migrants reported saving money in the past six months (45.8% vs. 22.0%; $p < 0.001$). More than half the returnee migrants reported being in debt as compared with one-tenth of current migrants (58.0% vs. 11.1%; $p < 0.001$), suggesting poor economic conditions after their return home. It is possible that returnee migrants may have exhausted their earnings to settle debts, or purchase assets such as land or a house, or had returned prematurely due to ill health or other reasons.

Among Nepalese male migrants, most current migrants reported having a bank account with a public-sector bank compared with returnee migrants (90.1% vs. 44.0%; $p < 0.001$), and using banks to save money (69.8% vs. 58.7%; $p = 0.093$). Among returnee migrants, 23.7% reported saving money using an informal system, compared to only 3.6% of current migrants. This could be because of strong community networks at home. A significantly higher proportion of returnee migrants reported being in debt in their home country, compared to the current migrants (61.9% vs. 25.4%, $p < 0.001$) (Table 7).

In the **multivariate analysis**, current migrants who had a wife of Indian origin (AOR: 8.17, 95% CI: 3.71–18.00), had moved with their family or had well-settled relatives in India (AOR: 4.48, 95% CI: 2.49–8.04), or were socially integrated into Indian society (AOR: 2.80, 95% CI: 1.96–3.99) were significantly more likely to report social and financial inclusion (controlled for age, education and marital status). Duration since first migration was associated with social and financial inclusion—migrants who had migrated 5–9 years back (AOR: 1.86, 95% CI: 1.08–3.19); 10–14 years back (AOR: 2.47, 95% CI: 1.38–4.42), 15–19 years back (AOR: 4.93, 95% CI: 2.48–9.80)—were progressively more likely to report social and financial inclusion than those who had migrated within the last five years. Migrants who were non-Hindus were less likely to report social and financial inclusion (AOR: 0.21, 95% CI: 0.10–0.42).

Interestingly, after controlling for socio-demographic variables, male migrants in both groups who had returned to their native place (AOR: 0.09, 95% CI: 0.07–0.13) were less likely to report social and financial inclusion during their stay in India.

Table 7: Access to financial services and social schemes among Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Financial service	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Current migrants	Returnee migrants	p-value	Current migrants	Returnee migrants	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	504	250		500	270		
Has any bank account							
Yes	16.9 (85)	12.8 (32)	NS	32.4 (162)	27.8 (75)	NS	<0.001
No	83.1 (419)	87.2 (218)		67.6 (338)	72.2 (195)		
Sector of bank account							
Public-sector bank	40.0 (34)	62.5 (20)	<0.01	90.1 (146)	44.0 (33)	<0.001	<0.001
Private-sector bank	54.1 (46)	21.9 (7)		8.6 (14)	45.3 (34)		
Cooperative	5.9 (5)	15.6 (5)		1.2 (2)	10.7 (8)		
Saved/set aside money using a bank account¹							
Yes	80.0 (68)	71.9 (23)	NS	69.8 (113)	58.7 (44)	NS	NS
No	20.0 (17)	28.1 (9)		30.3 (49)	41.3 (31)		
Saved/set aside money using informal saving club or with a person outside the family							
Yes	3.0 (15)	11.2 (28)	<0.001	3.6 (18)	23.7 (64)	<0.001	NS
No	97.0 (489)	88.8 (222)		96.4 (482)	76.3 (206)		
Saved/set aside money with himself							
Yes	50.2 (253)	37.6 (94)	<0.01	56.4 (282)	68.5 (185)	<0.01	<0.05
No	49.8 (251)	62.4 (156)		43.6 (218)	31.5 (85)		
Saved money for emergencies in the past six months							
Yes	45.8 (231)	22.0 (55)	<0.001	65.8 (329)	63.0 (170)	NS	<0.001
No	54.2 (273)	78.0 (195)		34.2 (171)	37.0 (100)		
Own an house or plot for house							
Yes, at origin	40.3 (203)	95.2 (238)	< 0.001	57.4 (287)	99.3 (268)	< 0.001	<0.001
Yes, at destination	14.9 (75)	-		10.2 (51)	-		
Yes, at both the places	15.9 (80)	0.4 (1)		27.0 (135)	0.4 (1)		
No	29.0 (146)	4.4 (11)		5.4 (27)	0.4 (1)		
Own an agricultural land							
Yes, at origin	33.3 (168)	49.6 (124)	< 0.001	92.2 (461)	99.6 (269)	< 0.001	<0.001
Yes, at destination	1.4 (7)	-		0.4 (2)	-		
Yes, at both the places	0.2 (1)	-		0.2 (1)	0.4 (1)		
No	65.1 (328)	50.4 (126)		7.2 (36)	-		
Currently in debt in India							
Yes	13.5 (68)	2.0 (5)	<0.001	28.6 (143)	2.6 (7)	<0.001	<0.001
No	86.5 (436)	98.0 (245)		71.4 (357)	97.4 (263)		
Currently in debt in home country (Bangladesh/ Nepal)							
Yes	11.1 (56)	58.0 (145)	<0.001	25.4 (127)	61.9 (167)	<0.001	<0.001
No	88.9 (448)	42.0 (105)		74.6 (373)	38.1 (103)		

Access to social schemes²

Voter card	27.6 (139)	3.2 (8)	34.4 (172)	5.9 (16)
Ration card	28.2 (142)	5.2 (13)	24.4 (122)	14.8 (40)
Aadhar card	26.8 (135)	4.0 (10)	49.2 (246)	Not asked
Gas connection	9.5 (48)	0.4 (1)	32.6 (163)	Not asked
Birth certificate for children ³	36.4 (120)	0.6 (1)	24.4 (97)	2.1 (5)

Awareness of various social schemes²

Mid-day Meals ³	13.5 (64)	0.4 (1)	21.9 (106)	3.1 (8)
Integrated Child Development Scheme ³	14.4 (68)	-	1.7 (8)	5.8 (15)

Availed of social protection schemes²

Mid-day Meals ³	12.7 (60)	-	10.6 (51)	0.4 (1)
Integrated Child Development Scheme ³	13.7 (65)	-	0.2 (1)	0.4 (1)

NS: not significant. ¹ Those who had a bank account. ²Multiple responses possible. ³Those who reported having children.

Access to social protection schemes was higher among current Nepalese/Bangladeshi male migrants than returnee migrants. Table 8 shows that as the duration of migration to India increased, the percentage of migrants accessing social schemes, such as ration cards and identity documents, increased significantly. On the other hand, very few returnee migrants had access to such schemes suggesting that migrants who could not access social schemes were more likely to return to their home country.

Table 8: Access to financial entitlements and possession of cards in India by duration of migration to India

Type of migrant	Duration of migration				
	Less than 5 years % (n/N)	5–9 years % (n/N)	10–14 years % (n/N)	15–19 years % (n/N)	20 years or more % (n/N)
Current Bangladeshi migrants in India¹					
Ration card (low-income category)	5.4 (6/112)	16.1 (22/137)	23.6 (21/89)	31/64 (48.4%)	60.8 (62/102)
Voter ID card	7.1 (8/112)	16.8 (23/137)	23.6 (21/89)	24/64 (37.5%)	61.8 (63/102)
Aadhar card	8.0 (9/112)	19.7 (27/137)	28.1 (25/89)	24/64 (37.5%)	49.0 (50/102)
Income tax card (PAN card in India)	15.2 (17/112)	22.6 (31/137)	40.5 (36/89)	25/64 (39.1%)	42.2 (43/102)
Current Nepalese migrants in India¹					
Ration card (low-income category)	9.3 (7/75)	9.9 (10/101)	15.2 (14/92)	37.1 (26/70)	40.1 (65/162)
Voter ID card	5.3 (4/75)	20.8 (21/101)	33.7 (31/92)	51.4 (36/70)	49.4 (80/162)
Aadhar card	22.7 (17/75)	33.7 (34/101)	51.1 (47/92)	74.3 (52/70)	59.3 (96/162)
Income tax card (PAN card in India)	6.7 (5/75)	13.9 (14/101)	16.3 (15/92)	14.3 (10/70)	16.1 (26/162)
Returnee Bangladeshi migrants¹					
Ration card (low-income category)	4.3 (4/94)	5.5 (3/55)	8.8 (3/34)	3.3 (1/30)	5.4 (2/37)
Voter ID card	4.3 (4/94)	0.0 (0/55)	2.9 (1/34)	3.3 (1/30)	5.4 (2/37)
Aadhar card	2.1 (2/94)	1.8 (1/55)	5.9 (2/34)	6.7 (2/30)	8.1 (3/37)
Income tax card (PAN card in India)	5.3 (5/94)	9.1 (5/55)	8.8 (3/34)	3.3 (1/30)	10.8 (4/37)
Returnee Nepalese migrants¹					
Ration card (low-income category)	13.6 (3/22)	5.3 (1/19)	9.5 (2/21)	0.0 (0/31)	19.2 (34/177)
Voter ID card	9.1 (2/22)	0.0 (0/19)	0.0 (0/21)	0.0 (0/31)	7.9 (14/177)
Aadhar card (not asked for returned migrants in Nepal)	-	-	-	-	-
Income tax card (PAN card in India)	13.6 (3/22)	15.8 (3/19)	14.3 (3/21)	0.0 (0/31)	5.7 (10/177)

¹ Multiple responses possible.

REMITTANCES

- *Nepalese and Bangladeshi male migrants both send money to families home.*
- *Nepalese male migrants mainly used banking facilities and friends or relatives to send money, while Bangladeshi migrants mainly sent money through local agents.*

Current Bangladeshi and Nepalese Migrants

Most (>61%) Nepalese and Bangladeshi male migrants reported sending money home, although there were significant differences in the mode and frequency of remittance (Table 9). Almost half the Nepalese migrants (49.2%) sent money without any specific schedules, whereas most (71.2%) Bangladeshi migrants sent money at regular intervals. Nepalese migrants mainly used banking facilities (41.7%) to send money home, a function of the open border and banking channels between the two countries, and through friends/relatives travelling home (48.8%). Bangladeshi migrants, on the other hand, were more likely to send money through local agents (42.1%). Use of banking facilities was low among Bangladeshi male migrants, probably due to lower access to banking channels as a result of their irregular status in India. Friends/relatives were also not used to send money, highlighting the challenges in movement between the two countries.

In the **multivariate analysis** current male migrants who were married (AOR: 7.23, 95% CI: 3.00–17.41), who had visited their native place once or more every year (AOR: 5.59, 95% CI: 3.16–9.90) or had migrated from Nepal (AOR: 1.95, 95% CI: 0.92–4.14) were more likely to send remittances to their family in the place of origin (controlled for age, education, and religion). Current male migrants who were living with their wife and children (AOR: 0.05, 95% CI: 0.02–0.12) or living with other family members in India (AOR: 0.47 95% CI: 0.23–0.98) were significantly less likely to send remittances to their home country.

Table 9: Frequency and pattern of sending remittances by Bangladeshi and Nepalese migrants in India, 2014

Remittance patterns	Current Bangladeshi and Nepalese male migrants		
	Bangladeshis in India % (n)	Nepalese in India % (n)	p-value
Number of migrants	504	500	
Send money to family in native place			
Yes	61.3 (309)	61.8 (309)	NS
No	38.7 (195)	38.2 (191)	
Frequency of sending money¹			
Monthly/weekly	35.9 (111)	15.8 (49)	<0.001
Quarterly/annually	35.3 (109)	35.0 (108)	
No specific time	28.8 (89)	49.2 (152)	
Medium of sending money¹			
Bank	12.6 (39)	41.7 (129)	
Friends/relatives	28.8 (89)	48.8 (151)	<0.001
Money transfer agency	1.9 (6)	0.6 (2)	
Local agents	42.1 (130)	0.6 (2)	
Carried it himself	3.6 (11)	8.1 (25)	
Other	11.0 (34)	-	

¹Among those who remit money.
NS: not significant

On average, current Bangladeshi male migrants sent INR 29,960 in the last year (12 months), compared with INR 28,245 sent by current Nepalese migrants in the same period. Most current Bangladeshi male migrants sent money through local agents followed by friends/relatives (Table 9). In contrast, Nepalese migrants mainly remitted money through banks and their friends. It was interesting to note that while the average commission for sending money to their native places, as reported by study respondents, was lowest through money-transfer agencies, very few respondents reported using this route. The highest commission, as reported by study respondents, was charged by banks, but banks were still used by 12.6% of current Bangladeshi and 41.7% of Nepalese migrants in India, possibly because they were perceived to be a safe route and could be used by those who had access to Indian bank accounts.

LIFESTYLE CHARACTERISTICS

- Alcohol consumption was more frequent among Nepalese male migrants than Bangladeshi migrants.
- Current Bangladeshi migrants were heavier smokers compared with Nepalese migrants.
- Use of nonprescription illicit drugs was infrequent among all respondents.

Current Bangladeshi and Nepalese Migrants

Bangladeshi male migrants were more likely to be bidi² smokers (BM: 56.3% vs. NM: 33.4%; $p < 0.001$), while Nepalese migrants were marginally more likely to smoke cigarettes (NM: 36.4% vs. BM: 30.4%; $p < 0.05$) (Table 10). In both cases, Bangladeshi migrants were more frequent smokers of the two. Oral tobacco use in multiple forms (khaini, gutkha, pan etc.) was reported by more than one-quarter of the respondents in both groups. Nepalese migrants were significantly more likely to have ever consumed alcohol (NM: 82.4% vs. BM: 28.8%; $p < 0.001$). Among those who reported drinking, the vast majority (>90.0%) in both groups had consumed alcohol in the last one month; Nepalese migrants drank more frequently (NM: 86.2% vs. BM: 55.6%; $p < 0.001$). The use of non-prescription illicit drugs was infrequently reported, although 11.2% of Nepalese migrants had used them sometime.

Current and Returnee Bangladeshi and Nepalese Migrants

There was no significant difference regarding cigarette smoking among current and returnee Bangladeshi male migrants, although current bidi use was significantly higher among current migrants (56.3% vs. 38%; $p < 0.001$). Alcohol consumption was low among both current and returnee migrants; however, current migrants who were drinkers were more likely to have consumed alcohol in the past 30 days (90.3% vs. 6.7%; $p < 0.001$) and were frequent drinkers (55.6% vs. 6.7%, $p < 0.001$).

Among both current and returnee Nepalese male migrants, alcohol consumption was both regular (97.5% and 94.8% respectively) and frequent (86.2% and 82.9% respectively). Current use of cigarettes was higher among current Nepalese migrants compared with returnee migrants. However, the current migrants were more frequent smokers than the returnee migrants (36.4% vs. 27.0%, $p = 0.08$).

² Bidi is a thin Indian cigarette filled with tobacco flake and wrapped in a special leaf tied with a string at one end.

Table 10: Lifestyle characteristics of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Lifestyle characteristics	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Currently in India	Returned to Bangladesh	p-value	Currently in India	Returned to Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	504	250		500	270		
Smoke cigarettes currently							
Yes	30.4 (153)	39.2 (98)	<0.05	36.4 (182)	27.0 (73)	<0.01	<0.05
No	69.6 (351)	60.8 (152)		63.6 (318)	73.0 (197)		
Mean number of cigarettes in last 24 hours (of current smokers)	6.1	6.2	NS	3.6	9	<0.001	<0.001
Smoke bidis currently							
Yes	56.3 (284)	38.0 (95)	<0.001	33.4 (167)	0.4 (1)	<0.001	<0.001
No	43.7 (220)	62.0 (155)		66.6 (333)	99.6 (269)		
Mean number of bidis in last 24 hours (of current smokers)	13.4	13.5	NS	8.1	15	<0.001	NS
Use tobacco in any other form¹							
Cigar/pipe/hookah	1.7 (9)	-		-	1.9 (5)		
Gutkha/pan masala with tobacco	24.2 (122)	24.8 (62)		26.4 (132)	2.6 (7)		
Khaini	29.0 (146)	-		44.8 (224)	41.5 (112)		
Pan with tobacco	29.2 (147)	4.4 (11)		4.8 (24)	0.4 (1)		
Other tobacco products	-	-		0.6 (3)	0.4 (1)		
Ever had alcohol							
Yes	28.8 (145)	28.0 (70)	NS	82.4 (412)	76.3 (206)	<0.05	<0.001
No	71.2 (359)	72.0 (180)		17.6 (88)	23.7 (64)		
Had alcohol in past 30 days							
Yes	90.3 (130)	6.7 (1)	<0.001	97.5 (397)	94.8 (146)	NS	<0.001
No	9.7 (14)	93.3 (14)		2.5 (10)	5.2 (8)		
Current frequency of alcohol consumption							
Monthly or less/ occasionally	44.4 (64)	93.3 (14)	<0.001	13.8 (56)	17.1 (25)	NS	<0.001
Twice a month or more	55.6 (80)	6.7 (1)		86.2 (351)	82.9 (121)		
Ever used non-prescription drugs							
Yes	1.6 (8)	4.4 (11)	<0.05	11.2 (56)	6.3 (17)	<0.05	<0.001
No	98.4 (496)	95.6 (239)		88.8 (444)	93.7 (253)		
Used non-prescription drugs² in the past month							
Yes	12.5 (1)	9.1 (1)	NS	5.4 (3)	-	NS	NS
No	87.5 (7)	90.9 (10)		94.6 (53)	100.0 (17)		
Ever injected drug							
Yes	12.5 (1)	-	NS	1.8 (1)	-	NS	NS
No	87.5 (7)	100.0 (11)		98.2 (55)	100.0 (17)		

¹ Multiple responses possible.² Use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications (WHO).

NS: Not Significant.

SEXUAL LIFE

- *Recent paid/unpaid sex outside marriage or stable relationships was commonly reported in destination areas.*
- *Such casual sex was higher among the Bangladeshi migrants than the Nepalese.*
- *Condom use was high during paid sex, but was relatively lower for unpaid casual sex, for both the migrant groups.*

Current Bangladeshi and Nepalese Migrants

Most male migrants reported being sexually active in the past one year (NM: 80.6% vs. BM: 75.8%; $p < 0.001$). The percentage of current Bangladeshi migrants who never had sex was significantly higher than Nepalese migrants (BM: 19.4% vs. NM: 6.2%; $p < 0.001$). History of ever having casual sex outside marriage/relationship was slightly higher among Nepalese migrants (BM: 10.6% vs. NM: 15.6%; $p < 0.05$). However, among those who had such relationships, more Bangladeshis reported having it recently (in the past year) compared to the Nepalese (paid sex: BM: 44.2% vs. NM: 31.5%; $p < 0.05$. and unpaid sex: BM: 48.8% vs. NM: 26.0%; $p < 0.05$). Last time condom use was high for the paid sex among both migrant groups (BM: 95.2% and NM: 88.1%); and was relatively lower for unpaid casual sex (BM: 65.5% and NM: 58.6%) (data not shown).

Current and Returnee Bangladeshi and Nepalese Migrants

Returnee Bangladeshi male migrants were more likely to report recent sexual activity because they were living with their wives; they were also more likely to report ever having sex outside of marriage/relationship compared with current migrants (14.9% vs. 10.6%; $p > 0.05$). In contrast, current migrants in destination areas were more likely to report paid/unpaid casual sex in the last 12 months compared to returnee Bangladeshi migrants (data not shown).

Returnee Nepalese migrants were also more likely to report recent sexual activity than current migrants because they were living with their wives (75.9% vs. 33.0%, $p < 0.001$). Also, more returnees reported to ever have casual sex compared to current migrants (23.1% vs. 15.6%; $p < 0.05$). Of those who had sex outside of marriage, a similar percentage of current and returnee migrants reported unpaid casual sex outside marriage in the last 12 months (26.0% vs. 23.3%; $p > 0.05$). None of the returnees had paid sex in the past year. Condom use in unpaid casual sex was low (data not shown).

SELF-REPORTED HEALTH STATUS

- *Nepalese male migrants in India had higher self-reported prevalence of non-communicable diseases, while Bangladeshi migrants more frequently reported TB and symptoms of RTI/STI.*
- *Symptoms of RTI/STI were more common among current male migrants compared with returnee migrants.*
- *Bangladeshi male migrants reported higher levels of psychological distress compared with Nepalese migrants in India.*
- *Returnee male migrants were more likely to show signs of psychological distress than current migrants in both groups.*

Current Bangladeshi and Nepalese Migrants

Overall, Nepalese male migrants in India reported a higher prevalence of non-communicable diseases (NCDs: diabetes, hypertension, or heart disease) in the past six months than Bangladeshi migrants (NM: 24.6% vs. BM: 5.4%; $p < 0.001$) (Table 11). Compared to Bangladeshi migrants, hypertension was reported by a significantly higher proportion of Nepalese migrants (BM: 2.0% vs. NM: 22.6%; $p < 0.001$). Among Nepalese migrants, the prevalence of hypertension was higher among those who were aged 40 years or above compared to younger

migrants (37.9% vs. 12.8%; $p < 0.001$) [data not shown]. Treatment-seeking was higher among Bangladeshi migrants (BM: 74.1% vs. NM: 19.5%; $p < 0.001$), but they were less likely to seek treatment at public health-care facilities (BM: 35.0% vs. NM: 79.2%; $p < 0.001$). In **multivariate regression analysis**, current migrants in both the groups who lived with their wife (AOR: 3.02, 95% CI: 1.38–6.61), were socially integrated into Indian society (AOR: 1.77, 95% CI: 1.09–2.87), or were natives of Nepal (AOR: 3.73, 95% CI: 1.47–9.45) were significantly more likely to report an NCD (controlled for age, education, marital status, religion, obesity, smoking, and alcohol use).

While NCDs were higher among Nepalese male migrants, symptoms related to RTI/STI, such as pain/burning during urination, genital ulcers, or abnormal penile discharge <no symptoms of RTI/STI> in the past six months, were more frequently reported by Bangladeshi males. Dysuria (pain or burning during urination) was the most commonly reported symptom. Among current Bangladeshi migrants, single men were more likely to report a sore/ulcer near the penis (6.6% vs. 3.5%; $p = 0.132$), abnormal discharge from the penis (3.7% vs. 1.9%; $p = 0.246$), and dysuria (30.9% vs. 25.5%; $p = 0.231$) compared to ever-married men [data not shown] and those who lived alone or with friends were more likely to report abnormal penile discharge (Table 12). In **multivariate regression analysis**, current migrants in both groups who visited home once or more each year (AOR: 1.71, 95% CI: 1.05–2.78) or had paid or casual sex outside of marriage (AOR: 2.12, 95% CI: 1.19–3.78) were significantly more likely to report an RTI/STI in the past six months (controlled for age, education, marital status, and religion). Migrants who lived with their wife (AOR: 0.50, 95% CI: 0.33–0.76) or were natives of Nepal (AOR: 0.05, 95% CI: 0.03–0.09) were significantly less likely to report an RTI/STI in the past six months compared to those who lived alone and Bangladeshi migrants respectively. Sexual dysfunction, including erectile dysfunction, loss of sexual desire, and sexual dissatisfaction, however, was reported more frequently by Nepalese men, and its reporting increased with age and alcohol use [data not shown]. Among Nepalese migrants, dysuria (12.3% vs. 5.6%) and sexual dysfunction (9.4% vs. 0.0%) were more frequently reported by currently married men.

Bangladeshi male migrants also reported higher prevalence of self-reported TB—3.8% in the past six months compared to less than 1.0% of Nepalese migrants.

On the 12-point GHQ scale, a significantly higher proportion of Bangladeshi migrants reported psychological distress compared with their Nepalese counterparts (BM: 15.1% vs. NM: 3.4%; $p < 0.001$) in India.

In the **multivariate analysis**, non-Hindu current male migrants (AOR: 8.25, 95% CI: 2.83–24.06), and those who were in debt in their place of origin or destination (AOR: 4.12, 95% CI: 2.42–7.04) were significantly more likely to report psychological distress (controlled for age and education). Migrants who had some savings (AOR: 0.44, 95% CI: 0.25–0.76) were less likely to report psychological distress. Duration since first migration, social integration, or financial inclusion were not associated with psychological distress.

Current and Returnee Bangladeshi and Nepalese Migrants

While current Bangladeshi male migrants were more likely than returnee Bangladeshi migrants to report diabetes in the past six months, returnee Bangladeshi migrants had a higher prevalence of hypertension (Table 11). Further, a significantly higher proportion of current Bangladeshi migrants reported RTI/STI problems than returnee migrants (29.0% vs. 10.0%; $p < 0.001$), while sexual dysfunction was more frequently reported by returnee migrants (9.2% vs. 1.6%; $p < 0.001$) (Table 11). This suggests that current migrants may have engaged in risky sexual behaviour in India as many lived away from their spouses. More current Bangladeshi migrants reported ever having TB compared with returnee migrants (3.8% vs. 0.0%; $p = 0.089$). On the GHQ, returnee Bangladeshi migrants were more likely to show signs of psychological distress than current migrants (24.4% vs. 15.1%; $p = 0.005$).

Among both categories of Nepalese migrants, there was no significant difference in the reported prevalence of NCDs, except for hypertension, which was significantly higher among current migrants (22.6% vs. 6.3%; $p < 0.001$). RTI/STI symptoms were more frequently reported by current migrants than returnee migrants (13.0% vs. 7.0%; $p = 0.011$); they were also more likely to seek treatment compared to returnee migrants (49.2% vs. 26.3%; p is not significant). On the GHQ, returnee Nepalese migrants were more likely than current migrants to show signs of psychological distress (14.1% vs. 3.4%; $p < 0.001$).

Table 11: Self-reported health status (past 6 months) of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Reported health factors	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Currently in India	Returned to Bangladesh	p-value	Currently in India	Returned to Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Total number of respondents	504	250		500	270		
Non-communicable diseases							
Diabetes	3.0 (15)	0.0 (0)	<0.01	3.8 (19)	2.2 (6)	NS	NS
Hypertension	2.0 (10)	4.0 (10)	NS	22.6 (113)	6.3 (17)	<0.001	<0.001
Heart disease	1.2 (6)	2.8 (7)	NS	1.8 (9)	3.0 (8)	NS	NS
Had any of above NCDs	5.4 (27)	5.6 (14)	NS	24.6 (123)	11.1 (30)	<0.001	<0.001
Sought treatment for any NCD	74.1 (20)	78.6 (11)	NS	19.5 (24)	76.7 (23)	<0.001	<0.001
Public facility used for treatment ¹	35.0 (7)	9.1 (1)	NS	79.2 (19)	60.9 (14)	<0.05	<0.001
Cancer	0.2 (1)	-	NS	-	1.5 (4)	<0.01	
Problems related to RTI/STI							
Sore or ulcer near penis	4.4 (22)	0.8 (2)	<0.01	2.4 (12)	0.4 (1)	<0.05	NS
Pain/burning during urination	27.0 (136)	9.2 (23)	<0.001	11.2 (56)	5.9 (16)	<0.05	<0.001
Abnormal discharge from penis	2.4 (12)	-	<0.05	0.6 (3)	0.7 (2)	NS	<0.05
Had any of the above RTI/STI symptoms in past 6 months	29.0 (146)	10.0 (25)	<0.001	13.0 (65)	7.0 (19)	0.011	<0.001
Sought treatment for any RTI/STI	81.5 (119)	32.0 (8)	<0.001	49.2 (32)	26.3 (5)	NS	<0.001
Public facility used for treatment ¹	32.8 (39)	25.0 (2)	NS	40.6 (13)	100.0 (5)	<0.05	NS
Sexual dysfunction ²	1.6 (8)	9.2 (23)	<0.001	8.4 (42)	8.1 (22)	NS	<0.001
Self-reported and symptomatic TB							
Suffered with TB	3.8 (19)	0.0 (0)	NS	0.8 (4)	0.0 (0)	NS	<0.01
Sought treatment for TB	94.7 (18)	-		100.0 (4)	-		
Public facility used for TB treatment ¹	72.2 (13)	-		75.0 (3)	-		
Psychological health (score based on General Health Questionnaire)							
Normal (0–15)	84.9 (428)	75.6 (189)	<0.01	96.6 (483)	85.9 (232)	<0.001	<0.001
Evidence of distress (16–20)	11.5 (58)	17.2 (43)		3.0 (15)	8.9 (24)		
Severe problem and psychological distress (>20)	3.6 (18)	7.2 (18)		0.4 (2)	5.2 (14)		

¹ Of those who took treatment. The rest used private health facilities.

² Sexual dysfunction comprised erectile dysfunction, sexual dissatisfaction, or loss of sexual desire.

SD: Standard deviation; NS: not significant

Table 12: Prevalence of RTI/STI (past 6 months) among current migrants in India, according to living status

RTI/STI symptoms	Living arrangement		
	Lived with wife	Lived with relatives	Lived alone/lived with friends from native place/workplace
	% (n/N)	% (n/N)	% (n/N)
Current Bangladeshi migrants in India			
Sore or ulcer near penis	3.4 (8/233)	9.4 (5/53)	4.1 (9/218)
Pain/burning during urination	25.3 (59/233)	28.3 (15/53)	28.4 (62/218)
Abnormal discharge from penis	0.4 (1/233)	1.9 (1/53)	4.5 (10/218)
Sexual dysfunction (erectile dysfunction, sexual dissatisfaction, loss of sexual desire)	1.7 (4/233)	1.9 (1/53)	1.3 (3/218)
Current Nepalese migrants in India			
Sore or ulcer near penis	0.8 (2/240)	6.8 (4/59)	2.9 (6/201)
Pain/burning during urination	11.3 (27/240)	8.5 (5/59)	11.9 (24/201)
Abnormal discharge from penis	0.0 (0/240)	1.7 (1/59)	0.9 (2/201)
Sexual dysfunction (erectile dysfunction, sexual dissatisfaction, loss of sexual desire)	14.2 (34/240)	1.7 (1/59)	3.4 (7/201)

BIOMARKER MEASUREMENTS

- A higher proportion of current Nepalese male migrants than Bangladeshi male migrants were overweight and had blood pressure readings suggestive of hypertension.
- Moderate to severe anaemia was higher among current Bangladeshi male migrants than Nepalese migrants.
- Hypertension was more prevalent among returnee migrants than current migrants.

Current Bangladeshi and Nepalese Migrants

A significantly higher proportion of current Nepalese male migrants compared with Bangladeshi migrants had blood pressure readings suggestive of hypertension (NM: 22.5% vs. BM: 11.5%; $p < 0.001$) (Table 13). Among Nepalese male migrants, this corresponded to the proportion who self-reported hypertension. A significantly higher proportion of Nepalese migrants were overweight compared with Bangladeshi migrants (NM: 39.3% vs. BM: 11.8%; $p < 0.001$). According to WHO definitions, a BMI greater than 25 qualifies as obesity. Moderate to severe anaemia was more frequently observed among Bangladeshi male migrants (BM: 10.1% vs. NM: 6.6%; $p < 0.001$).

Current and Returnee Bangladeshi and Nepalese Migrants

A significantly higher proportion of returnee Bangladeshi male migrants than current Bangladeshi migrants had BP readings suggestive of hypertension (19.0% vs. 11.5%; $p = 0.021$), and were underweight (23.6% vs. 17.5%; $p = 0.048$), compared to current migrants in India. The prevalence of anaemia was similar across the two Bangladeshi migrant categories.

Returnee Nepalese male migrants were almost three times more likely than current migrants in India to have BP readings suggestive of hypertension (60.5% vs. 22.5%; $p < 0.001$); they were also more likely to have moderate to severe anaemia compared to current migrants in India (15.3% vs. 6.6%; $p = 0.010$). While a higher proportion of returnee migrants than current migrants were underweight (7.5% vs. 1.6%), current migrants were more likely to be overweight or obese (39.3% vs. 17.5%; $p < 0.001$).

Table 13: Biomarker measurements of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Biomarker measurements	Bangladeshi migrants			Nepalese migrants			Current migrants in India
	Currently in India	Returned to Bangladesh	p-value	Currently in India	Returned to Nepal	p-value	p-value
	% (n/N)	% (n/N)		% (n/N)	% (n/N)		
Blood pressure¹							
Low	30.5 (148/485)	26.2 (65/248)	<0.05	23.9 (113/472)	6.1 (16/263)	<0.001	<0.01
Normal	57.9 (281/485)	54.8 (136/248)		53.6 (253/472)	33.5 (88/263)		
High	11.5 (56/485)	19.0 (47/248)		22.5 (106/472)	60.5 (159/263)		
Haemoglobin level²							
Normal	73.8 (330/447)	70.1 (54/77)	NS	84.8 (375/442)	75.5 (74/98)	<0.01	<0.001
Mild anaemia	16.1 (72/447)	16.9 (13/77)		8.6 (38/442)	9.2 (9/98)		
Moderate anaemia	10.1 (45/447)	13.0 (10/77)		6.6 (29/442)	14.3 (14/98)		
Severe anaemia	-	-		-	1.0 (1/98)		
Mean (SD)	12.1 (1.7)	11.8 (1.8)	NS	12.3 (1.4)	12.3 (2.2)	NS	
Body mass index³ (weight in kg/height in meters²)							
Underweight	17.5 (86/492)	23.6 (59/250)	<0.05	1.6 (8/486)	7.5 (20/268)	<0.001	<0.001
Normal	70.7 (348/492)	68.8 (172/250)		59.1 (287/486)	75.0 (201/268)		
Overweight	11.8 (58/492)	7.6 (19/250)		39.3 (191/486)	17.5 (47/268)		

¹ Blood pressure: low: 110/70 mmHg; normal: 110/70–140/90 mmHg; high: \geq 140/90 mmHg.

² Haemoglobin: normal: Hb \geq 11.0 g/dl; mild anaemia: Hb = 10.0–10.9 g/dl; moderate: Hb = 9.9–7.0 g/dl; severe: Hb \leq 6.9g/dl .

³ BMI: underweight: $<$ 18.5 kg/m²; normal: 18.5–24.99 kg/m²; overweight: \geq 25.0 kg/m².

SD: Standard deviation; NS: not significant

CHAPTER 4

Spouses of cross-border migrants

In this section, we report findings from the bio-behavioural survey conducted with spouses of Bangladeshi and Nepalese male migrants at destination sites in India and left-behind spouses of current migrants in Bangladesh and Nepal.

SOCIO-DEMOGRAPHIC PROFILE

- *Spouses of Bangladeshi male migrants were older than spouses of Nepalese migrants in India.*
- *Left-behind spouses in Bangladesh were younger and more educated than spouses of Bangladeshi male migrants in India.*
- *Left-behind spouses in Nepal were younger than spouses of Nepalese male migrants in India, but had a similar educational profile.*

Spouses of Bangladeshi and Nepalese Migrants in India

Spouses of Bangladeshi male migrants were slightly older than spouses of Nepalese migrants in India (mean age: 31.5 years vs. 29.1 years; $p < 0.001$). While most spouses of Bangladeshi migrants were Muslims (79.8%), most Nepalese migrants' spouses were Hindu (74.8%). Spouses of Nepalese male migrants reported a higher mean age at marriage than spouses of Bangladeshi migrants (SNM: 17.4 years vs. SBM: 16.4 years; $p < 0.001$). 14.5% of spouses of Bangladeshi male migrants and 11.3% of spouses of Nepalese male migrants in India were Indian citizens.

Spouses in India and Home Country (Bangladesh/Nepal)

Left-behind spouses of Bangladeshi male migrants were relatively younger than spouses of Bangladeshi migrants in India (mean age: 29.3 years vs. 31.5 years; $p < 0.001$) and more educated (76.8% vs. 53.6%; $p < 0.001$). Spouses in India, however, reported a higher mean age at marriage than the left-behind spouses in Bangladesh (16.4 years vs. 15.4 years; $p < 0.001$).

Similarly, spouses of Nepalese male migrants were younger in the place of origin than the destination (mean age: 29.1 years vs. 32.0 years; $p < 0.001$). The mean age at marriage and education levels of spouses of current Nepalese migrants in India and left-behind spouses in Nepal were similar (Table 14).

Table 14: Socio-demographic characteristics of the spouses of Bangladeshi and Nepalese male migrants in India and in place of origin (Bangladesh/Nepal), 2014

Socio-demographic characteristics	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Spouses of current migrants in India
	Living in India	Left behind in Bangladesh	p-value	Living in India	Left behind in Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	524	250		504	270		
Age							
Mean (SD)	31.5 (8.8)	29.3 (6.9)	<0.01	29.1 (8.7)	32.0 (9.5)	<0.001	<0.001
Median (IQR)	30 (25, 38)	28 (25, 34)		27 (22, 34)	30 (24, 39)		
Education							
No education	46.4 (243)	23.2 (58)	<0.001	43.8 (221)	42.6 (115)	NS	<0.001
Primary or below (completed years 1–4)	21.9 (115)	13.2 (33)		7.5 (38)	13.3 (36)		
Below secondary (completed years 5–9)	27.3 (143)	55.2 (138)		37.9 (191)	35.9 (97)		
Secondary + (completed years 10 or above)	4.4 (23)	8.4 (21)		10.7 (54)	8.1 (22)		
Religion							
Hindu	20.2 (106)	23.2 (58)	NS	74.8 (377)	98.9 (267)		
Muslim	79.8 (418)	76.0 (190)		0.6 (3)	–	<0.001	<0.001
Buddhist	–	–		23.6 (119)	–		
Others	–	0.8 (2)		1.0 (5)	1.1 (3)		
Age at marriage							
Mean (SD)	16.4 (3.7)	15.4 (2.3)	<0.001	17.4 (2.3)	17.9 (2.5)	<0.01	<0.001
Median (IQR)	16 (14, 18)	15 (14, 17)		17 (16, 18)	18 (16, 19)		

SD: Standard deviation; NS: not significant

ECONOMIC ACTIVITIES

- Spouses of male migrants in India were more likely to work for money compared to left-behind spouses.
- Spouses of Bangladeshi male migrants were more likely to be working compared to spouses of Nepalese migrants in India.
- Left-behind spouses were mostly engaged in agriculture, while spouses in India were mostly engaged in housekeeping and other domestic jobs in both groups.

Spouses of Bangladeshi and Nepalese Migrants in India

More spouses of Nepalese male migrants in India were not working (70.2%), compared to spouses of Bangladeshi male migrants (44.5%). Most spouses of Bangladeshi and Nepalese migrants were engaged in housekeeping and other domestic jobs (SBM: 46.7% vs. SNM: 72.7%; $p < 0.001$). A few spouses of Bangladeshi migrants were engaged in construction work (14.4%). Spouses of Nepalese migrants earned slightly more than the spouses of Bangladeshi migrants in India (mean monthly income in INR: SNM: 4,556.67 vs. SBM: 4,136.15; $p < 0.001$).

Spouses in India and Home Country (Bangladesh/Nepal)

Spouses of Bangladeshi men in India were more likely to be working than left-behind spouses (55.5% vs. 26.8%; $p < 0.001$). Left-behind spouses were mainly engaged in agriculture-related employment (32.8%) and handicraft work (19.4%), while spouses in India were mainly employed in housekeeping-related jobs (46.7%). Spouses in India earned significantly more than left-behind spouses in Bangladesh (mean monthly income in INR: 4,136.15 vs. 1,693.06).

Among Nepalese migrants, left-behind spouses were more likely to not work compared to spouses in India (86.7% vs. 70.2%; $p < 0.001$) (Table 15). Women in Nepal who reported working were mostly engaged in agricultural activity (75%), in contrast to Nepalese women in India who reported housekeeping and household-related activities (72.7%). Nepalese spouses in India also earned two times more than left-behind spouses in Nepal (mean monthly income in INR: 4,556.67 vs. 2,225.11; $p < 0.001$)

Table 15: Economic activities and work environment of the spouses of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Economic characteristics	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Spouses of current migrants in India
	Living in India	Left behind in Bangladesh	p-value	Living in India	Left behind in Nepal	p-value	p-value
	n/N (%)	n/N (%)		n/N (%)	n/N (%)		
Working status							
Working	55.5 (291)	26.8 (67)	<0.001	29.8 (150)	13.3 (36)	<0.001	<0.001
Not working	44.5 (233)	73.2 (183)		70.2 (354)	86.7 (234)		
Economic activity¹							
Agricultural labour	0.3 (1)	32.8 (22)	<0.001	-	75.0 (27)	<0.001	<0.001
Construction work	14.4 (42)	-		-	-		
Handicraft work	11.7 (34)	19.4 (13)		8.7 (13)	-		
Housekeeping and other household- related work	46.7 (136)	9.0 (6)		72.7 (109)	-		
Other work	26.8 (78)	38.8 (26)		18.7 (28)	25.0 (9)		
Monthly income in INR^{1,2}							
Mean (SD)	4,136.15 (3,377.50)	1,693.06 (1,538.71)	<0.001	4,556.67 (2,197.75)	2,225.11 (1,143.97)	<0.001	NS
Median (IQR)	4,000 (2,000–6,000)	1,312 (820–2,460)		5,000 (3,000–6,000)	1,860 (1,860–2,232)		

¹ Among working migrants.

² All income converted into INR. 1 Bangladeshi Taka = 0.82 INR; 1 Nepalese Rupee = 0.62 INR. SD: Standard deviation; NS: not significant

LIVING CONDITIONS

- Personal safety or life security in India was the main concern expressed by Bangladeshi spouses.
- Lack of adequate health care was the main concern of spouses of Nepalese migrants.

Spouses of Bangladeshi and Nepalese Migrants in India

Compared to spouses of Nepalese migrants, more spouses of Bangladeshi migrants reported living in their own house (42.1% vs. 61.8%; $p < 0.001$) (Table 16). Living conditions were poor for both groups. A large proportion of Bangladeshi and Nepalese spouses (SBM: 88.2%; SNM: 93.3%) used public toilet facilities and public taps for drinking water (SBM: 48.1%; SNM: 52.4%).

Respondents were asked to list problems or difficulties they faced in their daily lives; multiple responses were permitted. Compared to Bangladeshi migrants in India, more spouses of Nepalese migrants reported that they had no problems at their current place (60.7% vs. 33.0%). Interestingly, personal safety or life security was the main concern expressed by spouses of Bangladeshi migrants (45.2%), while lack of adequate health care was the main concern of spouses of Nepalese migrants (28.6%).

Table 16: Living conditions of the spouses of Bangladeshi and Nepalese male migrants in India and in place of origin (Bangladesh/ Nepal), 2014

Living conditions	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Spouses of current migrants in India
	Living in India	Left behind in Bangladesh	p-value	Living in India	Left behind in Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	524	250		504	270		
Ownership of the current residence							
Own house	61.8 (324)	93.2 (233)	<0.001	42.1 (212)	98.1 (265)	<0.001	<0.001
Rent house	37.4 (196)	0.8 (2)		51.2 (258)	0.7 (2)		
Friends' or relatives' house	0.2 (1)	6.0 (15)		4.8 (24)	1.1 (3)		
No house	0.6 (3)	-		2.0 (10)	-		
Source of drinking water							
Piped water into dwelling	27.5 (144)	1.2 (3)	<0.001	34.3 (173)	14.1 (38)	<0.001	<0.001
Public tap	48.1 (252)	-		52.4 (264)	75.6 (204)		
Tubewell/borewell	22.9 (120)	98.8 (247)		11.3 (57)	-		
Surface water	-	-		-	10.4 (28)		
Other	1.5 (8)	-		2.0 (10)	-		
Purification of water before drinking							
No purification	95.0 (498)	98.0 (245)	<0.05	80.4 (405)	60.0 (162)	<0.001	<0.001
Some purification	5.0 (26)	2.0 (5)		19.6 (99)	40.0 (108)		
Toilet facility used							
Flush toilet	55.5 (291)	28.0 (70)	<0.001	54.6 (275)	21.9 (59)	<0.001	<0.001
Pit latrine	35.9 (188)	70.0 (175)		1.6 (8)	76.3 (206)		
Open space/field	8.6 (45)	2.0 (5)		43.8 (221)	1.9 (5)		
Type of toilet facility							
Private	11.8 (62)	72.8 (182)	<0.001	6.7 (34)	99.2 (263)	<0.001	<0.01
Public	88.2 (462)	27.2 (68)		93.3 (470)	0.8 (2)		
Problems at current place¹							
No problem	33 (173)	16.8 (42)		60.7 (306)	68.5 (185)		
No/inadequate toilet facility	5.2 (27)	22.4 (56)		5.6 (28)	10.7 (29)		
No/poor hospital/health-care facilities	17.9 (94)	11.6 (29)		28.6 (144)	2.2 (6)		
Inadequate food problem	1.1 (6)	2.8 (7)		6.7 (34)	33.0 (89)		
No wages for a long time	4.4 (23)	35.2 (88)		12.5 (63)	7.8 (21)		
No job security	0.8 (4)	5.6 (14)		1.2 (6)	-		
No life security	45.2 (237)	23.6 (59)		9.7 (49)	8.5 (23)		
Others	0.8 (4)	0.4 (1)		2.0 (10)	3.7 (10)		

¹ Multiple responses possible.

SD: Standard deviation; NS: not significant

FINANCIAL SECURITY AND ACCESS TO SOCIAL SERVICES

- *Most spouses saved money by keeping it with themselves, rather than in a bank or an informal club.*
- *Spouses of Nepalese and Bangladeshi migrants were equally likely to report being in debt in India and in their home countries.*
- *Over half of the spouses from both communities had Aadhar cards and voter ID cards; over 40% of spouses from both communities had ration cards.*

Spouses of Bangladeshi and Nepalese Migrants in India

A similar proportion of spouses of current Nepalese and Bangladeshi migrants in India reported having a bank account in India (SNM: 28.2% vs. SBM: 28.6%; $p>0.05$) (Table 17). Among those who had a bank account, most respondents had an account in a public-sector bank (SBM: 64.7% vs. SNM: 71.8%), cooperative/post office (SBM: 22.7% vs. SNM: 16.2%), or a private-sector bank (SBM: 12.7% and SNM: 12.0%). Regarding saving patterns, very few spouses of migrants in both groups saved money in a bank account (SBM: 40.7% vs. SNM: 32.4%), or through informal saving clubs (SBM: 12.2% vs. SNM: 13.3%). The most common mode of saving was keeping money with themselves (SBM: 38.4% vs. SNM: 25.8%; $p<0.001$). More spouses of Nepalese migrants had immovable assets in the place of origin than spouses of Bangladeshi migrants, such as their own house (SNM: 68.3% vs. SBM: 31.9%; $p<0.001$) or agricultural land (SNM: 75.2% vs. SBM: 22.1%; $p<0.001$). However, over one-quarter of spouses of both Nepalese and Bangladeshi migrants reported being in debt in India (SNM: 27.6% vs. SBM: 26.0%; $p>0.05$).

Respondents were asked about access to social schemes, and multiple responses were permitted. More than 40.0% of both Bangladeshi and Nepalese migrants in India had ration cards, voter ID cards, and Aadhar cards (national ID card). While, a higher proportion of spouses of Bangladeshi migrants had accessed social schemes, such as a ration card (SBM: 49.2% vs. SNM: 39.7%), more spouses of Nepalese migrants had accessed a voter ID card (SNM: 64.5% vs. SBM: 50.4%) and an Aadhar card (SNM: 71.8% vs. SBM: 52.1%). Also, more spouses of Nepalese migrants with children had a birth certificate for their children (SNM: 59.2% vs. SBM: 36.6%).

Respondents were asked about various social schemes, such as Indira Gandhi National Old Age and Pensions Scheme, Janashree Bima Yojana, and Rashtriya Swasthya Bima Yojana. Overall, there was low awareness of the availability of these schemes, except for the Mid-day Meal Scheme and the Integrated Child Development Scheme (data not shown).

In the **multivariate analysis** for spouses living with their husbands in India, the odds of social and financial inclusion increased significantly with age (AOR: 1.07; 95% CI: 1.04–1.09), for those with 5–9 years of schooling as compared to illiterates (AOR: 1.66; 95% CI: 1.14–2.41), and those with a Nepalese migrant husband (AOR: 2.18; 95% CI: 1.49–3.19). Non-Hindu spouses (AOR: 0.61, 95% CI: 0.42–0.90) or spouses of non-Indian origin (AOR: 0.29; 95% CI: 0.16–0.54) were less likely to achieve social and financial inclusion.

Spouses in India and Home Country (Bangladesh/Nepal)

In both communities, about a quarter of the spouses of current migrants and left-behind spouses had a bank account (Table 17). Among those with bank accounts, compared to left-behind spouses, spouses in India—both Bangladeshis (64.7% vs. 38.3%) and Nepalese (71.8% vs. 11.8%)—were more likely to have accounts in public-sector banks. In both communities, spouses were more likely to save money by keeping it with themselves. Left-behind spouses in both communities were more likely than spouses of current migrants to own a house (SBM: 92.0% vs. 31.9%; SNM: 100.0% vs. 68.3%) and agricultural land (SBM: 40.4% vs. 22.1%; SNM: 98.5% vs. 75.2%) in their home country. Over one-quarter of spouses of current migrants in both communities reported being in debt in India (SBM: 26.0%; SNM: 27.6%).

Table 17: Financial security and access to social services among spouses of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Financial security and access to services	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Spouses of current migrants in India
	Living in India	Left behind in Bangladesh	p-value	Living in India	Left behind in Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	524	250		504	270		
Has a bank account							
Yes	28.6 (150)	24.0 (60)	NS	28.2 (142)	25.2 (68)	NS	NS
No	71.4 (374)	76.0 (190)		71.8 (362)	74.8 (202)		
Sector of the account¹							
Public-sector bank	64.7 (97)	38.3 (23)	<0.001	71.8 (102)	11.8 (8)	<0.001	NS
Private-sector bank	12.7 (19)	10.0 (6)		12.0 (17)	39.7 (27)		
Cooperatives/post office	22.7 (34)	51.7 (31)		16.2 (23)	48.5 (33)		
Saved money using a bank account							
Yes	40.7 (61)	63.3 (38)	<0.01	32.4 (46)	67.6 (46)	<0.001	NS
No	59.3 (89)	36.7 (22)		67.6 (96)	32.4 (22)		
Saved/set aside money using informal savings club or with person outside family							
Yes	12.2 (64)	17.2 (43)	NS	13.3 (67)	31.1 (84)	<0.001	NS
No	87.8 (460)	82.8 (207)		86.7 (437)	68.9 (186)		
Saved/set aside money with herself							
Yes	38.4 (201)	48.0 (120)	<0.05	25.8 (130)	47.4 (128)	<0.001	<0.001
No	61.6 (323)	52.0 (130)		74.2 (374)	52.6 (142)		
Her family owns a house							
Yes, at origin	31.9 (167)	92.0 (230)	<0.001	68.3 (344)	100.0 (270)	<0.001	<0.001
Yes, at destination (India)	15.6 (82)	0.4 (1)		9.1 (46)	0.0 (0)		
Yes, at both places	8.4 (44)	2.0 (5)		11.9 (60)	0.0 (0)		
No	44.1 (231)	5.6 (14)		10.7 (54)	0.0 (0)		
Her family owns agricultural land							
Yes, at origin	22.1 (116)	40.4 (101)	<0.001	75.2 (379)	98.5 (266)	<0.001	<0.001
Yes, at destination (India)	2.5 (13)	0.0 (0)		0.6 (3)	0.0 (0)		
Yes, at both places	0.6 (3)	0.4 (1)		0.8 (4)	0.0 (0)		
No	74.8 (392)	59.2 (148)		23.4 (118)	1.5 (4)		
Family currently in debt in India							
Yes	26.0 (136)	2.8 (7)	<0.001	27.6 (139)	10.0 (27)	<0.001	NS
No	74.0 (388)	97.2 (243)		72.2 (364)	90.0 (243)		
Family currently in debt in country of origin (Bangladesh/Nepal)							
Yes	6.3 (33)	45.6 (114)	<0.001	6.7 (34)	69.3 (187)	<0.001	NS
No	93.7 (490)	54.4 (136)		93.1 (469)	30.7 (83)		
Access to social schemes²							
Ration card ³	49.2 (258)	-		39.7 (200)	-		
Voter ID card	50.4 (264)	-		64.5 (325)	-		
Aadhar card ⁴	52.1 (273)	-		71.8 (362)	-		
Income tax card (PAN card in India)	43.3 (227)	-		45.0 (227)	-		

Gas connection	26.5 (139)	-	43.1 (217)	-
Child has birth certificate	36.6 (174)	-	59.2 (254)	-
Awareness about social security schemes²				
Mid-day meals in Indian schools/similar schemes in the origin country	29.7 (141)	-	40.1 (172)	-
Integrated Child Development Scheme/similar schemes in the origin country	34.9 (166)	-	45.7 (196)	-

¹ Among those who had a bank account. ² Multiple responses possible. ³ Ration card for low income. ⁴ National ID card. NS: not significant

INWARD REMITTANCE IN HOME COUNTRY

Almost all left-behind spouses of Nepalese migrants (96.7%) reported receiving money from their husbands; fewer left-behind spouses of Bangladeshi migrants (74.8%) received money from their spouses. Among those who received remittances, Bangladeshi left-behind spouses received money at regular intervals (84.0%), while no specific periodicity was reported by Nepalese spouses; interestingly, a similar pattern was reported by the male migrants from Nepal. Spouses of Nepalese migrants reported receiving more money per year compared to spouses of Bangladeshi migrants (mean remittance received in INR: SBM: 41,634.99 vs. SNM: 49,712.64; $p=0.058$) (data not shown).

Left-behind spouses of Nepalese migrants reported receiving money through various modes— from husbands who carried the money when they visited their native place (40.6%) or friends/relatives (45.2%) who bring the money to Nepal. Similarly, left-behind spouses of Bangladeshi migrants reported receiving money through friends/relatives (45.4%) and local agents (28.9%), however, fewer reported that husbands (10.7%) carried the money. Very few spouses of Bangladeshi migrants reported receiving money through the banking system, possibly due to poor access to banking channels as a result of their husband's irregular status in India.

SOCIAL INTEGRATION

Social integration was considered to have happened if respondents reported having attended social functions in India outside their own migrant community or invited other people outside the migrant community to their social functions; and if they ever received help from Indians when in trouble or ever helped somebody who was in trouble, in India. Of the 448 Bangladeshi spouses 55.6% were not socially integrated and 85.5% of the 447 Nepalese spouses were not socially integrated (data not shown).

LIFESTYLE BEHAVIOURS AND SEXUAL LIFE

- *Alcohol, smoking, and drug abuse was low among spouses in India.*
- *More than one-third of the spouses of Bangladeshi migrants in India used oral tobacco products.*
- *Sex outside marriage was negligible among all spouses.*

Spouses of Bangladeshi and Nepalese Migrants in India

Use of alcohol and drugs was negligible among spouses of Nepalese and Bangladeshi migrants in India. While a very small percentage of spouses of Nepalese migrants in India reported smoking cigarettes (0.6%) and bidis (3%), 35% of spouses of Bangladeshi migrants in India reported using tobacco in other forms, such as gutkha, khaini, or pan with tobacco (data not shown).

Spouses in India and Home Country (Bangladesh/Nepal)

Spouses of Bangladeshi migrants in India were more likely to report the use of tobacco in forms other than cigarettes or bidis compared with left-behind spouses in Bangladesh (35.2% vs. 10.8%). Left-behind spouses in

Nepal were more likely to smoke cigarettes (10.4% vs. 0.6%; $p < 0.001$) or bidis (7% vs. 3%; $p = 0.009$). Similarly, consumption of alcohol ever (17%) and in the past six months (87%) was higher among left-behind spouses in Nepal than the spouses in India (data not shown).

There were no significant findings regarding sexual behaviour, except that spouses in India were more likely to report recent sexual activity, as they lived with their husbands, compared to their counterparts in their native country. Sex outside of marriage was negligible across all the respondent categories.

SELF-REPORTED HEALTH STATUS

- Spouses in India reported a higher prevalence of NCDs and RTI/STI while left-behind spouses were more likely to report psychological distress.
- Prevalence of NCDs was comparable across the two communities; more spouses of Bangladeshi migrants reported symptoms of RTI/STI and psychological health problems than spouses of Nepalese migrants.

Spouses of Bangladeshi and Nepalese Migrants in India

Overall, there was no significant difference in the prevalence of any self-reported NCD (diabetes, hypertension, or heart disease) among spouses of Bangladeshi and Nepalese migrants in India in the past six months (SBM: 19.3% vs. SNM: 20.6%; NS) (Table 18). Current hypertension was reported by a significantly higher proportion of spouses of Nepalese migrants (SNM: 19.0% vs. SBM: 13.9%; $p < 0.05$), while prevalence of heart disease was higher among spouses of Bangladeshi migrants (SBM: 4.8% vs. SNM: 0.6%; $p < 0.001$). Significantly more spouses of Nepalese migrants sought treatment for NCDs (SNM: 90.4% vs. SBM: 76.2%; $p < 0.01$). While the prevalence of NCDs was comparable, symptoms related to RTI/STI, such as pain/burning during urination, genital ulcers, or abnormal vaginal discharge in the last six months, were more frequently reported by spouses of Bangladeshi migrants. Among symptoms of RTI/STI, abnormal vaginal discharge was the most commonly reported symptom for both the groups. Treatment-seeking for RTI/STI was not significantly different for the two groups (SBM: 46.4% vs. SNM: 55.9%; $p > 0.05$).

On the GHQ scale, spouses of Bangladeshi migrants in India had significantly higher scores suggestive of psychological distress than the spouses of Nepalese migrants (SBM: 27.5% vs. SNM: 10.3%; $p < 0.001$).

In the **multivariate analysis** for predicting psychological health, spouses of migrants in India who were non-Hindu (AOR: 2.19; 95% CI: 1.39–3.46) and were indebted in their place of origin or destination (AOR: 1.68; 95% CI: 1.19–2.38) were significantly more likely to be in psychological distress, after controlling for age, education and religion. Spouses of Nepalese migrants in India (AOR: 0.50; 95% CI: 0.32–0.78) were significantly less likely to show psychological distress as compared to spouses of Bangladeshis.

Spouses of current migrants who had evidence of psychological distress (AOR: 1.84; 95% CI: 1.12–3.01), or had severe psychological distress (AOR: 2.11; 95% CI: 1.16–3.84), were living in their own house (AOR: 1.50; 95% CI: 1.01–2.25), and reported social and financial inclusion (AOR: 3.03; 95% CI: 1.70–5.40), were more likely to report NCDs (heart disease, diabetes, hypertension) in the past six months (controlled for age, education, religion, obesity, and tobacco use).

In **multivariate analysis** after controlling for socio-demographic variables, spouses of Nepalese migrants were significantly less likely to report a symptom of RTI/STI in the past six months compared to spouses of Bangladeshi migrants (AOR: 0.17; 95% CI: 0.12–0.26).

Spouses in India and Home Country (Bangladesh/Nepal)

Overall, spouses of Bangladeshi and Nepalese migrants in India reported a higher prevalence of any NCD (diabetes, hypertension, or heart disease) in the past six months, compared to left-behind spouses in place of origin (SBM: 19.3% vs. 8.8%; SNM: 20.6% vs. 6.7%). In both groups, current hypertension was reported by a significantly higher proportion of spouses in India compared to spouses in origin areas (SBM: 13.9% vs. 5.2%; SNM: 19% vs. 4.8%). Treatment-seeking for NCDs was similar among spouses of Bangladeshi migrants in India and left-behind spouses in native areas (76.2% vs. 68.2%; $p = 0.919$). In contrast, spouses of Nepalese migrants in India were more likely to seek treatment for NCDs than the left-behind spouses (90.4% vs. 44.4%; $p < 0.001$).

In both communities, symptoms related to RTI/STI in the past six months were more frequently reported by spouses in India than in their home countries. Abnormal vaginal discharge was the most commonly reported symptom by spouses of Bangladeshi migrants in India (33.0%). However, sexual dysfunction was more frequently reported by left-behind spouses than those in India (14.0% vs. 11.8%). In contrast, among Nepalese spouses sexual dysfunction was more frequently reported by those in India than the left-behind spouses (10.9% vs. 7.0%). Self-reported TB was extremely low in both groups. In both communities, left-behind spouses were more likely than the spouses in India to have higher scores on the General Health Questionnaire, suggestive of psychological distress (SBM: 38.8% vs. 27.5%; SNM: 15.5% vs. 10.3%).

Table 18: Self-reported health status of spouses of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/ Nepal), 2014

Self-reported health status	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Spouses of current migrants in India
	Living in India	Left behind in Bangladesh	p-value	Living in India	Left behind in Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	524	250		504	270		
Noncommunicable diseases (NCD)¹							
Diabetes	4.4 (23)	0.8 (2)	<0.01	4.4 (22)	0.0 (0)	<0.001	NS
Hypertension	13.9 (73)	5.2 (13)	<0.001	19.0 (96)	4.8 (13)	<0.001	<0.05
Cancer	0.2 (1)	0.4 (1)	NS	0.0 (0)	0.7 (2)	NS	NS
Respiratory problem/asthma	14.1 (74)	9.2 (23)	NS	13.9 (70)	5.2 (14)	<0.001	NS
Heart disease	4.8 (25)	3.2 (8)	NS	0.6 (3)	2.6 (7)	<0.05	<0.001
Had any of the above NCDs	19.3 (101)	8.8 (22)	<0.001	20.6 (104)	6.7 (18)	<0.001	NS
Sought treatment for any NCD ²	76.2 (77)	68.2 (15)	NS	90.4 (94)	44.4 (8)	<0.001	<0.01
Public facility used for treatment ³	49.4 (38)	20.0 (3)	<0.05	70.2 (66)	62.5 (5)	NS	<0.01
Problems related to RTI/STI¹							
Vaginal sore or ulcer	8.0 (42)	5.6 (14)	NS	3.2 (16)	4.8 (13)	NS	<0.001
Pain/burning during urination	22.9 (120)	14.0 (35)	<0.01	16.7 (84)	11.5 (31)	NS	<0.01
Abnormal vaginal discharge	33.0 (173)	20.4 (51)	<0.001	16.7 (84)	18.1 (49)	NS	<0.001
Had any of the above RTI/STI symptoms	42.4 (222)	31.6 (79)	<0.05	25.2 (127)	22.2 (60)	<0.05	<0.001
Sought treatment for any RTI/STI problem ²	46.4 (103)	46.8 (37)	NS	55.9 (71)	45.0 (27)	NS	NS
Public facility used for treatment ³	42.7 (44)	18.9 (7)	<0.05	31.0 (22)	33.3 (9)	NS	NS
Sexual dysfunction ⁴	11.8 (62)	14.0 (35)	NS	10.9 (55)	7.0 (19)	NS	NS
Self-reported and symptomatic TB							
Had TB in past 6 months	0.6 (3)	0.0 (0)	<0.001	1.2 (6)	0.0 (0)	<0.001	NS
Sought treatment for TB in past 6 months ²	66.7 (2)	-		100.0 (6)	-		NS
Public facility used for TB treatment ³	100.0 (2)	-		100.0 (6)	-		
Psychological health: GHQ score⁵							
Normal	72.5 (380)	61.2 (153)	<0.01	89.7 (452)	84.4 (228)	<0.05	<0.001
Evidence of distress	14.9 (78)	22.0 (55)		7.5 (38)	8.5 (23)		
Severe psychological distress	12.6 (66)	16.8 (42)		2.8 (14)	7.0 (19)		

¹ Had condition in the last six months per self-report. ² Among those who reported any problem in the past six months. ³ Among those who sought treatment; The rest used private health facilities, or self-medication, or non-formal means of treatment. ⁴ Sexual dysfunction consisted of sexual dissatisfaction or loss of sexual desire. ⁵ General Health Questionnaire (GHQ) scores: normal: 0–15; evidence of distress: 16–20; severe psychological distress: >20.
SD: Standard deviation; NS: not significant

MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

- *A higher proportion of spouses of Nepalese migrants in India reported accessing antenatal care (ANC) services and fewer had pregnancy-related complications compared to spouses of Bangladeshi migrants in India.*
- *Unmet family planning need was higher among left-behind spouses than the spouses in India.*

Spouses of Bangladeshi and Nepalese Migrants in India

Respondents were asked about their most recent pregnancy. During their last pregnancy, spouses of Nepalese migrants were more likely than spouses of Bangladeshi migrants to attend antenatal care (ANC) clinics (SNM: 74.9% vs. SBM: 58.2%; $p < 0.001$), receive iron folic acid tablets (SNM: 63.8% vs. SBM: 45.0%; $p < 0.001$), and experience fewer pregnancy-related complications (SNM: 12.8% vs. SBM: 17.6%; $p < 0.05$). Further, they were more likely to deliver their child in a public health facility (SNM: 65.0% vs. SBM: 44.5%; $p < 0.001$). A higher proportion of spouses of Bangladeshi migrants reported exclusive breastfeeding for six months for their most recent child (SNM: 67.2% vs. SBM: 60.6%; $p < 0.05$). A higher proportion of spouses of Bangladeshi migrants expressed no future intention to have children compared to spouses of Nepalese migrants in India (SBM: 70.4% vs. SNM: 58.0%; $p < 0.001$), but current use of contraceptives was lower among spouses of Bangladeshi migrants (65.9% vs. 73.9%; $p < 0.001$). While sterilization (58.1%) was the most common contraceptive among spouses of Nepalese migrants in India, Bangladeshi women mainly used contraceptive pills (19.7%) and sterilization (28.3%). Both categories of respondents reported low condom use by their husbands.

Spouses in India and Home Country (Bangladesh/Nepal)

There were no significant differences in maternal and child health-related indicators among spouses of Bangladeshi migrants in India and in the home country. Left-behind spouses in Bangladesh were more likely to attend an ANC clinic during their last pregnancy (65.8% vs. 58.2%; $p = 0.052$), but fewer sought treatment for pregnancy-related complications (Table 19). Spouses in India were more likely than left-behind spouses in Bangladesh to report breastfeeding their most recent child for six months or more (67.2% vs. 55.8%; $p = 0.003$). There were no differences in desire to limit family size between spouses of Bangladeshi migrants in India and spouses in Bangladesh. Left-behind spouses reported lower contraceptive use than spouses in India (39.2% vs. 65.8%; $p < 0.001$).

While there was no difference in ANC clinic attendance, left-behind spouses in Nepal were more likely than Nepalese spouses in India to experience pregnancy-related complications (26.4% vs. 12.8%; $p < 0.001$). Furthermore, more left-behind spouses delivered their most recent child at home, compared to spouses in India (70.1% vs. 26.2%; $p < 0.001$). The desire to limit family size was higher among left-behind spouses in Nepal compared to spouses in India (73.3% vs. 58.0%; $p < 0.001$), but left-behind spouses reported much lower contraceptive use than spouses in India (29.3% vs. 73.9%; $p < 0.001$).

Table 19: Maternal and child health and family planning among spouses of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Maternal and child health characteristics	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Current migrants in India
	Living in India	Left behind in Bangladesh	p-value	Living in India	Left behind in Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	524	250		504	270		
Maternal health							
Attended ANC during last pregnancy¹							
Yes	58.2 (277)	65.8 (152)	NS	74.9 (323)	69.7 (177)	NS	<0.001
No	41.8 (199)	34.2 (79)		25.1 (108)	30.3 (77)		
Place of antenatal check-up							
Public health facility	83.4 (231)	59.2 (90)	<0.001	85.4 (276)	90.4 (160)	NS	NS
Private health facility	12.6 (35)	13.2 (20)		12.4 (40)	7.3 (13)		
Community health worker	4.0 (11)	27.6 (42)		2.2 (7)	2.3 (4)		
Experienced pregnancy complication							
Yes	17.6 (84)	17.3 (40)	NS	12.8 (55)	26.4 (67)	<0.001	<0.05
No	82.4 (392)	82.7 (191)		87.2 (376)	73.6 (187)		
Sought treatment for pregnancy complication							
Yes, in public health facility	60.7 (51)	55.0 (22)	NS	74.5 (41)	47.8 (32)	<0.001	<0.01
Yes, in private health facility	14.3 (12)	15.0 (6)		23.6 (13)	7.5 (5)		
Didn't seek treatment	25.0 (21)	30.0 (12)		1.8 (1)	44.8 (30)		
Received iron folic acid tablet during last pregnancy							
Yes	45.0 (214)	46.8 (108)	NS	63.8 (275)	63.0 (160)	NS	<0.001
No	55.0 (262)	53.2 (123)		36.2 (156)	37.0 (94)		
Place of delivery for the most recent child							
Home	50.6 (241)	78.8 (182)	<0.001	26.2 (113)	70.1 (178)	<0.001	<0.001
Public health facility	44.5 (212)	16.5 (38)		65.0 (280)	24.0 (61)		
Private health facility	4.8 (23)	4.8 (11)		8.8 (38)	5.9 (15)		
Duration of exclusive breastfeeding for most recent child							
6 months or more	67.2 (320)	55.8 (129)	<0.01	60.6 (261)	68.9 (175)	<0.05	<0.05
Less than 6 months	32.8 (156)	44.2 (102)		39.4 (170)	31.1 (79)		
Family planning							
Future intention to have children							
Yes	23.6 (121)	28.0 (70)	NS	31.1 (156)	21.5 (58)	<0.001	NS
No	70.4 (361)	66.4 (166)		58.0 (291)	73.3 (198)		
Undecided/don't know	6.0 (31)	5.6 (14)		11.0 (55)	5.2 (14)		
Current contraceptive use²							
Not using	34.1 (123)	60.8 (101)	<0.001	26.1 (76)	70.7 (140)	<0.001	<0.001
Pills	19.7 (71)	10.2 (17)		1.4 (4)	4.0 (8)		
Female sterilization	28.3 (102)	10.2 (17)		58.1 (169)	6.6 (13)		
Injectable	3.0 (11)	10.8 (18)		0.7 (2)	6.1 (12)		
IUD	5.3 (19)	-		4.5 (13)	0.5 (1)		
Condom	6.6 (24)	3.0 (5)		5.8 (17)	2.0 (4)		
Other methods	3.0 (11)	4.8 (8)		3.4 (10)	10.1 (20)		

¹ Among those who were ever pregnant and are currently pregnant. ² Among those who don't want any more children. SD: Standard deviation; NS: not significant

BIOMARKER MEASUREMENTS

- A higher proportion of spouses of Bangladeshi migrants were hypertensive and anaemic than spouses of Nepalese migrants in India.
- A higher proportion of spouses of Nepalese migrants were overweight compared to spouses of Bangladeshi migrants in India.
- Left-behind spouses were more likely to be underweight than spouses in India.

Spouses of Bangladeshi and Nepalese Migrants in India

A significantly higher proportion of spouses of Bangladeshi migrants than spouses of Nepalese migrants had blood pressure readings suggestive of hypertension (SBM: 16% vs. SNM: 12.1%; $p < 0.01$) (Table 20). Bangladeshi spouses were also more likely than Nepalese spouses to have moderate to severe anaemia (SBM: 54.1% vs. SNM: 48.0%; $p < 0.001$). Interestingly, a higher proportion of spouses of Nepalese migrants were overweight compared to spouses of Bangladeshi migrants (SNM: 31.6% vs. SBM: 29.9%; $p < 0.05$). This pattern is similar to that observed among Nepalese and Bangladeshi male migrants in India.

Spouses in India and Home Country (Bangladesh/Nepal)

There were no significant differences in the blood pressure readings of the spouses of Bangladeshi migrants in India and the home country. Left-behind spouses were more likely to be underweight than spouses in India (21.7% vs. 12.8%; $p < 0.001$).

A significantly higher proportion of left-behind spouses of Nepalese migrants had blood pressure readings suggestive of hypertension compared to spouses of migrants in India (26.7% vs. 12.1%; $p < 0.001$). Spouses in India were more likely to be overweight than spouses in their places of origin (31.6% vs. 16.0%; $p < 0.001$). This pattern is similar to that among male migrants in India and place of origin.

Table 20: Biomarker measurements of spouses of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

Biomarker measurements	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Spouses of current migrants in India
	Living in India	Left behind in Bangladesh	p-value	Living in India	Left behind in Nepal	p-value	p-value
	n/N (%)	n/N (%)		n/N (%)	n/N (%)		
Blood pressure¹							
Low	37.4 (191/511)	33.7 (84/249)	NS	29.1 (139/478)	28.5 (77/270)	<0.001	<0.01
Normal	46.6 (238/511)	47.0 (117/249)		58.8 (281/478)	44.8 (121/270)		
High	16.0 (82/511)	19.3 (48/249)		12.1 (58/478)	26.7 (72/270)		
Haemoglobin level²							
Normal	19.0 (81/427)	29.6 (32/108)	<0.05	22.4 (79/352)	42.7 (53/124)	<0.001	NS
Mild anaemia	26.9 (115/427)	18.5 (20/108)		29.5 (104/352)	21.8 (27/124)		
Moderate anaemia	50.6 (216/427)	50.0 (54/108)		44.6 (157/352)	32.3 (40/124)		
Severe anaemia	3.5 (15/427)	1.9 (2/108)		3.4 (12/352)	3.2 (4/124)		
Mean (SD)	9.7 (1.5)	10.0 (1.6)	NS	9.8 (1.5)	10.6 (2.0)	<0.001	NS
Body mass index³							
Underweight	12.8 (66/515)	21.7 (54/249)	<0.001	7.5 (36/478)	10.9 (28/257)	<0.001	<0.05
Normal	57.3 (295/515)	57.8 (144/249)		60.9 (291/478)	73.2 (188/257)		
Overweight	29.9 (154/515)	20.5 (51/249)		31.6 (151/478)	16.0 (41/257)		

¹ Blood pressure: low: 110/70 mmHg; normal: 110/70–140/90 mmHg; high: $\geq 140/90$ mmHg.

² Haemoglobin: normal: Hb ≥ 11.0 g/dl; mild anaemia: Hb = 10.0–10.9 g/dl; moderate: Hb 9.9–7.0 g/dl; severe: ≤ 6.9 g/dl.

³ BMI: calculated: weight in kg/(height in meters)²: Underweight: < 18.5 ; normal: 18.5–24.99; overweight: ≥ 25.0 .

SD: Standard deviation; NS: not significant

SPOUSAL ABUSE

- A large proportion of spouses of migrants reported verbal and physical abuse. Also, abuse was more common among spouses of Bangladesh migrants than spouses of Nepalese migrants.

Spouses of Bangladeshi and Nepalese Migrants in India

In both communities, verbal and physical abuse was frequently reported by both spouses of current migrants and left-behind spouses. Spouses of Bangladeshi and Nepalese migrants equally reported experiencing verbal abuse, which included showing anger and yelling at spouses in the past 12 months (SBM: 96.5% vs. SNM: 97.4%; $p < 0.001$) (Table 21). Physical abuse by the husband, which included slapping, punching, and kicking, was higher among spouses of Bangladeshi migrants in the past 12 months than the spouses of Nepalese migrants in India (SBM: 96.9% vs. SNM: 90.8%; $p < 0.001$).

Spouses of migrants were asked their views on domestic violence; multiple responses were permitted. Spouses of Nepalese migrants were more likely to support gender egalitarian norms than spouses of Bangladeshi migrants; results show that they were less likely to agree to any of the reasons for husbands being justified in hitting/beatings their wife. The difference was considerable for reasons such as disrespect towards in-laws (88.9% vs. 66.8%), not cooking food properly (94.4% vs. 83.0%) or arguing with her husband (92.3% vs. 74.0%). In contrast, spouses of Nepalese migrants were more likely to justify a husband beating his wife for refusing sex.

Spouses in India and Home Country (Bangladesh/Nepal)

In both communities, a higher proportion of spouses currently living in India reported verbal abuse (SBM: 96.5% vs. 67.4%; SNM: 97.4% vs. 61.6%) and physical violence (SBM: 96.9% vs. 49.6%; SNM: 90.8% vs. 51%) by their husband in the past 12 months, compared to the spouses living in their home country.

Table 21: Verbal and physical abuse among spouses of Bangladeshi and Nepalese migrants in India and in place of origin (Bangladesh/Nepal), 2014

History of abuse	Spouses of Bangladeshi migrants			Spouses of Nepalese migrants			Spouses of current migrants in India
	Living with husband in India	Left behind in Bangladesh	p-value	Living with husband in India	Left behind in Nepal	p-value	p-value
	% (n)	% (n)		% (n)	% (n)		
Number of respondents	524	250		504	270		
Husband ever verbally abused her							
Yes	77.6 (406)	92.0 (230)	<0.001	60.6 (305)	46.3 (125)	0.001	<0.001
No	22.4 (117)	8.0 (20)		39.4 (198)	53.7 (145)		
Frequency of verbal abuse in past 12 months							
Often	20.8 (83)	9.6 (22)	<0.001	5.6 (17)	9.6 (12)	<0.001	<0.001
Sometimes	75.7 (302)	57.8 (133)		91.8 (280)	52.0 (65)		
Not at all	3.5 (14)	32.6 (75)		2.6 (8)	38.4 (48)		
Husband ever physically abused her							
Yes	37.8 (198)	63.6 (159)	<0.001	23.8 (120)	18.1 (49)	NS	<0.001
No	62.2 (326)	36.4 (91)		76.2 (384)	81.9 (221)		
Frequency of physical abuse in past 12 months							
Often	29.8 (57)	3.1 (5)	<0.001	5.8 (7)	8.2 (4)	<0.001	<0.001
Sometimes	67.0 (128)	46.5 (74)		85.0 (102)	42.9 (21)		
Not at all	3.2 (6)	50.3 (80)		9.2 (11)	49.0 (24)		
Gender role attitudes towards verbal and physical abuse							
Husband justified hitting/beating wife in the following situations¹ (% reported "Yes")							
She goes out without telling him	19.8 (104)	20.8 (52)		8.7 (44)	8.1 (22)		
She neglects the house or children	28.2 (148)	19.6 (49)		12.1 (61)	6.7 (18)		
She argues with him	26.0 (136)	26.0 (65)		7.7 (39)	5.6 (15)		
She refuses to have sex	10.7 (56)	11.2 (28)		7.7 (39)	1.1 (3)		
She doesn't cook food properly	17.0 (89)	11.6 (29)		5.6 (28)	4.8 (13)		
She shows disrespect for in-laws	33.2 (174)	31.6 (79)		11.1 (56)	7.8 (21)		
Wife is justified in refusing to have sex with husband in the following situations (% agreed)							
She knows husband has some infection	62.0 (325)	59.6 (149)		87.1 (439)	86.3 (233)		
She knows husband had sex with other women	62.6 (328)	48.0 (120)		81.5 (411)	80.7 (218)		
She is tired or not in the mood	61.6 (323)	54.4 (136)		81.7 (412)	86.7 (234)		
If woman refuses sex with husband, he has right to do the following: (% agreed)							
Get angry and reprimand her	7.1 (37)	24.8 (62)		15.7 (79)	2.6 (7)		
Refuse to give her money or financial support	3.6 (19)	14.4 (36)		6.2 (31)	0.7 (2)		
Use force and have sex	4.0 (21)	15.6 (39)		7.7 (39)	0.0 (0)		
Have sex with other women	2.7 (14)	12.4 (31)		6.9 (35)	0.0 (0)		

NS: not significant

CHAPTER 5

CONCLUSIONS

This study explores the broad context within which migration from two neighbouring countries, Bangladesh and Nepal, takes place. It is one of the few studies that draw comparisons between current migrants working in India and migrants who have returned to their place of origin. These findings help to explain the differences in the vulnerabilities of migrants in India and their situation when they return to their home country. This study is also the first to include spouses of migrant men in India and left-behind spouses in their places of origin in Bangladesh and Nepal.

Study findings reveal significant differences between Bangladeshi and Nepalese migrants in India, between migrants in India and returnee migrants in home countries, and between spouses in India and those left behind in home countries on several aspects such as pattern of migration, occupational profile, reason for returning to home countries, health-related vulnerabilities, and access to social and financial schemes.

Bangladeshi male migrants were younger and less educated than the Nepalese migrants, both in India and in their respective home countries. A quarter of both current and returnee Bangladeshi migrants were unmarried and many of them were living together with their friends or co-workers in India, while Nepalese migrants tended to be married and almost half lived with their wife and children.

Migration was largely undertaken for better income and employment opportunities, and most migrants were engaged in low-paying jobs. Both Bangladeshi and Nepalese male migrants earned higher incomes in India than in their home country, as reported by returnee migrants, Nepalese migrants in India earned a higher monthly income than Bangladeshi migrants, but also worked for more days per month and longer hours per day than the latter, possibly due to the difference in the nature of their jobs. Many Nepalese worked as security guards or in restaurants that require longer working hours than construction work or daily wage labour, which Bangladeshi migrants were more likely to be engaged in.

Compared to Nepalese migrants, Bangladeshi migrants in India had poorer living conditions, possibly due to their poorer economic status. While the average duration of stay in India was similar for Bangladeshi and Nepalese migrants, long-term migration and connectivity with their native place were more common among the Nepalese, possibly due to their legal status in India. Furthermore, many Bangladeshi migrants move through contractors and thus may have to return to Bangladesh at the end of the contract period. Economic gain was the most common reason for migration, and contrary to common belief, political instability or adverse environmental conditions were not reported to be reasons for migration.

The single-most important reason for Bangladeshis to return to their home country was poor health, while Nepalese were more likely to report family problems. Returnee Nepalese migrants were older and less likely to be engaged in remunerative employment in their home country, suggesting that they may have completed their current work life; those working were mostly engaged in running petty businesses. Their Bangladeshi counterparts were younger, most returned to agricultural work, and many reported returning due to poor health. Most returnee migrants in both groups owned a house, suggesting the possibility of consolidation of resources to buy immovable assets. Interestingly, Bangladeshi migrants reported health problems and lack of health facilities as reasons for returning to Bangladesh, indicating their limited access to health services in India. Lack of access to health services is known to be common among the low-income groups residing in Indian slums.²³

Left-behind spouses in both groups were younger than spouses accompanying migrant workers in India. As with male migrants, spouses in India were more likely to be working and earn higher incomes than left-behind wives in both communities; most were engaged in low-paying jobs, especially domestic household work. However, Bangladeshi spouses in India were more likely to work, particularly in daily wage construction work, compared to spouses of Nepalese migrants in India. Although the two communities lived in different parts of the city, living conditions were poor for men and women in both groups with regard to housing, water, and sanitation, and similar to the quality of life experienced by other low-income slum dwellers in large Indian cities (NFHS-3).²⁵ Similar to returnee male migrants, left-behind spouses in both groups were more likely to report family ownership of a

house. Nepalese left-behind wives were more likely to own and work on agricultural land. Despite earning in India, migrants and their spouses reported varying levels of debt, more so among returnee migrants and left-behind spouses. A quarter of the spouses accompanying male migrants in India reported being in debt in India, while about half of the left-behind spouses reported debt in their home country; similar patterns were observed among male migrants in India and returnee migrants (BM: 58% vs. NM: 61.9%).

To remit money to their home country, Nepalese male migrants mainly used banking facilities, which was possible because of the open border and banking channels between the two countries. On the other hand, Bangladeshi male migrants were more likely to send money through local agents—poor use of banking facilities was possibly due to Bangladeshi migrants' irregular status in India. Friends and relatives were generally not used to remit money, indicating challenges in movement across the border. More Nepalese migrants than Bangladeshi migrants saved money by setting up a personal emergency fund. Interviews with left-behind spouses reveal pathways and frequency of remitting and saving money similar to those reported by male migrants in India. Compared to Bangladeshi spouses, Nepalese male migrants remitted larger amounts of money and Nepalese left-behind spouses received larger inward remittances. This supports the data on higher earnings reported by Nepalese migrants in India.

Overall, more than one-quarter of the male migrants in both groups in India possessed legal documents linked to Indian citizenship, such as ration cards and voter ID cards. A quarter of Bangladeshi male migrants and almost half of Nepalese male migrants had Aadhar cards—biometric identity cards—issued by the Unique Identification Authority of India on behalf of the government to anyone residing in India to establish a unique identity (not citizenship); this document could be used as a background document to open bank accounts and possibly to obtain ration cards and voter ID cards. Possession of legal ID documents was more frequent among long-term migrants than shorter duration migrants. Further, Nepalese migrants reported higher access to voter ID documents than Bangladeshi migrants, while Bangladeshi migrants were more likely to have ration cards. Spouses of migrants in India reported high rates of possession of legal documents—more than half of the Bangladeshi spouses and almost two-thirds of Nepalese spouses reported having voter ID cards and Aadhar cards. It is possible that male migrants from Bangladesh may have hesitated disclosing access to these entitlements, because of their irregular status in India.

Overall, there was low awareness of social protection schemes amongst both groups of migrants in India; the only schemes people were familiar with were the Mid-day Meal Scheme and the Integrated Child Development Scheme, probably accessed by their children attending government schools in India. Interviews with spouses of male migrants in India reveal similarly low levels of awareness of schemes, apart from those accessed by children attending government schools.

Nepalese male migrants in India reported a higher prevalence of NCDs, such as diabetes and hypertension, although respiratory problems were more common among Bangladeshi migrants. Hypertension among the Nepalese could be attributed to higher salt intake in their diet, regular and heavy alcohol consumption, and higher BMI suggesting obesity. A 2011 study by Vaidya and Wu reported a threefold increase in the prevalence of hypertension in a rural population in Nepal related to increased salt intake and increased BMI [6]. Bangladeshi migrants also reported a higher prevalence of TB, frequently associated with poor living conditions and poor nutritional status. Psychological distress (GHQ score >16) was more frequently reported by returnee migrants in both groups than those in India; being in debt was an independent predictor of psychological stress among migrants. However, on most psychological health indicators, current Bangladeshi migrants reported higher levels of distress than their Nepalese counterparts in India and returnee migrants in Bangladesh. Overall, the health status of returnee migrants was poorer than current migrants; they were more likely to have hypertension, be underweight, have anaemia, and report psychological distress.

While NCDs were higher among Nepalese migrants in India, symptoms related to RTI/STI were more frequently reported by Bangladeshi men in India. Compared with returnee migrants, a higher proportion of current migrants reported RTI/STI problems, possibly as a result of risky sexual behaviour in India compared to their behaviour in their place of origin where they lived with their family. Sex outside of marriage/relationship was reported by male migrants in both groups. However, a higher proportion of Bangladeshi male migrants reported paid/unpaid casual sex outside of marriage in last one year. Though condom use was high for paid sex, it was relatively lower for unpaid casual sex among both Nepalese and Bangladeshi respondents. Treatment-seeking was higher among Bangladeshi migrants, but they were less likely to seek treatment at public health-care facilities; anecdotal and qualitative data suggest that this was primarily due to concerns related to their irregular status in India.

Health-related vulnerabilities among spouses of migrants followed a similar pattern. Spouses of both Bangladeshi and Nepalese migrants in India reported a higher prevalence of NCDs, such as diabetes and hypertension, than the returnee migrants. Similar to male migrants, hypertension was more frequently reported by Nepalese spouses in India and left-behind spouses in Nepal. While hypertension could be a result of stressful living in India—working to earn a living in addition to managing household chores, making sociocultural adjustments in India, and the constant fear of deportation amidst the changing political scenario in India (for Bangladeshi migrants)—it is also associated with obesity and high salt intake, which is common in the Nepalese community. Poor psychological health was found among all the respondent groups of spouses. Evidence of psychological distress was more frequently observed among left-behind spouses, possibly because they had the responsibility of looking after the family—health care, nutrition, farming/livelihood, child-care, and education—in addition to coping with the stress of living away from their husbands for long durations. Bangladeshi left-behind spouses had more psychological health problems, while spouses in India reported more physical health problems.

Although none of the spouses reported sex outside of marriage, ill-health due to RTI/STI symptoms was frequently reported by spouses of Bangladeshi migrants in India. This could be related to the higher prevalence of RTI/STI symptoms among male Bangladeshi migrants compared with Nepalese migrants in India, and thus higher transmission to spouses. Abnormal vaginal discharge was also higher among spouses of Bangladeshi migrants in India. Left-behind spouses reported lower prevalence of RTI/STI in the past six months, possibly because of the absence of sexual activity as their husbands were currently located in India; the vast majority of spouses in all categories were monogamous and did not report sex outside marriage.

Spouses of Nepalese male migrants in India had better access to ANC services compared with left behind spouses in Nepal. This could be correlated to better access to health-care services in India than in Nepal. In contrast, no difference was reported in the maternal and child health-related indicators for spouses of Bangladeshi migrants in India and left-behind spouses. Unmet need for contraception was high in both groups. Similar to women in India [34], tubectomy was the most common form of contraception among spouses of cross-border migrants. Contraceptive pills, intrauterine devices, and condoms were other commonly used contraceptives in India. All these contraceptives are widely available free of cost in public health facilities in India.

Spousal violence was prevalent across all the respondent categories, but was higher among spouses of Bangladeshi male migrants. Physical and verbal abuse due to domestic reasons like neglecting children, not cooking food properly, showing disrespect to in-laws, etc. was more acceptable among spouses of Bangladeshi migrants in India compared with left-behind spouses. The latter, on the other hand, had a higher tolerance for violence or abuse for refusing to have sex with their husbands. This could be due to fewer opportunities for sex, as they live away from their husbands, or the fear that their husbands may have sex outside of marriage if they refuse to have sex with them.

Overall, male migrants from Bangladesh were more likely to adapt to the sociocultural environment in India than the migrants from Nepal. A higher proportion of Bangladeshi male migrants reported receiving help from local Indians, compared to Nepalese male migrants who mostly reported receiving help from same-country migrants. Bangladeshi migrants were also more likely to report helping local Indians where they lived, suggesting better integration into the community. Nepalese male migrants were less likely than Bangladeshi migrants to attend social events hosted by Indians in their community or invite Indians to their events.

Overall, it appears that male migrants from Bangladesh and Nepal migrate to India for economic reasons. Those who migrate with their families or have well-settled relatives in India are more likely to stay longer and be socially integrated. Further, those who live longer in India, marry Indian women and are socially integrated are more likely to avail of social schemes and financial services. Male migrants who have family back in their home country come to India through agents/touts and do not assimilate culturally; and they are more likely to return to their home country after shorter periods of stay. On their return, returnee migrants from both communities are more likely to experience poorer health outcomes, be in debt, and experience psychological distress. A similar pattern is observed with spouses of male migrants.

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