

**AN EXPLORATORY STUDY OF THE PROBLEMS OF IMMIGRANTS  
WITH A FOCUS ON BANGLADESHIS LIVING IN A DELHI SLUM**

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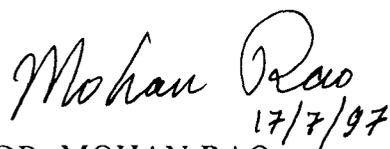
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***CERTIFICATE***

This is to certify that this Dissertation entitled, "AN EXPLORATORY STUDY OF THE PROBLEMS OF IMMIGRANTS, WITH A FOCUS ON BANGLADESHIS LIVING IN A DELHI SLUM", submitted by Anita Kumari is in partial fulfilment of six credits for the degree of MASTER OF PHILOSOPHY of this University. It has not been previously submitted in part or full for any other degree or diploma of this or any other University.

We recommend that this dissertation may be placed before the examiners for evaluation.

  
DR. MOHAN RAO  
(Chairperson)

  
PROF. IMRANA QADEER  
(Supervisor)

**THIS WORK IS DEDICATED TO  
THE EVERLASTING MEMORY OF  
MY BELOVED TEACHERS**

**PROF. S.K. SAHU  
&  
PROF. ANIMA SEN**

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Finally I am alone responsible for the errors and draw backs of this dissertation.

*Anita Kumari*  
**ANITA KUMARI**

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## INTRODUCTION

My interest to work in the area of illegal Bangladeshi immigrants goes back to the time when I was pursuing my Masters and at that time we used to see many of these poor immigrants begging, pulling rickshaws or selling small things on the road side and whenever I talked to them they used to tell that they have come from their homeland to earn money as they did not have enough opportunities to survive and to help their families. Most of them stayed in slums where they had to face lots of problems and they never felt secure as at anytime their jhuggies could be destroyed.

The question, why so many people come to and settle in Delhi's hard life had continued to bother me. It compelled me to think of issues related to immigration and to an understanding of the complexity of this social phenomenon. The questions that seemed pertinent were:

- 1) If Indian subcontinent has long been the scene of large scale population movements then why today after getting independence the same immigrants are called illegal?
- 2) As immigration is essentially a problem of relative poverty of countries, can it be controlled by restrictive policies without

international understanding and effort to deal with the basic issues of survival, human right and dignity of life and employment for all?

- 3) Illegal immigrants who are the worst of the lot essentially represents the poorest of the poor who cross boundaries in the hope of making a better life. Do they then speak of the misery of the host countries?

The present study intends to take a look at the total problem of international immigrants, by focussing on the concepts, policies, experiences and problems of immigrants. It takes up Bangladeshi illegal immigrants as a case for qualitative exploration of the problems faced by them. It does so through case reports of some Bangladeshi illegal immigrants living in a Delhi slum and shows how they are adjusting themselves here and what are there views on their new life.

This thesis is divided into eight chapters. Chapter 1 is the 'Methodology' of the present study. Chapter 2 on 'overview of Migration', examines the issue of migration world over. An attempt is made here to understand the complexity of the process of migration within and across borders. Concepts and definitions are examined and an attempt is made to mobilise data on historical and contemporary experiences of various countries. To the extent possible, we also

present statistics on migration. The chapter also examines the main causes of immigration.

Chapter 3 deals with the 'Policies for Immigrants'. Here the policies of United States, Britain and India have been reviewed and compared. The efforts is to see how the rich regulate the movements of people from other countries into their boundaries to protect their own interests. This is important because it is well known that both skilled and unskilled people contribute a major proportion of their labour population.

'Experiences of Indian Immigrants Abroad' have been explored in chapter 4. Here we have taken Indians in the United States and Britain specifically.

A 'Review of studies related to the Health of Immigrants' has been done in chapter 5 which points out that these immigrants have to face lots of problems in the migration process and because of low access to health care facilities very poor living conditions and socio economic' status, the health of immigrants is worse than that of the native population.

Chapter 6 is related to 'Migrants in India: An Overview'. It deals with the numbers and status of different immigrants in India. It specifically examines the studies on immigrants in Delhi which being

the national capital has no shortage of immigrants. Also in this chapter an attempt is made to present some background of Bangladeshi illegal immigrants.

Chapter 7 is based on the field work. In its first part 'An Overview of the Slum' is presented which describes the characteristics of the life of this particular slum. The second part is presentation of 10 case reports of Bangladeshi immigrant families in a Delhi slum.

Finally chapter 8 presents the 'Discussion and Summary', in which main insights of the present study have been discussed. It is hoped here that this study will bring out the plight of being illegal immigrants and it will also give some insights of the universe of immigrants.

## **CHAPTER – I**

### **METHODOLOGY**

Studies on immigration have pointed out that immigrants have to face lots of problems and because of low access to health care facilities, very poor living conditions and low socio economic status, the health status of immigrants is worse than that of the native people. The immigrants are found to be more vulnerable to illness and health problems. All these are rooted within their cultural alienation from the local communities, the discrimination which they have to face and universally poor condition of life in the new homes. Studies on migration are very few in India, frankly speaking migration has never been considered an important issue (Ashish Bose, 1983). Though rural–urban migration was commented about, it is very much true that international immigration has not been studied adequately.

After the 1971 war and Bangladeshi immigration of a scale that was perceived as a problem, this issue became a topic of debate and discussion. Our attempt here is to locate this specific group of immigrants within the total problem of global immigration.

The present study intends to take a look at the total problem of international immigrants, focuses on the Indian experience and takes

up the Bangladeshis as a case for a qualitative exploration of the problems faced by them. It develops profiles of some Bangladeshi illegal immigrants living in a Delhi slum i.e. how they are adjusting themselves here and what type of health problems they have got.

## **OBJECTIVE**

The objective of the present study is to develop an overview of the total problem of migration and concepts used to differentiate different types of population movements, policies, exercised by nations regarding immigrants, their health problems and the Indian problem of immigrant. The study also attempts to develop socio-economic profile of the Bangladeshi immigrants their life style, nature of work they do, services available to them, health issues including health facilities and services available and their perception of their health problems. We also explore, what type of problems they have faced in the immigration process and being an illegal immigrant the problems they are facing now and how satisfied they are here.

To work towards these objectives our method essentially depended upon two type of strategies i.e. (i) **Collection of secondary material** on policy issues, international migration as it is viewed by UNHCR and other international bodies. Experiences in other countries and studies, reports and official documents produced in India. (ii)

**Qualitative exploration** of the different dimensions of the immigrant people's lives. Thus in the present study an attempt is made to draw 'a profile of Bangladeshi Immigrants living in a Delhi Slum'.

While for the first library work was required including visits to institutions and different libraries like JNU library, UNHCR officers, ISI (Indian Social Institute), Delhi University's Central Reference library, VHAI (Voluntary Health Association of India) and CEC (Centre for Education and Communication) etc. are some of the main sources from where the relevant material was collected. But for the later part a small field work was taken up in the Nanglamachi slum of Delhi.

An account of the methodology used for this case study of Bangladeshi Immigrant families is given below.

### **DATA REQUIRED**

To bring out subjective (as perceived by the people and the objective as assessed by the investigator) dimensions of the health situation of immigrants and to highlight the interplay of social, economic, cultural and political forces that determine the health situation of immigrants living in slums a varied set of data was required. This included :

- (i) Background of the immigrants settled in this particular area, their place of origin, reasons for migration and the way of life in the city and also their life history prior to coming here.**
- (ii) Demographic characteristics of immigrants' education, occupations & source of income etc.**
- (iii) Quality and adequacy of basic amenities such as water and electricity supply, toilet facilities, housing, sewage and waste disposal, garbage clearance etc.**
- (iv) Description of the daily's routine life of these immigrants was also needed.**
- (v) Information on women's status, avenues for entertainment, and leisure, people's attempts and actions to change the situation in which they find themselves, their hopes and aspirations was required.**
- (vi) Views on social problems i.e. unemployment, addictions, illegal and anti-social activities such as prostitution, gambling consumption of liquor, domestic violence etc.**
- (vii) Availability and accessibility of different health services and institutions (private and government aided). In the light of above where people go for help and treatment of different**

ailments and what is their experience and perception about these health services.

(viii) Attitudes of immigrants towards police and political leaders.

### **SELECTION OF THE AREA**

Due to the time constraint it was possible to study only a small group of immigrants intensively. Thus in this study we are speaking only about a particular Bangladeshi immigrant population and not about all immigrants living in Delhi. However some of the conditions of this group are representative of at least a significant proportion of immigrants and therefore it will provide insights into a larger Universe of the Immigrants.

As this study was done by the investigator alone and because of other conveniences such as transportation etc. and also being a resident of Delhi, it was decided to select the area population in Delhi itself.

Nanglamachi Jhuggi–Jhompri cluster was chosen for the study purpose because

- (i) The investigator had some contacts there which helped in rapport building which was very necessary to do such type of study.

(ii) Nanglamachi is one of the slums in which Bangladeshi immigrants are living and as they know and speak Hindi (understandable), the investigator need not take the help of translator.

**Nanglamachi** is a J.J. cluster which is located on the bank of Yamuna River. It is on the ring road and is situated in the middle of I.T.O. and Saray Kale Khan. To reach there one has to take a bus which runs on the ring road and one should get down at the Pragati Maidan's outer ring road bus stop but as this bus stop is just near the red light crossing, usually the driver doesn't stop there. Then one is required to get down at Pragati Maidan terminal and walk back around 2 kms. on pukka road. It takes around 15 minutes by walk to reach there. If one is coming from I.T.O. towards Saray Kale Khan side, this slum is located at a distance of around 3–4 kms. on the left side of the ring road. Just opposite to Nanglamachi (on the other side of the road) is the back of Hazrat Nizamuddin Railway Station.

A big drain is flowing near Nanglamachi therefore this whole place smells very badly. This area is recognised by this drain, the stink, Kuchchi and Pukki Jhuggies and garbage collected on the side of the roads.

This Nanglamachi J.J. slum is divided into 3 small Basties i.e. Sant Nagar, Kali Mata Basti and Raj nagar. Kali Mata Basti is the largest of them having 600–700 Jhuggi. It is an estimate because till now the survey has not been finished which is being done by the 'Janshakti' an N.G.O. The other two basties i.e. Sant Nagar has around 250–300 Jhuggies and Raj Nagar is the smallest one having around 150–200 Jhuggies. This whole cluster is known as Nanglamachi. This slum is situated on the land of DESU (Delhi Electricity Supply Unit) which was used to dump waste material like ash etc. This slum is around 15 years old. Most of the dwellers living in this slum are basically migrants from different parts of the country i.e. Bengali, Bihari, Uttar Pradesh, Rajasthani, Gujarati. Also very few (known) household of Bangladeshis, who usually hide their identity and say they are Bengali from Calcutta.

Here Kali Mata Basti was chosen for the purpose of the present study as most of the Bangladeshis are living in this Basti as it is the biggest one. It is estimated by Janshakti that 25% of the jhuggi belong to Bangladeshis.

## **STUDY POPULATION**

There were about 120–150 Bangladeshi families. Though I had discussions with many Bangladeshis who were known to the workers

of Janshakti, 16 households were identified for long term contact and exploration on the basis of their cooperation for this study. ~~Of these are present enter ten intensive case studies of Bangladeshi immigrant families who are living in Delhi for this study.~~ Of these are present <sup>ed</sup> ~~enter~~ ten intensive case studies of Bangladeshi immigrant families who are living in Delhi for more than 5 years. In the beginning we decided to take 10–12 case studies of Afganistani refugees also so that we could compare both the groups in terms of their adjustment pattern and other problems. As Afganisthani refugees are legal migrants and the Government is supporting them. They are living here in much comfort as compared to the Bangladeshi immigrants because they couldn't get legal rights and due to the fear of being sent back to Bangladesh by the Government of India, they hide their identity.

Investigator also tried to talk to them but they refused to talk saying "if our social worker will allow us to talk to you then only we will talk to you. So first you meet our social worker". Investigator met their social worker also she said she will talk to her director (from UNHCR) and then only you can talk to these people. After that investigator tried to contact them but all in vain so in the end the idea of Afganistani people's interview was dropped and decided to collect the information from other sources i.e. paper clippings and articles in magazines and journals etc.

## **RAPPORT BUILDING**

It is difficult to gather information especially from Bangladeshi immigrants who hide their identity and local people also cooperate with them. Usually this type of studies are looked with suspicion by the people in slums because they think this will not be useful or beneficial directly for them. When you go to any slum and try to talk to people and unfortunately if you have paper and pen with you, most of people will straight away refuse to talk saying, "Many people come like this but nobody does anything." Or "you will take the information from but how it will help us?" Some people are also afraid that one will take information and will misuse it against them like one can report to the police that they are Bangladeshi like they commented, "Are you from Poilice. Or will you report about us to the Police Department?". These were the comments of most of the Basti people. The interesting thing here was that my task was to talk to Bangladeshi immigrants and gather relevant information without frightening them and convincing them that what I want to know will not go against them. It was very difficult task.

In the basti Janshakti (an NGO) is running a clinic to provide medical facilities to these poor slum people on nominal charges like 2 Rs. per visit per persons. The clinic is open thrice a week and a lady

doctor also comes there thrice a week. Janshakti is a government supported organization. It has opened a school also in collaboration with Deepalya (another NGO). Also it provides training to ladies on Sewing Machines to learn tailoring, embroidery etc. Janshakti also participates in different type of welfare activities for this particular slum like they organise free health check up camps and immunization programmes are also taken up.

In the first week of October 1996 investigator went to Janshakti clinic and met the director, told her the purpose of coming there. She agreed to cooperate and sent one of her worker (female) to show me the basti. But actually she doesn't know whether this basti has any Bangladeshi or not as she told the investigator. There are many Muslim Bangladeshies you can go and talk to them.

For the first few days I was accompanied by one of the organisation's workers – a Bengali lady who is also the resident of this slum. She said she knows some of the Bangladeshies and that she will introduce me to them. She took me to these families. That time Janshakti was carrying out a survey in Nanglamachi. So I decided to help them and also familiarise myself with the basti. In this process people started thinking that I am a part of the team and working for the dispensary. In this way very slowly I was able to gain their confidence.

One of my friend had given me some basic medicines (as he is a doctor) like Cough Syrups, Digene Tablet and Gel, and Pain Killers. So, whenever I felt someone needs them and is not able to go to dispensary, due to the timings of the dispensary, I helped them. The dispensary opened only from 9.30a.m. to 1.00p.m. (that is also not regular but only three days a week) and this was the time when people (both male and female) go out for work as most of them are daily wagers. Usually I went there in the morning around 10.00a.m. and been there till 4.00p.m. or 5.00p.m. In the morning we did the survey for 1 or 2 hours and in the remaining time I talked to Bangladeshi people. Here also I had to face the problems because some of them were reluctant to talk to any body. I made at least 4-5 visits and sometimes more to each family. Even then I could get very little information. Most of the time local people also interrupted in between and when I told them that I want to know about their problems and how they are living and adjusting here. While the Indian migrants wanted to tell me their problems and get their names mentioned, the Bangladeshi immigrants thought I am from government and will make the list of particular group and then Police will come to throw them out of the slum or from India. It was very difficult to assure them that I won't do any harm to them without openly focussing on them. Anyway I was able to gain their confidence and was able to get some relevant

information which would be helpful in identifying the lives of Bangladeshi people.

## **RESEARCH TECHNIQUES AND TOOLS**

Because of the complexity of the problem and limitation of time and resources, it was not possible to do an extensive quantitative study. Therefore we decided to do intensive qualitative exploration of individuals' families who are illegal immigrants from Bangladesh. As the study is based on qualitative aspects of migration information was collected through focused group discussions and open ended general discussions. The discussions were done in Hindi with male or female (whoever was available or contactable) and sometimes with the whole family. Information was also collected by talking to local people who are not Bangladeshis and the key informants like Jansakhti people, school teacher etc. As it was not possible to write in front of them, I used to write notes in Daily Diary after coming back from there. In this way Daily Diary, In-depth interviews and the key informants were the major techniques used to get information. Thus rapport building and cross checking were constantly exercised.

## **TIME FRAME**

The study was started in May, 1996 and by February, 1997 the field work was completed. The qualitative study was done by doing

follow up visits to Nanglamachi almost 5 days a week. One day a week was spent on collecting relevant literature related to our study from different libraries in Delhi.

### **LIMITATIONS OF THE STUDY**

The present study is only an exploratory study and does not intend to make a statistical analysis because of limitations such as :

- (1) . The numbers of case studies are small and purposely selected. It has a very small sample size.
- (2) We have been unable to quantify the responses of the immigrants because of the time constraint faced by both the researcher and the respondents.
- (3) In spite of the close rapport established with them, they would get harassed if a notebook was taken out to write their responses.
- (4) Such studies ultimately may not yield any immediate result which will benefit either the individual respondents or the slum community.

Lastly, discussions being in Hindi, some of the respondents speaking Bengali and only a smattering of Hindi much of it was lost.

To sum up the methodology of the present study attempts to bring together the various dimensions of the problems of immigrants by doing a review of literature and by a short field study of the lives of Illegal Bangladeshi immigrants into sharp focus. The effort is not only to highlight the relationship between these dimensions and the health of immigrants but also to understand the poor living conditions of these immigrants and reasons why they accept such conditions. Basically the attempt is made to study the effect of immigration and their living conditions on their health. It is hoped this study will bring out the plight of being an illegal immigrant.

## CHAPTER – II

### OVERVIEW OF MIGRATION

"Large-scale movements of war refugees and other populations forced to migrate for economic and social reasons migrants have become a defining characteristic of the contemporary world. At few times in recent history have such large numbers of people in so many parts of the globe have been obliged to leave their own countries and communities to seek safety elsewhere. Never before has the issue of mass population displacement gained such a prominent position on the agenda of the United Nations and its member states. And in no other age has the plight of uprooted people been so swiftly and graphically communicated to such an public audience".

– UNHCR,(1995)

The number of refugees are rising world wide, posing one of the greatest challenge to humanity. Everyday newspaper, the worldnews on radio and T.V. have atleast one item about people forced to flee from their homes about refugees or displaced persons. When the UNHCR was established by the UN General assembly in 1951 to protect and assist refugees and find solutions to their problems the world counted one million refugees. Today there are over 28 million persons of concern to UNHCR. This number includes refugees (people who have crossed an international broder as a result of war, violence or serious human rights abuses), internally displaced (those who have been uprooted for similar reasons but have not corssed into another country)

as well as returnees (former refugees who have returned home but have not yet been reintegrated). The largest numbers around 12 million are to be found in Africa, then comes Asia with over 8 million. Europe reeling under war in Balkans and parts of Soviet Union is not far behind with some 6.5 million persons. Only the America have shown a steady decline.

Whether in Central or West Africa the former Soviet Union or the Balkans, the middle East or parts of South Asia ethnic and religious tensions often aggravated by poverty, demographic pressure and environmental degradation have erupted into violence forcing millions to flee their homes and seek shelter in neighbouring countries (Irene Khan, 1996).

Migration is a special category of human mobility, while many people move during their life time from one place to another, a migrant is a person who in moving crosses national boundaries for a change of residence. Migration may be intended to be a permanent or of a substantial duration. Being a Universal phenomenon it has occurred in all regions of the world, in all segments of the human society and also at all times in the human history. In earlier societies people moved in search for food, security and good climate subsequently migration of human beings became unavoidable due to either voluntary factors such

as desire for change, development and acquisition or pressures of man made disasters such as wars, ethnic conflicts and poverty. It has been estimated that out of every three persons who migrates one settles for the good in the host country.

Forced migration resulting in large numbers of refugees around the world has become a significant demographic phenomenon world over. About 85 million people are currently residing outside their country of origin. This figure includes undocumented migrants who either enter illegally or remain after their visa has expired. More than one million immigrants are accepted each year by traditionally receiving countries alone i.e. Australia, Canada and the United States (Bollini & Seim, 1995).

## **MIGRATION : CONCEPTS & DEFINITION**

There is no universally accepted terminology to describe immigrants and non-native ethnic groups and their offspring. According to historically and socially determined views on migration the terms migrants, immigrants, ethnic minorities and ethnic communities may sound perfectly legitimate in one country and offensive or biased in another (Bollini & Siem, 1995).

Taylor (1991) defined "migration as a large movement of people seeking a permanent change of residence". Natural catastrophes,

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societal changes and economic necessity have been found responsible for most migrations. According to Joshi (1987) – "Migration is any movement of people from one permanent residence for a substantial period of time".

In anthropology and sociology migration is a movement of populations within or between countries. Migration within countries has been preponderantly towards urban centres seen possibly by migrants as attractive alternatives to rural under employment and it is associated deprivation. International migration (emigration) may be a response to other factors such as political threats against minority groups or warfare. Migrants may not always be given the right to settle in those regions to which they travel and may be treated as temporary refugees or stateless migrant labourers. In advanced prosperous societies there has been a considerable out-migration of people from the cities to surrounding countryside a phenomenon known as population turnaround. (The Cambridge Encyclopedia, 1990).

Awasthi (1994), while giving a talk on Migration Aspects of Manpower and Employment Planning, has discussed concepts and definitions related to migration. Some of them are discussed here. According to him **Migration** is a form of **geographical mobility** or **spatial mobility** between one geographical unit and another, generally

involving a change of residence from the **place of origin** or **place of departure** to the **place of destination** or place of arrival. Such migration is called permanent migration and should be distinguished from other forms of movement which do not involve a permanent change of residence. The concept of migration is applicable only in the case of relatively settled populations.

With respect to a defined territory, **external migration** involves movement across its boundaries. Where the territory in question is a sovereign state, migration across its border is called **international migration**. This term is sometimes used as a synonym for external migration but the two are not necessarily equivalent. The terms **immigration** and **migration** refer respectively to movement into or out of a particular territory. Migration within a given state, which consists of movement between different parts of the state is called **internal migration**.

The study of the **mobility** of a population is concerned not only with migration proper but also with temporary movements, **voluntary migration** is migration which take place on the migrant's own initiative. **Return migration** or **re-migration** is the term used for the movement of individuals back to their place of origin after they have been absent for some time.

Where large groups of individuals or families decide to migrate together **collective migration** will result; in the absence of collective action, the movement is referred to as **individual migration**, where the number of migrants is very large this may be called **mass migration**. The term **exodus** may be used for a sudden mass migration by some emergency or catastrophe.

Voluntary migration contrasts with **forced migration** in which individuals are compelled by public authorities to move as was the case of Indians settled in Uganda who were forced to leave. One example of forced migration is the expulsion from their place of abode either of individuals or of whole groups of people. The term **evacuation** is generally reserved for the movement of whole populations in order to safeguard them from catastrophe, such as earthquake, floods, operations of war or the like. A **refugee** has usually migrated of his own volition though there may have been strong pressure on him to migrate because his continued stay in his country of origin may have exposed him to danger of persecution. A **displaced person** is a person who has been moved by authority from his place of origin. This move may have taken place as a result of large-scale **displacement of population** or **population transfer** or **population exchange**.

**Refugee** : The 1951 UN Refugee Convention defined a refugee as someone with a 'well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion'. In the context of Africa and other less developed regions this definition was normally extended to include people who are forced into exile by serious disruption to peace and security.

**Sanjay Hazarika** (1996) in his article on 'Refugee, Migrants and India's Far East' comments that it has become fashionable to speak glibly these days of refugees and migrants. Most individuals and groups which discuss their problems fail to make a crucial distinction. He further said that there are hundreds of or thousands of migrants in the North-east perhaps even millions but only a handful can be classified as "true refugees" according to the definition of the term as it exists (same is true for the overall Indian undocumented migrants or immigrants). The phrase 'environmental refugee' has caught on in some parts of the world and among some non-governmental organisations. But if the definition of the term refugees is extended to include this new amorphous group then nation-states especially India will be officially burdened by the task of taking care of many millions of such displaced people (Hazarika, 1996).

Therefore according to Hazarika (1996) extreme care needs to be taken about the terms that one employs and one should not fall into the trap of using phrases too loosely. The responsibility of the state towards people it displaces must not be undermined and definitions of migrants and refugees should not be used to lessen the importance of state responsibility.

However, it is obvious that there is a lot of overlap and unnecessary confusion. For our purpose **Illegal immigrants** are those undocumented migrants who either enter the country illegally or remain there after their visa has expired (e.g. Bangladeshi immigrants in India) whereas **Legal Immigrants** could be those who enter in the country legally and are accepted by the receiving countries.

## **INTERNATIONAL MIGRATION**

Population movements between countries has been an enduring feature of the socio-economic geography of human affairs. The migrations from the old world to the New constituted the first truly large voluntary migrations in recorded history. This attraction of the New World, commencing in the 18th century, continues even today, particularly with respect to North America (Stahl, 1988).

International migration remains much more politically charged than trade and capital flows. In the host countries public opposition to

unskilled migration has exacerbated by domestic employment difficulties not necessarily of the migrant's causing (World Development Report, 1995).

**Dimensions of Migration :** Throughout history there have been periods when migration has been an important economic and social safety valve, allowing labour to relocate to areas where it was more. Today the number of both sending and receiving nations has increased – at least 125 million people now live outside their countries of origin. Migrants today increasingly come from poor countries and their stay in the host countries is becoming shorter. More than half the global flow of migrants is now between developing countries – examples include South Asians going to oil-rich countries in the Middle East and newly industrializing economies in East Asia and relatively successful countries in Sub-Saharan Africa attracting workers from their poor neighbours. The flow of migrants to industrial countries has risen and it's composition has shifted to developing country sources (World Development Report, 1995).

### **ESTIMATED SIZE OF MIGRANTS/REFUGEES**

People on the move is an image used often to describe refugees, asylum seekers, displaced people and migrants. Today this group of people constitutes a growing population in all parts of the world. It is a

widespread and dispersed people on the move. During the past decade and a half the refugee issue has become a burning and complex global problem without any easy solutions. Hardly a day goes by without refugee or migration issues appearing in the global news agenda (Eeva, Kemppi Repo, 1994).

**Annual Average on the Increase :** There are estimates giving figures of some 75–85 million uprooted people who had to leave their country after the second World War (Tuppurainen & Kurppak, 1985). The global annual average of refugees remained, however, rather small, from two to three millions, in the period between the late 1950's and the mid–1970's with the exception of 1971–72, when the fight for independence in Bangladesh drove some 10 million people out of East Pakistan into India.

The annual average of refugees has been growing steadily ever since with out significant halts. The United Nations High Commissioner for Refugees (UNHCR) estimated that there were 18.8 million refugees at the end of the year 1992.

According to UNHCR's annual report, the state of World's Refugees (1995) the last five years have witnessed a rapid increase in the number of people affected by armed conflict and communal violence. while it is not easy to establish precise statistics, the

number of people displaced within or from their own country is now approaching 50 million – around one out of every 110 people on earth. This figure has excluded many who have been uprooted by ecological and industrial disaster or by state-sponsored relocation programmes. According to the World Bank upto 90 million people have been displaced over the past decade to make way for dams, roads and other development projects. By the last quarter of this century about nine million South Asians (Indians, Pakistanis and Bangladeshis) and over 30 million Chinese are to be found living outside their country of origin as a result of migration or birth within a migrant country. There were also significant numbers of 'internal migrants', displaced within their home regions, such as the millions traversing Indo-Pakistan borders after the partition of the subcontinent in 1947, and the Chinese who moved into the predominantly Tibetan Western reaches of the Chinese state (Brown J.M. & Foot R., 1994).

Regardless of the causes for emerging refugee/migrant populations over 95% of them cross international boundaries from one developing country to another developing or third world country (Gallagher, 1986). Thus the essential nature of the refugee situation is one that is shared exclusively within the poorer countries.

## REASONS OF MIGRATION

The root cause of the refugee/migrant problems are **manifold**, national and international, individual and social, political and economic. Generally speaking they relate to internal and external armed, ethnic or other conflicts, economic hardship of individuals and nations governmental policies of control and discrimination foreign interventions and interference and to natural and environmental disasters. Often several of these components are interconnected and there is seldom one single cause for the decision to seek protection from outside the country of origin (Ferris, 1993).

Social scientists classify refugees in terms of what has created their displacement rather than trying to account for the motives of their flight. In this regard, individuals or groups considered refugees could be understood to fall into a number of categories : economic, political, religious, ethnic and either ecological or environmental (Bovenkerk, 1974; Jacobson, 1988; Krane, 1979; and Siu, 1952).

It is often said that **no one wishes to be a refugee, but sometimes flight to another country is the only available option left** for those who become refugees. When people decide to leave their home country **they often see no future in their country** and their only experience is that the present has become unbearable for them.

**The decision to leave is always a difficult one, a jump to the unknown** (Repo, 1994). Sometimes a persecuted family member has to leave secretly without even informing the family for fear of repression or detention of members of family. Before taking decision for flight, the individual or family history is often marked by fear, harassment and humiliation in the home country.

In a world where income differentials are widening where the population is expanding much faster than the number of wage earning opportunities, where more civil wars are being fought than at any other time in modern history, and where human rights violations are still legion, it can hardly be a surprise that a growing number of people are on the move from one part of the globe to another. Migrations enumerating the pressures, can be plotted or predicted simply by enumerating the pressures which 'push' people out of one country and 'pull' them to another. Disparities in wealth, opportunity and security obviously form the basis of any decision to migrate. But a proper explanation of the increasing scale and scope of international migration must also take account of several intervening variables. For those who aspire to live and work in another country help may be at hand. Many international migrants are supported by a **social network** of friends, relatives and compatriots who have already settled in other

states and who are able to provide them with accomodation, work, cash advances and other forms of assistance. Others make use of **professional agents and traffickers** whose job is to deliver aspirant migrants to their preferred destination, whether or not their presence is welcomed by, the authorities of that state. International Organization for Migrant's has made a recent statement that "migrant – trafficking is a growing and global activity with negative implications for virtually all touched by practice "It involves illegal activities [e.g. Sri Lankan Tamils have moved to more secure areas like India. Bangladeshi could also be taken as an example here] (State of World Refugees, 1995).

Conceptually international and internal migration are complementary and can indeed supplement each other. Both derive from a complex of interrelated social and economic factors, but are primarily related to the '**migrant's search for greater well being**'. This ofcourse does not include those displaced by natural disasters (drought, famine) or those fleeing from wars or political oppression (refugees) except for the so called 'economic' refugees (Adepoju, 1988).

The reasons associated with international migration are not solely economic. As Speare (1974) suggests, 'in international

migration political factors are often more important than economic factors'.

Thus when individuals families and communities decide to leave their own country and become refugee elsewhere, it is usually because they feel that they have no other option. For some becoming refugee/migrant is the final act in a long period of uncertainty, an agonizing decision taken only when all other survival strategies have failed. In other cases it is an instinctive response to immediate and life threatening circumstances (State of World Refugees, 1995).

Therefore it could be said that refugees/illegal migrants personify forced migration for a variety of reasons. People are forced to cross boundaries because of several individual, psychological, political, social, economical or historical reasons like Bangladeshi people used to come to India when it was a part of India. At that time when they crossed the boundaries it was not considered illegal but only after 1947 when East Pakistan (now Bangladesh), was separated from India. Crossing borders without permission became illegal.

### **PROBLEMS OF BEING UPROOTED**

People move for many different reasons. Human migration has been provoked by such diverse factors as war, natural calamities, industrialization and urbanization, persecution and discrimination,

economic insecurity, professional ambition and in the case of some individuals, just plain restlessness. The process of migration and resettlement was best described by Erik Erikson (1960) who observed that migration is a change, it is the transplantation of old roots and a search to find new roots in change itself.

To become a refugee/migrant is to **experience a deep sense of loss**. Becoming a refugee/migrant normally entails a lowering of one's social and economic status. Even in countries with generous asylum policies, refugees are almost inevitably obliged to settle on the most marginal land and to accept the least desired and worst paid jobs.

**The loss experienced by a refugee/migrant also has important social, psychological and legal dimensions.** When people are forced to leave they are separated from a familiar environment and cut off from friends, family and established social networks. Not knowing when they will be able to return to their homes, or what they will find when they get there, many refugees live in a perpetual state of uncertainty. And while some are able to settle down and integrate in another society, many find that they are obliged to live as second class residents in their country of asylum, deprived of rights, freedoms and benefits enjoyed by ordinary citizens of that state.

**Cultural Stresses :** Migration even when it is voluntary and planned, is a stressful event. Either as single person or as families migrants are exposed to a series of stresses not commonly experienced by the native families i.e. separation from family and friends during the migration process, disruption of former social support networks and the need to adopt to a new set of cultural norms and responsibility. Bollini & Siem (1995) further discussed that although the move to new society is often successful in the end some or many migrants face difficulty in adopting to new culture. Social and psychological problems contribute to a worsening health status and to problems within the family, at work and at school.

Predictably refugees/migrants encounter many **problems as they arrive at their temporary new homes** loss of cultural support systems, psychological detachments, economic hardships and potential discrimination and hostility from the natives are some examples of the problems faced by migrants in the new environment. They are seen as potentially dangerous to the economic welfare of the host population. Sometimes their cultural heritage varies so much from the host population that many myths regarding their belief and habits emerge. This contributes to resentment and fear on part of the native. Thus the

stage is set for an uncomfortable encounter between refugees and their new neighbours (Patel, 1980).

Park and Burgess (1921) have put forward the thesis of **race relation cycles** which asserts that migrants pass through a cycle of contact, competition, conflict, accomodation and assimilation and finally they merge into the receiving group.

In many countries it has been documented that **immigrants fare worse than the native population**, according to several health indicators, even though they have been selected at entry for their good health and ability to work (Bollini & Siem, 1995). A recent review in six European countries showed that perinatal and infant mortality rates of some immigrant groups are about twice as high as those of native population. Similarly immigrant workers have a disproportionately higher rate of occupational accidents and disability leading to early retirement or return to their countries when they become too disturbed or too sick to work (here countries surveyed were Switzerland, U.K., Italy, France, Sweden etc.).

**Vulnerable Populations** : The experience of exile falls heavily on the most vulnerable groups, disabled people, children, the elderly, widows and other refugee women who attempt to bring up their children about the support of a partner. Migrant women from developing countries

are especially vulnerable as they tend to have little schooling at the time of their move, lower education levels restrict them to lower status jobs and will limit the possibility for interaction with the host community (Bollini & Siem, 1995; State of World Refugees, 1995).

**Women and Children** : children and their mothers constitute about 50% to 70% of the world's refugee population specially in less technologically advanced countries. This group has higher psychological distress. **Single, divorced and widowed women are at a greater disadvantage** lack of education, poor job skills, higher incidence of depression and increased vulnerability by virtue of their gender cause marked aggravation of the mood state. Refugee/migrant women find it extremely difficult to alter the methods of disciplining their children in host countries e.g. corporal punishment is the standard and accepted practice of child discipline in most west African communities but it amounts to child abuse in France.

Given women's economic vulnerability and their dependence on external support, refugee women have little control over decisions affecting their lives and those of their children sexual subordination and abuse contribute to many reproductive health problems. During war and other emergency situations with population displacements, children are often separated from their families, they may be

abandoned, orphaned, lost or abducted. They have to face a new or hostile environment, and the lack of protective and caring support is often a leading cause of major physical and psychological problems. Ensuring the survival protection and healthy development of these populations is an everyday challenge for countries (Djeddah, 1995; Bollini & Siem, 1995; Shetty, 1996).

**Elderly** : Recent studies indicated that older adults suffer most from these tragedies. They are generally rooted in their previous culture and find it difficult to make friends and feel isolated. They also lose their established position of high esteem and feel useless. Fears of failure to learn the new language and the probability of death makes them severely depressed. Loss of family members during escape also leads to survivor guilt feelings among them. A survey conducted by the University of London Institute of Child Health concluded that in Bosnia the most vulnerable age group was people in old age; for instance weight loss among them was severe in them than in any other group of refugees (Shetty, M. 1996).

In this way the displaced and uprooted people in general live in many settings besides camps but in most cases 80% of this population is women and children. They face the same problems as do other poor women and children in the developing countries including lack of food

and drinking water, malnutrition, anaemia, diarrhoeal diseases, and acute respiratory infections. Unregulated fertility, high birth rates and high maternal infant and child mortality rates are also often observed. Added to these during the main phases of migration : the break down of family networks, loss of income, loss of physical and emotional security, the destruction of health and other social support services and the effects of violence etc. are the problems associated with their uprootedness. Physical & psychological violence rates are high among the health risks faced by refugees. Wide scale rape in Bosnia and Rwanda perceived as a war crime has focused world attention on reproductive health as a fundamental part of the basic human rights of women and girls. The consequences of sexual violence include special health problems posed by the risks of sexually transmitted diseases, HIV/AIDS, unwanted pregnancies, unsafe abortion, post traumatic stress syndrome & social criticism. Among victims of rape suicide is a far too common occurrence (Djeddah, 1995).

According to Bollini and Scim (1995) several reasons explain the **lower health status of immigrant groups in receiving countries.** Most first and second generation migrants belong to low strata which is in itself a determinant of poor health. They often have inadequate access to health care, the most obvious obstacles being linguistic,

cultural and economic barriers. Many face racism and discrimination within the health system which in turn reduces their use of health services. Finally some groups may also have reduced entitlements to services because of their legal status in the receiving countries, the extreme situation is that of irregular migrants who have no access to any preventive or curative services apart from emergency care.

Thus family and community life is often seriously disrupted within displaced & migrant populations. Parents and their children are frequently separated in the confusion that surrounds a refugee movement. Once they have arrived in a country of asylum men, women and children may all have to assume unfamiliar (and unwelcome) roles and responsibilities.

**The process of adjustment** by which immigrants adjust themselves to conditions in the area of destination falls into several categories naturalization, the acquisition of legal citizenship; **absorption**, the entry into productive economic activity; **assimilation**, integration into the social structure in terms of equality; and **acculturation** the adoption of the customs and values of the population in the place of destination.

**Migration policy** is one aspect of population policy. Most countries through their **immigration laws**, restrict the admittance of

foreign nationals. These laws frequently provide for **selective** immigration of persons with certain specified characteristics.

**To Conclude** : This overall discussion can lead to conclusion that the number of refugees are arising worldwide, posing one of the greatest challenge to humanity. It is also clear that refugee problem is complex and multifaceted and underlines the need to adopt a comprehensive approach focussing both on causes and consequences of refugees/ immigrant's problems. There is also no doubt that illegal migration will remain a significant aspect of international migration concerns for some time to come. Immigrants have to face lots of problems and because of low access to health care facilities, bad living conditions and low socio economic status etc. their health status is worse than the native people.

Also, if the history of international migration has taught us anything, it is that there are few limits to ingenuity and fortitude of people who are determined to leave their own country. However serious the geographical, political and financial obstacles they encounter, a proportion of people (men and women) who would like to move to another more prosperous and stable society invariably succeeded in doing so. It is therefore not surprising that substantial numbers of people have been able to find their way through and

around the immigration controls which the industrialised states have established over the past 20 years (State of World Refugees, 1995).

We thus see that the stresses of migration and adjustment in the new surroundings are significant and make immigrants vulnerable to sickness and diseases.

## CHAPTER – III

### **POLICIES FOR IMMIGRANTS : A COMPARISON**

The movement of people within and across national boundaries has been an enduring component of human history. Whatever forces are of particular significance for specific outflows, migration entails a number of distinct, though complex consequences for countries both of origin and destination as well for the people involved in this process. Human migrations are a significant force in historical change. Large scale migration of Asians, Africans and Europeans was central in fashioning the world of the 19th Century, its world-wide empires and the establishment of global, economic and political dominance by people of European origin (Appleyard, 1988; Brown & Foot, 1994).

The global landscape has developed some remarkable new economic and political features in recent years. From Eastern Europe to the Pacific Rim, to the United States – Mexican border, a reshaping of territories and alliances with shift of economic power have been redirecting many international flows – of money, goods and people.

Around 80 million people now live in foreign lands (not counting the former Soviet Union and ex-Yugoslavia). And their numbers are rising steadily. One million people emigrate permanently

each year, while another million seek political asylum. Added to these are 18 million refugees driven from their home lands by natural disaster or the hunt of political asylum (Stalker, 1994).

"How should these immigrants be treated by the host countries – as trespassers as guests or as new and welcome citizens of the nation state?" asks Stalker. Also he gives the answer to this that different governments react very differently to the immigrant populations in their midst. Some like Singapur stick rigorously to the idea that unskilled immigrants are temporary visitors who should leave as soon as convenient. Gulf countries too take a fairly uncompromising attitude; they expect contract workers to return home at the end of their contracts and will deport them if they do not. Elsewhere policies are more ambiguous. Even Germany, despite having 6 million foreigners on its soil, does not officially consider itself a "country of immigration" and clings to the myth that many will eventually go "home". One European countries, even if they refuse to permit new arrivals, have accepted that those immigrants already in place are there permanently. European government in general accept that, even if they wanted to, it would be impossible politically and socially to expel such large numbers (Staller, 1994).

As international migration becomes more dynamic and complex, so it demands a new set of policies from governments and international agencies. Surprisingly, however, this is not a subject which is well documented or studied. The number of economic migrants may be four or five times as great as that of political refugees. Yet there has been no recent upto date analysis spanning the policies of the world as whole (Bohning, 1994).

Immigrant arrival thus means different to different countries. So they have made different type of policies for Immigration. In this chapter an attempt is made to study 'policies for Immigration' in two sections : (1) Global Immigration Policies, specially in US and UK; and (2) Policies for Immigrants in India.

## **GLOBAL IMMIGRATION POLICIES**

**The Article 13 of the Universal Declaration of Human Rights** states that 'everyone has the right to leave any country, including his own, and to return to his country'. It means that everyone has the right to freedom of movement within the borders of each state, and everyone has the right to leave any country. The catch of course is that there is no corresponding Universal right of entry. People can leave but may have nowhere to go (Dib, 1988; Stalker, 1994).

Even the right of exit is not necessarily respected. Many countries, particularly the communist ones have in the past restricted movements, requiring internal passports even for movement within their own countries, and exit visas for travel abroad. For decades one of the most persistent criticisms from the liberal Western countries was that people were not free to leave the communist countries. Most of these controls have now disappeared – most notably from 1993, with the freedom of exit from the republic of the former Soviet Union. But one of the sadder ironies of the post-cold war period, according to Stalker (1994), is that people are free to leave the former communist countries, they find it much more difficult to enter the very countries which previously championed their freedom.

Earlier in History there were significantly fewer controls on migration – if any at all. Until the 19th Century, labour was generally in short supply and immigration was encouraged or at least tolerated, a way of increasing populations; countries even resorted to military means to acquire more people. The first formal system of immigration control appeared in England in 1793 with the passage of the Alien Bill, but even then few restrictions were actually enforced (Kritz & Keely, 1981). In the United States, the first Immigration law was passed in 1875, to exclude prostitutes and convicts – with "launtics",

"idots" and persons unable to care for themselves added to the list seven years later (Chan, 1990).

Since around 1860 when the nation state was appearing in something like its current form there have been roughly **four historical periods of international migration** (Hammar, 1990).

**(1) 1860–1914 – Large–Scale Emigration and Free Immigration.**

During this period there was little or no control of migrants leaving Europe for Australia, Canada or the United States' new provisions kept out relatively small numbers—only around 2 per cent of those being processed through Ellis Island in New York were eventually returned home. But Asians arriving on the East Coast were less welcome and the Chinese were eventually barred by 1882 Chinese Exclusion Act. Within Europe upto the First World War (with the exception of Tsarist Russia) travel was not controlled : People could go to other countries and work without passports or permits, though they might be deported if they were poor, sick or had committed some criminal offence.

**(2) 1914–1975 – Immigration regulations and aliens control.**

Security concerns during the First World War caused many European countries to introduce provisional decrees controlling the admission of foreigners. After the war with rising unemployment, they retained

many of these controls. And many people were also excluded on racist grounds : Jewish refugees from Hitler's Germany were unwanted almost everywhere. Immigration was also reduced dramatically in the United States in the inter war period. This was partly due to the economic depression. But there was also growing hostility towards immigrants in general and catholics in particular, and congress passed a series of laws to freeze the country's existing ethnic and cultural make-up.

**(3) 1945–1974 – Liberal immigration and recruitment of foreign labour.**

This was a period when there was a high demand for labour in the industrialized countries. Though much of the legislation on aliens was retained, it was applied more liberally and many European countries actively recruited more workers. In the United States, the realization of what had happened to the Jews who had been denied entry shocked the national conscience and the war effort had helped unite the population and underline the interdependence of Americans of all national origins. John F. Kennedy, the first Catholic President, urged a move away from quotas based on national origins, and a more liberal Immigration Act was introduced in 1965.

**(4) 1974 to the present – Strict immigration regulation.**

Pressure on employment caused immigration controls in Europe to tighten once again – though the position in the United States remained more liberal. Many countries now admitted only family members of immigrants or political refugees. This is the pattern which persists more or less to this day and is being extended to the newly industrialized countries in Asia which are now making efforts to resist inflows unskilled labour (Hammer, 1990).

Countries may accept or reject immigrants in any given period for any number of reasons. But perhaps the most fundamental factor is how a country regards itself – its own mythology. A number of countries have at times declared themselves open for settlement by immigrants. They acknowledge that they have been built by immigration and have often enshrined the needs of settlers in their constitutions. These include Israel, and New Zealand as well as South Africa and other African countries when they were open for White settlers. But the largest settlement countries have been those of the "New World" : the United States, Canada and Australia. All three had widely dispersed aboriginal communities, become British colonies and built up their populations originally from European immigration (Stalker, 1994).

Now we will focus upon the country experiences of Immigration Policy of major countries of "settlement" – the United States, Canada and Australia. All these three have historically welcomed immigrants/settlers to colonize relatively empty countries, but finds that now a days they are much more choosy about whom they will admit, and are attempting to reshape immigration to match their precise labour needs. European countries, by contrast, have not generally seen themselves as countries of immigration; when they wanted more labour they tried to import it temporarily. However European countries, too, are becoming countries of long-term settlement as many guest workers elect to settle down permanently and send for their families. Immigration legal and illegal is an issue which affects every European country to a greater or lesser extent. The largest immigrant communities are in the European countries like Germany, France, the United Kingdom, Switzerland, Belgium, the Netherlands, Italy and Spain. But here we will focus only on the United States and United Kingdom of Great Papademetriou, Britain's immigration experiences and policy for immigrants.

### **THE UNITED STATES (US)**

The United States has always seen itself as a country of immigrants. John F. Kennedy in 1951 for example, wrote a short book

- **A Nation of Immigrants** - which extolled the value of immigrants to national life. President Reagan, on accepting the Republican nomination asked "can we doubt that only a Divine Providence places this land—this island of freedom - as a refuge for all those who yearn to be free?" (Hawkins, 1987). The mosaic of immigrant of forebears gives North Americans a sense of history of immigration - movingly portrayed in Ellis Island itself which has now become a museum for America's immigrant past.

The United States receives more immigrants than any other country - indeed almost more than all other countries put together - and while many other countries are allowing in fewer people, the United States has in recent years increased the number of immigrants it is prepared to admit. In 1992, 846,000 immigrants were admitted legally into the country, the largest number in any one year since 1914 and that excludes those who had previously been undocumented aliens whose status was regularized in that year (around 250,000) as well as new flows of undocumented aliens (perhaps 200,000 more) (Stalker, 1994).

According to Cose (1992) most attention is focussed on arrivals, however, and in both absolute and relative terms these have risen sharply in recent years. This is primarily because of the demand for

unskilled labour within the United States coupled with a large pool of willing workers just across the border in Mexico. But changes in immigration legislation have also played an important part. There have been three main legislative changes since the mid 1960s. The most important was the **1965 Immigration and Nationality Act**. Prior to this, admission from countries outside the Western hemisphere was based on a country's representation in the United States' population of the 1920's. Three countries the United Kingdom, Ireland and Germany were thus allocated more than 70% of visas. Less than 1% went to Africa and 2% to all of Asia. The racist basis of this system persuaded the Kennedy and Johnson administrations to press for reforms to eliminate national origin, race or ancestry as a basis for immigration. Instead while there would be overall ceilings and quotas for certain categories of workers, the preference was for those who already had close relatives in the United States. It was assumed that this would largely benefit Europeans (Cose, 1992).

Anti-immigrant sentiments in the United States have also been expressed in terms of the need to keep out "foreign radicals" – a process which started in earnest with the outbreak of the First World War and was to be a feature of American immigration policy till the 1980s. However the spirit of the 1960s and the Kennedy

administration eventually bore fruit through a much more liberal Immigration Act signed by President Johnson in 1965. The political restrictions remained, but the new Act ended the use of national origin as the basis of immigration control, a move which was to have far-reaching effects on the racial composition of American immigrants.

The door was open first for people from countries such as the Republic of Korea and the Philippines which had close economic and military ties with the United States, and whose people had a high propensity to migrate. More unexpected sources were Viet Nam, Cambodia and Laos. These nationalities also showed a higher propensity to sponsor other members of their families to come to the United States : Asians bring in four times as many relatives per primary immigrant as Europeans or Latin Americans.

Mexicans had already been arriving in fairly large numbers before 1965, many of them via the **bracero programme** for temporary workers and they, too, were to benefit from the family reunification options. Concern about the potential for Mexican immigration had led to the inclusion in 1965 for the first time of an overall ceiling on arrivals (Stalker, 1994).

Still Mexicans were to benefit more directly from the second major change : **The Immigration Reform and Control Act (ERCA)**

which had been gestating in one form or another since 1981 but was finally introduced in 1986 (Papademetriou, 1991). The new act was aimed at the increasing problem of illegal immigration across the Mexico–United States border, and included punitive measures such as civil and criminal penalties for employing illegal aliens, as well as provisions for stepping up the border patrols. But in order to placate agricultural employees who were concerned about losing their unskilled labour force, the Government also declared an amnesty for those undocumented aliens who had already been working in the country for sometime. There were two ways to qualify : either to have entered the United States prior to 1st January, 1982 and now be "legalized" or to have been employed in seasonal agricultural work for a minimum of 90 days in the year preceding May, 1986 and be considered a **Special Agricultural Worker (SAW)**. As of February, 1992, when the application period ended, there had been 1.8 million legalization applications and 1.3 million SAW applications. Mexicans made up 75% of applicants, the next largest national group was from El Salvador (6%) (Immigration and Naturalization Service, 1992).

In this way 1965 and 1986 legislative changes had a remarkable impact on the nature of immigration into the United States with a striking expansion in immigration from Asia, Mexico and Central

America. Between 1951–60 and 1981–90 the proportion of immigrants coming from developing countries increased from 12 to 80 per cent.

Whether the fresh wave of immigrants will benefit the United States has been a matter of considerable public debate in recent years. The business community, with views expressed through the **Wall Street Journal** and **Business Week** (Wall Street journal, 1992; and Mandal & Farrel, 1992) argues that immigration helps the economy, a point of view that has been voiced on the liberation right by Julian Simon at the University of Maryland (Simon, 1989, 1992). Tacit support for immigration also comes from the liberal and of the spectrum, particularly those representing ethnic groups. There is however another element of the right, as expressed through the conservative magazine **National Review** which is hostile to the changing ethnic character of the country (Brimelow, 1992).

One persistent general concern in recent years has been that the skill level of immigrants to the United States has been declining. This issue has been raised most notably by George Borjas at the University of California, the concluded, on the basis of his analysis of the relative earnings of immigrants and the native population, that immigrants who entered the United States between 1964–1968 earned 10% less and those who entered between 1975–1979 earned 21% less than that

equivalent group of American born citizens. On the basis of this he concluded that after two decades they would still be earning 13% less (Borjas, 1990). Similar conclusions have been reached by others also for example De Jong (1990) found that while the volume of immigration had risen between 1972 and 1986, the proportion of people with professional and related skills had fallen.

Concerns about the skill levels of immigrants led to further change in Immigration Policy in 1990. The 1990 Act more than doubled the number of visas available for skilled workers. But it did not reduce those for other categories. Critics point out that the percentage of visas granted to meet the needs for skilled labour is still only 20% – exactly the same as under the previous system (Briggs, 1991).

Meanwhile it seems clear that the **1986 IRCA** had little impact on illegal immigration. A commission on Agricultural workers established by Congress concluded in 1992 that employer sanctions had been largely ineffective : they seem merely to have stimulated the creation of a new industry forging such documents as birth certificates and resident alien cards which immigrants can show employers to justify their claim that they are authorized to work in the United States. Illegal immigrants continue to arrive at a rate of about 200,000

per year – and are likely to continue at this level for some years to come (Stalker, 1994).

The early months of the Clinton administration have seen increasing pressure for restrictions on immigration – with many questions being aimed at the president during his series of town meetings across the country. Though no specific changes had been announced by mid-1993, the President had none the less promised a clamp-down on abuse of the American Welfare system by illegal immigration and a strengthening of the order patrol force (Stalker, 1994).

#### **UNITED KINGDOM (U.K.)**

European countries have seldom thought of themselves as countries of immigration. Yet compared with US many of them now accept proportionally more immigrants and thus they too are becoming countries of long term settlement as many guest workers choose to settle permanently and send for their families. Most immigrants to Europe, initially assume themselves to be there temporarily, while in practice between 60% to 75% of them settle down permanently in their new countries (Moullier Boutong and Papademetriou, 1993).

The United Kingdom had the third highest number of foreign residents in Europe in 1990 – 1.9 million Immigrants in the United Kingdom are usually thought of in terms of "ethnic Minorities" – most of whom came from former colonies – and were entitled to British Passports (SOPEMI/OECD, 1992).

Runnymede Trust (1980) argues that under the **Imperial Act of, 1914** passed at the Zenith of Great Britain's imperial power, every person born in any part of the British Empire was 'thereby a natural born British subject'. The **British Nationality Act of 1948**, passed to clarify this situation after the war, in the light of achievement of independence by India and other colonial territories, established two overlapping categories of citizenship : one for the United Kingdom and the colonies, and the other for common wealth countries. The former included persons entitled to hold a British Passport issued either in London by the British Government or by one of the colonial High Commissions. The latter covered citizens of ex-colonies which subsequently became independent members of common wealth. It was citizens of the rapidly increasing second category who formed the basis of the 'New Common Wealth; category. The distinction, however, had no differential effect on migration because persons holding a second-category passport had at this stage, full rights to enter, work,

settle and to other legal, social, political rights. The first wave in the terms of the 1948 Act. Only persons with no former political association with Great Britain were considered as aliens and they were indeed subject to controls, especially during war time.

Legislation on immigration is not normally confined to control of numbers alone. However prior to the **1962 Act** and the **White Paper of 1965** (Immigration from the Common Wealth), no legislation had been directed towards facilitating the integration of migrants into British society, nor defining explicitly the social and civil rights of immigrant groups. In 1956, the Home Secretary had declared, "we look after them as we look after every other citizen, to the best of our ability. I have no information that there is any particular problem as far as these people are concerned". Coping with the social and economic consequences of rapid immigration had been left to the local authorities. The civil rights of black immigrants were deemed to be protected by general law; any suggestion that special legislation policy was necessary to protect black citizens from racial discrimination would have been regarded as a form of legal positivism contrary to the spirit of English law. The law it was held, recognized no distinction on the basis of colour, even though practices at the time diverged significantly from this ideal, as Hepple (1968) and others have shown.

Hiro (1992) also said that the United Kingdom also had a racist bias to its immigration laws. In 1968 for example faced with an influx of East African Asians who held British passports, the Government passed the **Commonwealth Immigrants Act** which limited the right of entry only to those with substantial connections with the United Kingdom by virtue of birth, or their father's or grand father's. Thus allowing in Whites from Africa but excluding those of Asian origin.

Changed attitudes towards immigration control after the mid-1950s led quickly to political pressures favouring some kind of legislation. In 1956/57, the government sought voluntary agreements with the governments of India and Pakistan concerning reduction of intakes. As from the mid 1950 to the early 1960's these came primarily from the Caribbean, another two-thirds of the current West Indian population arrived in the period 1955-64. Indians arrived slightly later. Eastern African Asians came to Britain in the late 1960, as a result of their forced expulsion from Uganda and the process of "Africanization" in Kenya, the United Republic and Tanzania and Malawi. The main flow from Pakistan came somewhat later and those from Bangladesh later still. In 1958 race riots occurred in Nottingham and the Notting Hill area of London; and during the 1959 campaign, Sir Oswald Mosley (a former leader of the British Union of Fascists)

and some in the union movement sought support for an anti-black, anti-immigration platform. Pressure for such legislation also came from some local organizations; a group of conservative Members of Parliament led a 'back bench' campaign for their introduction; and a grass-root organisation, the Birmingham Immigration Control Association was formed. The pressure on government to implement controls proved impossible to resist (Stuart Hall, 1988; and Stalker, 1994).

The 1962 commonwealth immigration Act required commonwealth and United Kingdom citizens whose passports had been issued abroad to obtain a Ministry of Labour Employment voucher before entering the country for an extended period of settlement. Three categories of vouchers were issued : **Category-A** to commonwealth citizens who had obtained a specific job in the United Kingdom; **Category-B** to persons whose skill was recognized to be in short supply in the United Kingdom; **Category-C** to all other semi-skilled and unskilled applicants on a 'first come, first served' basis, on the clear understanding that those who had serviced in the United Kingdom armed services would be favoured and that there would be no informal quotas controlling the entry of others. No controls, however, were placed on citizens of Ireland, category C vouchers were effectively

discontinued after 1964. The labour party opposed the Act on principle, but when elected to office in 1964, they renewed it, thereby implicitly acknowledging pragmatic acceptance of policy of controls. Immigration was a prominent issue during the 1964 election campaign. The defeat of the Labour Government's foreign secretary by a vociferous antimmigration conservative candidate for the Smethwick constituency was a major political upset attributed to the growth of anti-immigration and pro-control sentiment in the country (Foot, 1966).

The 1962 Act was not as severe on persons holding United Kingdom passports issued through a High Commission abroad. This was the position of persons of Indian origin living in East Africa. But in 1970s the Kenyan Government stipulated that only persons who had opted for a Kenyan Passport could live and work in Kenya on a permanent basis. As a result thousands of Kenyan Asians exercised their rights as United Kingdom passport holders to leave Kenya and enter the United Kingdom. There was a smaller inflow from Uganda also. These immigration influxes precipitated considerable public disquiet which led to the passing of **Commonwealth Immigrants Act of 1968**. Under this act the right of entry to persons holding United Kingdom passport was withdrawn unless they could show close

connection with the United Kingdom; 'close connection' being defined as being born in the United Kingdom, having a parent or grand parent who was born in United Kingdom or through naturalization or adoption. Those who failed to demonstrate a close connection were placed in the same category as persons subject to voucher control under the 1962 Act. This requirement aroused considerable ill feeling among black migrants because it clearly favoured settlers from the 'white' commonwealth. Indeed in 1970 following an application from a group of Kenyan Asians, the European convention on Human Rights ruled that the United Kingdom Government 'have admitted that the intentions and effects of the common wealth Immigration Act of 1968 were discriminatory'. However no further action was taken (Stuart Hall, 1988).

**The Immigration Act of 1972**, which replaced and consolidated the Acts of 1962 and 1968, became operative in January 1973. Its application is governed by a set of rules (additional to the formal clauses in the bill which were laid before parliament by the Home Secretary. This included right of abode to people who are 'patrials' that is, citizens by birth, adoption, or naturalization of the United Kingdom or those born of one parent who was a British Citizen or with one grand parent who had such citizenship. It extends the right of

settlement to citizens settled in the United Kingdom or resident for five years or more; to the spouse of a patriot, provided he or she is a commonwealth citizen and the former spouse of a patriot or citizen. All other commonwealth citizens who are not patriots need permission to enter the United Kingdom and are covered by a number of strict conditions of entry and settlement.

According to Stuart Hall (1988) parallel with the sequence of legislation establishing conditions and controls over the entry and settlement of black migrants, there have been efforts to legislate againsts discrimination on racial grounds and to afford, for the first time in English law, a measure of positive protection. **The Race Relations Act of 1965** set up conciliation machinery to deal with complaints of discrimination on the basis of 'race colour, ethnic or national origin' in such venues as restaurants, public transport and places of entertainment. **the Race Relations Act of 1968**, substantially influenced by American legislation extended provisions to deal with discrimination on racial, colour or ethnic grounds in provisions to deal with discrimination on racial, colour or ethnic grounds in employment, housing, public facilities and displays. It established the Race Relations Board with duties to investigate complaints and the Community Relations Commission to promote, through a network of

councils at local level, good race relations in the community. But the surveys done by Political and Economic Planning (now the Policy Studies Institute) in the 1970s suggested that discrimination was still prevalent, the Board's power were too limited and its effects in stemming discriminatory practices too narrow. So the **Race Relations Act of 1976** was promulgated to remedy some of these weaknesses. the Board and Commission were combined into a single Commission for Racial Equality with a more 'Strategic' role. The Act identifies both direct and indirect discrimination, extends its application to government and local authority departments and makes it a criminal offence to publish or distribute material that is abusive or threatening to, or encourages hatred of, a racial group. This 1976 Act is certainly a more comprehensive piece of legislation even though evidence to date suggests that its practical effectiveness has been limited.

In addition to this broad framework of legislation in the migration field, there have been a number of policy developments designed to give specific support to those who are socially and economically disadvantaged as a consequence of their race, colour, or ethnic background. The White Paper on Racial Discrimination issued before the Race Relations Act, 1976, established a series of initiatives to alleviate social handicap and disadvantage arising from migrant

status, and outlined a more comprehensive 'inner-city policy' than had previously been in operation. During this period the Home Office was responsible for Urban Programme, followed by Community development Projects, the Urban Deprivation Unit and the Community Programmes – each designed to deal with acute problems of Urban Poverty and inner-city deprivation. Though these programmes were not directed exclusively to immigrant groups, but dealt also with problems in which poor black immigrants and their second generation off-spring figured prominently. In addition section 11 of the **Local Government Act 1966** provided for special grants from local authorities to deal with problems arising from the presence of substantial numbers of New Commonwealth immigrants.

Similarly Department of Education and Science had conducted a number of special programmes dealing with educational problems associated with educational disadvantage, while the Department of the Environment has implemented Housing Action Area and Inner Area Studies programmes directed at developing a more integrated approach to the improvement of housing and the Urban environment. The 1974 Housing Act identified Housing Action Areas where physical and social factors combined to create particular housing problems or stress (Stuart, 1988).

Despite this range of government-initiated activities there is some doubt as to whether support programmes have matched the scale of the problems. Programmes have superseded one another before their given tasks were completed. Integration and co-ordination have been lacking and the scale of the resources has not matched the number of initiatives.

Since the United Kingdom has stronger natural borders than other European countries and is remote from traditional sources of immigration it has in the past had less illegal immigration – which usually consists of people overstaying their visas. But the problem now appears to be increasing as a result of new wave of arrivals from Eastern Europe – in 1992, 9000 illegal immigrants were caught. The Home office estimate is that only around 10% are apprehended, suggesting that the total number is nearer to 100,000. The figures for 1993 were expected to show a substantial increase (Stalker, 1994).

According to Stalker Government attention in recent years has focused more on minimizing requests for asylum. While asylum requests for 1999 were only around 20,000 – less than the half of 1991 record figure, this is still four times the average for most of the 1980s. A new **Asylum Bill** was introduced at the end of 1992 aimed at speeding up the procedures (nine out of ten applications are currently

judged to be unfounded. This includes restricting rights of appeal as well as finger printing asylum – seekers and permitting the deportation of those whose requests are refused. The British Governor has also resisted pressure from other EC countries to remove passport checks at ports of entry for arrival from other EC countries as it is reluctant to concede its geographical advantage (Stalker, 1994).

### **POLICY OF IMMIGRANTS IN INDIA**

Different countries have adopted different policies concerning immigrants or refugees. India has traditionally been a good host for immigrants, it doesn't have any specific policy or law to deal with these refugee/immigrant influx. In fact since independence India has been host to more than 20 million immigrants. Its stable democracy and secular polity have attracted migrants from it's neighbours with which it shares socio-cultural identities (Nanda, 1997; Chatterjee, 1997).

In 1947 India-provided relief assistance and rehabilitated displaced persons from West Pakistan. India has however not passed any legislation to deal with the refugee influx. Indian policy clearly states that immigrants can be in India temporarily but can not be integrated permanently. However provision of basic services, being a human right it cannot be denied to anybody staying either temporarily

or permanently. **"India is not a signatory of 1951 UN Convention on the Status of Refugees and its 1967 Protocol – the Linchpin of the international refugee protection regime. Nor has India or any of other South Asian countries adopted a regional instrument on refugees like Africa and Central America. On the question of protection of the 'refugee, India voted in favour of the adoption of the Universal Declaration of Human Rights and the 1967 Declaration on the Territorial Asylum. India has also reserved its right under the Extraadition Act 1962 not to extradite any person whose surrender is not sought in good faith or if he/she is going to face prsecution. Influx of immigrants/refugees, in India, have been handled by administrative decisions. This administrative discretion is exercised within the framework of the Foreigner's Act of 1946/48 which deal with foreigners, their entry, presence and their departure. Refugee/ Immigration Policy in the country has essentially evolved from a series of administrative orders passed under the authority of section 3 of this Act. Each group among the total refugees living in India is in a different situation. As the process of administration is not transparent, the basis for the differentiation is unclear (Rao, 1996; Chatterjee, 1997).**

According to Chatterjee, (1997) for a refugee/immigrant receiving country, the key issue is how to balance the rights of the immigrants with the interest of its nationals. India defends its stand on not joining the international refuge protection regime by arguing that the latter will impose "largely one sided obligations on the refugee receiving states" in areas such as housing, education etc. as Rajya Sabha Deputy Chair-person, Najma Heptullah puts it.

The Indian government officially recognised three groups of refugees – Tibetans, Chakmas, and Srilankans. Now refugees in India from Afganistan, Bhutan and Mynmar are also included in legal immigrants. According to the latest data the number of such legal immigrants in India in numbered 3,25,600. But this is the official figure and does not reflect the real dimension of the problem, which can only be understood if the number to these groups, a common administrative procedure is not followed so, while the Tibetans and Sri Lankans are issued refugee identity documents, no such documents is issued to Chakmas in the camps in Tripura. In India, the absence of a refugee specific legislation an the entry or treatment of refugees has meant different levels of asistnace and facilities. The Sri Lankan refugee community in Tamil Nadu is a case in point. In the wake of Rajiv Gandhi's assassination, the Jayalalitha government suddently

clamped down heavily on the refugees in Tamil Nadu. The local administration had the power to deny refugee children access to basic education. But with the return of Karunanidhi and the DMK government, the situation has changed for the better for the refugee (Nanda, 1997; Chatterjee, 1997).

It is also true that some of the immigrants particularly the Sri Lankan Tamil, have been repatriated. And now Bangladesh has agreed to take back the Chakma refugees and they have started going back. But then many refugees keep on coming (Nanda, 1997).

India's foreign policy has been criticised for being passive and reactive. No wonder that the pressure of the flow of refugees often had a fallout on Indian foreign policy. The 1971 Indo-Pak war took place primarily because India was flooded with more than 10 million refugees from the then East Pakistan (now Bangladesh). During the 1980s the same factor was an important consideration in New Delhi's ties with Colombo and the Tibetan refugees remain a factor in Sino-Indian relations as evidenced by their 'inconvenient' demonstrations during the Chinese leaders' visits to this country.

Further Nanda feels that apart from creating friction between the generating and host countries, the refugees & immigrants are potentially a factor for internal destabilisation in the host country. The

presence of Bangladeshi immigrants has often exacerbated ethnic tensions in the North eastern states. In fact, it has now become a serious political issue, with the local population fearing that its economic, social and cultural position is being eroded by uncontrolled immigration of alien ethnic groups (Nanda, 1997).

The Indian Government believes that a generous asylum policy and administrative structure compensates for its lack of refugee specific legislation and it being a non-signatory to the principal refugee conventions. However by not differentiating refugees or immigrants from other aliens in the country, gaps in their protection occur. In fact, there is no legal procedure to distinguish between an illegal immigrant and a refugee fleeing human rights abuses or violence in his or her own country (Chatterjee, 1997). He also observed that ethnic strife in South Asia shows no signs of slowing down. There will always be refugee/ immigration flows, and states have to decide who to admit and who to exclude who can return home and when. To do this on a good legal basis is the best defence against allegations of bias and discrimination.

In 1989 the Indian Government decided to allow foreigners who have lived in India for the past 20 years or who are the spouses of Indian Citizens to extend their stay in India 5 years at a time. They

will now be able to obtain "return visas" and "no objection to return to India" endorsements on their passports. But these procedures are not applicable to citizens of Pakistan and Bangladesh (India Weekly, 1989).

The Assam accord signed on August 15, 1985 between Prime Minister, Rajiv Gandhi and the leaders of the movement that demanded the expulsion of illegal aliens marked the end of 6 years of ethnic conflict and political instability in India's state of Assam.

The Assam accord incorporated significant concessions by the Indian Government to the movements demands. One of the most significant effects of the Assam movement is that immigration issue has been put firmly on the public agenda. Now future action will most likely focus on ending the influx of illegal aliens, although Assamese are unlikely to accept non-deportation of the post – 1971 illegal aliens. Deportation will be an important issue, as the Bangladeshi government asserts that none of its citizens have illegally entered India (Baruch, 1986).

Thus whenever India granted asylum, the concerned country took it as a political decision (Das, 1996). Consequently India has to receive the wrath of China, Pakistan, Bangladesh, Sri Lanka, Burma (now Myanmar). Despite constraint India protected and assisted

immigrants from Tibet, East Pakistan/Bangladesh, Sri Lanka, Burma, Afganistan and Iran. There have been lapses in the Indian Policy. Till such time as the Government takes the decision, the immigrants are left to their fate. Therefore it is suggested by many experts that :

- India should become a member of the 1954 Refugee Convention and the 1967 Protocol.
- Permanent mechanism and procedure for the determination of refugee status in India should be established.
- India should give role to UNHCR in the procedure for determination of the status of refugee.
- India should share the burden with international community.

Khan (1997) who is Chief of mission of UNHCR in India points out that "A government's response to refugee problems has both humanitarian and political dimensions. Refugee law can provide an essential buffer between the two".

Khan (1996) suggested that India's asylum policy has been a generous one, and the Government and people of India must continue to take the lead in promoting the protection of refugees at a time when increasingly countries are beginning to close their borders. Refugees

must not be held hostage to the lack of political solutions. Nor must they become the victims of political expediency.

## **CONCLUSION**

Many factors in recent years have led governments to adopt or redefine their immigration policies. These include the tightening of immigration regulations in times of economic depression. Recently many countries have made little secret of their weariness with the refugee problem and their reluctance to provide open ended asylum to large numbers of displaced people. On a number of occasions states have closed (or attempted to close) their borders, thereby denying refuge to asylum seekers from conflict affected countries such as Afganistan; Azerbaijan, Bosnia and Herzegovina, Burndi, Cambodia and Iraq. In the industrialized World, governments have tended to achieve similar results by more sophisticated means, either by interdicting asylum seekers who are making their way to a potential country of refuge, or by extending their immigration controls to countries of origin of refuge, or by extending their immigration controls to countries of origin and countries of transit by the introduction of visa requirements and pre – boarding passenger checks.

On several occasions, moreover states which have admitted substantial number of refugees have announced their intention to repatriate them as quickly as possible, often with inadequate regard to the conditions prevailing in their homeland. While such threats have rarely been implemented they send an unmistakable signal to the refugees, to the organizations assisting them and to the local population that the new arrivals are not wanted and should leave their country of asylum as quickly as possible.

All these occurrences suggest a growing and distressing tendency among states to regard refugees and asylum seekers as an unwanted burden and an unnecessary inconvenience. The easiest way of resolving the refugee, immigrant problem, some governments appear to have concluded, is simply to make sure that displaced and distressed populations are obliged to stay in their own country (UNHCR, 1995).

In this global milieu, India which till recently was known for its generous policy towards immigrants from the neighbouring countries, is now being compelled to look at the issue with greater stringency. Thus, the socio-economic and political issues are being converted into legalities which are in any case difficult to impose and bound to generate more problems. To understand the nature of these problems and to assess the degree of security the immigrants are able to

mobilise for themselves, are depend largely upon our qualitative explorations. Though we look the lives of Bangladeshi immigrants as a whole our focus is their health and Welfare.

## **CHAPTER - IV**

### **INDIAN MIGRANTS ABROAD**

In the previous section we have discussed the policies for immigrants in United States, Britain and India. Now let us see how Indian immigrants abroad i.e. in US and Britain are faring.

Human migrations are a significant force in historical change. Large scale migration of Asians, Africans and Europeans was central in fashioning the world of the 19th century, its world-wide empires and the establishment of economic and political dominance by people of European origin. Twentieth-century migrations also have been as important, particularly in the creation of a post-world war and post imperial world order. Asian peoples have been among the most central in these processes. It is said that by the last quarter of this century about 9 million south Asians (Indians, Pakistanis and Bangladeshis) and over 30 million Chinese are to be found living outside their country of origin as a result of migration or by birth within a migrant community. There were also significant number of 'internal migrants' displaced within their home regions; such as the millions traversing the Indo-Pakistan borders after the partition of the subcontinent in 1947 and in 1971 after when East Pakistan became Bangladesh. Asian migration is therefore not only

an important aspect of Asian History and the life experiences of people from that continent but is also part of the creative contribution of Asia and its people on the contemporary world. (Brown and Foot, 1994)

Jeane & Felix (1991) presented sending country's report on labour migration : Issues and Problems' with regard to India, the report highlighted the following : -

a) Migration from India is clearly a consequence of poverty which could be seen as the second stage in the migration of man and women to Gulf countries. Families without male members send girls to the cities and abroad to earn.

b) Most migrants are uneducated due to various reasons-mainly the reason is economic, and even if they get some education it is not sufficient enough to give them the skills, confidence and means to make their situation a happy one.

c) Consequence of migration are discussed here as total uprootedness, and alienation. These migrants are uprooted from their families, traditions and culture and ruthlessly dumped into a civilisation unlike their own. Also the problem with the language is aggravated by the low literacy.

The problem of girl migrating to cities and abroad to become domestic helpers must be linked to the problem of how housework of

itself is perceived. Housework is often seen as 'no work'. This should be linked to the general attitudes towards the problems of 'women' and especially 'housewives'. Here the exploitation of women and domestic helpers are said to be parallel.

Compounding these problems of non-acceptance and lack of integration are those of injustice that the migrant worker, specially the domestic worker must face. Also the relationship between employer and helper is one of exploitation. The relation is also purely arbitrary or non contract, no agreement is made regarding the type of hours of work, benefit etc. if the migration is within the country itself. In the host countries also the contract is disregarded and the worker is subjected to immense exploitation. This arbitrariness is made possible and is supported by the fear and alienation of the migrant.

Another major problem of migrants, specially domestic helpers, is that of being voiceless. This results from the fact that they see themselves as people who have no status in society, as people with a fate and destiny to serve more fortunate people for lesser wages.

The main reason for this helplessness is the lack of organisation among the workers. They do not have a forum for collective decisions, bargaining power and most importantly, moral support.

d) Emerging problems in international migration are discussed as - migration of children/child labour.--mail order brides--illiteracy and language as a compounding factor.

The report also pointed out that the Indian government promotes migration as a means for earning exchange. Report also pointed out the need to educate migrants and inculcate in them a positive self image, a sense of personal dignity.

It was felt that there was an urgent need for groups in India to put pressure on embassies and consulates, for example in Hong Kong to be more accountable and responsive to the needs and problems of migrant workers.

Thus the desire to improve their economic lot still remains as the prime motivation for seeking work overseas. Because of low salaries and limited opportunities to improve their positions in their home countries. They seek work overseas even if it means a lowering of social status. They may as individuals see their migration as a good opportunity to earn in a short time, much more than at home, to improve their families. However the real choice is limited. In India (and Pakistan also) the large scale unemployment and poverty, combined with the poor wages and working conditions of workers causes workers to seek employment abroad.

The migration of Indians and other south Asians has taken place largely since 1947. These movements have been concentrated in areas strongly affected by the upheavals of the 1947 partition, but causes of migration are not directly related to the event as it is mainly a movement to the industrialized world and particularly to the UK and USA. (Bhardwaj and Rao, 1986)

### **Indians in United Kingdom**

By far the most important single destination for South Asians living in the developed world is the United Kingdom. As of the 1.5 million living in Europe, 1.2 million live in the UK on the other hand USA with five times the population of the UK has only about one third of the number of South Asians. The reasons for this concentration are bound up with the post-war labour shortage in Britain and the Commonwealth membership of the successor states of British India. This made the citizens of these countries simultaneously citizens of the United Kingdom. (Peach, Robinson, Maxted and Chance 1988)

Movement from South Asia was tied less closely to British economic conditions. The movement from India slightly preceded that from Pakistan, while that from Bangladesh was even further behind. The Peak period of arrival from the Indian and Pakistani born living in

Britain in 1987 was 1965-74 and for Bangladeshi born it was 1980-84. (Peach, 1990)

Immigrants in the United Kingdom are usually thought of in terms of 'ethnic minorities' most of whom came from former colonies and were entitled to British passports. These immigration flows were effectively curtailed after 1968 when new legislation restricted the settlement rights of British passport holders to those with substantial family connections with the United Kingdom. Thus, immigration for settlement is currently at fairly low levels. (Russel, 1993)

An examination of the situation and behaviour of Indian immigrants in Britain with the existing literature on international migration (Bryce-Laporte, 1980; Helweg 1979; Kritz, Keely and Tomasi, 1981) as revealed that some new models are needed to understand the actions of international migrants of the post-world war two era. Rapid transport telegraph, telephone and postal services has made the communication easier with the country of origin. An expatriate can now remain closely revolved with his home community while residing thousands of miles away-he can continue to be an active participant in local affairs inspite of the vast distance.

Migrants have generally wanted to maintain their native culture and interest in their home area (Porter, 1975). There are about one and

a quarter million people of South Asian origin in Britain. This includes Indians, Pakistanis, Bangladeshis, Ceylonians and East Africans; which form about 2.2% of Great Britain's population. (Hiro, 1979)

A great majority of Indian settlers in Britain are not from large cities and towns of India but rather from special rural communities. They are the Sikh immigrants mostly of Jat community from the districts of Hoshiarpur and Jalandhur. They are, thus, the largest group of Indian immigrants in Britain and after them Bengali Muslims and Gujratis are their successors. Their migration to England in the early 1950s consisted primarily of male with varied motivations as to why they shifted their residence but, considering Britain a place of financial opportunity was certainly a major criteria for many (Helweg, 1979) like other Asian and West Indian immigrants, they aided UK's industry in the post war recovery period by supplying cheap and needed unskilled labour.

Since England was considered as temporary abode, men worked insatiably hard, logging 90 hours a week as they wanted to earn money fast. In fact money is considered as very important among Indian workers. They come to England to make money, save up enough of it and eventually go back to their native place, rich and powerful. In fact the mental frame of mind of Indian peasant migrants is different as they want to work long hour to earn more money and do not even mind doing

hard or dirty or continuous work because they know that they will not be at it for all their life. When they learned that white English do not like to work on weekends, the concern was not how much money they earned per hour but how much was acquired totally. (Helweg, 1986; Gupta 1971)

In Britain these migrant's lived in crowded conditions-thirty or more men to a three bed room house, often they slept in shifts when one left for then another took his cot. Their social centre was the Pub, where they quenched their thirst with a glass of beer or ale. Though these arrangement were meagre, it was temporary and there was promise of greater prosperity and power upon returning to Punjab.

For expediency many Sikhs discarded their turbans and shaved their beards because employers hesitated to hire a man with long hair, which was hazardous, if caught in machinery. It was also a time when sexual norms were absent and there was a lack of control. Some individuals were exploited and violence and illegal means were the only way to retribute grievances. The Sikhs do not know how to use the British legal system and that of Punjab was not available to them. Actually English employers liked these hard working Indians who according to English standards worked under difficult conditions without any complaint. (Helweg, 1986)

With time mental attitude of Indians in England keeps on changing. Especially since the passage of the Commonwealth Immigration Act the possibility of the Indian worker freely going to and coming from India has considerably dwindled. So, the immigrants now plan for longer periods of stay in England. Many of them have even given up the idea of going back altogether. And finally most of them who have passed more than a decade in Britain have become acclimatised to the British culture. Therefore, a new kind of awareness among them has been witnessed i.e. the awareness of their rights as British workers. This is expressed by strikes and agitations (Gupta, 1971).

Conflict phase is when the situation changes so that both the host and migrant group must deal with one another - they cannot continue to live in mutual ignorance. The host society has to consider the immigrants as possible permanent part of their community. But they react to that in various ways-hostility, exclusion, acceptance, tolerance, socialization or some combination of the above. The immigrants on the other hand can no longer live a goalless, temporary existence. So they call their wives and children to join them. Therefore freedom and lack of constrictive social norms are replaced by the cultural values and social organization of their community. But this creates problem for the home culture and society has diametrically opposed some rapid change but the

immigrants continue to be involved in both their sending community and their immigrant society. They do not want to return back.

In 1960, the migrants (Punjabi) became aware of restrictions to be imposed on immigration by Parliament by 1962. This knowledge altered the population flow and also led to a period of conflict for the communities involved. These Indian immigrants had to cope with two conflicting culture frame works, British and India. Racial tensions had started developing in British society causing the importation of immigration restrictions. Fearing the accessibility to this land of prosperity may be closed forever, Indians like other South Asians in Britain sponsored Kinsmen, village mates, wives, children and friends to England. The legalisation produced the opposite effect that the British Parliament had expected-immigration increased rather than decreased.

Indians were blamed for taking jobs which 'rightfully' belonged to the English. In certain cases the Punjabis had seniority over English population. However it was the immigrant's willingness to work overtime, on weekends and night shift that kept unemployment low among them. The average Englishman failed to understand these Asian immigrants who did not emulate British ways. They also feared that these Indians especially Punjabis would take over their country since West Indians were returning to their homeland. Indians in Britain has

not yet reached the settlement phase in which both immigrant and host group realizes that they are a permanent part of their country. With the advent of rapid communications system, settlement may take longer than in the past. The Indian community in Britain has not yet entered the adaptation process. (Helweg, 1986)

South Asian migrant women in Britain are as diverse in life styles and attitudes as indigenous British women and manifest a far wider variety of cultures and languages. The majority of South Asian women and men both are from rural areas of India, Pakistan and Bangladesh. Like the poorer socio-economic strata of British society they live in terraced or semi-detached house (Terraced houses have common side walls i.e. one can't walk down the side of the house. Semi-detached houses have one wall attached to another house and one open i.e. they are built in pairs) which are concentrated in the 'inner-city' area of the towns and cities (Smith, 1977).

To the customary British distrust of strangers was added the traditional disarrangement of colour. Sociologists investigating the character of prejudice against these new Indian immigrants discovered a sediment of racial conceit among whites of all classes, produced by relies of imperial myth in school text books and story, the acquired arrogance

of many who had served in the empire as soldiers, technicians or minor administrators...(Segal, 1967)

Khan (1989) has concluded the strategies of adjustment of Indian and Pakistani migrants women in Britain. According to him most of the problems faced by these women and men in Britain are those experienced by any migrant group or ethnic minority particularly if they are moving from a rural to urban area.

South Asian migrants in Britain clearly highlighted the fact that Indian and Pakistani are usually a highly exploited group, vulnerable pawns in an international exchange of labour though they have benefited the receiving country and the sending country but it is never recognised life in Britain and the migration itself is meaningful only in terms of life back home. The instability and insecurity of such a transition category is also found in the case of South Asians in Britain, related to their lack of representation in wider society. It has been found that South Asian Women in Britain are facing the same fundamental dilemmas as their sisters in the Indian subcontinent.

### **Indians in United States**

Although the overwhelming majority of the nearly one million persons of Indian birth or ancestry presently in the United States have either come in the last quarter century or are the children of those

immigrants, the Indian presence there stretches back to 19th century pioneer procurer (Jensen, 1988). Unlike the major stream of Indians to the new world which brought large numbers of indentured labourers, all of those who came to United States come as free persons (Tinker, 1974). No Indians are known to have been recruited by North American employers. Although Indians had not participated in the labour migration to North American which produced the nativist anti-Asian legislation, they suffered under it during the decades of little or no migration when Indians, along with other Asian were ineligible for naturalization and also were denied other basic civil rights. In the United States the struggle against that legislation, seen by some as a kind of parallel to the freedom struggle being waged in India, was a salient aspect of Asian Indian community life (Verma, 1989). These Indian American lobbyist achieved an important victory in 1946 when congress dropped all legal discrimination against 'natives of India' but for more important for the future of Americans from India-known as Asian Indians from the late 1970s-was the general liberalization of immigration law in both the United States and Canada.

The vast majority of Indians who come in the first decade of the 1900 were from the Punjab and most of those were Sikhs, as it was in the case of Britain (Ali, 1988). The immigrants were initially concentrated

on both sides of the 49th parallel in the Pacific Northwest and worked widely dispersed in 'section gangs' but the lumber mill workers concentrated in cities, drew the fire of white working men. In 1907 there were riots against Asian immigrants throughout the Pacific Northwest (Sugimoto, 1978).

Anti-Asian prejudice in United States was entrenched and the Asian Indian community was tiny. But by the time of World War II and its immediate aftermath, the intense cold war era of the 1950s, citizenship for immigrant Asians was an idea whose time has come. The first break-through came from Chinese in 1943. After a well-crafted lobbying campaign and with the strong endorsement of President Roosevelt Congress repealed the Chinese Exclusion Act, made Chinese but no other Asians, eligible for naturalization and also gave them an immigration quota of 105 per year. But some Indians attracted support from a galaxy of Americans all across the political spectrum from Roger Baldwin of the American Civil Liberties Union on the left to press baron William Hearst on the right. The bill promoting both the right of naturalization and an immigration quota was first introduced in 1944 by a bipartisan odd couple, Democrat Emanuel Celler and Republican Clare Booth Luce (Celler, 1953). It became a law in 1946

and provided that 'persons of race indigenous to India' were eligible for naturalization and established on quota of 100 persons for India.

Asian Indians were particularly found to be well positioned to take advantage of the changes in the immigration law which had favoured family reunification. This led to chain migration in which related individuals follow each other. Elliott Barkons statistical study of recent American naturalization pattern shows that (1) Asians become citizens faster than any other groups, and (2) that among them Asian Indians showed the greatest propensity for rapid naturalization, which Barkon defines as five to eight years after establishing resident. (Barkan, 1983)

Unlike its predecessor the contemporary Asian Indian community is urban, not rural and it chiefly results from family migration, not than of men unaccompanied by women (Gibson, 1988). Perhaps the most remarkable aspect of Asian family life in the contemporary United States in its stability : 92% of all Asian Indian families contained both husband and wife and 92.7% of all children below 18 years of age in two parent families. This is higher than for any other ethnic group identified by the census (Gardner et al).

Most of the adult immigrants are highly educated and their children either born in India or in US are continuing their traditions. As one would expect for such an educated population the data for income

and occupation show that Asian Indians were relatively well off and engaged in essentially middle class jobs.

An examination of professional occupations shows some of the specialization within the Indian Community. More than two-fifths of male professionals were signers and over a quarter physicians. Among females better than three fifths were in healthy diagnosing occupations. In addition many Asian Indians were entrepreneurs (Helweg, 1990). In most large American cities, tandoori or other Indian restaurants are the most visible sign of this, although in some ethnic neighbourhoods sari shops are prominent. There is an ethnic logic in these businesses, but not in two other riches that Asian Indians have come to occupy disproportionately, motels and petrol stations. But both are ideal for immigrants practicing chain migration in that each is a labour-intensive enterprise with relatively small capital requirements. Family, extended family and clan members perform much of the semi-skilled labour and some new arrivals, after learning the trade and raising capital, establish similar business of their own (Thaker, 1982).

But one of the curious aspects of the development of such a large Indian American community so quickly is its relative anonymity. It is said that if one compares the attention given in the press to Asian Indians with that given to Koreans in America-whose number and growth are

quire similar-it is easy to see why some authors speak of the 'sustainability' of Asian Indians. There are a number of reasons for this-two of which are their relative non-concentration in California and the Far West and the fact that many of the practitioners of Asian American studies deliberately ignore them. Asian Indians have not been prominent in ethnic civil rights coalitions since 1946. Recently some public hostility has been directed against them, hostility that seems to come largely from lower-class whites rather than from Blacks, as has been the case with Koreans. The worst violence has been in Jerry city where there have themselves 'dot busters', a reference to the 'bindi', the small cosmic dot that married Hindu women traditionally wear on their foreheads. At least one Indian, a 30 year old man who was a manager in the credit card division of a New York bank, died after a beating. The middle class Asian Indians are not 'stealing' the jobs of whites but their very industry, prosperity to save rather than consume and relative affluence clearly. In this way real-estate purchases and the resultant gentrification once all-white neighbourhood were clearly a factor. (Narvoez, 1987; Marriott, 1988; Jain 1987; and Hedge, 1987). While a far cry from the Bellinghom riot of 1907-today's press is universally condemnatory and most public support for the Asian Indian community-the Jerry city incidents were merely one of a number of cases of Anti-Asian violence scattered all across the United States. Thus despite

success, despite being hailed as 'model minorities', Asian Americans still faced at least residual discrimination. (United States Commission on Civil Rights. 1986, 1992)

Daniel (1994) in an article ' Indian Diaspora in the United States' has concluded that even if immigration were to be cut off again not a likely event - the community has, by the 1990s a large enough population base to assure its survival and expansion for the foreseeable future. Thus it is clear that Indians abroad in different parts of the world e.g. US and UK and other countries form a distinct category.

Our review reveals that there are significant problems of cultural adjustments, inter ethnic relations and relations between Indians and the locals in the host countries. These problems arise due to competition with local populations around jobs, conflicts of culture, the immigrant's acceptance of low wages and longer hours and difficult conditions of work, their unfamiliarity with the legal system of the host country, special vulnerability of immigrant women etc.

What is pertinent than is that there is a degree of universality in these problems and India is no exception. Its own immigrants from Afghanistan, Bangladesh, Nepal, Bhutan and Sri Lankan Tamils etc. also face these problems which we will not address.

## **CHAPTER-V**

### **MIGRATION AND HEALTH**

Any discussion on the health status of the migrants, raises an obvious question, "Does an immigrant have a health status?" What are the factors that determine the health status of these migrants? As health is dependent on the various socio-economic and political factors influencing it, the health status of anybody is decided by two major factors; the physical and social environment they lives in and their economic status.

The physical structure that he inherits combined with lack of nutritional inputs and an unfavourable atmosphere determinant for human health, puts him in a weak and vulnerable position. Several reasons explain the lower health status of immigrants groups in receiving countries. Most first and second generation migrants belong to low socio-economic strata which is in itself a determinant of poor health. They often have inadequate access to health care facilities, the most obvious obstacle being linguistic, cultural and economic barriers. Many of them do face racism and discrimination with the health system which in turn reduces their use of health

services. Finally some groups may also have reduced entitlement to these services because of their legal status in the receiving countries the extreme situation is that of irregular or illegal immigrants who have no preventive or curative services apart from emergency care (Bollini & Siem, 1995).

As the objective of this dissertation is to study health of immigrants both national and international we will review here some of the available literature related to Migration and Health.

Carballo (1995) discussed that today more people are travelling further more rapidly and for longer periods of time than ever before. This has implications both for the health of migrants themselves and for that of the societies they move into. The capacity for health problems to emerge and for diseases to move quickly to and from countries have been great.

Migration involves a break with the past, with family and with traditional values. For many, it means coping with diseases they already had while also dealing with the stress of resettlement. For other migration will precipitate new problems or diseases that until then were latent. Still others will develop health problems as a natural process of aging, while adjusting to new environments. For migrant workers occupational health has become a prime concern everywhere

but one about which too little is known. Migration is always characterized by some degree of social and cultural marginalization, and this often imposes constraints on the extent to which local health and social services are understood and can be effectively used. It causes particular concern in times of limited resources and growing migration.

The International Centre for Migration and Health (ICMH) has been established in a collaborative effort by the International Organization for Migration and the University of Geneva, with the active support of WHO. Its mandate is to assess and report on how voluntary and involuntary migration affects health, and how the health of migrants and displaced people can be protected and actively promoted. ICMH sees healthy migration as a basic human right that is fundamental to human, social and economic development. In one way or another migration affects the lives of people everywhere and as a worldwide phenomenon, it calls for a Global response (Carballo, 1995).

#### **MIGRATION & HEALTH RELATED STUDIES**

Wawer, Gray, Barrett & Jozon's (1983) discussion delineates factors associated with various types of migration and their positive or negative influence on health and also they have summarized some of

the available information on the Health Status of Migrants. The emphasis is on sub groups vulnerable to certain conditions, single males, women children, the aged and refugees. Where appropriate specific disease categories (infectious, nutritional, mental health, occupational and chronic diseases) are also discussed and illness in the migrant group itself is considered along with their role in transmission of disease. They have also reviewed the methodological problems of data collection and analysis which confound the majority of studies in the field. They have found that the problems of data collection and analysis include lack of standard definitions, the reluctance of some classes of migrants to be enumerated and difficulties and costs involved in identifying urban migrant populations. Data are lacking particularly with respect to migrant flows in developing countries. Health surveys which identify migrants status, or which are specifically directed at groups of migrants have provided a richer source of information than have routine, statistics. Yet problems in data collection and interpretation persist. The problems of data collection on migrant health are most severe in developing countries. Analysis of migrant health can be a valuable epidemiological tool. The study of illness patterns among migrants as compared to populations of origin and destination provides information on the relative importance of environmental genetic behavioural and social

factors in the etiology and nature of disease. Positive effects on health may result from improvements in socio-economic status, increased potential for education, access to health care and social services, and escape from political threat, natural disasters, or famine, Negative effect on health can be due to : a decline or lack of improvement in socio-economic status, high density living conditions and poor environmental sanitation, changes in nutrition, mental stress, exposure to new occupational hazards; recrudescence of previous illness, especially tuberculosis; and poor access to local health and social services. Reproductive and family planning issues represent an important aspect of women's health. Considerable evidence exists that the fertility of migrant women who arrive before or during child bearing years begins to conform to the patterns (generally, favouring lower fertility) of their new place of residence and that these changes occur more rapidly with rising social, economic status and greater assimilation. Strategies to deal with the complex issues associated with migration and health include community based surveys to identify socio, economic and health needs of migrants in specific countries and to delineate specific obstacles to care. The development of services designed specifically for migrants, and the utilization of health education and self help groups.

Evans and Baldwin (1987) has concluded that all migrants encounter health risk, in the migration process and also touched the ways, in which migration can affect the health of migrants. As a investigation of migration and health often forces us to acknowledge that the types of migration (international, internal and residential) interact with each other as well as other population parameters such as the age/sex structure, sexual activity, fertility, mortality and family structure. Research on migration is said to be often obscured by these interactions. In fact the adoption of a health perspective in the design of migration research represents a substantial improvement over traditional approaches that are based on distinctions among the various types of population movement. This is because a health perspective treats population movement as a dynamic process by which individuals are related to specific locations by reason of their participation in human networks. In other words migration is regarded as a human process rather than a discrete event, and accordingly it becomes less important to describe the individual's involvement with human networks and the institutions often calls out attention to the ways in which the types of migration are interconnected. Evans and Baldwin here gave the example of Mexico i.e. a migrant from Mexico might exhibit considerable internal mobility and may circulate between Mexico and the US over several years until he develops enough

contacts in the US to settle in a particular community in which his personal contact with human networks and place-specific situation are conducive for settlement. Through him family members may attach to the community. In this process of migration they are said to encounter health risks, make demand on the health care system, change the demographic/health characteristics of both sending and receiving countries, sometimes these migrants act as transmitting agents of disease to those with whom they interact and , undergo changes in their levels of personal development and well being. This type of research perspective which investigates these processes will consider all of the type of movement and characterise them as dynamic processes rather than discrete events. In this way all the ways, in which migration can affect the health of migrants, have been touched and also shown the range of ways migration and health are interrelated. A special introductory note also suggests, Acquired Immuno deficiency Syndrome (AIDS) should also receive special attention in the study of this interrelationship. The uneven distribution of AIDS is heightening concern about the health implications for receiving countries.

Colledge, Van Genus and S. Vensson (1986) in their book titled 'Migration and Health : towards on understanding of the health care

needs of ethnic minorities' have concluded the need for research policy to be redirected towards migrants perceptions of their health focusing on language and cultural barriers rather than race differences. It is also concluded that this refocussing of research would allow host countries the knowledge base to meet migrant's needs more efficiently within their existing health services, by better communication and understanding.

'Health implications of migration to Bahrain' has been discussed by Van Arsdol, Koss, Moncock and Mator (1987). Bahrain's rapid economic and technological development and diversification during the 1970s required a large supply of foreign workers. In 1981, 32% of the total population of 360,000 were non-Bahrainies. Here, the consequences of migration for the health of native and foreign residents of Bahrain has been examined. Bahraini crude birth rates have declined from 41 per 1000 from 1965-1971 to 34.6 per 1000 from 1976-1981, while non-Bahraini rates declined from 27.6 to 18.5 per 1000. The general fertility rate also declined. Number of births have increased from on average of 8714 per year in 1971-76 to 11,074 in 1982. Most of the immigrants in the 1980s were from east and west Asia. The immigrant populations has experienced demographic settling which has increased territorial concentration of

migrants. Presently health care delivery depends heavily on foreign workers; in 1981, 1300 of the 2500 persons in health related employment were non-Bahraini, in 1984, the most important cause of death for both Bahrainis and non-Bahrainis was cardiovascular disease. The second most important one for Bahrainis was perinatal conditions, while for non-Bahrainis it was accidents (20%) statistics on importation of disease are imperfect indicators of the role of migration in spreading disease. Non-Bahrainis were hospitalized at lower rates than Bahrainis. Although non-Bahrainis births were less than 28% of all births in 1984, the total of more than 3000 non-health care system. Potential policies to control the health impacts of migration are said to fall into two categories i.e. (1) migration policies that control health impacts and (2) health policies that migrate the health impacts of migration.

Health effects of migration has been studied by King and Lock (1987). According to their previous studies on the health effects of migration at the international level have seldom been directed to those concentrated in segregated enclaves. Their study hypothesized that in spite of the known deviations in certain demographic and socio-economic characteristics of Chinatown (San Francisco-New York city) residents from the US Chinese population, no consistent relationship

seems to exist between these attributes and health risks, as reflected in the mortality levels of the two populations. A convergence in mortality was observed for a noticeable number of causes of deaths, with but a few disease-cause sets of non-convergence with statistical significance. The study results were interpreted in terms of varying degrees of acculturation experience.

Handershot and Zarate (1987) has reviewed the principal approaches to study the migration and health and provided some preliminary information on the health of immigrants in the US, which is based on the 1985 National Health Interview Survey. The discussed approaches have involved :- 1) etiological studies, 2) research on the effect of migration on exposure to risk from environmental factors, and 3) general approaches to the study of migration and health. Overall it was found that immigrants were in better health and better health habits than native-Americans. But there were some ethnic differences : Asian immigrants had a notably lower proportion at a high level of physical activity and notably higher proportion maintaining desirable body weight; and Mexican immigrants had a notably higher proportion, not smoking and a notably lower proportion maintaining desirable body weight. These differences may be due to racial or cultural factors. The data suggest that the principal groups of

immigrants arrive in a healthy state and with healthy life styles. However many questions remain unanswered due to the large sampling variability, the restrictions concerning the identification of various immigrant groups, and for want of more detailed health data. There is a need for surveys to gather badly needed information on the condition and needs of the country newest inhabitants.

Benthan (1988) has used data on self reported morbidity from the 1981 census for Great Britain which found the health status of migrants considerably different from that of non migrants. Young migrants particularly those moving longer distances, are relatively healthy. Amongst older people migration tends to be selective of those in poor health moving shorter distances to avoid the environmental health hazards or to be closer to medical care. This has the curious effect of increasing morbidity and mortality rates in areas with favourable environmental conditions and good medical services. Migration is therefore likely to be a significant source of error in geographically based studies of the associations between disease and the environment.

One more study which shows differences in health status and mortality patterns between migrants and non-migrants is by Venema, Garretensen and Maas (1995). They have studied the health of

migrants and migrant health policy, taking Netherlands as an example. In the Netherlands also like many other countries, many studies have discussed the health situation of migrants groups. They have discussed the methodological pitfalls of issues regarding migrant studies. Here they have discussed some problems that could arise in almost any study regarding the health of migrant population such as Measuring of 'ethnic background' -It is virtually impossible, even theoretically to formulate a perfect definition of a specific ethnic or migrant group as ethnic groups are dynamic populations that can not be distinguished from a 'general' population by one specific trait. Data Collection-standardized instruments are usually validated for use in the indigenous population only, so interpretation of the results for other groups remain hazardous and the more subjective the question, the more the answer is influenced by cultural bias. Language-the level of proficiency of migrants also creates problems as practically the interviews in the mother tongue are the only means of reaching a representative part of the population. Registration whereas at least 120 sources of health statistics exist in the Netherlands, indication for ethnic background are seldom registered. Reference groups-Most studies are initiated in order to reveal whether migrants constitute a risk group with regard to health. Data on migrant groups can either be compared to the total regard to health. Data on migrant groups can

either be compared to the total indigenous population or to a reference group of, for instance similar age, gender and/or socio-economic status etc. They have reviewed the most important results. The data showed that there are differences in health status and mortality patterns between migrants groups and the indigenous population. Most but not all of these differences are evident in socio-cultural, genetic and socio-economic factors. A model is also presented that demonstrates the relation between these factors and health and disease. Implication for research and for health policy are also discussed.

This study is a review of data on health of the migrants in the Netherlands. This is based on secondary data. Authors have reviewed the data on mortality, morbidity and mental health of immigrants in the Netherlands and suggested that migrant/ethnic groups deserves special attention in health policy. In general they concluded that extra attention is required concerning the health of migrants. Also in the case of action programmes such as that of WHO healthy cities which are already aimed at low socio-economic groups specific efforts must be made to improve the standard of health amongst migrants. More specific aims are at children's safety and the prevention of infectious diseases. These must be important topic in health education programmes.

Findley (1988) has studied 'The directionality and age selectivity of the health-migration relation'; evidence are from sequences of disability and mobility in the United States : According to him evidence regarding the effects of health status on migration are mixed, with some concluding that there is a positive relation while others conclude a negative relation. This study has examined the analytical basis for conflicting findings and proposes a model of the health-migration relation which allows for age selectivity, non-linearities, interactions and dynamic effects. Often in migration research we focus on migrant-non migrant differentials which helps us to understand the cross-sectional differences between the two groups of persons, but it does little to elucidate the complex process by which non-migrants become migrants. The sequence of migration and health events, from the US National Health Interview Survey from 1979-1980, show that for the population under age 45, there is little temporal connection between migration and health status changes. Two third (2/3) of the younger population with at least one health or migration event migrated only, with health status changes neither preceding nor following the migration. Since the migration and health events for these persons are not associated in time, there is little basis for positing strong relations of either direction for the non-elderly. The age groups for which migration and health events are connected in

time are those over age 45, and the temporal proximity becomes even more marked for the elderly. Among the elderly, the migrant group constituted only 10% of those with at least one event. As it was expected, for the elderly the dominant relation is health deterioration after migration, the pattern displayed by 65% of the elderly with events in the last 5 years. The elderly are also more likely to be in the Destabilized Migrant Category, experiencing health status declines both before and after migration. This is also consistent with the theory that the elderly in poor health at the time of migration will be more likely to be stressed by their migration and experience further deteriorations in health. The conditional probabilities indicate that health status declines are unlikely to precipitate immediate migrations, except for those with pre-existing serious conditions or more severe activity limitations.

Sandquist (1955) showed the influence of ethnicity and social class on self rated illness compared with social factors and life style in their study titled “Ethnicity, social class on Health : A population study based on the influence of social factors on self reported illness in 223 Latin American Refugees, 333 Finish, and 126 South European Labour migrants and 841 Swedish controls.” Author was particularly interested in health differences between refugees and labour migrants

low social class, low material standard age 45-64 years and overweight were significantly associated with long term illness. There was a strong association between Latin American refugees and ill health followed by a weaker association for social factors in logistic regression. Low social class age 45-46 years, poor social net work, not feeling secure in daily life and not taking regular exercises were associated with ill health. South Europeans were the only ethnic group who showed an association to working impairment and disability. Latin Americans were found to be significantly associated with acute illness within estimated odds ratio of 2.00 (1.32-2.94). Thus ethnicity was shown to be relation to self rated illness. Also ethnicity was found to be an important risk factor for long term illness and acute illness compared with other social factors and life style.

Increased perinatal mortality among immigrant children has been found in England independent of social class (Terry, Condie and Settatee, 1980; Gillies, Lealman, Lumb and Congdon, 1984). The immigrant mortality study in England and Wales 1970-78 showed that ethnicity defined as foreign born minorities, influenced mortality independent of class (Marmot, Adelstein & Bulusu, 1984).

The influence of ethnicity and migration on health has been treated with marginal interest in many studies focusing on inequalities

in health. There are differences in mortality between individuals from different social classes. (Townsend and Davidson, 1982; Whitehead, 1987; Lundberg, 1991; Rosengren, Wedel & Wilhelmsen, 1988; Vagero & Norell, 1989; Holme, Helgeland, Hjermeran; Leren & Lund-Larson; 1980; Kokenvuo, Sarna & Kaprio, 1978; Balarajon 1989.

Stephenson's (1990) article, 'Vietnamese Refugees in Victoria B. C. an overview of immigrant and refugees health care in a medium sized Canadian urban centre' examined the manner in which Vietnamese refugees access the health care system in Victoria British Columbia (BC)'. A major theme of this study was the identification of barriers to health care access and provision as perceived by refugees and health care providers, as well as areas of overlap between the two sets of perceptions. The study was based on interview protocols developed with key informants followed by structured samples of 20 groups was problematic interpretation of patient symptoms and health care provider's recommendations lack of health care worker's understanding of traditional remedies for common ailments was also identified as a barrier to health care access and utilization. The special problems of unemployment, depression, survival and getting assistance are all made more difficult for refugees living in a smaller urban centre which lacks sufficiently large ethnic populations to assist

in service provision. Here a number of suggestions are also made which might solve the difficulties of the refugees living in smaller communities. These include municipally based clinet advocates and special transition training for existing hospital staff.

Bollni and Siem (1995) in their paper titled 'No real progress towards equity : Health of Migrants and Ethnic Minorities on the eve of the year 2000' have reviewed the available evidence on access to health care and two health out-comes perinatal morbidity and accident/disability for migrant and ethnic minorities in seleted receiving industrialized countries. The health of these communities is analyzed by using the entitlement approach which considers health as the product of both the individual's private endowments and the social environment he/she faces. Migrants specially first and second generations and ethnic minorities often have reduced entitlements in receving countries/societies. Not only they are exposed to poor working and living conditions which are determinants of poor health but they also have reduced access to health care for a number of political, administrative and cultural reasons which are not necessarily present for the native population.

Authors also argued that the higher rates of perinatal mortality and accidents/disability observed in many migrant groups as compared

to the native population are linked with their lower entitlements in the receiving societies. Policies aimed at reducing such health gaps need to be accompanied by a more general effort to reduce inequalities and to promote full participation of these groups in the main stream of society.

It is also discussed that from a health and disability perspective migration and related issues have been badly neglected by policy makers and planners even though this neglect is often tantamount to inviting a deterioration in global health in general. However in the present scenario the vigorous efforts are needed by national and international organizations to achieve even moderate movement in ethnic health does not seem easy to mobilize.

Bollini and Siem also mentioned some of the studies which also show the same results like in a recent publication of the European office of the WHO (1993) the achievement of "Health for all by the year 2000". The report indicated that inspite of an overall health improvement in Europe , no real progress, towards equity in health was made during 1980s. The gap between the Western and Eastern parts of the region continued to widen as a result of the low health level of specific groups within each country. Migrants and ethnic

groups represent one of these disadvantaged groups not only in Europe but also in other industrialized receiving countries (WHO, 1993).

At present, quantitative information on the patterns of disease among migrants and ethnic groups and on their access to health care system in host countries is usually limited; with a few notable exceptions (Dononvan, Espaignet, Merton and Von Ommeren, 1992; Cruickshonk and Beevers, 1989). Comparative studies are even scarcer. As a consequence, it has been impossible to take full account of the magnitude of the problem (Velimirovic, 1979).

Emmenegger (1988) has studied 'Illness and migration in the context of problems of adjustment of the return migrant'. Here some of the factors connected with the health status and the migration process of foreign workers and their families have been analyzed. The focus is on immigration from Southern Europe and Turkey toward West Germany and other northern European countries. It is argued that the routine medical screening of European migrants before immigration produces positive selection with reference to health status. The elevated rates of psychosomatic disorders among foreign workers are discussed as effects of potentially stressful adaptation processes. Emotional states of migrants are also compared at arrival and later in their stay in host country. Immigrant often face precarious

living conditions especially when a disease becomes chronic and the doctor patient relationship is disturbed. There are also language and cross-cultural barriers in understanding explanations of the disease and its treatment. While there are a great many studies which concern the health of migrants at the beginning of migration, but little is known about their health once they return to their country of origin. The author offers some insight on the adjustment problems of chronically ill return migrants.

Torkington's (1995) paper on 'Black Migrant Women and Health', focused on the health of black migrant women in Europe. She argued that health issues cannot be analyzed in vacuume without the interconnections among health, environmental/social factors and daily life experiences, which are rooted in the wider social, political and economic structures of Europe, within which exist the inequalities which determine the health status of individuals. For black Migrant Women, their present health status and the ways in which they are treated within the health service is structured primarily by the historical global inequalities embodied in slavery, colonialism and imperialism. The legacy from these phenomena which Black Women brought with them to Europe ensures their vulnerability to poverty, which is at the core of ill health. It also ensures that they receive poor

service from health professionals who are influenced by a variety of stereotypes in the portrayal of Black women. The article ends with a plea for Black Women in Europe to seek each other out and work together against their oppression. In that fight they must forge links with all women so that they can free themselves from the clutches of racism, capitalism and patriarchy.

Mohammadzadeh's (1996) paper titled, "Poverty and Marginalisation tendencies of refugee health care in Germany" discusses poverty marginalisation and lack of participation in development within sending countries or major causes for migration. In spite of considerable measure in which immigrants have contributed to the Germany's post-war rise by their part in the Gross national product (GNP) many of them (immigrants) live in a marginalised status and on the edge of society. This so called foreign population in Germany occupies a disproportionate share of low and lowest quality accommodation frequently over priced and in poor developed urban areas where social services are not easily available (Gatter, 1995). There are other indicators also like the nutritional status, the goods basket, the rate of unemployment or the proportion of social security receivers among immigrants and the intervals of time during which they have to resort to social security. Taking account of these factors

leads to the conclusion that a large part of immigrants in Germany are said to be subject to 'relative poverty' and marginalisation. According to a definition 'relative poverty' is a lack of resources needed to secure a minimum living standard in comparison to the historically, socially and culturally typical level of society (Seifert, 1994). Elsewhere this has been described as the 'socio-cultural subsistence level' (Ludwig, 1995). Thus it is clear that health and access to health services is an important element in this definition.

Apart from the direct financial and social problems confronting immigrants in this situation, rising health problems also makes things worse for a lot of migrants in Germany, especially for the elderly who are now entering the retirement age. Many of them can only expect only minimum pension, as they have not acquired a sufficiently long duration of employment.

A large group of immigrants to Germany, majority of them live in mass accommodation or hostels. For them, relative poverty takes on the special 'covered poverty'. For them, it is not the level of income that counts, as they practically have no income other than a small pocket money. Refugees in Germany are barred from employment by law during at least the first twelve months of their stay, and by the actual practice of job finding services later on. They are confined to

specific accommodation facilities, restricted in their movements outside the town of registration, and supported through the social welfare agencies by means of an allowance in kind, not in cash. Frequently they are not even in a position to buy or cook their own meals, but food is issued to them, too.

Since June 1993, social services for asylum seekers in Germany, including health care, have been subject to federal legislation defining them on a level below that for social security receivers. The relevant law (the so called Asylbewerber-Leistungsgesetz) has just been made even more restrictive. The practice of the social network for other migrant groups (other than was refugees from Bosnia) is beginning to deteriorate under the influence of the harsh regulations for asylum seekers. The rationale behind these trends is the assumption that immigrants and especially refugees are necessarily a financial and social burden to the receiving country and cannot contribute to society.

Till now, the worry about a health risk imported by immigrants into the indigenous population has dominated the German debate. In view of disastrous conditions of accommodation for refugees-against the background of rising numbers in the early nineties-Bremen public health doctors realized, however, that health risks were on the contrary to be found for immigrants in the negative effects of provisional and

over crowded accommodation deficient hygiene unhealthy nutrition and a handling by authorities, of the situation and people concerned that in many ways violated their social and cultural traditions, their collective identity and individual integrity. Their idea was to apply the medical examination prescribed by law to the benefit of refugees. On the basis of a study carried out by the Bremen Public Health officer in 1992 (Mohammadzadesh, 1993), this first medical examination in refugees hostels and by public health or contract doctors is used. Since, June 1993

- to find out about essential health problems of the refugees,
- initiated appropriate diagnostic measures and medical treatment,
- and scientifically analyse the results of the examination programme to compile relevant, reliable data.

According to Mohamoodzadeh (1996) this Bremen programme has run for two years and a half and about 4800 examinations have been performed with a total of approximately 2700 patients taking part. Not only in the German Public health service, but also on other levels of the health system, such as insurance agencies, medical associations and among doctors themselves, it is widely believed that serious health risks may be carried into German society by people coming from abroad. In this generalized form it is a prejudice

reflective in the restrictive legislation and shared by a large number of social welfare officers and politicians.

It is also discussed that refugees have special needs regarding health and psychosocial care. While this would present a challenge to the health system anyhow, the findings of the Bremen programme point to the fact that the above said restrictions even add to the problems induced by the situation. One more interesting fact is that only in 7% of the examinations, a preliminary diagnosis or a suspected case of communicable disease was found whereas both general press reports and publications in medical journals have recently made much of a rise in Tuberculosis in Germany which is in part attributed to the influx of refugees.

However the Breman findings rather point to T. B. as an indicator of inadequate living conditions to which this group is exposed by force of their legal status rather than on inherent problem of the refugee group.

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Empirical research in the field of migration and mental health is rare and its recent appearance follows decades of consistent reports in the research literature about the risks posed by numerous precipitating and predisposing factor. This is mentioned by Vega, Kolody & Valle (1987) in their article on "Migration and mental health : an empirical

test of depression risk factors among immigrant Mexican women.”

The goals of this article are to summarize critically selected issues and methodological problems regarding mental health implications of migration adaptation and (2) to test empirically hypothesis derived from Fabrega Migration Adaptation Model to determine whether they have predictive value for depressive symptomatology in a cross-sectional sample of Mexican immigrant women in San Diego country. Findings from bivariate analysis indicate most of the model’s factors were significantly related to depressive symptoms. Multivariate analysis identified demographic factors (educational & income), perceived economic opportunity, perceived distance between the 2 centres involved in the migration and finally loss of interpersonal ties in Mexico as the most parsimonious subset of depression indicators within the model.

Maria-Fister-Ammende (1982) has highlighted the psychological trauma faced by the refugees/immigrants during and after migration. In most of the cases stress, depression, overt aggression, apathy and a lingering fear of persecution were found to be the major psychological ailments from which the refugees suffered. Much later they seem to be enveloped by a major identity crisis especially in the second generation.

Nicassio (1985) has discussed the psychosocial adjustment of the South-east Asian Refugees (Vietnamese). He has summarized the clinical and field research literature on the psychological adjustment of the Southeast Asian refugees in the United States and also proposed the adoption of theoretical models that may be helpful in explaining individual differences in adjustment processes. Available evidence indicated that depression and stress-related symptoms are commonly found in refugees whereas age, English proficiency and socio-economic indicators have been correlated with adjustment variables. Acculturation, learned helpfulness and stress management models appear to be beneficial in conceptualizing refugees adjustment problems and in providing a rational foundation for future research efforts. With the major intent of promoting greater adjustment problems and processes in refugees, three principal area are covered here i.e. (1) to highlight factors associated with the Southeast Asian exodus and immigration that may have increased the psychologocial vulnerability of refugees in a new cultural setting. (2) It reviews published clinical and field research on psychiatric disturbances and other adjustment parameters in the refugees population (3) Three different models of adaption provide a theoretical framework of adjustment process in refugees. These areas are discussed below :-

Psychological Vulnerability in Refugees :- Achieving a successful long-term adjustment to a new cultural environment can be a difficult and often frustrating process even under a propitious environment. Learning a new language, comprehending different social norms and values, finding employment acquiring a new set of survival skills represent only a proportion of the numerous obstacles for immigrants to overcome during the process of culture change. These are formidable challenges even for the hardiest and most resourceful immigrants Nicasso feels that for some very significant reasons, the Southeast Asian refugees have been forced to confront the challenges of culture change from what would appear to be a very disadvantageous and debilitated position. The reasons are such as :

- (1) The important factor is that as refugees, the Southeast Asians are involuntary migrants. There would seem to be a major difference in the psychological state of voluntary migrants who migrate because of a desire to achieve economic self betterment or to reunite with family and that of refugees/involuntary Immigrants who feel compelled to depart their homeland leaving their culture and important relationships behind them. Thus these refugees may still have a strong emotional bond to their native land and thus may have more difficulty in developing

favourable attitudes towards the host culture and in possessing sufficient motivation to acculturate.

- (2) Although the emigration experiences of Southeast Asians have varied markedly, as a group they have endured severe trauma during their departure from Southeast Asia and their subsequent stay in refugee camps. Many refugees have spent numerous days on small unseaworthy vessel without food or adequate shelter have been attacked by pirates in the South China Sea and have lost their lives in an attempt to escape and those who have been successful in fleeing had to spend from several months to several years in refugees camps in Thailand, Hong Kong and the Philippines, living under highly undesirable conditions before having the opportunity to resettle any where else. Also they have endured such an events in an atmosphere of almost complete uncertainty about the future and without having contact with the home-land.
- (3) Central to understanding the plight of Southeast Asians is an appreciation of the profound sense of loss in their lives. It is possible to conceptualize this loss in material, cultural, social and psychological terms. Materially, many of these refugees arrive in the US with little more than the clothes on their back.

Culturally in the US, the continued pursuit of cultural traditions and values has been difficult due to pressures of acculturation and in many areas the social isolation of refugees. Socially and interpersonally, the refugees have become separated from family members and other loved ones without realistic prospects for reunification. The disruption of the family network and the eradication of other mechanism of social support during immigration have been noted as particularly critical factors in the adjustment of the refugees while in camps and other resettlement by many (Harding & Loony, 1977; Lin, Masdua & Tazuma, 1982; Nguyen, 1982; Nicassio & Pate, 1984; Rahe, Looney, Ward, Tung & Liu, 1978). Psychologically, the self esteem of many refugees had suffered in the face of significant status loss, underemployment and perceived rejection by Americans (Nicassio, 1982) older refugees and those employed as professionals in Southeast Asia may be particularly vulnerable to loss of this type during the process of acculturation (Nguyn 1982).

- (4) Consideration in evaluating adjustment obstacles for the refugees in the US concerns the degree of disparity between Western and Southeast Asian cultures. Several researchers

(Kinzie, 1981; Nicassio, 1983; Nguyen, 1983; Rahe et al; 1978) have observed significant discrepancies in common crores of values and behavioural norms among the Southeast Asian cultural groups and western culture. Although individuals of a cultural group may vary widely in the degree to which they internalize stereotypic cultural norms and values (Olmedo, 1979), cultural differences frequently translate into cognitive, linguistic and social deficits for immigrants who must engage in transactions with host culture members and institutions. For many educationally disadvantaged refugees who have had minimal prior exposure to western culture, such deficits may create additional obstacles to their psychological social and economic well-being by creating greater demands for cultural, learning and social readjustment.

- (5) Finally, inspite of the fact that the US has provided massive support for Southeast Asian resettlement, government and public attitude towards their immigration have not been uniformly favourable and instead have been punctuated by instances of indifference and hostility (Kelly, 1977, Liu, 1979). Negative reactions to the presence of the refugees have not been researched yet, although it is possible that they may stem

from concerns that the refugees create additional economic burdens and compete for employment with other Americans.

Amidst this background of hardship and trauma one might expect the post-migration of the Southeast Asian refugees to be especially burdensome and problematic.

Psychosocial Adjustment : - Both clinical and field research studies have been conducted on the adjustment of the Southeast Asian refugees in the United States and Canada. Clinical studies tended to focus on the types of psychiatric complaints and disorders that were found in the refugees patients who had been evaluated for treatment in hospital settings or specialized clinics. Whereas field research has concentrated on the adjustment process in the general refugee population with the objective of determining reliable correlates or predictors of adjustment variables.

According to Nicassio (1985) based on both clinical and field research evidence a significant degree of psychological distress has been found in the refugee population. In particular, depression and various stress related symptoms appear to be very prevalent. Generally, older refugees and adolescents without adequate family support represent high-risk groups as do persons of lower socioeconomic status and those with deficient English skills.

In general, Nicassio felt that the research on refugee psychosocial adjustment has suffered from the absence of a relevant theoretical framework that can lend meaning to empirical findings.

Nicassio concluded that it is possible to conceptualize the process of migration from various interdisciplinary perspectives and the models that have been described are merely illustration of a vast range of theories that may potentially be applicable to the study of refugees adjustment. The complex nature of the psychosocial adjustment of refugees required the input from diverse fields of study including Sociology, Anthropology, Psychology and Psychiatry. Therefore it is unlikely that any single theory will be sufficient to account for adjustment on all levels of analysis.

Also the field of Psychology has a major role to play in the study of migration in general and more specifically in reference to refugee groups. Till now, however, the area of migration has mainly been the province of Sociologists and Anthropologists (Olmedo, 1979). The experience of refugees provide a natural laboratory for the study of such phenomena as grief, depression, stress, anxiety, social perception and interpersonal processes that have traditionally captured the interests of psychologists. The longitudinal study of such phenomena in the new social environment is thus of paramount

theoretical and practical importance to the field of Psychology in general and to those involved in studying process of coping and adaptation.

Hazabun (1995) discussed the 'plight of long-term refugees' and said that recent studies have revealed that long term refugees face additional emotional problems caused by the stress of living with an uncertain future where unemployment, crowded living conditions and a host of other problems prevail. It is also suggested here that services that are capable of dealing with severe stress related health problems should be made available to the long term refugee community.

Unnikrishnan (1996) has discussed the 'challenge to Health organisation' i.e. providing health care to refugees itself is a big challenge. Today any health organization can face a refugee situation. Quick, timely and rational interventions by health care organisations alone can save lives and minimise the casualties with each ticking moment, the toll rises. Lack of food, safe drinking water, inadequate living conditions in the camps and lack of sanitation trigger a host of problems. While it is true that these are problems a health organisation faces in any underdeveloped country but, each ticking moment is a death bell for the refugees. Infectious diseases and water born disease take a very heavy toll, at a very fast pace. Over 50,000

Rawandese refugee died mainly due to cholera in the summer of 1994. Good health for refugees is essential to rebuild a way of life for them. Culturally sensitive, preventive and promotive care and scientific emergency medicine should necessarily be part of medical assistance.

To prevent refugees situations and conflicts, adequate health care and living conditions should be ensured to people even in the time of peace. Thus any health organisation must be sensitive to understand and recognise the early warning signals of an epidemic etc. This alone will help them to prepare to face the challenge.

Thus to conclude the low health status of immigrant groups is one of the problems hampering the achievement of equity within the country, yet simple and in expensive changes in health system can produce substantial improvements in the health of immigrants. Much effort is still needed in order to understand the health needs of immigrant groups and to provide appropriate preventions and curative services.

Studies on immigration are very few in India, especially speaking migration has never been considered on important issue (Ashish Bose, 1983). though it is commented about rural-urban migration, these days it is true for immigration and international migration also.

But very slowly this is becoming a topic of concern like in the newspapers people use to publish articles on immigrants in India and also in some journals we can see articles (though very few) related to immigration but most of them deal with the increasing number of illegal or legal immigrant as we have discussed in the previous chapter titled migrants in Indian set up.

There is lack of studies related to the Health of immigrants. Now VHAI (Voluntary Health Association of India) has started taking interest in the health of refugees. Till now they have been concerned with Afghanistan refugees in Delhi and refugees in Tripura. They promote health programmes including health education and preventive health care and assistance and supply of medicare. VHAI has brought out special issue of their journal 'Health for the Millions' related to refugees. In this issue different articles related to refugee situation in India and other countries have been published and they all show the plight of being a refugee. Also some articles are there on the health of refugees. It has been discussed that a weak social support system, especially poor health care measures contribute to the plight of refugees, refugee situation further taxes the existing extreme critical situation in under developed countries. (VHAI, Health for the Millions, 1996). However specific studies on the health of

Bangladeshi illegal immigrants in India are not available, at best we can say that their health problems are similar to the health problem of slum dwellers because majority of these immigrants live in slums. There are some studies done in India on the health of slum dwellers and displaced people. A study to identify health implications of involuntary resettlement and rehabilitation in eight development projects in India was conducted by the Society for Health Education and Learning Packages (HELP) from November 1993 to April 1995. The study has found that (1) Resettlement had adversely affected the health status of the project affect persons. (2) Mental stress, poor air and water quality and increased pressures to do more work were the main causes of poor health after resettlement. (3) Health was not a priority after resettlement, the major priority is financial security. (3) Resettlement disintegrates the support system of the community causing a feeling of isolation for the family. These were some of the findings of this study. (HELP, 1995)

Ritu Priya (1995) in her article on ‘The meaning of health for a group of migrant construction workers : implications for Health planning” has explored perceptions of well being, health and illness among a group of construction workers coming to Delhi from Rajasthan. It was seen to be happening that most basic issues for

health of the workers are very much part of their perception and are dealt with to the best of their ability within their constraints of resources and life situations. What is outside their control is dealt with by ascribing it to 'higher powers' and something like the tabiz is resorted in order to prevent illness. However changes that have come about, based on modern economic 'development' and on the spread of health and nutrition education plus modern medical services are beginning to replace even the positive health perceptions and behaviour with belief in irrational medical technologies.

NIHFW (National Institute of Health and Family Welfare) has studied the problems of urban slum dwellers in origin, their dimensions and health implications to evolve a model for delivery of health care suitable to varying characteristics of urban population (NIHFW; 1986). Here they have discussed that though the health indicators in urban areas appear to be better than the rural areas, yet the population of slums live in severe unhygienic conditions where health and nutrition status of slum dwellers remains for worse than that of rural people. Some of the factors that keep their health status at a low level can be identified as poor housing, crowding, poor environmental sanitation, lack of portable water supply and drainage system, child labour and lack of education, neo-riches with altered

social values, unemployment in youth, juvenile delinquency and similar maladies. Before the Governmental health services are able to cope up with the fast growing population, another cluster of slum is created for which no health service is made available for years to come.

All these studies reviewed led us to conclude that immigrants have to face lots of problems and because of low access to health care facilities, bad living conditions and low socio-economic status, their health status is worse than the native people.

Though methodologically all these studies are varied so they can not be linked together but they all indicate that immigrants are particularly vulnerable to illness. Older people, single males, women and children are specially vulnerable, though not much studies have been found which deal with the health of these vulnerable groups i.e. women, children and old migrants. All these are found to be rooted within their cultural alienation from the local communities and also due to discrimination. Thus we identify two levels of problems one which the migrants share with the poorest-sections of the host population with whom they live and second health problems arising out of their immigrant status which at time makes access even more difficult and adds to the vulnerability of immigrants.

India is a country having many immigrants (i.e. Bangladeshis, Afghanistanis, Tamilians from Sri Lanka, Burma refugees, Tibetans, Nepalties and Bhutanies etc.) but till now India has not adopted any effective policy regarding their welfare.

## **CHAPTER – VI**

### **MIGRANT'S IN INDIA : AN OVERVIEW**

#### **INTRODUCTION**

Human migration is a significant force in historical change. Large-scale migration of Asians, Africans and Europeans was central in fashioning the world of the nineteenth century, its world-wide empires and the establishment of global economic and political dominance by people of European origin. Twentieth-century migrations have been just as important, particularly in the creation of a post – World War and post – imperial world order. Asian people have been among the most central in these processes. By the last quarter of this century about nine million South Asian (Indian, Pakistanis, and Bangladeshis) and over 30 million Chinese are to be found living outside their country of origin as a result of migration or birth within a migrant community. There were also significant numbers of 'internal migrants' displaced within their home regions; such as the millions traversing the Indo–Pakistan borders after the partition of the subcontinent in 1947 and the Chinese who have moved into the predominantly Tibetan Western reaches of the Chinese state.

Asian migration is therefore not only an important aspect of Asian history and the life experience of people from that continent, but is also a part of the creative contribution of Asia and its people to the contemporary world. Recognition of this is a valuable corrective to any oversimplified categorization of Asia as 'Third World' or 'dependent' and its peoples as passive or victimized (Brown, J.M. and Foot R., 1994).

Thus involuntary migration/emigration of people from one country creates refugee/immigration situation in another. Asia has witnessed such movements of people since ages as a result of political upheavals, wars, natural calamities etc.

There were approximately seven million refugees in Asian 1990 (see Table 1) according to the estimates of the UNHCR. Outside the UNHCR mandate, were the Cambodian refugees near the Thai-Cambodian border numbering 300,00.

Afghanistan's share in the contemporary refugee situation in Asia is the largest. There has been an exodus of people from Afghanistan into neighbouring Pakistan, Iran, Iraq, and India. According to UNHCR between 1989 and 1990 about 100,000 Afghan refugees have voluntarily returned home.

In south Asia because of the armed conflicts between the Sinhalese and Tamils in the early 80's about 250,000 Tamils were

rendered homeless of which 150,000 went to India. After the signing of a peace accord between India and Sri Lanka in 1987, about 43,000 Tamils returned to Sri Lanka under the UNHCR sponsored voluntary repatriation programme. Since then Tamil refugees have been returning to Sri Lanka at intervals.

**Table 1 : Refugees in Asia, 1990**

<b>Recipient Country</b>	<b>Estimated Number</b>
Iran	2,850,000
Pakistan	3,275,700
India	9,500
China	280,500
Japan	8,400
Hong Kong	49,500
Thailand	99,900
Vietnam	15,000
Phillipines	26,625
Malaysia	20,500
Indonesia	4,500
Papua New Guinea	7,700

*Source : UNHCR, World Refugee Map (1990)*

In 1978 about 200,000 Rohingya Muslim refugees from the Arakon area of Burma fled the country and entered into Bangladesh to escape oppression at the hands of local Buddhists. Most of them returned to Burma in 1979 due to the agreement between Burma and Bangladesh. About 20,000 Monks, shons & Karens fled into Thailand when fighting broke out between the Burmese government and ethnic minorities. Suppression of the pro-democracy activists also resulted into the exodus of about 30,000 refugees in Thailand (Das, P.K., 1996).

In this way Asian migration is an important aspect of Asian history.

### **IMMIGRATION INTO INDIA**

Immigration may be legal, illegal or a calculated state policy. A look at the Indian subcontinent and some other areas may lead one to interesting lessons (Sarkar, 1996).

From very early times migrants from different parts of the world have come to South Asia (India especially) and made it their home while the alien elements were not absent among Christians and Muslims, an overwhelming majority of them are converts from local castes and tribes. Thus Indian sub-continent has long been the scene of large scale population movements. Major and minor population

shifts could be divided into three different historical periods – Pre-British, British and Post-Independence. Subsequent to the 1947 partition considerable and large scale migration took place due to religious conflict & violence factionalism in India, a phenomenon to be repeated after the 1971 Pakistani Civil War. In all migration involved millions. Similar political upheaval is responsible for small scale migration of Tibetans, to India and Bangladesh and Burmese to Bangladesh, considerable migration has taken place in Bangladesh due to agricultural innovations. Since 1947 some 35–40 million people have moved across borders. In this way India was marked by massive population displacement, to and from Pakistan when the country was partitioned. In subsequent years the people and government of India opened their doors to Tibetans, Sri Lankans, Chakmas, Afghans and others, not to forget the ten million who fled East Pakistan. She can be rightly proud of its record in receiving and assisting refugees (Khan, 1996; Elahi & Sultana, 1985; Ommen, 1997).

India has been faced with the refugee/immigration problem right from its partition in 1947. A forced exchange of 20 million population took place between the two Punjabs. Subsequently, there was an incessant flow of refugees from erst while East Pakistan in the fifties. In 1959 more than 100,000 Tibetan refugees took shelter in India

along with the Dalailama (Das, 1996). The **Tibetans** present a model of refugee cross-cultural adjustment that provides hope for other refugees. The initial Tibetan refugee population of some 40,000 had risen to an estimated 115,000 by 1987. About 90 per cent of the Tibetan refugees are now residents of India. Most of these refugees consider Tibet their home, even though close to one half of them were born after relocation in 1959 (Mahmoudi, 1987).

In the seventies there was a mass exodus of refugees into India (about 3 million). Since 1983 200,000 Tamils have come over to India from **Sri Lanka**. Since 1986 Chakma refugees mainly Buddhists – from Bangladesh were pushed out to Assam or Tripura. There was a constant flow of Bengali Muslims to Assam who are described as 'foreigners'. Now that the flow has been checked into Assam, the border areas of the states of West Bengal and Bihar have been flooded with these people. It might assume dangerous proportion. In Manipur, more than 5,000 pro-democracy Burmese have taken shelter. Burma also pushed 1000 Nagas into India (Das, 1996).

Since 1979, **Afghan** refugees have been coming to India whose number has now gone up to 35,000 according to UNHCR. Also there are about 5,000 Iranian refugees in India who wanted to escape the wrath of the the present regime. Since 1991, 14,000 Bhutanese of

Nepalese origin have come over to Jalpaiguri in West Bengal (Das, 1996).

According to Sarkar (1996) a stark case of migration is that of Sikkim, India's northernmost Himalayan state. It had once been a Buddhist monarchy of Bholia and other tribals. The people and their culture have more to do with Tibet than those of the Gangetic Valley. For two decades or so, a silent migration of the people of **Nepalese** origin had continued unabated. The independent state of Nepal and most of the Darjeeling district are habitats of the people of Nepalese origin. The process of migration had been speeded up since the 1950s, particularly after the Sino–India clashes of 1962. The flow into Sikkim of Hindus with different language and culture has both been unofficial and official. In time, the original inhabitants, the Buddhists were submerged and subsumed by a majority of Nepali speaking people. Today they form 80% of the state's population. They dominate the political and economic scene, though constitutional reservation for the indigenous people does keep their national political presence alive. The change that migration has caused was unthinkable 50 years ago (Sarkar, 1996).

Sanjay Hazarika (1996) has described Bangladeshis and Nepalalese as unwanted immigrants. This rather sweeping term is

relevant especially to Assam where a continuous influx from Bangladesh beginning from earlier times when it was East Pakistan and East Bengal, has triggered angry reactions from the indigenous population of the Brahmaputra Valley namely the Assamese. **Illegal Bangladeshis** are said to number as much as 15–18 million all over India and about one tenth of that figure is believed to be in the North East, primarily in Assam, illegally crossing porous land and water boundaries with ease.

In this way the problems of outsiders or immigrants has been one of the prime issues, raised by a number of movements in India. Apart from mass influx of refugees from Bangladesh there has been a steady infiltration of Bangladeshi and Pakistani nationals into India's border State. The importance of the problem lies in the fact that many of them are smugglers and are prone to crimes such as decoity, cattle lifting, peddling of narcotic drugs, gun running, trafficking in women and girls and actively helping terrorist activities in bordering states. These infiltrators have many relations in the Indian side of the borders who not only provide shelter and food to them but, provide all help needed to remain unnoticed. The problem of untraced Bangladeshi and Pakistani nationals is intractable as they merge with the local people and pass off as Indian citizens. They are also able to gain over the local police and security forces by bribing them heavily. According to

some researchers correct figures of infiltration are not available because our political parties have played a major role in facilitating their back door naturalisation. Moreover, there has been no census in border districts which are seriously affected by infiltration of Bangladeshis (Ghosh, 1993).

The borders of India have been shrinking uninterruptedly. The long term threats posed by infiltration of foreign nationals cannot be dismissed lightly, P. Chidambaram, Minister of State, Home Affairs, India toured Bangladesh border areas in 1989 and returned convinced about the seriousness and enormity of the problem. Rajshekhar (1990) in his article had highlighted the seriousness of the problem and had stressed the necessity of a census to identify the exact number of Bangladeshis in West Bengal and other neighbouring states.

The India – Mujib Pad of 19th March, 1972 as laid down before the Lok Sabha makes no mention of the much publicised understanding between the two leaders about acceptance of refugees who had crossed over to India from East Bengal (Bangladesh) after March 25, 1971. The Government of India letter No. 260011/16/71-10 dated 26 November, 1971 states that refugees should not be considered for registration as Indian citizens under section 5(1)(A) of the Citizenship Act of 1955 read with the citizenship rules of 1956, and

the collectors, the prescribed authority in such cases, were instructed to reject their applications (Ghosh, 1993).

Futher Ghosh discussed that in August 1986 Parliament adopted a resolution in pursuance of Article 249 of the Indian Constitution whereby the Centre assumed special power to create a security belt to deal directly and swiftly against large scale infiltration, illegal traffic in arms, narcotics and secessionist and terrorist activities on international borders.

The entire border area in West Bengal has got a number of disputed areas and adverse possessions. Some of the disputes were sought to be resolved at high level meetings between the Government of India and Bangladesh in the year 1974, but in the absence of ratification those disputes remained unresolved even to this day (Ghosh, 1993). Also India's international border with Bangladesh in the eastern part of the country is peculiar with the characteristic of its being fluid and non-existent due to the existence of identical ethnic groups living on both sides of the border. People on both sides have the same language, customs and culture and many other links which render it impossible to ensure an impassable border. Added to this disadvantage are the difficulties of communication in remote areas of the border which become totally marshy and waterlogged during monsoon, for about 5 months a year, hampering greatly, movement of

security forces guarding the border. Thus problem of illegal infiltration is a serious problem whose origin dates back to the pre-partition days.

To deal with refugee problem, India established its relations with the UNHCR for the first time in 1969 for the rehabilitation of Tibetan refugees in India. It also expressed its readiness to receive assistance from UNHCR for these Tibetan refugees. A branch office was also opened in Delhi on 1st February, 1969. UNHCR's present relations with the Government of India are friendly and benevolent (Das, 1996). Some Burmese student activists who were staying in "Burmese Refugee Camp" (BRC) in India which is 64 km. away from the border applied for refugee status at UNHCR (India) office in New Delhi. These students were recognised as refugees by the UNHCR and they were provided with Rs. 850/- per month per person for food and shelter in Delhi. Now this has been raised to Rs. 1,200/- p.m. (Aung, 1996). In this way UNHCR has been responding to and assisting in the needs of the refugees.

#### **MIGRANTS IN DELHI**

"The air we breathe is full of the dust and fragrance of the past, as also of the fresh and piercing winds of the present we face the good and bad of India in Delhi"

– **Jawahal Lal Nehru**

With all the economic opportunities, real or perceived, offered by a burgeoning national capital of India, it also offers hope to a large number of people including the immigrants. So, Delhi has no shortage of immigrants (Paul & Lin 1995) legal or illegal from Bangladesh, Nepal, Afghanistan, etc.

**"Migrants of various kinds come to Delhi hunting for opportunities in this vast city. Barring the fortunate few, most of them remain embroiled in a struggle filled life"**, observed Sinha, S.K. (1994) in his article titled **Delhi : A 'haven' for migrants**.

According to Shukla, V. (1994), there are newer refugee enclaves in the capital peopled with families from Tibet, Afganistan, Sudan, Somalia, Mynmar and Laos, not to mention the many thousand Bangladeshis of disputed status who combine to give Delhi the dubious distinction of having the largest floating population of refugees in the country.

**Bangladeshi** : The total number of undocumented Bangladeshis is unofficially estimated to be as high as 3,00,000 in metropolitan Delhi (Paul & Lin, 1996).

**Afghanis** : The first batch of settlers came here from West Pakistan. According to official source there are 25,000 Afghanis in Delhi but the refugees themselves say it is closer to 50,000 in Delhi (Shukla, 1994).

**Somalis** : While General Aided countries continues to fox the UN peace keeping force in Somalia (now comprising a Brigade from India) a large number of Somalians have been compelled to leave that country in search of safety. There are about a few hundred Somalians now living in India.

**Tibetans** : Another well knit community in exile are the Tibetans and even those who have been born here, have strong feelings for their motherland.

The initial objective of most of the migrants is to work in Delhi for sometime but in the course of thier stay they develop a fascination for this city and hate to go back. Delhi has sound economic base, which sustain hopes of the migrants. It is said, nobody could die of hunger in Delhi, if he is capable of and willing to work (Sinha, S.K., 1994).

Delhi with its glossy glitter of the present and the classy imperial past continues to grow with a speed which perhaps is the fastest in the world. The decennial growth rate of 50.46 per cent between 1990–1991 was not entirely expected. The obvious reason for such an increase of population is the capacity of the city to retain the large influx of population from all over the country and also from other countries. Most of them find only a small piece of land to sleep and they later create a Jhuggi to live in, which becomes an eyesore for the

metropolitan elite and authorities. It is estimated that about 2.5 lakh persons arrive in Delhi each year in search of work where there are already 3 lakh unemployed persons (Delhi – A tail of two cities, 1993).

Considerable migration of people of an unidentifiable nationality often creates uncomfortable problems for receiving countries. It even changes the ethnic character in a given territory and creates political, economic and cultural changes. In some instances this becomes an instrument of conquest. However, in a country of India's size immigrants create more political problems than problems of ethnic submergence of local populations. According to Rao (1996), Indian policy clearly states that refugees can be in India temporarily but cannot be integrated permanently. However, provision of basic services being a human right, cannot be denied to anybody staying either temporarily or permanently.

### **BANGLADESHI IMMIGRANTS**

With all the economic opportunities real or perceived, by a burgeoning national capital Delhi has no shortage of immigrants. Owing to the illegal status, the exact population of Bangladeshis in Delhi is a sensitive issue. The total number of undocumented Bangladeshies is unofficially estimated to be as high as 3,00,000 in metropolitan Delhi (E.P.W., 1992).

Hailing from rural areas of Bangladesh, most were found to be landless agricultural labourers, typically able to find employment for less than 6 months of the year. Majority of them are illiterate and unskilled, although some are semiskilled (well borers, beedi workers etc.) and a very few are young educated unemployed. (Paul & Lin, 1995).

"In Bangladesh both economic & political situations are insecure for the poor" as one Bangladeshi resident of New Seemapuri commented. The economic crisis in Bangladesh has several components. According to Paul & Lin (1995) – **First**, rural development has failed to provide the social & physical infrastructure necessary to significantly increase food production, stand up against natural calamities and develop rural industries as alternative sources of income. In fact, quite the contrary the economic situation has significantly worsened since independence. For the majority of rural poor it had already reached a point of desperation by the mid 1970's. Even by the preindependence standards of poor farmers and landless cultivator, they found themselves no longer able to feed their families. As complained one immigrant, "when a person is hungry, he does not bother whether the food is rotten". **Second** the population pressure on the land is as great that even under the best of climate conditions, agriculture simply cannot keep up with food requirements.

**The Road to Delhi :** The migration process begins in rural Bangladesh with a family desperately looking for an avenue of escape from socio-economic hardship. Through a friend, relative or distant contact who had already immigrated to India, people hear of economic opportunities in India. Most of such families however have no special knowledge of crossing the border into India and that too without travel documents. Before leaving they are likely to be somewhat apprehensive about getting around in India, having even less knowledge of how to make the long journey to a place like Delhi. The only practical way is to search for a 'dalal' to help in making arrangements for the trip. Each dalal operates in the villages of one region to 'recruit' persons or families for migration.

The dalal in Bangladesh serves as an agent who facilitates travel to the border, makes the border crossing and establishes a connection with a dalal in India to receive migrants on the other side. Such services of the dalals are particularly necessary for the unofficial border crossings without legal documents. Specific 'non-passport border crossing' relationship with the concerned officials/inspectors on both sides of the border between East and West Bengal. For these services the respective dalals charge fees on both sides of the border. In 1976, for example, for crossing of a family of four from Bangladesh

to India, the dalal charged TK-400-600 in Bangladesh before beginning the journey and the corresponding dalal in India charged another Rs.400-600.

Once in India, the first step is usually one obscure place near the border of West Bengal—usually in a dalal's relative's or friend's residence for some days or months. Then they move on the Calcuatta where they stay in the ramps of Howrah Bridge. This is typically the principal transit point on the route to Delhi. Here they meet dalals who offer travel arrangements to established colonies (Slum) across India where Bangladeshies are already living. The immigrants work & stay here for a while and find out more about better places to live. It is entirely natural for a migrant with relatives or friends already settled in a particular colony to prefer going to the some destination when they are oriented and ready they cross the bridge to the Howrah Railway Station to board a train to Delhi or elsewhere (Paul & Lin 1995).

Once in Delhi, the new immigrants can quickly verify that not only are these more abundant employment opportunities, but more jobs are full-time daily wages are higher and prices of food and consumer goods are significantly lower. The quality of foodstuff is also rated as better in India. The real purchasing power of an unskilled agricultural

wage earner in India is 5–10 times higher than in Bangladesh for a variety of essential commodities and the gap is continuing to widen. In rural Bangladesh much of the employment is seasonal or irregular. Add to that the significantly higher income of rickshaw pullers, maid servants and rag pickers in Delhi, and the greater stability of employment, effective purchasing power may rise to 10 – 30 times that available in rural Bangladesh (see Table 1) (World Bank 1993, 1994).

**Table–1** (a) Real earnings per industrial worker in Bangladesh declined sharply after independence in 1971 and have remained below pre-war levels ever since. The economic differential between India and Bangladesh has continued to widen after 1980.

(b) Food production per capita in Bangladesh fluctuated along with India's stagnation in the 1970s but the gap has widened dramatically in the 1980's.

Year	(a) Index of real earnings per industrial worker (1971=1000)		(b) Index of food production per capita (1971=100)	
	Bangladesh	India	Bangladesh	India
1971	100.0	100.0	100.0	100.0
1972	75.7	101.6	94.9	92.5
1973	59.0	92.0	102.1	98.0
1974	53.4	84.7	97.1	92.7
1975	48.8	85.6	104.6	101.7
1976	52.2	93.3	97.3	99.2
1977	52.4	92.1	102.3	105.2
1978	61.1	96.6	102.3	106.8
1979	71.5	100.8	98.6	98.4
1980	75.5	98.4	97.3	98.5
1981	72.7	96.7	93.8	104.7
1982	66.1	102.7	95.0	102.0
1983	65.0	108.8	94.8	112.0
1984	66.9	108.8	94.8	112.0
1985	68.0	118.8	93.3	110.2
1986	75.0	121.1	91.7	108.8
1987	76.5	121.2	88.4	116.1
1988	74.0	131.5	93.9	119.5
1989	71.9	136.1	92.3	119.3
1990	--	--	90.2	119.8
1991	--	--	90.7	120.6
1992	--	--	--	--

Source : The World Bank, (1993, 1994)

In this way once the migrants reach a destination like Delhi and are reassured that the place is what it was promised to be, the dalal often asks if any other family members want to come others make return visits to Bangladesh through the chain of dalals, and entice relatives join them in Delhi. Thus according to Paul & Lin (1995) as long as rural families in Bangladesh are unable to fill their stomachs the cycle of migration will go on.

## **CHAPTER – VII**

### **AN OVERVIEW OF NANGLAMACHI SLUM & SELECTED CASE REPORTS**

#### **(A) AN OVERVIEW OF NANGLAMACHI SLUM**

Nanglamachi J.J. cluster is located at a distance of around 20 km. from the Jawahar Lal Nehru University to the south east of Delhi. The history of this slum is not more than 15 years. Investigator visited this first time in September, 1996. Previously this place was used by DESU to Dump waste materials.

Nanglamachi is surrounded on 2 side with the bank of Yamuna river on one side is the ring road and on the other side is a big drain flowing. There this whole area becomes worse during rainy season. During rains the water mostly runs into the Jhuggies of people living here. And some of the people whose hut is at the lower position than others water fills into their jhuggi and then they have to throw the water out.

Here in Nanglamachi most of the dwellings are constructed of mud and bricks and have thatched roofs. Only a very few have cemented flooring and corrugated arbestos sheet roofing.

The slum does not look uniformly good or bad from outside but if one enters the slum the view is more run down and depressing. Majority of the dwellers have Kutchha houses and Jhuggies with open drains. The streets are Pukki made of brick. These were made at the time of elections by the Government.

**Characteristics of People Settled in Nanglamachi :** Nanglamachi J.J. cluster comprises of more than 1000 dwellings. Mostly people living here are migrants from different places of India itself i.e. Bihari, Bengali, Rajasthani, Gujrati, U.P. Among them, all Gujratis are in a much better position than other groups. This slum also have few Bangladeshi families (around 20 at the time of study) but now it has increased according to the sources Bengalis and Bangladeshis are both Bengali speaking but people who are from Bengal told the investigator that they can recognise the Bangladeshis easily as they speak different type of language though it is Bengali.

**Water Supply** in Nanglamachi is through public taps and handpumps. Few familieis possessed their own handpumps which were installed inside the home or in the courtyard. Talking about the public taps most of them were of the low quality and majority of them had taps missing, only pipes are there in which water runs 24 hours a day. Majority of

slum dwellers take water from these taps and used to store in buckets, pots and cans etc.

**Latrines** : The government latrines (without running water or a flushing system) were located at one corner of the slum. And on the other corner is Sulabh Shauchalya (bathrooms and toilets with flushing system) where usually in day time water is not available. Here to use these latrines residents of this slum are required to pay 50 paise. People use both these latrines according to the location of distance from their residence. The older children (i.e. in their teen ages) used to do what their parents did while one can easily see younger over defecated in the drains outside their homes or even in the streets. The faceses were then covered with mud and picked up in a piece of paper and disposed off in a rubbish heap.

The Government latrines and Sulabh Shauchalyas are cleaned once a day except on weak ends when Karamcharies are on holiday and so no one comes to clean them and a stench always emanated from them. Several families complained that sometimes women are refused to use them saying they are dirty. Women are also not allowed to wash clothes in bathrooms. Whenever investigator passed by these latrines specially Sulabh Complex, it was locked from inside on the Gate. It is opened in the morning and if somebody wants to go in the

day time then he/she is required to request the karamcharies a lot to open the Gate.

Also as these latrines are located at the end of the slum which is a problem after dark specially for women. then open grounds on the Yamuna's bank is used. Most of the residents said they eat very light dinner for the fear of having to use a latrine at night.

**Bathrooms** : Some homes had a little area for bathing and washing clothes and washing vessels in an corner or in the courtyard. This area is usually covered on three sides with the help of Jute cloth etc. The area is either cemented or made by putting some briks together to cover the ground. But the majority don't have even such a place, so they have to use the Government bathrooms and are required to pay again 50 paise.

**Electricity** : Most of the Jhuggies had illegal connections from the electricity poles, the wires were embedded in the ground to conceal them. But now government has decided to give them electricity to use two bulb and a fan etc. Money has been collected from them (Rs. 300/-) to give connections long time back (7-8 months) but still people are waiting to get connections. People who have taken illegal connections from poles they are required to pay the line man, his rate of Rs. 50/- to Rs. 100/- whenever he comes to check. In majority of

the households lightening is provided through small lamps using kerosine oil.

**Market Place :** Several shops lined the road on which a local mini market is made. Every kind of shop from pharmacy to those selling household items and provisions, general stores, sweet shops, footwear, clothing, vegetable shops, blacksmiths etc. line the two side of the market street. There were a few small shops within the slum also which sold items for daily use and food supplies. Most families preferred to buy from these because the shopkeepers here let them take supplies whenever required and payment could be deferred till a time when money was available in the home. Some people also go to sunday market at Red Fort as there they can buy cheap and second hand items.

**Sources of Health Care :** There are several private practitioners within the slum, majority of them are registered medical practitioners (RMPs). They charge a patient anything between Rs. 15–20 for a visit.

There is one dispensary in the area run by a government supported NGO named Janshakli Clinic. It is located outside the slum in the begining or at the entrance of the basti. The dispensary is in a room made by basti people only. The dispensary operates thrice a week (i.e. on Monday, Wednesday, and Friday) from 9.30a.m. to 1.00p.m. and rupees 2/- are charged at each visit. The doctor also comes thrice

a week. On other days the 3 health workers are busy in their survey of the community or with field visits. Staff of clinic has 1 doctor (who is M.B.B.S.), 1 nurse (B.Sc. Nursing), 3 female health workers (2 are from the same basti and 1 from a nearby located another basti) and 1 chowkidar. This dispensary was established in 1996.

The facilities are provided through a two tier system with the dispensary at the local basti level and referral to the nearest government hospital for serious ailments. The referrals are made to the two government hospital the Lady Irwin Hospital and sometimes to Maulana Azad Medical College.

Under the 'Jhuggi Jhompri Swasthya Seva' (Slum Health Services) a mobile van visits the basti three times a week to provide curative services for simple ailments. Here all the medical services are provided free of cost.

Here it was observed by the investigator that health care was preferably sought from the private doctors by people because mostly these RMPs are local residents of the basti and they can provide their services 24 hours a day and also the waiting time at the government aided dispensary was too long and these people who are mostly daily wage workers can't wait and waste their time. People who are very poor and are in no condition to pay the private Doctor's fees, avail the

government aided dispensary because of the least fees charges at this dispensary.

It was also found that mostly people know that dispensary is opened thrice a week but they usually forget the days i.e. when it is open. Sometimes they go to dispensary on the days when it is not open.

**Schooling of the Children** : There is a government school at Chiriyaghar in Nizamuddin where most of the older children go to study. Here they are given admission after the age of five years. A problem often faced in obtaining admission to this school according to the parents was to produce provision of proof of age. As most families didn't have birth certificates of their children if the child was born in the village. There is also a primary charitable school run by Deepalaya in collaboration with Janshakti only. Here only one lady teacher comes daily and takes 2 shifts of children classes. This school is in a old van. In this school each child is charged with the fees of Rs. 20/- per month.

With the opening of free balwadies by the government usually children are seen to attend classes at both places i.e. balwadies and the school. Even then one can see many children playing as they don't go for study. With no other avenues for entertainment, they seem seem

to enjoy going to these schools as they are given refreshments like fruits etc.

**Local Leaders :** This slum is virtually controlled by the local 'pradhans' most people told the investigator that these men played no role in the welfare of the basti but are only interested in making money. they are usually 'self made' as they are usually one of the older residents. Some said pradhans acted as spokesmen.

**Housing :** Majority of the slum dwellers either have 'Jhuggies' or 'Kutchcha' houses. Very few families have got pukka houses.

**Social Environment :** People of Nanglamachi have been residents of this slum for the last 5–15 years. Although class and religious groupings exist what is more apparent is the regional clusters that stand out. Bengali intermingling with Bengalis and the North Indians or 'Hindustanis' keeping to themselves. Among the Bengalis however sharp distinction is drawn between Bengalis from West Bengal and the immigrant Bengalis from Bangladesh.

Because of haphazard allotment of plots no particular community is clustered on particular gali/area basis. Thus a Gujarati family could very well be the next door neighbour of a Bengali from Bangladesh.

Although most of the day to day activity is carried out on the street in public view, inevitably leading to some social interaction with neighbouring households, in time of real need families usually seek help from their own relatives or people belonging to their community. This could vary from borrowing money, to keeping vigil over birthing, or taking care of children, accompanying sick persons to hospitals and dispensary or intervening in family fights. This network of social support is observed more among the lower social-economic categories. Even amongst the lower categories because of the cultural alienation especially with regard to language, the non-Hindi speaking communities tend to stick to each other more closely than the Hindi speaking groups.

Drinking and gambling are very prevalent among men. Desi Daru (locally made wine) is easily available in the basti. Contrary to the popularly held notion that in a 'slum' all men drink and beat their wives regularly few women reported it as a regular occurrence. It is also true that most of the women have experienced some form of physical violence at one or other time in life.

**Social Tensions :** The different religious and regional communities co exist in a peaceful manner. There is however a constant tension between different regional groups which is manifest in statements of

contempt on the means of livelihood, cultural habits way of life etc. Usually Bengalis (specially Bangladeshis) are perceived to be 'dirty' because they handle garbage and waste material. Also they live a dirty life according to other groups. On the other hand Bengalis look down upon the 'Hindustanis'. Popular belief is that these Bengalis and immigrants from Bangladesh are responsible for encouraging the spread of anti social activities.

Thus whatever be the truth behind this, these perceptions generated a general distrust among majority communities towards the minorities.

### **LIFE IN NANGLAMACHI**

At any time of the day when one walks through the maze of lanes it appears as though a large chunk of the essential economic and household activities are being conducted either on the door steps or on the streets, in front of the house. Whatever time of the day one goes, there is a constant him activity. Early hours of the morning finds women looking on the street or doorstep washing vessels filling water, men bathing and getting ready for the days work. In most of the homes the day begins between 5.00 to 5.30p.m. Women cook food i.e. chapaties and vegetable while men get ready to go with tea they eat their breakfast. As the day advances mostly women children and older

people are to be seen. This is the time when women did the household work i.e. fetched water, swept the floor, washed clothes, bathed children and themselves. Vendors also come around selling vegetables, fruits, other eatables and household and consumer items. For short periods in between they set outside their homes (especially in winter to gossip with neighbours, visited the shops, go to dispensary or to market if anything is to be purchased. Food is eaten again between 12.00p.m. to 2.00p.m. In the afternoon women usually relax, mend clothes etc. Around 4.00p.m. to 5.00p.m. men start returning back and then women start the evening meal by buying vegetables and other ingredients. As the evening wears on, the air is filled with smoke from fires, mosquitoes also make their presence felt and dim pools of light vainly attempt to control the falling darkness. Men folk sit outside their homes to chat, play cards and smoking bidies etc. Children run around playing, screaming, yelling. Winding up of the days activities begin by 9.00p.m. to 10.00 p.m. as people prepare to retire for the night.

Thus for most of the families, Delhi has become a place of permanent residence. Here in the above discussion we have seen, how socio-economic situation seem to work as a triple bind on the people of Nanglamachi. A **degraded living environment** is about the only

place that, people who live a **marginal economic existence**, are offered in Delhi. Also it is there **deprived existence** that perpetuates and worsens their living environment. Hence 'Triple Bind' could be described like this : (1) These slum dwellers are poor therefore they live in degraded space or living environment (2) As they are slum dwellers and live in degraded environment no attention is paid by the Government to improve their status therefore they are deprived (3) As they are poor and deprived they are economically exploited as they get low wages for their hard work and dirty job. And as they get low wages they can't improve their degraded life style. Thus it is vicious circle which runs on like degraded environment – deprived – economically poor – degraded environment again and it goes on and on.

It is the dynamic of this big city which uses the needs of these poor immigrants to force them to live in to inhuman life situations and compell them to accept these situation as a price of the sustenance they get from a city like Delhi.

## **(B) SELECTED CASE REPORTS**

### **LIFE STORIES OF BANGLADESHI IMMIGRANT FAMILIES LIVING IN NANGLAMACHI SLUM**

Here are some glimpses of the life of the immigrants and their health by presenting some case reports which depict their quality of life. Here for keeping confidentiality we have changed the names of the respondents.

#### **CASE REPORT – 1**

Akhtari is an active lady in her 50th year. Her family consists of her son, daughter-law and three grandchildren i.e., one grand daughter of 5–6 years and two grandsons. (3–4 years and 4 months old). Akhtari heads her family. They family has been staying in Delhi for the past 20–25 years. They come to India from Bangladesh when Akhtari's husband died all of a sudden. He was a boatman and his boat was the only source of income for them. But after his death they had no source of income, so she came to Calcutta and from there to Delhi with her 5 children. Here also they had to face several problems. They stayed at old Delhi Railway station for some months then shifted to a slum in Daryaganj. Their main problem was how to fill their stomachs as Akhtari couldn't get any money because at that time she didn't know

Hindi. So, for the sake of her children she started begging near railway station and other public places and her elder children started the job of rag picking as both these jobs neither needed any investment nor it was necessary to know Hindi. But slowly they started learning and speaking Hindi. Now they speak good Hindi.

After some years in Delhi, Akhtari got married to a Muslim man because she felt that being a young woman it has been very difficult to stay alone and live a life of struggle in a place like Delhi. But despite her second marriage, luck was not in favour of Akhtari, as after few years only her second husband had left her family and got married to another woman. Now also he is living in the same basti. But now Akhtari committed herself to her children and presently she is living with her elder son's family. Her other children are also married and are living with their families in some other slums.

All the adult members of this family are illiterates but they don't want their children to be like them so Akhtari's son is sending his daughter and son to the school which is run by Deepalya (an NGO) in collaboration with Janshakti.

The main source of income for this family is the pension of Rs. 200 per month which Akhtari gets for being a widow. Akhtari's son is unemployed most of the time. Sometimes he gets a job in construction

work at Pragati Maidan, but this is temporary daily wages job and whatever he gets is not sufficient for the whole family. Akhtari's Daughter in law is a housewife though Akthari feels that she should go to work outside.

This family is actually very-very poor as they couldn't make their Jhuggi despite living in Delhi for such a long period. They have occupied the area for jhuggi by tying thick plastic sheets to four poles and mudewalls on three sides. Roof of this jhuggi is also made by spreading and tying the same thic plastic sheet. Inside the jhuggi very few things can be seen i.e. 2 cotts, some bedsheets, 1 or 2 mats made of Jute and a few pair of clothes. All these things are dumped on one cot in daytime and other cot is used for the youngest baby to sleep. The floor inside the jhuggi was also Kutchcha and nothing was put on the floor. During rainy season it becomes very difficult to stay inside as most of the time water comes inside and the roof also leaks. So that time they can not do anything except standing or trying to throw the water outside but it is in vain as their jhuggi is lower than the street.

Also their poverty is visible by the food they eat in vegetables they try to buy only potato and brinjals because they are cheaper in cost as compared to other vegetables. They bring ration from Ration Card shop. From there they take Sugar, Rice and Kerosin oil as it is a

fair price shop, they have only 2–3 utensils which are made of zinc or silver. They don't have electricity so for lightening at night they either burn candles or kerosin lamp. Food is made twice a day in this family.

Akhtari's daughter in law is of 20–22 years age (they don't know the exact age). She was married to Akhtari's son when she was only 12 years old. Physically she is very weak and all three of her children also have a weak physique i.e. pale faces. Akhtari herself is a thin lady. Whenever they feel need of medication they go to the Dispensary and sometime take medicine from the mobile van which comes to basti and provides medicines at very nominal cost. But most of the time this family goes to Nizamuddin to a local Ayurvedic practitioner as they have too much faith on him. It is so because before settling in Nanglamachi they were staying at Nizamuddin slum which was removed by the police. Akhtari's daughter in law is very much worried as she told that she does not want any more children. But she is hesitant to use any family planning method because she is confused i.e. which one will be less harmful and safe. According to her using Copper–T is not safe. She also told that she can't talk about this to the local health worker as they feel shy to tell her because she is known to them. Also she feels shy to talk to the doctor in the dispensary. Also

being a Muslim her husband will not take any protection in this matter. So she was very worried about this problem.

None of the children of this family have been immunized except the youngest child. Who had been given the tetanus injection. All the deliveries of Akhtari's daughter in law had been done at home by the local dai. But this time they had to face lots of problem at the time of third delivery as both mother and child were very weak. Akhtari also said that even after eating properly, her weakness could not be overcome. But in fact it was observed that sometimes they have nothing to eat. This time they took their children to give polio-drops as they asked the investigator if their children too will be given the polio drops and when they got the response in yes, they were very happy. With regard to dispensary and other government hospital they have complains like they are not treated properly there and are not given enough medicines. The Doctor who sits in the dispensary behaves with them, rudely.

To bring water for drinking and other purposes they have to go around 1 k.m. as there are only 2 MCD water taps in such a big Mohalla. there also if they want to take water people living nearby, fight with them saying, "this tap is ours why do you take water from here". So water is a big problem for this family. This family uses

Sulabh Shochalaya facilities i.e. Sulabh Latrines and Bathrooms. Here they are required to pay 50 paise each time. At fair price shop also they are not given full ration saying Ration is over but the owner sells the things in black to shops.

The family said politicians come here to ask for vote but once when they win, they don't do anything as they only come here to serve their own interests. Whenever Blankets, Sweaters etc. are distributed in Basti, Pradhan and other leader type people distribute those things among their closer ones. And who ever is real poor like us does not get anything. They also said that sweaters had been distributed in the school for winter but there also some children got 2-3 sweater who already had enough and these children did not get even a single one.

In the beginning this family was quite reluctant to talk but slowly they started believing in the investigator and told about themselves. In spite of living in Delhi for such a long time (20-25 years), they feel insecure and so they hide their identity as they never tell that they are Bangladeshi instead of it they say that we are from Calcutta and now as we have got our ration card and photo identity card, nobody can say that we are not from Calcutta. Akhtari also said, "we are happy and satisfied here as we are living. We don't have any

problem. Neighbours are also cooperative and helpful whenever we are in need". On the contrary to it while talking to the investigator she could not stop her tears from falling.

In this family Akhtari is not satisfied with her daughter in law's behaviour so both of them fight with each other. But even then she can't think of leaving them as feels after her nobody is there to take care of them. Otherwise this family is well mixed with their neighbours. This family doesn't have any ties with its native place as it is too far to have connection or links.

## **CASE REPORT – 2**

This is Priya's family, here Priya is a 4–5 years old naughty girl. In this family there are four members i.e. Priya herself, her mother, father and little sister of 2–3 months. Both husband and wife are in their thirties and have done R.M.P. from Calcutta. Both of them do practice and they have opened clinic at their residence only. This is a Hindu Bengali family who hailes from Bangladesh but they hide this fact. The lady told that both of them (husband wife) belong to Calcutta and also they have done their medical study from there only. Priya's mother is a happy looking extrovert lady.

This family survives on the income from their medical practice they have named thier clinic on their elder daughter's name. Every day

for seeking the patients they use to keep one table outside their jhuggi and two long benches are also put on the two sides of the table where patients can sit. A chair is also put there which is used by the practitioner herself to sit while talking or examining the patients. This clinic is open almost 24 hours as it is at their residence only. Here in this basti mainly Priya's mother does the practice and her husband sits. Some where else (in some other basti) for practice. Usually 15–20 patients comes to her everyday. She charges Rs. 20 per patient per visit. Her husband also earns almost the same. So it is not a very poor family.

This family is in Delhi for ast 4–5 years. Previously they were in U.P. They to Delhi as Priya's mother's sister is already settled here and some other relatives are also in Delhi. They have heard that there are greater opportunities for better life and education of children in Delhi. So they came here for few days they were with her sister. Then they bought this jhuggi in 7000 rupees. This place though it looks like jhuggi from outside but inside it is divided into three parts i.e. two rooms and one back portion which is used for taking bath, washing clothes and utensils. Food is also cooked in the back portion as some part is covered. the jhuggi made of brichs, mud and thatched roof.

In this family relation with in husband and wife is of cooperation for example when Priya's mother is busy with her patients or her 2–3 months old daughter, then her husband does the household work. According to her if her husband will not be cooperative then it will be very difficult for her to take care of the children, household work and seeing the patients alone.

At home and with their Bengali neighbours and relatives they speak Bengali, otherwise this family has good command over Hindi. Priya's mother said that they are from Bengal and they follow all the Bengali rituals and celebrate Bengali festivals also. She also said that she was married in early childhood but she will not do it with her daughter.

This family is not satisfied with their present way of living as it is very problematic to live in a slum. Their jhuggi is very small, so they cannot buy Almirah, cooler, fridge and colour T.V. as they cannot keep them properly in their jhuggi (it being very small and low in height). Also a major problem is that of water, for it they have to go to the next street where most of the time there is a que for taking water. One more problem is that the atmosphere is not good for their children as Priya is becoming more and more naughty day by day. there is no good school nearby. So she sends her to the Deepalya school and also

in the evening Priya goes for tuition as teaching is not good in her school. Previously she used to teach children herself when she was in U.P. and had no children but now due to lack of time she can not teach even her own child.

With regard to health this family don't have much problem as for minor diseases they can give medicines themselves. But sometime when their children are ill and they do not respond to their medicines then they take them to Dispensary or Government Hospitals. Both children of this family have been immunized.

Thus this family is observed to be in a better financial position than most of other families staying nearby. This family does not mix with their neighbours who are non-Bengalies, but they have made good contacts with Bangali and Bangladeshi families. They feel superior to other's so they are not adjusting here. But they have to invest money to buy a good house in some good area and till that happens they will be forced to stay here.

### **CASE REPORT – 3**

Samina is a frank lady with sound health. She is around 52 years old. Her family consists her husband and her daughter. She hails from Bangladesh. She migrated to India from Bangladesh. She is in Delhi for last 15–20 years. She came to India with some of her neighbours.

Majority of her relatives have migrated to India by crossing the border illegally. They came here because in Bangladesh they couldn't fill their stomachs due to poverty. Even the male members of their families couldn't get any job which is sufficient to fill their stomachs. So they decided to migrate to India. First they reached in Calcutta, stayed there for some time and then boarded the train to Delhi. After reaching here also, they had to face both of problems like they stayed at the railway station as they didn't know where to go. As they couldn't get some respectable jobs they started the work of rag picking. Though it is a dirty job but they get sufficient amount of money from this. Samina got married to a Hindu Bengali man as she wants to live safely. She thinks that now being an Indian wife she won't be sent back to Bangladesh.

The rag picking job is the only source of income for them. According to her each of them earns around 30–40 rupees in a day. In this way this family is not very poor. They choose this job because they know very little Hindi and this is the job in which language is not much required. Their sound financial position is reflected in the jewellery she wears. It is very heavy jewellery made of silver in her hands, ears neck and legs in the form of Bangles (thick), ear rings, necklace, rings and payal etc. She feels that money is for using not for

saving i.e. if they have money why shouldn't they spent on themselves i.e. on eating and buying things for themselves. Also, she feels good wearing such a heavy jewellery. They mostly eat fish rice sometimes they cook some other vegetables also. Food is cooked on Kerosin oil. They have got electricity also. Ration they take from the fair price shop. They have got their Ration Card and also they have their photo identity cards. Both these things are major proofs for them to establish themselves as resident of Delhi and have the right to vote.

This family lives in a well built jhuggi which is made on quite a large area than others. They have got two rooms and also have their own hand pump. Their home was clean from inside and outside both though it is not pukka.

This family is social and has good relations with the neighbours as Samina is mixing well with them and also with other community people. She likes meeting and talking to people. Thus this family was found well adjusted in the life of this slum and satisfied with their life as they are living it now. She had no major complaints she only said we can't live without paan as we take 7-8 paans daily. Also unlike other families Samina was not hesistant to tell that she is a Bangladeshi. It may be so because now she is the wife of a Hindustani man and so she is also Indian. So nobody can throw her out of India.

Despite being an immigrant, she doesn't look aloof even though her jhuggi is in a cluster of families from U.P., Gujarat, Bihar etc. and nobody is from Bangladesh. Samina doesn't have any links with Bangladesh nor she wants to go there for a visit.

#### **CASE REPORT – 4**

Hira Lal has come to India from Bangladesh when he was a child of 14–15 years. He and his mother came together they are in Delhi since last 24–25 years as now Hiralal is 35–36 years old. He doesn't know or remember the reason of coming to India. But he remembered one thing clearly that his mother and he were Muslims. They were living a very hard life in Bangladesh as his mother was widowed at a very young age. After her husband's death it had become very difficult for them to survive as they had no source of income and being a Muslim woman his mother couldn't go out to work due to Parda. Then someone told her about India and specially Delhi and so she came here with her only son. After reaching Delhi they stayed at Nizamuddin Railway Station and to survive, his mother started begging on the road and at Railway Station as she couldn't get any other respectable job. After some time she and Hiralal both plunged themselves in the rag-picking job. So since his childhood Hiralal had to work to support his family.

Though Hiralal's mother was a muslim lady in India she got married to a Hindustani man who was a Gardner in some Government office in Delhi itself. After this incidence only to hide her identity of being Bangladeshi immigrants she changed her name first and then also changed her son's name also. That is why Hiralal hecame Hira Lal. Hiralal's mother died 4–5 years back.

At present there are three members in Hiralal's family i.e. back Lal hiself, his wife Radha and his cousin Rashida. Both Radha and Rashida are in their 30th year of age. Radha and Rashida remain at home only. They don't go out to work. All three members of this family are uneducated. Hiralal regrets for not being educated as he thinks that if he was educated then he also could have got some good government job like his father.

Hiralal works of his own. He goes to different colonies in South Delhi and Trans Yamuna area. He does the work of opening the blocked drains by taking out the blocked thing. Daily he earns around 60–70 rupees if he gets job. But sometime he doesnot get any job and has to return empty handed. In this way Hiralal's source of income is not consistent.

This family has got their ration card as well as photo identity card as they bring ration from fair price shop. They have made quite a

spacious jhuggi as they were among the first ones to come to Nanglamachi from Nizamuddin slum when that slum was destroyed. they cook food either on Chulha (which is made of mud) or on Kerosine stove. They take bath and wash clothes at home only as they have made a separate place for that purpose. Also they have handpump. So, problem of water is not there for this family. They usually eat fish, rice, chapati and vegetables, etc.

This family speaks Hindi mostly but they do speak Bengali with their relatives. During illness or for any health problem they go to local RMP practitioners as they are easily accessible. They are costly but there they don't have to waste much time as it happens in case of Government hospitals. They don't go to dispensary as they don't remember the exact days and exact timings of the Dispensary so they feel hesitant to go there.

On the whole this family is satisfied with their life. They believe in hard work.

#### **CASE REPORT – 5**

Vasim is physically handicapped as he lost his hand in a train accident. Vasim belongs to a Muslim Bengali speaking family which migrated to Agartala from Bangladesh. His parents were agricultural labourers. Due to poverty and increasing cost of living it had become

impossible for them to survive in Bangladesh. They did not have any opportunity to fight for survival so they came to Agartala by crossing the border illegally with some other Bangladeshis. Now they are settled here permanently. But there too there is a lack of work opportunities. So Vasim decided to come to Delhi as he heard that in Delhi there are more opportunity. But even after being in Delhi for last 5-6 years, he could not get any job here. So he lost his hopes of getting some job and now he goes to beg as he needs somethings to control his hunger. But this is also not a easy task. As most of the time these beggers are beaten by the police or these police men take some amount of money as 'Hafta' (weekly) or Masik or Mahina (Monthly) for not harrassing or arressting them and also to allow them to beg as legally begging is prohibitted in Delhi.

For Vasim some of his relatives have made a jhuggi to live in. Basti People are helpful to this boy specially. It may be because of his sweet and helpful nature and also he talks very softly and respectfully to each and every person he meets. That's why people like him.

Vasim has applied in AIIMS to get the certificate of his handicap. It was long time back when he applied but till now he couldn't get that certificate. Also he is afraid to go to hospital like AIIMS as nobody talks to him sofetly or sympathetically listens to

them. He was given the date when he would be give the certificate for being a disabled person. But now he feels hesistant to got there as that date is over. He is afraid that he will be scolded and now he will not be given the certificate. He had also get a duplicate hand from the institute for handicaps but Vasim doesn't use this duplicate hand as it is very painful to wear and work with that. He feels comfortable without his duplicate hand.

Vasim's source of income is begging only but actually he doesn't like this job as he told the investigator that he wants to do some work of his own if he gets some loan from somewhere. He is interested in opening some shop.

Vasim also told that here also in our basti if we want to do some amendment in our jhuggi polcemen comes at once and asks for money. So without giving money in the hands of policemen nothing is possible here. According to Vasim political leaders and Pradhan of this basti are all very selfish and corrupt and so they are not helpful to people like us.

Thus Vasim is very poor person but even then he is a happy going type he is hardworker also but as he could not get any job he is forced to beg. If he is given some job definitely he will do it very

seriously. Despite facing too many problems in Delhi Vasim is not ready to go back to his parents in Agartala.

#### **CASE REPORT – 6**

Alif Miyan is 35 years old. His family is small. His wife Amina is 30 years old and they have two children i.e. a 2 years old son and a daughter who is only 1 year old only.

This family is Bengali Muslim and hails from rural part of Bangladesh. They have illegally immigrated to India as previously also they used to come and go i.e. before the 1971 war of independence of Bangladesh. They have relatives and friends on both sides of the border till now as they go to Bangladesh once a year but all this is done illegally. This family goes there to meet their relatives and other family friends. They have been in Delhi for last 17–18 years. From Bangladesh they crossed the border and reached Calcutta, remained there for few days and after that they caught the train for Delhi and reached here. After reaching Delhi their first place of residence was Nizamuddin Railway station from there they shifted to Nizamuddin slum which was near Railway station and when their jhuggies were broken by Government officials then they came to Nanglamachi and settled here.

This family didn't tell about their sources of income on their occupation but it was told by others that this family goes to a temple (nearby) for begging and comes back in the evening. With begging they are also able to get the cooked food which is distributed by the people coming to temple to worship. It is only when they don't have anything to eat from outside that they cook food at home. Food is cooked on Kerosin Oil Stove.

Alif Miyan is a physically handicap person as due to polio both his legs become powerless and so he can't walk properly. He has to take the help of his Baisakhis to walk or stand. Alif Miyan wants to get a wheel chair. He has gone to the institute for handicaps but the stock of wheel chairs was over when he went. So he is waiting to get one. He also went to AIIMS to get his physical disability certificate. Though his disability is of permanent type he was given the certificate of a temporary disability. He was very tense after knwoing this. He went there again somehow but the Doctor asked him to do all his checkups again. Now he feels hesitant to go again and again as it is very difficult to reach AIIMS from the basti. They have to go and come by buses and it is very difficult for him to catch the buses. They got to dispensary to take medicines for all ailments.

This family also has its ration cards and photo identity cards made. Water is a big problem for this family also as they have to go for to bring water for all purposes. It is also observed that the place is very dirty and stinking badly as it is very near to Sulabh Shauchalaya. But they have become used to of living in such conditions. They can speak both Hindi and Bengali, at home they speaks Bengali and with outsiders they communicate in Hindi.

This family is settled permanently in Delhi. Despite facing so many problems they are not ready to go to their native place. They feel that their are many opportunities here for their children to be educated and to live a better life than there.

#### **CASE REPORT – 7**

Asgar is 38 year old but he looks very old i.e. around 50 years or above. His family consists of his wife Jarina (32 years) and 5 children having three daughter of 10 years, 7 years and 6 months age and 2 sons who are 5 and 3 years old. Among them 2 daughter and one son goes to the school to study.

This family is staying in Delhi since last 15–20 years. Basically they are immigrants from Bangladesh's rural areas. This family had first of all crossed the border and reached. Agartala and settled there for some time. But on asking about their native place they told that

they are from Assam. According to some sources they have migrated to India as in Bangladesh they had some agricultural job which was not enough to survive. They also had learnt that in India there are many job opportunities. After coming to Delhi they straightway settled in Nizamuddin slum as Asgar already had got some of his relatives there. So they arranged a jhuggi for him. His wife Jarina joined him after 6–7 years as she was with Asgar's parents in Agartala. She is in Delhi since last 7–8 years.

This family also goes for begging near temple called Bhairo temple and there they beg for money and food both. Many people like this family from this basti are said to be going there for begging and for eating prasad. When they are free from begging they either smoke, drink or gamble. One day investigator also went there and herself observed them begging and sitting alone or gambling or playing cards.

From Nizamuddin they have come to Nanglamachi 4–5 years back when their jhuggies were broken and from there police started taking Bangladeshi people in trucks and leave them on the other side of the border in Bangladesh. They came here early and occupied this area and made a jhuggi here. To construct the jhuggi they were required to pay some amount of money to policemen.

Asgar is physically handicap. He cannot stand and walk on his legs. So to go anywhere he uses his wheel chair which was provided to him by the Institute for the handicape. At home he usually crawls on his knees. Asgar has also got his permanent physical disability certificate and on the basis of this certificate, he is also provided with a 100% concession certificate. This family mostly uses this concession for going to Ajmer for urse festival or for going to Bangladesh. In this way Asgar is not required to spend even a single penny for travelling by train. To go to Bangladesh, till Calcutta they go by train and then they move slowly towards rural areas and cross the border illegally to go to their native place. There they meet their relatives stay there for sometime and then come back to India by taking the same way on which they have reached Bangladesh.

Asgar has made his jhuggi with mud and thatched roof. They have just made three side walls to cover the area on it they have made the roof with the help of dry grass and thick plastic sheet and by putting some wood also. They also have some pet goats. so they don't have any difficulty in getting milk. Inside the jhuggi was not clean. Their things were lying here and there. They cook food on stove and use Kerosin Oil. For entertainment they listen to radio and tape recorder. This family also have got their ration card and photo identity

cards. They take ration from fair price shope.

Whenever there is some problem of illness in this family they go to dispensary sometime and if they are not satisfied then they go to AIIMS or some other Government Hospital. But usually they feel hesitant go to a place like AIIMS as they are afraid to talk to doctors as they are not sympathetic and polite to them. Neither the doctors nor the other staff of the hospital treat them well. Also their language is not understood as they don't know good Hindi and also being uneducated they have to face lots of problems here in Delhi.

Asgar's wife and children were very weak. They have problems of bringing water for all purposes. It is a distant place of around 1 km. They use Sulabh Shauchalaya facilities. This family has not got electricity though they have given Rs. 300/- to a DESU person who had promised them to give electricity but still they are waiting for that. Despite these problems of various types they feel satisfied with their life in Delhi and they have no plans to return back to their native place as they feel they can't survive there so their decision is to live here and die here.

#### **CASE REPORT – 8**

This is a Muslim family of Razia, here husband and her son Razia is 24–25 years old. Woman having a very weak physique. Her

husband is around 30 years old and their son is only 3 years old. One more old person also lives with them who is of 80 years age who is not their relative but he calls Razia as his daughter (Beti). This family has immigrated from Bangladesh.

In this family Razia's husband does the work of Kabadi he buys Kabadi i.e. useless things from the posh colonies of South Delhi, Noida or sometimes he goes to Ghaziabad also. All these visits are made on cycle. He results the things in the Sunday Bazaar which is held everyweek on Sundays at the back side of Red Fort. He earns usually 60–80 rupees per day and sometime he could earn 100 rupees also. But even then this family is not economically sound because whatever is earned, is spent on liquor and gambling. Razia's husband and the old man drink every night. Her husband is also a gambler. Liquor is made illegally in the basti itself by some local basti people.

Razia said their native place is near Dhaka. They have relatives there i.e. Razia's husband's parents, brother and sisters and Razia's own parents also live in Bangladesh. Both side of their relatives have agricultural land of their own. So there was no real need to go anywhere but her husband wanted to earn more money that is why he has come to India and then she also come here as, "Wife should live with her husband only as he is everthing to her". They are staying in

Delhi since last 7–8 years. The family members keep on going and coming back from Bangladesh. Recently Razia had gone there with her son as she was feeling home sick. She also said that to reach their village in Bangladesh it takes whole 5 days for one side i.e. in coming and going they spend 10 days. As it takes three days to reach Calcutta by train and from there two more days to reach their home via train from Calcutta to Dhaka. But people like her who don't have valid passports go by passing villages and thus they cross the border illegally. It takes more than Rs. 2000 to go to Bangladesh from Delhi and come back to Delhi from there.

Razia has got her own jhuggi here, she has bought it from someone. The jhuggi is semi pukka as it is made by using bricks and mud both and the roof is made of wood and plastic sheet is spread on it to stop it from leaking in rainy season.

Relationship within the family are not very good as whenever her husband is drunk, he fights with Razia and many times beats her also saying 'I want one more child, why do not you agree to this'. But Razia feels herself very weak and on the side. So she is ready to give birth to one more child. Razia's family also have fights with their immediate neighbours who are also Bangladeshis. She told that it has been becoming more and more difficult for them to stay there with

there neighbours so she want to shift to some other jhuggi so that she can live peacefully. But it was known from many sources that this particular family provokes their neighbours to fight as if Razia's husband speaks loudly and abuses others. Then what will other person do he will also loose his temper and start fighting. It was also known that all three of them (Razia's family) used to laugh and make fun of their neighbour who is affected by polio and so he walks by crawling on his knees. On seeing this they used to irritate him by saying that he is like a 6 month old child. Thus it was found that this family doesn't have good relationships neither with in themselves nor with outside community people.

This family couldn't get their ration card so they have to face the problem of buying the Kerosin oil in Black. Ration also they have to buy on higher rates as compared to fair price shop. The food is cooked on kersoin oil. Water is a problem for this family also as they have to go to a distant place to bring water for drinking and other purposes. Razia used to bathe her child and even washed clothes at MCD tap only. They also use Sulabh facilities. At her jhuggi they have a transistor to listen to music, her son also has a tricycle and some other toys. This family looked very poor as they have only 1-2 pairs of clothes 1 or 2 boxes have been kept inside in which their things are

kept inside 1/3 part of the jhuggi is full of Kabad. They used to sleep on the floor by putting thick card board paper which is used to pack delicate things. On it they put mattresses, and bedsheets etc. in day time.

Razia's son doesn't go to school till now and he roams here and there with other children. She wants to send him to school but she doesnot know where to go and she is confused if her son will be admitted to school or not. When she was told about the school in basti. As she said I will take him there for admission so that he will learn something. According to her 20 rupees per month is very nominal charge as 20 rupees have not much value as she can spend 20 rupees even on buying paan for one day only. In this way Razia is interested in educating her son.

She has many health problems like she is very weak and anaemic. Her menstrual cycle is also not regular. Sometimes it is twice a month with heavy bleeding. She wanted medicines at home only. She doesn't want to go to dispensary as she felt that the doctor who is sitting there will not take her problems seriously. She goes to local practitioner most of the time.

According to Razia they will go back to Bangladesh whenever they will have savings of Rs. 20,000. But the fact is that they will

never be able to save such a huge amount of money as what ever Razia's husband earns, he spends an gambling and drinking. Thus they will not go back to Bangladesh.

#### **CASE REPORT – 9**

This family consists of Saju Begam, 10 years, her husband Mohammad Sanju 32 years, and Saju Begum's son who is 9–10 years old. Saju Begum is an immigrant from Bangladesh. there she was leading a happy life with her husband who was a soldier in the Army of Bangladesh but he was killed in the war. Her son is from her Bangladeshi soldier husband. After his death Saju Begam had nothing to do she also felt depressed while staying there. When she was too much frustrated from her life she decided to run away from there. So, she crossed the border, reached Calcutta and from there she sat in the train going to Delhi. In this way, she reached Delhi. Now also she is getting pension for being a widow of an ex–army personnel. She is in Delhi since 1st 8–9 years. She said that they do the work of rag picking but they also go for begging near Bhairo temple.

Mohammad Sanju is also from Bangladesh but he didnot accept this. He claimed that he is from West Bengal and not a Bangladeshi. He told the incidence of Nizamuddin where police had come to their cluster to take the Bangladeshi immigrants living there, and to leave

them in Bangladesh. However, instead of Bangladeshis they also caught hold of many Biharies, and West Bengalies saying, "you are telling lies. You too are Bengladeshis". They were taken in fully loaded trucks and remained there for some time roaming here and there for nothing and again came to India by crossing the border illegally like Bangladeshis. Then they came back to Delhi again! These people have become aggressive towards Government officials and also towards police Sanju also was surprised at this incidence, as he commented, "Police force us to accept that we are Bangladeshi but if someone is an Indian from West Bengal or some other state, how can he accept such a things?" Out of the fear of being beaten, sometimes people do accept such things. Sanju tells everyone that he is from Assam but actually he is from Bangladesh. In this way he also hides his identity of being on Bangladeshi immigrant.

Sanju and Saju Begum met when they were in Nizamuddin slum so they started liking each other and Sanju got married to Saju Begum though she is 7-8 years older than him. But now they frequently fight with each other. From Nizamuddin they have shifted to this Nanglamachi slum as their jhuggies had been broken and also they removed the slum from there. Here at Nanglamachi they have their own jhuggi. Their ration card is on Saju Begum's name and Sanju till

now is not included in that. Even Sanju doesn't have his photo identity card. Thus for everything Sanju is dependent on Saju Begum.

Most of the time the fight between both husband–wife is because of Saju Begum's son as he is not controlled by her mother and she favours all his good and bad behaviour. That is why sometimes Sanju becomes angry. Recently in an incidence Sanju wanted to take some money but Saju Begum was not ready to give so he started fighting and beating her with a thick stick he threw a stone on the head of Saju Begum's Son. As a result both mother and son had injuries on their heads. The boy was serious but when they were taken to hospital the doctors were not ready to provide medical help as it had become a police case without report in police station they were not ready to cooperate. So later they were taken to a private practitioner who provided them medical aid and also gave them some medicines to eat. The reason for this fight was that Sanju was drunk at that time so he couldn't tolerate a 'no' for giving him money. But when both of them were injured, he was afraid and so he ran away from home. The boy was not taking any of the medicines and milk etc. as he felt like vomiting after having all this. They were not ready to go to dispensary or hospital as they were afraid that it will become a police case. So they did not go even to get their Bandages changed.

This whole family is not healthy and they are weak as Sanju used to have stomach pain most of the time. He can't digest properly. Sanju felt ashamed of whatever had happened, "but they (Saju Begum and her son) do not agree on anything with me. I do love them but I feel angry when they join against me". He also said he becomes angry because they donot talk to him properly. She gives too much importance to her son and she is spoiling him feels Sanju.

On the name of jhuggi they just occupied the area which, from two sides is shileded by the walls of 2 other jhuggis. On one side they have put a thick sheet (called tirpal) to make the 3rd wall. The roof was also made by putting some plastic sheet and dry grass on it. This whole family wears dirty clothes and even their jhuggi is not clean from inside. They have got very few things inside i.e. a box made of iron, very few utensils, 2-3 goats and also they have a Bull dog which is kept for security reasons as it doesn't let anyone go inside their jhuggi.

Saju Begum suffers from fits as her husband. Sanju said that sometimes her body starts wisting, and Blood comes from her mouth and then she loses her consciousness. After sometime she calms down and then she will be normal as if nothing had happened to her. However, they have never committed a doctor.

Recently Janshakti People have distributed sweaters in the basti. Both Sanju and his son were gives sweaters. It was a very difficult task to get these sweaters as people do not have any patience. Every one wanted to take it first and so pushed each other.

Saju Begum is not sending her son to study as she is always afraid about him and feels insecure if he is out of her sight. Thus this family is too scared, of the police. The whole family is very aggressive. They don't have good relation with any of their neighbours.

This family has no plans to return to their native place Bangladesh as it is very difficult to live there now after living here for such a long time. So they want to live in Delhi only. This family speaks Bengali most of the time. Husband Sanju knows good Hindi but Saju Begum's Hindi is difficult to understnd.

#### **CASE REPORT – 10**

This is Jamila's family which consists her husband her three children i.e. 2 daughters and one son (newly born) and Jamila's sister also is staying with hem. Jamila is a quite active and talkative lady. she is 32 year old and her husband is in his 40th year there daughters are of 6 and 3 years old. Her sister is also a child as she is 12 years old only.

At present Jamila's husband is the only earning member in the family. He works in the Greece Embassy. Previously she also used to work there but now she does not work as she was pregnant. Her husband's salary is Rs. 1,900/- per month but is not sufficient for this family because previously their income was just double of it as Jamila also used to work and earn. Now their source of income is limited but their spending is more than the earning. This family spends 1200-1300 rupees on buying things of daily use from the local shop. Here the bill is paid once a month and it is never checked so they don't know if the shopkeeper is charging more or accurate bill from them. Also Jamila's husband is a gambler and mostly he is a loser.

Jamila is the eldest daughter among her 2 brothers and a sister from a Bangladeshi rich family, having 45 Bigha land for agriculture. Now only her brothers are in Bangladesh and they themselves are taking care of their agricultural activities. Sister is with Jamila and her father used to come and go in between India and Bangladesh. He comes to India with money like this time he has come with an amount of 30,000 rupees, and he visits different religious places like Ajmer's Dargah or goes to Makka-Mudina. Whenever he finishes his all money he goes back to Bangladesh. He can't stay at one place - tells Jamila.

Her mother also came to India and she has died 3–4 years back due to heart problem.

Abdul is Jamila's second husband whom she married after coming to India. Firstly she was married in Bangladesh only to a man of 25–30 years age while she was only 8 years old. According to Jamila, at that time her father has spent 1–5 lakh rupees on their marriage. But unfortunately Jamila's husband divorced her to get married to another women for which he got 60,000 rupees. Jamila's them mark as put on divorce papers and she happily did that she was illeterate and she couldnot understand i.e. whatever was happening. In this way Jamila's first marriage ended with in 2–3 years only and she was sent back to her parents again. Till that time Jamila was of 10–11 years and started understanding a little. A mulla has played major role in getting her divorced therefore after this incidenceshe started hating Mullas. Also Jamila started fighting with her father as to why he got her married so early and ruined her life. But it was all in vain as her father was very proud of his wealth and after few years her father again asked her to get married to her uncle's son but this time Jamila was determined not to marry again as she has lost faith on all men including her father. Jamila went to a lady who was living in her neighbourhood andwhom she used to call Auntry. That lady used to go

to India and come back to Bangladesh for some days and then she used to go back again. On hearing about Jamila's problem she suggested to her to take as much money as she could, so that they could go to Delhi and there she will get some good work. Jamila felt happy at this because she thought she will be able to get rid of this life in Bangladesh so she agreed to go with that lady. She took as much money as she could carry in her hands. At home she told that she is going to take bath but while bathing only they swam and crossed the border through the river. Thus Jamila reached India. There also someone who knew Jamila asked her where she was going? She told him that they were going to see the Cinema. Instead of going there we reached Calcutta Railway Station, took two tickets for Delhi and in this way Jamila reached Delhi with her so called Aunty. Till now that lady was spending Jamila's money only. They stayed at Nizamuddin railway station after reaching Delhi. But poor Jamila was not safe here as her so called Aunty wanted to sell her to someone in 1 lakhs rupees. Jamila was shown to a man, who came with her aunty, and they started talking in Hindi by making different signs. Jamila could not find out what they were talking about, as she didn't know Hindi but Jamila doubted that lady (her aunty) and man. So she went to a bengali lady who lived nearby. She told her everything and asked what does it mean? At this the lady disclosed that her so called aunty used to sell

innocent girls like her to prostitutes or to rich men who can pay her well and she wanted to sell Jamila also Jamila was shocked to hear all this but she was a brave girl so she could not sit calmly after knowing all that. She made complaint against that lady in the Police Station and then went directly to them and told that man – "if you want to buy me you will have to go to the Police Station". On hearing the name of the Police Station both of them (her aunty and that man who wanted to buy her) ran away. Till then Police Inspector also came there now he wanted to take her to the Police Station as she was alone. Abdul (her husband now) also lived nearby in the Nizamuddin Slum. After knowing that some girl from his country has been brought here and now she is with police, came there at once and told the inspector that he will not let her be sold. Inspector asked him to give her guarantee. But Abdul said, "I will not give you any guarantee but I will marry her as she is also muslim as I am that she should not go to a Hindu family". At this inspector also helped them as he was a nice man. In this way Jamila and Abdul become husband and wife.

Abdul (Jamila's husband) is also from Bangladesh and belongs to proper Dhaka. He also ran away from Bangladesh to India by crossing the border illegally with many of his friends. His other relatives and parents are in Dhaka only. Very rarely Abdul goes to

meet them because of shortage of money. Abdul come to India to earn money and for better survival. He also stayed first at Nizamuddin railway station and worked as rag picker then he made a pukki jhuggi in Nizamuddin slum. After marriage both of them got job in Greece Embassy to clean the Embassy.

This family goes to Bangladesh to meet their relatives and friends, though it is very rare but they do have links with their native place. Sometimes their relatives also come to Delhi to meet them and most of them stay here only. As they have relatives and friends on both sides of the border they are not afraid that they can be arrested. Jamila said that it takes around 15 days to reach their home in Bangladesh as they go by meeting all the known ones whoever comes on their way. Though from Calcutta train and bus go to Bangladesh but they go through passing villages one by one as they don't have legal documents. Jamila also said that, "people living on both sides of the border have relations and friendship and they do help each other in good and bad time. They call each other in festivals and ceremonies etc. They do not discriminate. They are the same as they were before independence. Thus it is only a wrong belief that people too are separated, infact they have close relationships which can not be

removed by making a border line and saying that this side is India and that side is Bangladesh".

Jamila and Abdul also tried to go to Pakistan because it is a Muslim country. They sold their jhuggi in 7000 rupees as they needed money to go and settle in Pakistan. Many other Bangladeshies from Delhi and other places of India also wanted to go to Pakistan by crossing the border illegally. But when they reached near the border that Dalal left them alone. They tried to cross the border from here and there but despite making to many efforts they couldn't cross the border. They took shelter in an old couple's house near the border but at night when they were sleeping that couple stole all their money and in the morning they were pushed out. In this way all their money was stolen and they were not even in position to go back to Delhi. Then a gentleman took pity on them as their little 2-3 years old daughter was crying a lot and gave them money to buy tickets for a Delhi bus. Thus they come back to Delhi again. Abdul is ready to try again to go to Pakistan but now Jamila is not ready to go from here.

When they came back to Delhi they had no place to live so they stayed at Pradhan's jhuggi who was also a Bengali. After some months when Nizamuddin slum was to be removed they come to Nanlamachi slum. Here they have constructed their Kutchchi jhuggi. They want to

make it Pakki if they will have some money saved. At Nizamuddin they had ration card and Photo Identity Card. But after coming here they could not make their ration card though they have tried to change their ration card on new address.

This family speaks Bengali most of the time as their neighbours are also Bengali speaking. They know Hindi also. They mix well with the basti people. As Jamila is a cheerful and helping lady she not only have friendship with Bengali people but with others also she have good relationship.

At home Jamila and her husband fight almost everyday as Jamila wants to save some money for future and Abdul is a gambler and sometime he drinks a lot also and while he is drunk he beats Jamila and children also. He wants to spend money gambling mostly as he thinks he will become rich one day. But instead this he is becoming more and more poor. Therefore Jamila is usually tense about the future.

Like many other families this family also faces the problem of bringing water as the tap is at a distance of around 1 km. from their jhuggi. They use Sulabh Shauchalya's toilet. But they wash clothes at home only. Food is cooked on Kerosin oil in black and ration also they buy from local shop which is costly as compared to fare price

shop. They eat fish, rice, pulses, roti and vegetables whichever is available. This family believes in good eating if they have money even if they don't have money they buy things and pay later. One can see at any time children of this family standing on the shop to buy eatables.

Jamila is not satisfied with his office people. She used to abuse them a lot as despite their working in that office for so many years (7–8 years) their pay is the same as it was when they joined the office. They only give bonus of Rs.500 at the time of New Year or Diwali. Jamila also come to know about his boss that he increases the salary of only those women who are ready to satisfy his lust but she is not ready to do all that. Now she is on leave but she doesn't want to join there again. She wanted work at home only if possible. Jamila also asked the investigator if she can arrange for some work which could be done at home only.

This family prefers private practitioners to Government Hospitals. According to them nobody cares for them in government hospitals. She narrated the experience of hospital when her mother come to her for treatment of a hole in her heart. She was admitted in AIIMS for operation. But Jamila told that the AIIMS hospital only has a big name otherwise it is not good. According to her hospital people wanted to give death instead of treatment to her mother. But she was

lucky as she escaped from there. When Jamila's mother was admitted in AIIMS one day they all saw that a healthy girl was admitted as she had pain in was stomach and she got a bed next to her mother. She was unmarried and she didn't have any other problem but suddenly at night she died. Jamila thinks that doctors gave her something to let her die. After this incidence Jamila's mother was afraid as she had lost faith in doctors. Therefore, she run away from there without being opeated. She died after 7–8 months of that incidence otherwise she would have died at AIIMS only, feels Jamila.

This was Jamila's 6th delivery and she gave birth to a healthy male child in March, 1997. Among all of her 6 deliveries only three last children are alive while all other died. Twice she had Jaundice. First time she did not even know about that but 2nd time it was serious. She had left hope of living. But eventhen they didn't go to the government hospital. They consuftled some private doctor at Nizamuddin who treated her. It cost around 70,000 rupees Jamila got well but the child was dead. All her deliveries were normal and were done at home only by the local Daies as she does not have faith on Government Hospitals. However, the children were given polio drops from the Dispensary. Also, she took tetanus injection from the dispensary.

Jamila's elder daughter goes to school which is run by Deepalya. Her sister is in 2nd standard and she goes to a government school near Zoo. Jamila is worried about her sister. She is also the victim of child exploitation as when her mother was about to die, she wished to see her second son-in-law. Therefore they married her in a Muslim family in a hurry. But now the girl is not ready to go there as they are not nice to her and the family is not good. So Jamila also wants to send her to home other, nice muslim family who can sponsor her education, food and cloth etc. She can work for them. So that she can become something and lead a happy life. The social environment of this basti is also not good and the girl does not have good company. She can send her to her brothers in Bangladesh but they are not ready to keep her there as her Bhabi is very selfish. Jamila also wanted her sister to be educated. She also wants someone to give her tuition as she is not good at studies but the tutor should be good and reliable.

Thus on the whole this family is satisfied with themselves. Despite facing problems they are ready to struggle with them. They want their children to be well educated so that they can become good persons. They have no plan to leave Delhi and go to some other place or to Bangladesh.

## **CHAPTER VIII**

### **DISCUSSION AND SUMMARY**

Population movements between countries has been an enduring feature of population geography and human affairs. Throughout history there have been periods when migration has been an important economic and social safety valve, allowing labour to relocate to areas where it was more needed. Today the number of both sending and receiving nations has increased.

The last five years have witnessed a rapid increase in the number of people affected by armed conflict and communal violence. It is not easy to give precise statistics, (UNHCR, 1995).

Human migration is a significant force in historical change. Large scale migration of Asians, Africans and Europeans was a very important feature of the 19th century. Similarly, it contributed to the creation of the contemporary post world war II world. Asian peoples have been among the most central in these processes. By the last quarter of this century about 9 million South Asians ( Indians, Pakistanis and Bangladeshis) and 30 million Chinese are living outside their country of origin (Brown and Foot, 1994).

Regardless of the causes for emerging migrant population, over 95% of them cross international boundaries from one developing country to another developing country. Thus the essential nature of the refugee situation is one that is shared exclusively within poorer countries ( Gallagher, 1986).

Migration derives from a complex of interrelated social and economic factors but is primarily related to the 'migrant's search for greater well being.' People are forced to cross boundaries because of several individual, psychological, political, social, economical or historical reasons.

### **PROBLEMS OF BEING UPROOTED**

Migration even when it is voluntary and planned is a stressful event. Loss of cultural support system, psychological detachments, economic hardships and potential discrimination and hostility from the natives are some problems faced by immigrants in the new environment.

Legal immigrants fare worse than the native population, according to several health indicators, even though they have been selected at the time of entry for their good health and ability to work. Most vulnerable immigrants are disabled people, children, elderly and women as family and community life is often seriously disrupted

within immigrant populations. The conditions of illegal immigrants are even worse and not very well documented. Also the stresses of migration are significantly higher in the new surroundings and make illegal immigrants more vulnerable to sickness and diseases. Thus in search of security and better life they are trapped in a new set of conditions.

Apart from political asylum and aspirations for higher achievement, most immigration from third world countries is rooted in their relative poverty.

Migration from India is a consequence of relative poverty. These emigrants are uprooted from their families, traditions and culture and ruthlessly dumped into a civilisation unlike their own.

Indian immigrants in United Kingdom are usually thought of in terms of 'ethnic minorities'. Indians go to Britain to make money, save up enough of it and eventually go back to their native place, rich and respected. So they don't even mind doing hard, dirty or continuous work. In Britain they live in crowded conditions like 30 or more men to a three bed room house. Indians and Pakistanis are usually a highly exploited group in Britain. South Asian women are found to be facing many more problems as their sisters in the Indian subcontinent.

Like Britain many Indians emigrated to United States in the first decade of the 1900 (mostly from Punjab). Asian Indians were particularly found to be well positioned to take advantage of the changes in the US immigration law which had favoured family reunification. Asians were found to become citizens faster than any other group and among them also Asian Indians showed the greatest propensity for rapid naturalization. Most of the Indian immigrants in US are highly educated and are from urban community unlike in Britain where majority of the Indian immigrants are uneducated and belong to rural India. In United States many Indians are entrepreneurs, but even then Indians have to face public hostility. Thus despite success, Asian Indians in United States are facing residual discrimination (Ali, 1988, United States Commission on Civil Rights, 1986, 1992).

Thus there are significant problems of cultural adjustments, inter ethnic relations, and relations between Indians and local populations. Conflicts appear around jobs, culture, the immigrant's acceptance of low wages and longer hours of difficult work, their unfamiliarity with legal system of the host country and special vulnerability of immigrant women.

What is pertinent is that there is a degree of universality in these problems and India is no exception in its stringency towards its immigrants.. We thus see that Indian emigrants to Western Countries are monitored and regulated and they are used as cheap labour. For them however, it is improvement of their living conditions as they are able to earn and save. However, they face innumerable problems as well. The illegal emigrants that go to the west are worse off because they compete even with their own communities and are always under the 'Threat of repatriation.'

The studies reviewed show that immigrants have to face lots of problems and because of low access to health care facilities, bad living conditions and low socio-economic status their health status is worse than the native population. Older people, single males, women and children are specifically vulnerable to health problems. All these are found to be rooted within their cultural alienation from the local communities and also due to discrimination. Not much studies have been done in this area. The literature identifies two levels of problems: One which the immigrants share with the poorest sections of the host populations with whom they live and, Second, health problems arising out of their immigrant status which at times makes access more difficult and adds to the vulnerability of immigrants.

## **Shift in Policies**

Immigrant arrival means different things to different countries so they have made different type of policies for immigration. According to the Article 13 of the Universal Declaration of Human Rights 'every one has the right to leave any country including his own, and to return to his country.' The catch is that there is no corresponding universal right of entry. People can leave but have nowhere to go. (Dib, 1988; Stalker, 1994).

Earlier in history there were fewer controls on migration if any at all. Until 19th century labour was generally in short supply and so immigration was encouraged or at least tolerated as a way of increasing populations. A number of countries have at times declared themselves open for settlement by immigrants. For example Israel and New Zealand; South Africa and other African countries.

US has always seen itself as a country of immigrants. It is the largest immigrant receiving country including illegal immigrants but it has strict immigration rules.

Britain and other European countries have seldom thought of themselves as countries of immigration. Yet compared with US many of them accept proportionately more immigrants and thus they too are becoming countries of long term settlement. Governments of these

countries have focused more on minimizing requests for asylum, in recent years. Recently a new 'Asylum Bill' was introduced in 1992 to restrict the rights of appeal for asylum.

Different countries have adopted different policies concerning immigrants. India has traditionally been a good host for immigrants as it does not have any specific policy to deal with this refugee or immigrant influx.

Many factors in recent years have led governments to adopt or redefine their immigration policies. These include the tightening of immigration regulations in times of economic depression. On a number of occasions states have closed or attempted to close their borders, thereby denying refuge to asylum seekers. On several occasions states which have admitted substantial number of refugees have announced their intention to repatriate them as quickly as possible. While such threats have rarely been implemented they send unmistakable signal that the new arrivals are not wanted and should leave their country of asylum or quickly as possible. In this Global milieu India which till recently was known for its generous policy towards immigrants from the neighbouring countries, is now being compelled to look at the issue with greater stringency.

Indian subcontinent has long been the scene of large scale population movements. India's refugee or immigrant problem became more from 1947 onwards when it became independent and was partitioned into India and Pakistan. Immigrants from Pakistan, Bangladesh, Tibet, Afghanistan, Sri Lanka, Nepal and Bhutan came to India. In this way apart from legal immigrants like Tibetans and Afghans the problems of outsiders or illegal immigrants from Bangladesh, Nepal and Pakistan has been one of the prime issue in India. The problem of untraced Bangladeshi and Pakistani nationals has become serious as they merge with the local people and pass off as Indian citizens.

### **Bangladeshi Immigrants in Delhi**

I. With all the economic opportunities real or perceived in the burgeoning national capital of India, Delhi offers hope to large number of people including immigrants. So Delhi has no shortage of immigrants. It is estimated that about 2.5 lakhs persons arrive in Delhi each year in search of work where there are already 3 lakhs or more unemployed persons (Delhi- A tail of two cities, 1993).

Migrants or immigrants of various kinds come to Delhi for hunting opportunities in the vast city barring the fortunate few most of them remain embroiled in a struggle for survival. Most of them find

only a small piece of land to sleep and they later create a jhuggi to live in which becomes the eye sore for the metropolitan elite and authorities. While the legal immigrants have some political and social status, the illegal immigrants from Bangladesh fare the worst fate.

We us discuss here the issues which have emerged form the case reports presented in the last chapter.

#### I. Issue of Poverty, Insecurity and Identity:

The case reports show that these illegal Bangladeshi immigrants are living on the periphery of the city with extremely restricted facilities and access to services. In the slum their very different cultural background adds one more dimension to an interface between rural and urban, and regional (state wise) cultures which do have an additional influence on their strategies for survival and health seeking behaviour. These interactive factors in turn determine the quality of their health and the disease patterns of the family and individuals, the responses to diseases and the consequence for the individual family and indeed the community as a whole.

Some insights were gained into what compelled the Bangladeshi people to cross the border and enter into India illegally. Here poverty and unemployment were found to be basic reason as Bangladesh is a poor country where jobs are limited and unemployed are many.

Another reason for Bangladeshis to come to India is that many of the poor Muslims want to go to Pakistan or to any other muslim country. So India is used as a transit center. These people stay in India for some time and then they move further towards their destination i.e. Pakistan or Arab. Those who want to go to Muslim countries cross the two borders and that also illegally. Many of them succeed in crossing while some unfortunate ones like Jamila (case to report 10) fail to do so as some of them are caught by the border security force, while some are cheated by Dalals who take money from them and then leave them alone.

Though Bangladeshi immigrants hide their identity for the fear of being sent back to Bangladesh in our case reports most of them indirectly told that they are from Bangladesh though they did not tell the exact place. In this study despite having three months of contact with the investigator they were not willing to talk about their past. The case reports have revealed some facts about these illegal Bangladeshi immigrants living in Delhi slum. These are as follows:

- life of most Bangladeshi immigrant in India is almost the same as that of any other very poor Indian. These immigrants live under the conditions of poverty and deprivation of different levels in slums like any other poor Indian.

- Few of these immigrants have made their life somewhat better off with their hard work or skill but even then, they are not so well off that they can live outside the slum.
- Bangladeshi immigrants are keen to acquire a local character so that they can not be identified as Bangladeshis. They try to learn Hindi as soon as possible because Hindi is the much spoken language in India. These Bangladeshis hide their identity and tell that they are from Calcutta but as their accent and Bengali is different from that of West Bangali, Bengalis from West Bengal recognise them very easily. They usually do not disclose it to others, instead they cooperate with them.
- Though these Bangladeshi immigrants look like any other Bangali Indian, they always feel insecure. They live under the threat that any time they could be recognized and then police will arrest them and they will be sent back to Bangladesh where they do not wish to return. Their feelings of insecurity can be seen in such things like:-
  - (i) Almost all of them hide their identity and their status of being an immigrant from Bangladesh. Instead they insist that they are from West Bengal, Calcutta or from Tripura. All these places are situated near Bangladesh so these people easily cross the border illegally and come to India. Also they change their names

from Muslim names to Hindu ( for example Mumtaz to Meena) because most of Hindus do not give jobs to Muslims.

- (ii) Majority of these Bangladeshi immigrants are involved in doing jobs of Kabadi, Riksha pulling and begging etc. as these are jobs in which their identity will not be disclosed.
- (iii) Because of the fear of being recognized as Bangladeshi immigrants most of them are keen to shift their place of residence from one place to another so that their identity is safe and not discovered.
- (iv) They try to learn the local language of the majority of Indians i.e. Hindi as soon as possible because their language is different from that of Bengali speaking Indians. They are always afraid that they will be recognized if someone complains against them.

These Bangladeshi immigrants have relationships with West Bangalis as before partition, Bangladesh was also a part of India and since that time they have relationships on both sides of the border. If they have relation with any of the west Bengali or with any other Indian then they feel secure. Many of the Bangladeshi immigrants Muslim women have changed their names to a Hindu one and also married a Hindu. Once they become Hindu then they do not have any fear of being recognized because now they are no longer a Bangladeshi

as they are married in a Hindu family. It was also found that for most of these women this is their second marriage.

## II Conflicts of culture and Language

It was found that general perception of Indians towards these Bangladeshis is not good as they look at them as somewhat inferior. Also Bangladeshis are regarded by Indians as dirty people because they do dirty jobs like rag picking and begging etc. The Bengali spoken by these Bangladeshi immigrants is different, so it is not difficult to identify them. This to an extent alienates them from the non-Bengalis and also creates a barrier for communication. Till they are not able to learn the local language Hindi they can't have any relation with Hindi speaking people. Very few Bangladeshis who know Hindi mix with non-Bengalis and have good relationship with people from other communities. Indians, very often, in general do not give jobs to Bangladeshi muslims as their religion is different and also they do not have trust in them. All these things force many of these immigrants to change their names from Muslim to Hindu names. So generally these Bangladeshi immigrants have to face the problems of discrimination from Indian people.

## III. Issues of Access to Health Service

Majority of these immigrants have to face problems in

Dispensary as their language is not understood by the people sitting there. Also they are not listened to sympathetically. People, in Government hospitals and in dispensaries, do not treat them well so they have lost faith in them. Instead they prefer private practitioners who are easily accessible, though the charges are more but it saves their time and whole day's salary. At the same time the timings of the dispensaries or government hospital do not suit them because between 10 A.M. to 1.00 P.M. they work and they are busy, often they forget the time and day on which the dispensary opens as very few of these Bangladeshi immigrants avail the services provided by the dispensary.

Access to health services for immigrants (though poor) is not very different from the other residents of Delhi Slums. Bad living conditions and low socio-economic status is conducive to poor health. Some of the problems of slum dwellers shared by these Bangladeshi immigrants living in Delhi slum are : problems of Diarrhoea, fever, heart disease, injury, children diseases. Studies (NIHFW, 1986, Gupta, 1992, HELP, 1995, Ritu Priya, 1995).

Given their fear and insecurity they avoid going to the government institutions where at times identification and address becomes an issue and a means for repatriation. As in the case of Razia despite serious head injuries they chose to avoid going to hospital for

fear of police involvement. As a result immigrants choose local traditional or registered medical practitioners who flourish on their insecurity.

IV) Immigrant's interaction with the representatives of the State:-

These immigrants have special problems with the police and political leaders. They are also afraid of Police harassment so if any policeman asks them to give money they give it without any question because they know that after getting money those policemen will not do anything against them. The police extracts cash on weekly or monthly basis to provide security. After getting money these policemen do not throw them out of the basti or out of India, and also they are not arrested by police for begging in certain areas.

These Bangladeshi immigrants who reside in India illegally are considered major vote banks. But no party after winning does anything for the benefit of these poor immigrants. So they remain as they were before. Also these people (including other community people) are asked to give money for different welfare activities but after that nothing is done. However, for fear of being thrown out they do not complain about problems of water, unemployment, poverty etc. which in the first place forced them to leave their native place.

Bangladesh and India have a history of population movements across borders from before Independence (1947). It was only after 1947 that a border line was made but this borderline could not separate people's relations which they have on both sides of the border. Now when they are not able to come legally they cross the border illegally to meet their relatives. Dalals also encourage those poor people to cross the border who are ready to pay them. They also help them to settle in some colony in India where other Bangladeshis are already living. For their services they charge money on both sides of the border therefore this has become a business for these people and they help more and more people to leave their native place. The government officials on duty at the border also get their share from time to time. For both the governments of India and Bangladesh the dilemma is the consequence of the absence of a consistent and clear policy on the infiltration and deportation issues ever since Bangladesh became independent in 1971.

Thus our study reveals that illegal immigrants from Bangladesh only represent the longer human effort at survivals and improvement of one's living conditions and the betterment of future generations. People move across borders in search of security and attempt to mix with local populations. In the process they accept local language,

culture and whatever economic opportunities comes their way. In this struggle they are constantly facing threats from the local administration and appeasing them. They also become pawns for unqualified practitioners where they feel safer and less scared of being identified. Though we did not compare their health problems with those of the locals, there seemed to be very little difference between the two from the available literature on access to health for slum dwellers.

## **SUMMARY**

The main findings can be summarised as follows:

- 1) The overall trend of illegal immigration is increasing in India as well as in the world. Also the problems of legal immigrants of refugees is increasing world wide, posing one of the great challenge to humanity.
- 2) There is no universally accepted terminology to describe immigrants and native ethnic groups and their offspring.
- 3) The root cause of migrant problems are manifold, national and international individual and social political and economic. Thus problem of migration is complex and multi faceted which

underlines the need to adopt a comprehensive approach focusing both on causes and consequences of immigrant follows.

- 4) Stresses of migration and adjustment in the new surroundings is significant and makes immigrations vulnerable to sickness and disease.
- 5) Indian policy states that refugees or immigrants can be in India temporarily but cannot be integrated permanently. But it does believe in basic facilities to these people on human ground.
- 6) Bangladeshi illegal immigrants in India are increasing day by day. As they live in slums they are vulnerable to health problems.
- 7) Bangladeshi immigrant have a feeling of insecurity in India so, they live here by hiding their identity. They move from slum to slum to avoid recognition.
- 8) They prefer private practitioners instead of using government hospital or dispensary when sick.
- 9) Majority of these immigrants are employed in the jobs which have negative effect on their health i.e. rag picking, begging, Kabadi work etc. because in such jobs there is no risk of being identified.

- 10) Though these immigrants are illiterate they are sending their children to school to educate them.
- 11) Extreme Poverty and unemployment are the main reasons for immigrating into India. Some also come to avoid the religious oppression and gender inequality.
- 12) Life of Bangladeshi immigrants living in Delhi slum is similar to that of any other poor Indian living in the same slum and like Indians some are little better off also.
- 13) India is used as a transit by some of these Bangladeshis to go to Muslim countries like Pakistan and Arab.
- 14) Bangladeshi immigrants try to learn Hindi as soon as possible because otherwise they are afraid of being recognized as their Bengali language is different from that of the West Bengalis. Also, they want to mix with the locals and to communicate well with them.
- 15) Usually Bangladeshi immigrants live in a group. Very few live alone. If they do, they are those who have merged into Indian community like women who get married in a Hindu family.
- 16) Many of the Bangladeshi immigrants (especially women) do change their muslim names to Hindu names.

- 17) Women, Children, elderly and single women are the most vulnerable groups among immigrants.
- 18) Bangladeshi immigrants are here in India because of political reasons as they are major vote banks for political parties. but even after winning no party does anything for them.
- 19) Indian migrants abroad (in US and Britain) are facing discrimination between and difficulties and they too accept poor terms and conditions of work in the hope of making better life. Thus the process is the same as for Bangladeshi immigrants in India.
- 20) Immigrant arrival means different things to different countries so they have made different type of policies for immigration but the general trend is to restrict the immigration influx (specially illegal). However, immigration problem requires addressing the problem of poverty and not control of population movement.

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