

Article

HEALTHCARE OUT OF REACH: A SYSTEMATIC LITERATURE REVIEW ON THE ACCESSIBILITY AND UTILIZATION OF HEALTHCARE SERVICES BY BANGLADESHI MIGRANTS IN GREECE

Atención sanitaria fuera de su alcance: una revisión sistemática de la literatura sobre la accesibilidad y utilización de los servicios de atención sanitaria por parte de los migrantes bangladeshíes en Grecia

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Abstract:

The migration of Bangladeshi nationals to Greece has surged in recent decades, with many entering the country undocumented and facing precarious work conditions. This study examines the impact of these living and work conditions on the health of Bangladeshi migrants, as well as their access to and utilization of healthcare services. Using the PRISMA method, a comprehensive literature review was conducted across PubMed, Scopus, and Google Scholar, revealing significant barriers faced by these migrants. Many work in hazardous environments for long hours, leading to detrimental health outcomes exacerbated by systemic inequalities, racism, and exploitation due to their undocumented status. Access to healthcare is severely limited, hindered by the lack of social security numbers, high costs, language barriers, and low health literacy. The systematic review highlights that particularly vulnerable groups, such as irregular refugees, experience the greatest exclusion from healthcare services. Overall, the findings indicate a pressing need for policy reforms in Greece to improve living and working conditions for migrants, ensuring that their health needs are met and their human rights are protected. A more inclusive and comprehensive approach is essential to address the challenges faced by Bangladeshi migrants in Greece.

Keywords:

migrants, Bangladesh, health, access, inequality, Greece.

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1. Introduction: The Hidden Struggles of Bangladeshi Migrants Seeking Healthcare in Greece

The first migrants from Bangladesh arrived in Greece during the 1970s (Tonchev, 2007; Fouskas, 2008). Initially, in the 1980s, the number of Bangladeshi citizens residing in Greece was low. However, the 1990s saw an increase in the Bangladeshi population in Greece (Broersma & Lazarescu, 2009). This migration trend is predominantly male, and many migrants belong to relatively young age groups (Broersma & Lazarescu, 2009). Integrating migrants into the host country poses significant challenges, particularly in improving their living conditions, employment opportunities, and access to healthcare. According to the World Health Organization, approximately 1 billion migrants worldwide are influenced by social determinants in their home countries, while also facing new social and economic conditions in their destination countries (WHO, 2020). For undocumented individuals, the situation is even more challenging, as they are often subjected to discriminatory policies, hostile attitudes, and limited access to essential health resources. Migration serves as a key social determinant of health, impacting social relationships and directly affecting health and well-being (Castañeda et al., 2015).

The accessibility of health services for Bangladeshi migrants is a critical issue that necessitates systematic and ongoing investigation (Fouskas, 2018). Migrants in Greece, as well as in other EU countries, experience inequalities in accessing health services. Greece's health system has serious shortcomings, and a crucial indicator of how well migrants are integrated into Greek society is their access to healthcare (Fouskas et al., 2019; Fouskas 2024a). Undocumented Bangladeshi migrants cannot access the public healthcare system and are compelled to turn to the private healthcare sector, which presents prohibitive costs for them. This creates additional barriers to accessing healthcare and medications. Furthermore, low wages, the need to send remittances back to their families, and high daily living costs or debts make it difficult for these migrants to sacrifice a day's salary or more to obtain medical care (Fouskas, 2018; Goulem, 2021; Fouskas, 2024b).

In Hasan's 2019 study of Bangladeshi nationals who migrate by boat without residency documents, he identified several key drivers of their journeys: the rise of human trafficking networks, climate change, economic inequality, and political repression (Hasan, 2024). In recent years, however, economic inequality and political persecution have emerged as primary motivations for individuals seeking asylum abroad (Hasan, 2024). The authoritarian policies in Bangladesh are economically beneficial for certain groups but contribute to growing inequality, prompting hundreds of thousands of Bangladeshi nationals

to migrate. Many of these individuals choose to work and settle abroad, either legally or without proper residency documents (Hasan, 2024).

According to the European Union, there are approximately 456,516 Bangladeshi migrants in the 27 EU member states (IOM, 2021). A notable example of human rights violations against Bangladeshis in Greece occurred in Manolada, specifically in the strawberry fields. Workers reported that their employers failed to pay their salaries, which amounted to 150,000 euros over a six-month period. Just two days after the workers demanded their payment, the employers brought in other Bangladeshi migrants to work in the fields. When a group of workers pressed for their wages, one of the gunmen shot at them, seriously injuring thirty individuals (ECHR, 2015). On March 30, 2017, the European Court of Human Rights (ECtHR) ruled that Greece had violated Article 4§2 of the Convention. The court determined that forty-two Bangladeshi workers from Athens and Nea Manolada had not received effective protection from the Greek State (ECHR, 2017). Bangladeshi migrants in Greece, including those with residence or protection permits and particularly those without documentation, face alienation, discrimination, inequality, and injustice within a global labor system that exploits cheap labor for various industries, manufacturing, the agricultural sector, and personal services. Research indicates that migrant workers often lack adequate access to healthcare and health insurance, and they self-report their health status as very poor (Fouskas, 2018, Galanis, et al., 2022).

As mentioned above, Greece is a popular destination in Europe for Bangladeshi migrants. Very often, Greece is a stopover for them, a gateway to Europe, towards more developed economies (Dimitriadi, 2015). However, apart from the identifiable push and pull factors that act as catalysts for the decision to migrate, it could be argued that the need for cheap labour in the Greek economy is undoubtedly compelling for Bangladeshi nationals. Irregular migrants are employed in sectors characterized by low wages (Toksöz, 2018), as well as, as workers in agriculture, in manufacturing, food catering and in the hotel/tourism sector and trade. The need for cheap labor in the informal economy and policies that encourage flexibility and casual employment (Fouskas, 2018). In highly fragmented labor markets, the need for cheap, flexible, and compliant labor creates new jobs whose legal loopholes can be used to their advantage (Spencer & Triandafyllidou, 2022).

While the presence of the informal economy facilitates the informal/undeclared employment of migrants, it also makes them vulnerable to a wide range of exploitation and abuse (Barua, 2023). International literature reveals that in most cases, these migrants are

deprived of and/or unaware of their rights (Barua, 2023). Moreover, even the wages of Bangladeshi workers are lower than other migrant workers, and Bangladeshis do not demand more because they are already vulnerable due to their irregular status in Greece (Barua, 2023) and they use the monetary difference to send remittances from the currency of the country where they work to the currency of Bangladesh. However, during the economic crisis of 2008/9-2018/19 (and before and after it) in Greece, they were a “boon” for the country’s economy, for key sectors of the country. Furthermore, these migrants do not wish to return to their country of origin as they have spent a significant amount of money to migrate to Greece (Barua, 2023).

Bangladeshi migrants leave their country mainly for economic reasons and due to political problems. Their arrival in Greece is a long and dangerous journey that can take days, months, or even years, as well as imprisonment, deportation, and a re-entry attempt to Greece, which means they have to pay the smuggler again (Broersma & Lazarescu, 2009). In the 2001 Population Census, the number of Bangladeshi immigrants in Greece had increased to 4,960 and by 2011 had doubled to 11,076 individuals, representing 16.8% of all South Asian immigrants in Greece (Fratsea & Papadopoulos, 2021). As of December 31, 2024, there were 15,906 Bangladeshi nationals with valid residence permits in Greece, representing 3.2% of the total population of third-country nationals in similar status (Ministry of Migration and Asylum, 2024).

Bangladeshi migrants constitute a fairly large and exploitable labor reserve, which is constantly reproducing, at extremely low cost to the host country and the labor market (Fouskas, 2018). A significant number of Bangladeshi workers have found employment in the Greek textile industry, mainly in the capital, Athens (Fouskas, 2010, & Fouskas, 2012). These migrants are engaged in various roles within garment factories, many of which operate without legal regulation (Broersma & Lazarescu 2009). According to unofficial estimates, Bangladeshi migrants own at least 250-300 small ready-made garment factories in Greece, employing around 5,500 Bangladeshis. The textile industry in Greece provides a crucial but precarious source of income for these undeclared migrants (Broersma & Lazarescu 2009). They are particularly vulnerable to exploitation due to their irregular status, which forces them to avoid any confrontations with employers or authorities (Broersma & Lazarescu 2009). Their primary goal is to earn enough money to justify the cost and risk of migration, as their families back in Bangladesh rely heavily on their financial support (Broersma & Lazarescu 2009). Despite the adverse conditions, many prefer to remain in Greece rather

than return to their homeland empty-handed, facing the constant challenge of living a secret life to avoid deportation (Broersma & Lazarescu 2009).

As mentioned above, Bangladeshi migrants in Greece predominantly work in the textile, agriculture, or food and restaurant sectors. The employment conditions of migrants are characterized by long working hours and low wages (Salvanou, 2014). Newcomers, most of whom are in the country irregularly, primarily work as street vendors in Athens (Fouskas, 2018). These migrants constitute a fairly large and exploitable labor force, which is constantly being reproduced, at extremely low cost for the host country and the labor market (Fouskas, 2018). Bangladeshi migrants in Greece work for low wages and perform very demanding tasks (Fouskas, 2018). This employment lacks standard forms of employment insurance, takes the form of wage employment and is characterized by extremely limited social benefits and legal rights (Fouskas, 2018). The percentage of uninsured workers in Greece is 37.3%, the highest in the world, and the percentage of irregular migrants working is 4.4% (Fouskas, 2018). However, both migrant workers and employers do not contribute to social security funds, so there is no possibility of equal healthcare as Greeks (Fouskas, 2018). Other employment sectors for Bangladeshi migrants in Athens are manual labor and the service industry (restaurants and food catering, retail, hotels, etc.) and agriculture (Papageorgiou, 2012). Many of them are forced to resort to street trading in order to earn some income (Fouskas, 2018). Regardless of whether they are self-employed shopkeepers (mini markets, call centers, restaurants) or wage workers (factory workers, waiters, cleaners), their days are usually characterized by long working hours and relatively low incomes (Papageorgiou, 2012).

Furthermore, 90% of the workforce in the agricultural sector in Greece is made up of migrants without residence documents (Goulem, 2021). The nature of agricultural work carries an increased risk of injury and illness, due to the fact that it requires demanding physical labor, operates agricultural machinery that can cause injuries, creates occupational stress, and is exposed to pesticides (Goulem, 2021). Undocumented migrants are deprived of their rights by the state and its protection and are under constant threat of deportation (Goulem, 2021). Also, racism works to reproduce exploitation at work and creates a state of disposability and shows us how precarious the conditions are for these undocumented workers (Goulem, 2021).

Among undocumented migrants in Greece, mental health was the main medical issue reported to doctors, with many experiencing loneliness, anxiety, depression, and post-traumatic stress disorder (Teunissen et al. 2016). Psychological stressors and physical strain

contribute to “allostatic load,” which is defined as “the cumulative wear and tear on major body systems caused by repeated psychological adaptation to stressors” (Kaestner 2009). Allostatic load exacerbates existing medical conditions, such as poor mental health, and increases the risk of occupational injury or illness, meaning that migrant workers face significantly increased health risks (Kaestner 2009). Based on qualitative research conducted by

Papadaki, et al. in 2017, barriers to primary health care for migrants in Greece were explored. Three main issues related to barriers to healthcare for migrants were identified: a) The Greek healthcare system has limited resources and is unable to cope with the growing demand, while a large increase in the unemployed and uninsured was identified, which will have significant impacts on the economy and the healthcare system (Papadaki, et al., 2017). b) Inadequate management of medical care for third-country nationals in Greece was identified, as healthcare providers felt ineffective in delivering services due to language barriers and a lack of training. c) Papadaki et al. (2017) found that many Greeks have emerging healthcare needs due to the financial crisis and austerity measures. They note that the number of uninsured Greeks has increased, and these individuals face barriers in accessing healthcare (Papadaki et al., 2017).

Fouskas in 2018 reports that the employment of migrants in precarious, low-status/low-paid jobs has serious implications for their access to healthcare services. Migrants are a social group with healthcare needs, given their low living conditions. Furthermore, social exclusion and the health of migrants have a two-way relationship, i.e. a possible poor health status can lead to social exclusion due to difficulty in finding formal employment. Precarious, low-status/low-paid work is characterized by limited social benefits and legal rights, job insecurity, low wages and a high risk of ill health (Fouskas, 2018).

Thus, further investigation in this specific area is essential to illuminate all aspects of the issue and to design a more comprehensive policy for improving migrants’ access to health services and safeguarding their human rights. The aim of this paper is to explore the accessibility and utilization of health services by migrants from Bangladesh in Greece. The central question is whether this population has the opportunity to access basic health services and whether their working conditions impact their health and access to such services.

2. Methods

This study is a literature review carried out according to the principles of systematic literature review using the PRISMA method (Moher et al., 2009). The primary goal of this research is to

investigate the accessibility and utilization of health services by Bangladeshi immigrants in Greece. After thoroughly examining the characteristics of this population group, the context of their work in Greece, and their specific needs, the aim is to assess whether health services in Greece are accessible to this vulnerable population, as well as to identify the underlying causes. The central research question focuses on whether this population group has the opportunity to access basic health services in Greece and how their working conditions may impact their health and access to these services. This aspect of access pertains not only to the availability of services provided by the state to immigrants but also to the quality of information and outreach from institutions that enable immigrants to benefit from these services.

This review included all studies related to the topic that were conducted between 1990 and 2023 in English (PubMed, Google Scholar, and Scopus) and in Greek (Google Scholar). The following is an analysis of the main research question using the PICO(S) method: 1. P (Population): Bangladeshi migrants in Greece; 2. I (Intervention): Access to basic health services; 3. C (Comparison): Comparison with other migrant or local population groups; 4. O (Outcome): Health status of migrants and their access to health services; 5.S (Setting): Greece.

Studies that were not relevant to the topic under consideration, those conducted outside the specified time frame, and republished studies (i.e., duplicates, reviews, meta-analyses, or theoretical texts) were excluded from the review.

The initial search yielded a total of 1,976 studies: 138 from PubMed, 1,770 from Google Scholar with English search terms, 67 from Google Scholar with Greek search terms, and 1 from Scopus. After removing 8 duplicate studies, 1,968 studies remained. The titles and abstracts of these studies were reviewed, and those that did not meet the inclusion criteria were excluded. Following this process, 5 studies remained, and an additional 3 studies were identified from sources outside the initial search. A flow chart of the search results is provided below.

The methodological quality of the studies deemed appropriate for inclusion was evaluated using the Mixed Methods Appraisal Tool (MMAT) (Hong, et al., 2018) and the CASP Qualitative Checklist scales (Critical Appraisal Skills Programme, 2018). The choice of scale depended on the research method used in each study.

Table 1: Search algorithms per database

1990-2023 PubMed
((((((((((((((((((from Bangladesh) OR (Bangladeshis)) OR (Bangladeshi)) AND (migrant*)) AND (employment)) OR (work)) OR (labour)) OR (labor)) AND (conditions)) AND (health)) OR (healthcare)) AND (access)) OR (use)) OR (exclusion)) OR (inequalities)) OR (inequality)) AND (services)) AND (in Greece)
1990-2023 Scopus
(TITLE-ABS-KEY (from AND bangladesh) OR TITLE-ABS-KEY (bangladeshis) OR TITLE-ABS-KEY (bangladeshi) AND TITLE-ABS-KEY (migrant*) AND TITLE-ABS-KEY (employment) OR TITLE-ABS-KEY (work) OR TITLE-ABS-KEY (labour) OR TITLE-ABS-KEY (labor) AND TITLE-ABS-KEY (conditions) AND TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (healthcare) AND TITLE-ABS-KEY (access) OR TITLE-ABS-KEY (use) AND TITLE-ABS-KEY (services) AND TITLE-ABS-KEY (in AND greece))
1990-2023 Google Scholar (English & Greek)
"from Bangladesh" OR "Bangladeshis" OR "Bangladeshi" AND "migrant*" AND "employment" OR "work" OR "labour" OR "labor" AND "conditions" AND "health" OR "healthcare" AND "access" OR "use" OR "exclusion" OR "inequalities" OR "inequality" AND "services" AND "in Greece"

Table 2: PubMed

	Terms	Search	Studies
Population	"from Bangladesh" OR "Bangladeshis" OR "Bangladeshi" AND "migrant*" AND "in Greece"	#1	1
Intervention	"employment" OR "work" OR "labour" OR "labor" AND "conditions"	#2	254,079
Exposure	"access" OR "use" AND "services" OR "exclusion" OR "inequalities" OR "inequality"	#3	1,026,560
Outcome	"health" OR "healthcare"	#4	7,313,568
	#1 AND #2 AND #3 AND #4	#5	4,332
	#6		
	Filters applied: Clinical Trial, Randomized Controlled Trial, English	#7	138

Table 3: Scopus

	Terms	Search	Studies
Population	"from Bangladesh" OR "Bangladeshis" OR "Bangladeshi" AND "migrant*" AND "in Greece"	#1	23
Intervention	"employment" OR "work" OR "labour" OR "labor" AND "conditions"	#2	922,871
Exposure	"access" OR "use" AND "services" OR "exclusion" OR "inequalities" OR "inequality"	#3	5,154,043
Outcome	"health" OR "healthcare"	#4	6,517,688
	#1 AND #2 AND #3 AND #4	#5	1
	#6		
	Filters: Publication date from 1990/01/01 to 2023/12/31; English	#7	1

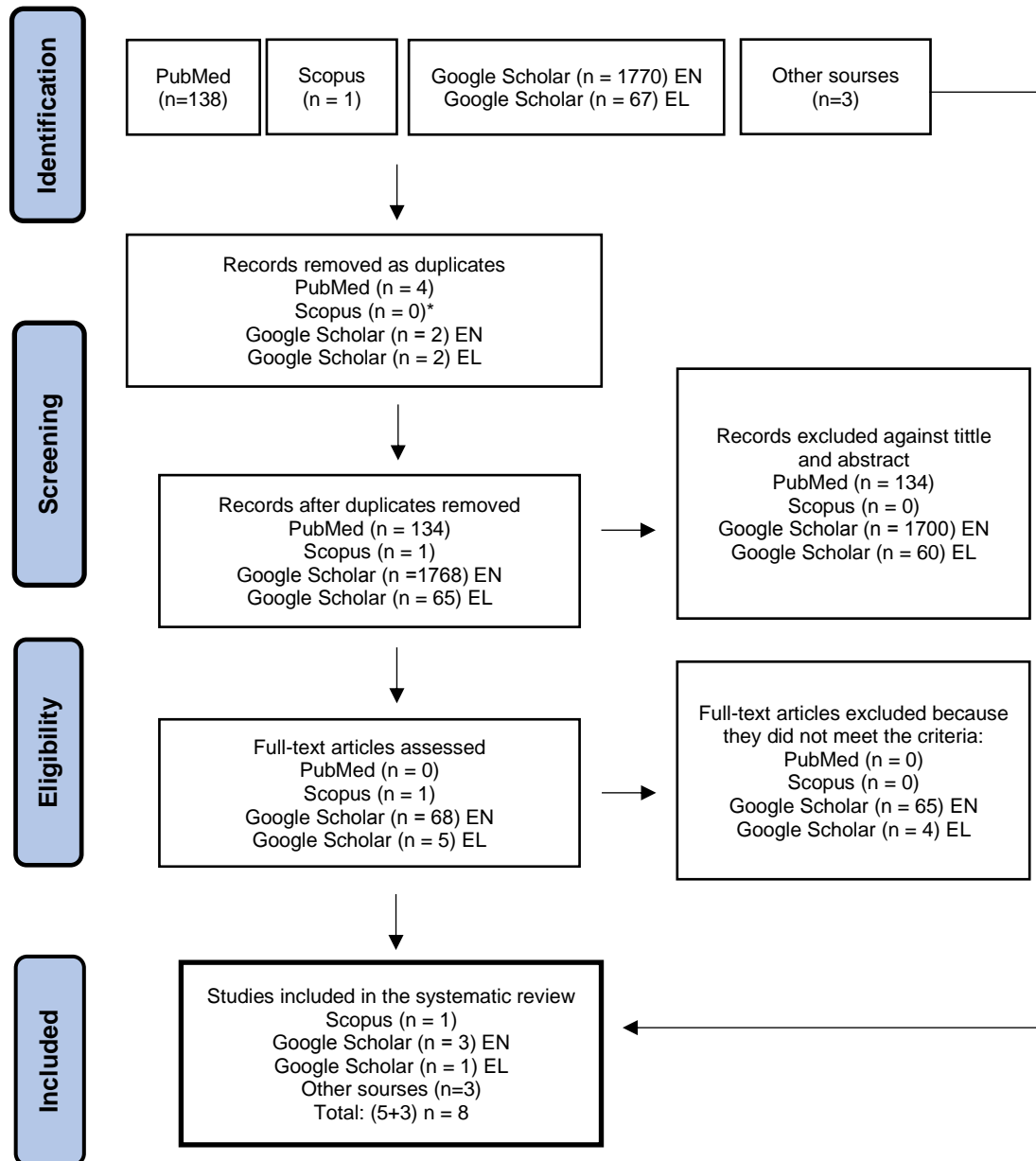
Table 4: Google Scholar (English)

	Terms	Search	Studies
Population	"from Bangladesh" OR "Bangladeshis" OR "Bangladeshi" AND "migrant*" AND "in Greece"	#1	2,920
Intervention	"employment" OR "work" OR "labour" OR "labor" AND "conditions"	#2	7,040,000
Exposure	"access" OR "use" AND "services" OR "exclusion" OR "inequalities" OR "inequality"	#3	6,480,000
Outcome	"health" OR "healthcare"	#4	7,930,000
	#1 AND #2 AND #3 AND #4	#5	1,910
	#6		
	Filters: Publication date from 1990/01/01 to 2023/12/31; English	#7	1,770

Table 5: Google Scholar (in Greek)

	Terms	Search	Studies
Population	"from Bangladesh" OR "Bangladeshis" OR "Bangladeshi" AND "migrant*" AND "in Greece"	#1	136
Intervention	"employment" OR "work" OR "labour" OR "labor" AND "conditions"	#2	129,000
Comparison	"access" OR "use" AND "services" OR "exclusion" OR "inequalities" OR "inequality"	#3	125,000
Outcome	"health" OR "healthcare"	#4	28,200
	#1 AND #2 AND #3 AND #4	#5	73
	#6		
	Filters: Publication date from 1990/01/01 to 2023/12/31	#7	67

Figure 1: Flow diagram (Moher et al., 2009)



3. Results: The Hidden Health Crisis of Bangladeshi Migrants in Greece

In this section of the paper, we describe the basic characteristics of the research studies reviewed and record the main findings that emerged from the analysis.

3.1. Country

In the review, a total of eight studies were included, all of which were conducted in Greece. The studies are as follows: Fouskas (2018), Papadakis et al. (2015a), Papadakis et al. (2015b), Souliotis et al. (2019), Fouskas (2010), Goulem (2021), Kukreja (2021), and WHO (2020).

3.1. Study design (methodologies)

Of the eight studies included in the review, the methodological designs varied significantly: Fouskas (2018) conducted a qualitative research study utilizing in-depth personal interviews. 2. Papadakis et al. (2015a) employed a specially created questionnaire to assess clarity and understandability for participants from different ethnic backgrounds. In the research by Papadakis et al. (2015b), all patients were evaluated by a doctor during their initial visit, with information gathered about their diabetes, including the type of diabetes and the duration since diagnosis. The study by Souliotis et al. (2019) was based on medical records from the Immigration Detention Center, with access authorized by the Chief of the Hellenic Police. Fouskas' (2010) research involved a qualitative analysis of personal interviews conducted by the author in a prior study on a similar subject, now concentrating on the Bangladeshi immigrant population. Goulem (2021) conducted a literature review focusing on the political, social, and economic conditions faced by irregular migrants in Greece. The study included two case studies—Megara and Manolada—to highlight the living, working, safety, and health circumstances of migrants in the agricultural sector. For the Kukreja (2021) study, semi-structured interviews, focus groups, and on-site project observations were carried out with Bangladeshi migrant workers in the nearby villages of Nea Manolada and Lappa in July and December 2019. The WHO (2020) study relied on data from a brief, non-systematic cross-sectional survey called ApartTogether, which was conducted online for rapid completion using mobile devices.

3.2. Settings

Of the eight studies included in the review, the following describes the environments in which they were conducted: Fouskas (2018): This research involved personal meetings during which interviews were conducted. Papadakis et al. (2015a): This study was carried out through personal meetings where patient questionnaires were completed, along with the collection of blood and urine samples in a laboratory. The interviews for completing the questionnaires were facilitated by a bilingual assistant/translator for immigrants. Papadakis et al. (2015b): This research involved laboratory tests conducted after blood samples were collected from the participants. Souliotis et al. (2019): This research utilized medical records of migrants housed in a detention center. Fouskas (2010): This study used data from personal meetings and interviews, as well as information from previous relevant research conducted by the same author. Goulem (2021): This research consisted of a review and analysis of case studies. The author also described her firsthand visits and observations of the living conditions of migrants in the Greek countryside as part of her research. Kukreja (2021): This research involved on-site observations of migrants working in the Manolada crops, along with conducting interviews and focus groups through personal meetings. WHO Survey (2020): This survey provided refugees and migrants with an online platform to voluntarily report the perceived impacts of COVID-19 on their lives, including suggested preventive measures.

3.3. Participants

Of the eight studies included in the review, the following details pertain to the participants: Fouskas (2018): This study involved male migrants from Bangladesh, Nigeria, Pakistan, and Palestine, mainly unskilled workers engaged in manual labor or working as street vendors. Additionally, women from the Philippines working as domestic helpers also participated. A total of 225 migrants took part, with 42 from Bangladesh. All participants had lived in Greece for at least 10 years and were between 41 and 51 years old. Papadakis et al. (2015a): This study included 166 randomly selected migrants from Bangladesh with diabetes, compared to 123 randomly selected Caucasian Greek patients with diabetes. Participants were recruited through a community-based approach, including diabetes clinics in hospitals and migrant service organizations, during the period from 2010 to 2013. Papadakis et al. (2015b): In this study, 161 randomly selected migrants with diabetes (12 with type 1 diabetes and 149 with type 2 diabetes) from Bangladesh were compared to 118

Caucasian Greek patients (15 with type 1 diabetes and 103 with type 2 diabetes). Souliotis et al. (2019): This research involved 4,756 male migrants residing in a detention center from mid-2013 to mid-2015. Out of these, 1,427 had utilized the health services provided at the center, which maintained detailed records of their medical histories and examinations. The majority of the migrants were from Asia (80.1%), primarily from Pakistan (36%), Afghanistan (15.8%), and Bangladesh (15.8%). Their ages mainly ranged between 18 and 30 years. Fouskas (2010): This study focused on 18 immigrants from Bangladesh living and working in Athens. Goulem (2021): Although no participants volunteered for this study, it examined the living and working conditions of Asian immigrants in Manolada and Megara from 2010 to 2020. This period was marked by incidents of human rights abuses that garnered international attention. Kukreja (2021): This survey involved Bangladeshi migrants working in the strawberry fields of Manolada. The majority were irregular residents, under 30 years old, and had been living in Greece for at least six years. WHO (2020): This survey included over 30,000 refugees and migrants from around the world. After cleaning the responses for inconsistencies, the report was based on feedback from 28,853 refugees and migrants who shared their views on how COVID-19 affected their lives. Among them, 5,764 migrants completed the survey while residing in their country of origin, representing a diverse group that included children of migrants, internally displaced persons, and returnees. The participants lived in 170 countries and originated from 159 countries, with over 1,000 participants identifying Bangladesh as their country of origin.

3.4. Main findings of studies

Fouskas' (2018) study indicated that Bangladeshi migrants are often trapped in isolating and exploitative working conditions, which shape their self-perception to view healthcare and social protection as low priorities. The main barriers to accessing healthcare and social services for these migrants include: 1. Cost of care, 2. Lack of information about accessing health services, social security, and the welfare system (e.g., vaccinations and service locations), 3. Language difficulties when communicating with healthcare professionals, 4. Prejudices and stereotypes held by healthcare staff towards these migrant groups, 5. Fear among migrants regarding public healthcare services.

Papadakis et al. (2015a) found that Bangladeshi immigrants are less likely to engage in self-care behaviors. They exhibit poorer glycemic control and face reduced access to medications, laboratory tests, and health facilities compared to their Greek counterparts. This disparity is partly attributed to their lower level of education, which contributes to health

illiteracy and limits their ability to interpret blood glucose levels, recognize early symptoms and complications related to diabetes, and follow medical instructions accurately. Additionally, insufficient knowledge of the Greek language can hinder their access to basic healthcare.

The research by Papadakis et al. (2015b) revealed that vitamin D levels among Bangladeshi migrants with diabetes are significantly lower than those of native Greek patients with diabetes. In their home countries, migrants are protected from extensive sun exposure by their darker skin types; however, this doesn't apply to European countries where they migrate. Darker skin requires more sunlight exposure to synthesize adequate vitamin D. Factors such as primarily indoor working conditions, poor housing, and crowded households further limit sunlight exposure. Traditional dietary patterns that lack meat, fish, and eggs, include limited dairy products, and exclude fortified foods contribute to vitamin D deficiency. Furthermore, adherence to traditional practices, such as Muslim women wearing the veil, restricts sun exposure and is a major factor in the higher prevalence of vitamin D deficiency. Poverty and illiteracy also remain underlying determinants of vitamin D deficiency in many developing Asian countries.

Souliotis et al. (2019) examined migrants in the Detention Center and found that most of those using health services suffered from respiratory diseases (45.6%) and digestive diseases (30.1%). Other reasons for service use included injuries, poisoning, and other external causes (19.6%), skin and subcutaneous tissue diseases (18.7%), and factors affecting health status and healthcare access (16.7%). The prevalence of communicable diseases was 15.9% among migrants who were randomly checked. The high incidence of injuries and poisoning suggests unsafe detention conditions, alongside a significant occurrence of communicable diseases. These detention conditions can worsen health issues and hinder access to appropriate healthcare services.

Research by Fouskas (2010) indicated that the collapse of the welfare state has led to the emergence of an over-exploited workforce, characterized by instability and uncertainty in earnings and employment, coupled with a lack of labor and social rights. As often invisible entities to official authorities, migrants and members of the urban workforce endure very low incomes and minimal insurance coverage, finding it increasingly difficult to access basic means of survival in contexts marked by underdevelopment and exclusion.

Goulem's (2021) research highlighted that South Asian migrants (from Bangladesh, Pakistan, and India) without residence permits working in Greece's agricultural sector

experience inhumane living conditions, labor exploitation, racism, and lack of access to health services due to inadequate social, political, and economic infrastructure.

Kukreja's (2021) research confirmed that racial capitalism is inherently violent, as it exploits social and racial inequalities to devalue workers. She emphasized that, despite irregular migrants—particularly land workers—being deemed “essential” for Greece's food security, the system deliberately ignores the violence and oppression they face. This includes deprivation of human and labor rights, lack of job security, and reduced access to social and free health services.

Kukreja argues that the revitalization of Greek agriculture is a result of restrictive temporary migrant labor policies, which drive large numbers of racially categorized migrants into irregular status and labor subordination. Paradoxically, while these migrant workers risk their well-being to ensure the food security of host countries, they are stigmatized as public health risks. The Covid-19 pandemic has further exposed the existing inadequacies and inequalities in healthcare, with racist perceptions creating additional barriers to access for these individuals. She concludes that as long as farmworkers are not legally recognized, efforts to protect their rights cannot be effective or comprehensive.

WHO research (2020) indicates that refugees and migrants living in insecure housing conditions, such as informal settlements, are less likely to seek medical care if they exhibit (suspected) COVID-19 symptoms. Undocumented participants cited fear of deportation as a barrier to accessing medical assistance. Additionally, many refugees and migrants reported that financial constraints would prevent them from seeking care, even if they had symptoms of COVID-19. During the pandemic, they faced further challenges due to societal racism and stigmatization, which made it even more difficult for these vulnerable populations to seek help.

Table 1: Characteristics of the studies included

	Author, year	Scope	Country	Sample, number of participants/legal status	Methods	Results
1.	Fouskas, (2018)	This study aims to explore how the context of work and employment in precarious, low-wage jobs influences the perceptions and practices regarding health and access to healthcare services among migrant workers from Bangladesh, Nigeria, Palestine, Pakistan, and the Philippines in Greece.	Greece	The research involved 225 migrants, including 42 from Bangladesh. The participants consisted of male migrants from Bangladesh, Nigeria, Pakistan, and Palestine, as well as unskilled workers and women from the Philippines who were employed as domestic workers. All participants had resided in Greece for at least 10 years and were between 41 and 51 years old.	Qualitative research methods, specifically interviews using the "snowball sampling" technique, were employed.	Immigrants find themselves in isolating and exploitative working conditions, which contribute to a self-perception that prioritizes healthcare and social protection as secondary concerns.
2.	Papadakis et al. (2015a)	This study compares the health status and self-care practices of Bangladeshi	Greece	The sample consisted of 166 randomly selected Bangladeshi immigrants diagnosed with	The research utilized both qualitative	Findings indicate that Bangladeshi immigrants are less likely to engage in self-care

		immigrants in Greece with that of Greek citizens who also have diabetes.		diabetes and 123 randomly selected Greek patients with diabetes. The Bangladeshi participants had an average length of residence in Greece of 10.34 years, with a standard deviation of 6.2 years.	methods, including questionnaires completed through personal interviews, and quantitative methods, which involved the collection of urine and blood samples.	behaviors compared to their Greek counterparts. They also demonstrate poorer glycemic control and have reduced access to medications, laboratory tests, and healthcare facilities. These disparities can be attributed to lower educational levels and health literacy among the immigrants, as well as limited proficiency in the Greek language.
3.	Papadakis et al. (2015b)	Comparison of Low Vitamin D Levels Between Bangladeshi Immigrants in Greece and Native Greeks.	Greece	This study involved a total of 161 randomly selected Bangladeshi immigrants with diabetes—12 with type 1 diabetes mellitus and 149 with type 2 diabetes mellitus. They were compared to 118 randomly selected Caucasian Greek	The research utilized a quantitative approach that included blood sampling along with an accompanying	The findings indicated that Bangladeshi immigrants with diabetes had significantly lower Vitamin D levels compared to their native Greek counterparts. This deficiency can be attributed to several factors, primarily the skin's need for

				patients, comprising 15 with type 1 diabetes mellitus and 103 with type 2 diabetes mellitus.	questionnaire to gather demographic data.	more sunlight exposure to synthesize Vitamin D due to darker pigmentation. Additional inhibiting factors for these migrants included indoor work, poor housing conditions, the use of veils by women, traditional dietary patterns, as well as poverty and illiteracy.
4.	Souliotis et al. (2019)	Investigation of the Health Status and Health Needs of Migrants in Detention Conditions in Greece	Greece	Between mid-2013 and mid-2015, a total of 4,756 male migrants were hosted in a detention center. The majority of these migrants were from Asia (80.1%), primarily from Pakistan (36%), Afghanistan (15.8%), and Bangladesh (15.8%). Most participants were aged between 18 and 30 years.	This research was conducted using quantitative methods, specifically analyzing the medical records from the detention center.	The findings revealed that most migrants suffered from respiratory diseases (45.6%) and digestive issues (30.1%). Additionally, injuries, poisoning, and other external causes accounted for 19.6% of healthcare service usage. Skin and subcutaneous tissue diseases constituted 18.7%, while factors affecting health

						status and interactions with health services made up 16.7%. Among migrants randomly checked, the prevalence of communicable diseases was 15.9%. The survey highlighted a high incidence of injuries and poisonings, which points to unsafe detention conditions, as well as a substantial rate of communicable diseases. The conditions of detention may indeed aggravate these health issues.
5.	Kukreja (2021)	The investigation examines the living and working conditions of irregular migrants from Bangladesh in Manolada, particularly in the	Greece	The research focuses on migrant workers employed in strawberry farms in the Manolada area. Most participants were under thirty years old, lacked residence	This qualitative research utilized semi-structured interviews, focus groups, and on-	Migrant agricultural workers from Bangladesh in Greece face violence and oppression due to the deprivation of their human and labor rights, lack of job security, limited access to social

		context of Covid-19 and racial capitalism.		documents, and had been in Greece for six years or longer.	site observations of the project.	services, and insufficient availability of free health services. The immigration policies of a racially driven capitalist system have pushed this vulnerable population into irregular status and exploitation, while prevailing racist attitudes further hinder their access to essential health services.
6.	Fouskas (2010)	This study investigates the effects of migrants' employment in low-status jobs on their organization, representation, and participation in migrant collectives that emerge from their work. The micro-sociological analysis focuses	Greece	18 migrants from Bangladesh in Athens	Qualitative research, using the "snowball" method for recruitment.	In the context of a collapsing welfare state, an over-exploited workforce is forming, characterized by instability and uncertainty in earnings and employment. These workers often lack labor and social rights. As largely invisible entities to most official bodies, migrants and migrant members

		on Bangladeshi migrants in Athens.				of the urban workforce experience very low incomes and have no insurance, facing significant challenges in accessing basic means of survival within contexts of underdevelopment and exclusion.
7.	Goulem (2021)	The text examines how social, political, and economic structures—including citizenship status, immigration policies, healthcare costs, and racism—affect the health outcomes of migrant workers and their interactions with the healthcare system.	Greece	It includes case studies of undocumented migrant workers from Bangladesh, Pakistan, and India, specifically focusing on the "Case of Manolada" and the "Case of Megara."	Literature review.	Undocumented migrants from Southeast Asia (Bangladesh, Pakistan, and India) working in Greece's agricultural sector face inhumane living conditions, labor exploitation, racism, and inadequate access to health services due to insufficient social, political, and economic infrastructure.
8.	WHO (2020)	Recognizing the impact of SARS-CoV-2 (COVID-19)	Greece	The findings are based on responses from 28,853 refugees	The data was collected through	The report highlights that refugees and migrants living in

	<p>on refugees and migrants worldwide, this report reflects their experiences and reports, particularly concerning social and public health aspects.</p>		<p>and migrants across 170 countries, originating from 159 different nations. Participants were aged 16 and older, with over 1,000 individuals citing Bangladesh as their country of origin.</p>	<p>an online survey using self-reported questionnaires.</p>	<p>insecure housing, such as informal settlements, are less likely to seek medical care if they experience (suspected) COVID-19 symptoms. For undocumented participants, fear of deportation serves as a significant barrier to accessing healthcare. Additionally, financial constraints often prevent individuals from seeking medical attention when they exhibit COVID-19 symptoms. Reports of racist discrimination and stigmatization during the pandemic further exacerbated these hurdles for these vulnerable groups in their pursuit of help.</p>
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4. Discussion: Are Bangladeshi Migrants in Greece Being Left Behind?

Greece has become an increasingly popular destination for Bangladeshi citizens. Between 2001 and 2011, the number of Bangladeshi migrants in Greece doubled, constituting 16.8% of all South Asian migrants in the country (Fratsea & Papadopoulos, 2021).

Bangladeshi migrants primarily leave their country for economic reasons or due to political issues. The journey to Greece is long and perilous, often lasting days, months, or even years. Many face imprisonment or deportation but attempt to reach Greece again despite these challenges (Broersma & Lazarescu, 2009).

Once in Greece, living and working conditions for these migrants are extremely difficult and often adverse. The evidence shows that Bangladeshi citizens, particularly those without residence documents, represent a vulnerable group that confronts violence, racism, inequality, and labor exploitation (Fouskas, 2010). Reports indicate that their housing and sanitation conditions are frequently inhumane, as exemplified by the events in Manolada (Goulem, 2021). The precarious nature of their work, coupled with low wages and low-status jobs, hampers their access to health services and inhibits their recognition of the need for self-care, even when diagnosed with chronic illnesses like diabetes (Papadakis et al., 2015a).

A significant factor contributing to their exclusion from health services is the low educational level and health illiteracy prevalent among Bangladeshi migrants. This health illiteracy prevents them from understanding when they require medical assistance, leading them to view healthcare as a luxury they cannot afford. Additionally, language barriers and insufficient knowledge of Greek hinder their ability to obtain vital information, even when they manage to access some health services (Fouskas, 2018). Furthermore, there is a clear disparity in the health status of Bangladeshi migrants compared to the local population, influenced by living conditions as well as genetic and cultural factors (Papadakis et al., 2015b).

These existing health inequalities became even more pronounced during the COVID-19 pandemic. Bangladeshi migrants, like other irregular migrants in Greece, were often hesitant to seek medical help when they exhibited virus symptoms due to fears of deportation. Many were unable to visit doctors because of financial constraints, particularly those without residence documents. Furthermore, when numerous social services and facilities were closed for public safety, living conditions for many individuals living below the poverty line became intolerable (WHO, 2020).

The violation of human and labor rights of immigrants from Bangladesh is evident in the analyzed studies. Greece's inadequate immigration policies, the persistent racism in the country's culture, and the lack of a welfare state force this vulnerable group to endure labor exploitation and devaluation (Kukreja, 2021). Notable examples include immigration detention centers, which are characterized by inhumane living conditions and a lack of basic safety and hygiene. As a result, immigrants from Bangladesh, both legal and illegal, experience varying degrees of deprivation of fundamental rights, such as access to healthcare, and live in environments that jeopardize their mental and physical well-being (Souliotis et al., 2019).

The inequalities highlighted in these studies are exacerbated by the policies of the Greek government. For instance, in 2019, the Greek government withdrew free access to the public healthcare system for undocumented migrants, placing the burden of healthcare provision for these individuals almost entirely on NGOs (Gusterman, 2020).

Despite the adversities they face and the threat of deportation, migrants from Bangladesh remain committed to their goal of working and sending money back to their families, demonstrating remarkable resilience (Broersma & Lazarescu, 2009).

Unfortunately, the findings of this research are supported by numerous international studies indicating that, to varying extents, migrants face labor exploitation that endangers their health. Violence against Bangladeshi migrants has occurred in many regions globally. In India, undocumented migrants are often targeted by radical groups that perceive them as economic and cultural threats. According to UN data from 2013, an estimated 3.2 million Bangladeshis reside in India. Violence against these migrants has escalated since the Nellie massacre in 1983, which resulted in the deaths of over 2,000 individuals (Ranjan, 2016).

In West Asia, particularly in the United Arab Emirates and Saudi Arabia, around 30.28% of Bangladeshi migrant women work as domestic workers, where many live essentially as slaves to their employers. They face sexual exploitation and physical abuse, especially if they request their wages (Chanda, 2013). In Thailand, instances of exploitation involving Bangladeshi women are widespread, particularly within the growing sex industry. After being exploited, many of these women are either sold cheaply or arrested by authorities for lacking proper documentation. In Malaysia, cases of abuse against domestic workers are also on the rise, with most victims being Bangladeshi and falling prey to human trafficking (Hindstorm, 2015).

In February 2015, Bangladeshi workers experienced targeted violence in Italy, which has the second-largest population of Bangladeshi migrants in Europe, after the UK (Ranjan, 2016). Many Bangladeshi migrants currently residing in Libya are considering returning to Bangladesh or relocating to another country due to increasing violence. According to Bangladeshi foreign ministry officials, nearly 37,000 migrants have been repatriated from Libya since 2011, yet an estimated 40,000 Bangladeshis continue to work there (The Daily Star, 2015).

As noted, violence and exploitation against Bangladeshi migrants are on the rise, but there has been no significant reduction in the number of Bangladeshis attempting to enter other countries. Migration remains crucial for both the state and individuals, as remittances are a vital component of the Bangladeshi economy (Kynge, 2014).

It is evident, as discussed in the theoretical section, that both Greek and European immigration and labor policies play a significant role in determining immigrants' access to health care. Additionally, these policies indirectly shape the living and working conditions of immigrants. The enforcement of immigration policies that undermine the rights of undocumented immigrants renders them vulnerable to deportation and, consequently, to exploitation and blackmail (De Genova 2002).

This review can draw valid conclusions since the studies analyzed support each other and confirm their research questions, with some including substantial samples of hundreds or even thousands of immigrants. However, there are relatively few studies that focus specifically on access to health care for Bangladeshi migrants in Greece. Therefore, further research is necessary in this area to illuminate additional aspects of the issue. Another important consideration is that a significant number of undocumented Bangladeshi migrants reside in Greece, which makes it challenging for researchers to fully assess their situation or access them for study.

The present work aims to enhance the understanding of the challenges faced by Bangladeshi immigrants as well as immigrants in Greece in general. It highlights the lack of a welfare state and the rule of law in many cases, emphasizing the need for a more comprehensive immigration policy. Such a policy should ensure that immigrants do not live without basic human rights and do not become victims of labor exploitation in Greece while living in undocumented status.

5. Conclusions

The systematic review conducted establishes that all researchers agree on their findings: Bangladeshi immigrants in Greece encounter significant difficulties and inequalities in accessing health services, with the greatest exclusion observed among those without residence permits. The poor working conditions these immigrants face negatively impact their health and their ability to access healthcare. Moreover, the current health system is inadequate in meeting the needs of vulnerable populations, revealing gaps in both European and domestic immigration policies. Consequently, these individuals experience racism, social exclusion, and serious risks to their physical and mental health.

Specifically, the main conclusions indicate that an increasing number of Bangladeshi citizens migrate to Greece primarily for economic reasons. They undertake dangerous journeys and endure numerous adversities both en route and during their stay in Greece. Despite these challenges, they remain determined to work in Greece and send money back to their families in Bangladesh. The significant time, effort, and financial resources they invest in this endeavor make success seem like the only option.

Bangladeshi migrants—especially those who are irregular—often work in adverse and hazardous conditions without insurance coverage and receive extremely low wages. Many are unaware of their labor rights or their entitlements to healthcare access, making them vulnerable to exploitation by their employers. The combination of low wages and a lack of information results in living conditions that lack proper hygiene, worsening their health status, public health outcomes, and their treatment by the local population.

These immigrants frequently face racist attitudes and are excluded from basic human rights, such as access to healthcare. They are treated as a second-class population, often relegated to low-status jobs, experiencing devaluation that prevents them from recognizing their unmet health needs as important.

Several factors contribute to their exclusion from health services beyond lack of insurance and low income. Among those factors are language barriers, as insufficient knowledge of the Greek language hinders their understanding of rights and their ability to assimilate into Greek society. Additionally, the educational level of Bangladeshi immigrants plays a critical role; a low educational level often leads to health illiteracy, meaning they may fail to recognize their health needs, lack awareness of the impacts of unhealthy living and working conditions, or underestimate the importance of addressing health issues they encounter.

Furthermore, Greece's immigration policy significantly impacts the current situation, as it leaves gaps that facilitate the exploitation of these populations. The policy fails to guarantee basic human rights, such as health access for immigrants without residence permits, and creates opportunities for traffickers and exploitative employers. A clear indication of the Greek government's reluctance to provide a comprehensive solution to this humanitarian issue is the denial of health services to undocumented immigrants, shifting this responsibility entirely to NGOs. This further highlights the inadequacy of Greece's National Health System in serving all residents within its territory.

The Greek government needs to implement specific measures for third-country immigrants who do not have legal residence documents to ensure their access to public health institutions and, consequently, their right to health. One of these groups is Bangladeshis. There are obstacles that prevent immigrants from effectively communicating with medical staff due to their lack of knowledge of the Greek language, as well as their limited understanding of how the health system operates. Establishing interpreters and cultural mediators in public hospitals will enhance the medical and nursing staff's ability to provide quality health services to immigrants. Additionally, training staff in the agencies that issue residence permits is necessary to ensure they are informed about the legislation governing various cases of third-country nationals, especially since socio-political conditions are often volatile and subject to change. Regarding employment, it is crucial to create a database that serves as a foundation for effectively managing the employment of Bangladeshis. Following this, a more organized approach to immigration policy for work permits should be adopted. Furthermore, additional measures should be implemented to combat undeclared work. Third-country nationals, such as Bangladeshis, represent a more vulnerable workforce and have less bargaining power compared to natives. Even when they start off under legal working conditions, they are likely to fall into irregular status due to actions taken by their employers.

6. References

- Barua, U. (2023). Bangladeshi Irregular Migration in Greece: Causes, Patterns, and Implications. In Mahendru, V. & Jawsal, P. (eds.), *Recentring the Global South in Migration Studies* (pp.58-79) Nepal Institute for International Cooperation and Engagement. <https://tinyurl.com/bdefyfmn>
- Broersma, F., & Lazarescu, D. (2009). Pakistani and Bangladeshi Migration to Greece: "Chasing the dream". ELIAMEP. <https://tinyurl.com/5n7tp5rw>

- Castañeda, H., Holmes, S. M., Madrigal, D., Young, M.E.D., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. *Annual Review of Public Health*, 36:375-392 <https://tinyurl.com/7bxbhncx>
- Chanda, S. (2013). *Migration and transnationalism-migrating people, migrating culture: optics: methods and impacts*. Masaryk University. <https://tinyurl.com/3rvjzb9m>
- De Genova, N. (2002). Migrant "illegality" and deportability in everyday life. *Annual Review of Anthropology*, 31, 419-447. <https://tinyurl.com/3hsv7snh>
- Dimitriadi, A. (2015). Greece is Like a Door, You Go Through it to Get to Europe: Understanding Afghan Migration to Greece. ELIAMEP <https://tinyurl.com/3jekd57a>
- ECHR (2015). Application no 21884/15: Case of Chowdury and Others v. Greece. The European Court of Human Rights. <https://tinyurl.com/4hfjdk83>
- ECHR (2017). *European Course of Human Rights. Migrants who were subjected to forced labour and human trafficking did not receive effective protection from the Greek State* [Press release]. <https://tinyurl.com/dvw3saam>
- Fouskas, T. (2008 July 9-12). *Labour Representation and Trade Unionism of Immigrant Workers: The Cases of Five Immigrant Labour Communities in Athens*. [Conference presentation]. European Population Conference (EPC) 2008: Migration and Migrants in Europe, Barcelona: European Association for Population Studies (EAPS).
- Fouskas, T. (2010). *Immigrant "Communities" and Labour Representation*. PhD Thesis. Athens: Panteion University (in Greek).
- Fouskas, T. (2024a). The Sociology of Migration in the COVID-19 Pandemic: Racial and Ethnic Discrimination and Barriers to Integration in Greece. In Maddanu, S. & Toscano, E. (Eds.) *Inequalities, Youth, Democracy and the Pandemic*. (pp. 71-92) Routledge.
- Fouskas, T. (2024b) Invisible, yet one of the family? Unravelling the precarious employment conditions of migrant Filipina live-in domestic workers and caregivers in Greece. In Aulenbacher, B., Lutz, H., Palenga-Möllenbeck, E., & Schwiter, K. (Eds.). *Home Care for Sale: The Transnational Brokering of Senior Care in Europe*. (pp. 262-277) Sage.
- Fouskas, T. (2018). Repercussions of precarious employment on migrants' perceptions of healthcare in Greece. *International Journal of Human Rights in Healthcare*, 11(4) 298-311. <https://doi.org/10.1108/IJHRH-01-2018-0010>

- Fouskas, T. (2012). Low-Status Work and Decollectivization: The Case of Bangladeshis in Athens. *Journal of Immigrant & Refugee Studies*, 10(1), 54-73. <https://doi.org/10.1080/15562948.2012.646230>
- Fratsea, L. M. & Papadopoulos, A. G. (2021). Making sense of the constellations of mobility of Bangladeshi migrants in Greece. *Migration Letters*, 18(1) 49-60.
- Galanis, P., Spyros, K., Siskou, O., Konstantakopoulou, O., Angelopoulos, G., & Kaitelidou, D. (2022). Healthcare services access, use, and barriers among migrants in Europe: A Systematic Review. medRxiv. <https://doi.org/10.1101/2022.02.24.22271449>
- Goulem, B. (2021). *Health and healthcare access for undocumented migrant agricultural workers in Greece*. PhD Thesis. Queen's University.
- Gusterman, T. (2020). *Availability and access to health care for irregular migrants in Greece: a study about changes between 2010 and 2020*. MA Thesis. Uppsala Universitet. <https://tinyurl.com/y6tjpcnk>
- Hasan, M. (2019). Bangladeshi ‘Boat People’: Context, Drivers and Policy Implications. *South Asia Research*, 39(1), 78-94. <https://doi.org/10.1177/0262728018814632>
- Hasan, M. (2024, May 28). What Drives People From ‘Booming’ Bangladesh to Migrate? *The Diplomat*. <https://tinyurl.com/3396n6ub>
- Hindstorm, H. (2015, June 17). In Thai detention centers, female migrants remain in limbo. Al Jazeera. America. <https://tinyurl.com/bdfszbhm>
- IOM. (2021). *Bangladeshi Migrants in Europe 2021. A multiple source snapshot*. IOM. <https://tinyurl.com/3pr7wy6t>
- Kynge, J. (2014 August 12). Record remittance inflows boost Bangladesh GDP outlook, *Financial Times* <https://tinyurl.com/yy9z4ezm>
- Kaestner, R. (2009). Adverse effects of alcohol consumption on health: An overview of systematic reviews. *BMJ*, 339, b3675. <https://doi.org/10.1136/bmj.b3675>
- Kukreja, R. (2021). Covid-19, racial capitalism, and undocumented agricultural workers from Bangladesh in Manolada, Greece. *Dve Domovini*, 54. <https://doi.org/10.3986/dd.2021.2.07>
- Ministry of Migration and Asylum (2024). *December 2024 – Legal Migration*. Ministry of Migration and Asylum <https://tinyurl.com/33k8rzpj>
- Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L. A., & PRISMA-P Group (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic reviews*, 4(1), 1. <https://doi.org/10.1186/2046-4053-4-1>.

- Papadakaki, M., Lionis, C., Saridaki, A., Dowrick, C., de Brún, T., O'Reilly-de Brún, M., ... MacFarlane, A. (2017). Exploring barriers to primary care for migrants in Greece in times of austerity: Perspectives of service providers. *European Journal of General Practice*, 23(1), 129–135. <https://doi.org/10.1080/13814788.2017.1307336>
- Papadakis, G., Zambelis, T., Villiotou, V., Dogkas, N., Pappas, A., Keramidas, I., Kakava, K., Michalopoulou, M., Rosenberg, T., Konstantopoulos, K., & Chatzipanagiotou, S. (2015b). Lower Levels of Vitamin D Among Bangladeshi Immigrants with Diabetes in Greece Compared to Indigenous Greek Patients with Diabetes. *In vivo*, 29(5), 541–545. <https://tinyurl.com/sszatnw4>
- Papadakis, G., Zampelis, T., Michalopoulou, M., Konstantopoulos, K., Rosenberg, T., & Chatzipanagiotou, S. (2015a). Epidemiological and clinical study of diabetes in immigrants from Bangladesh in Athens versus Greek patients. *In vivo*, 29(2), 223–227. <https://tinyurl.com/bdfbbx4u>
- Papageorgiou, N. (2012). South Asian Migration in Greece. *Cultural Plurality and Social Intagration Culture and Research*, 1, 83-95. <https://doi.org/10.26262/culres.v1i0.2716>
- Ranjan, A. (2016). Migration from Bangladesh: Impulses, Risks and Exploitations. *The Round Table*, 105(3), 311–319.
- Salvanou, E. (2014). Muslims in Athens: Narratives and strategies of belonging. *Journal of Modern Greek Studies*, 32(2), 339-366.
- Souliotis, K., Saridi, M., Banou, K. et al. (2019). Health and health needs of migrants in detention in Greece: Shedding light to an unknown reality. *Global Health*, 15(4). <https://doi.org/10.1186/s12992-018-0448-4>
- Spencer, S. & Triandafyllidou, A., (2022). Irregular Migration. In: P. Scholten (Ed.), *Introduction to Migration Studies* (pp. 191-204), Springer.
- Teunissen, E., Tsaparas, A., Saridaki, A., Kontogianni, E., Merakou, K., Lionis, C., & van Weel-Baumgarten, E. (2016). Reporting mental health problems of undocumented migrants in Greece: A snapshot. *Journal of Public Health Research*, 5(2), 119-124. <https://doi.org/10.4081/jphr.2016.119>
- The Daily Star (14 August 2015). 43 workers return from Libya', *The Daily Star* <http://www.thedailystar.net/43-workersreturn-from-libya-37156>,
- Toksöz, G. (2018). Irregular migration and migrants' informal employment: A discussion theme in international migration governance. In Schierup, C.-U., Likic-Brboric, B.,

Delgado Wise, R., & Toksöz, G. (Eds.), *Migration, Civil Society and Global Governance* (pp. 779-794), Routledge.

Tonchev, P. (2007). *Asian immigrants in Greece*. Institute of International Economic Relations.

<https://tinyurl.com/yc72zycm>

World Health Organization. (2020). *ApartTogether survey: Preliminary overview of refugees and migrants' self-reported*