

# *International Journal of Mainstream Social Science*

*Volume 1, Number 2: Autumn 2011*

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**ISSN: 0974-3448**

**ISBN: 978-1-61233-568-1**



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## **Brown Walker Press**

23331 Water Circle, Boca Raton, FL 33486-8540, USA

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# **PARTICIPATION OF SLUM WOMEN IN FAMILY PLANNING PROGRAMME IN INDIA: A CASE STUDY**

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**Abstract:** Family planning is an effective plan in modern days to avoid high-risk pregnancies. It improves the health of the women by enabling them to have comfortable family size. Having number of children increases the mother's and children's risk of illness or death. In this context, it becomes essential to assess people's knowledge, attitude and practice of family planning method so as to develop programmes for enhancing such knowledge and creating a demand for services thereby reducing high-risk pregnancies and inculcating a sense for responsible parenthood among couples. The present study deals with the knowledge and practices regarding family planning among Masalagar women in Saraswatpur slum and Lamani women in Lakshmingankeri Slum of Dharwad City, Karnataka State, India, during the Month of March and April 2009. A sample size of 147 women were classified as 'Not Responded', 143 as 'Moderately Responded', and 110 'Responded', belonging to Masalagar and Lamani women were collected from slum settlement in Saraswatpur and Lakshmingankeri Slum in Dharwad City, Karnataka State, India.

## **INTRODUCTION**

India is the first country to launch the family planning programme as early as 1952. Enormous literature has been produced during this time on various aspects of population dynamics and population policy (National Population Policy-2000). However, the problem of population growth is still unsolved and ill understood. Family planning has not been explicitly cited among the Millennium Development Goals, but is one of the important means towards reducing poverty, reducing maternal mortality, infant and child mortality and also attaining gender equality (Potts and fotso, 2007) Family planning is an effective plan in modern days to avoid high risk pregnancies. It improves the health of the women by enabling them to have comfortable family size. Having more number of children increases the mother's and children's risk of illness or death. Women who become pregnant when they are still very young run a much greater risk of complications during pregnancy and child birth than do women in their twenties. These complications can cause damage to their health or even to their lives. The same is true of women who become pregnant at the end of their reproductive years. In this context, it becomes essential to assess people's knowledge, attitude and practice of family planning method so as to develop programmes for enhancing such knowledge and creating a demand for services thereby reducing high risk pregnancies and inculcating a sense for responsible parenthood among couples.

## **OBJECTIVES**

- To find out the knowledge of the modern family planning methods among Masalagar and Lamani women
- To examine the modern family planning methods practiced by Masalagar and Lamani women
- To examine the extent of utilization of Government health services by Masalagar and Lamani women for their reproductive health problems.

## **MATERIAL AND METHOD**

The present study is aimed to assess the knowledge, practice and utilization of family planning methods among Lamani women in Dharwad City of Karnataka State, India during 2009. A total of 400 women were selected by systematic sampling procedure. In which, 147 women were clas-

sified as ‘Not Responded’, 143 as ‘Moderately Responded’, and 110 as ‘Responded’, belonging to Lamani were collected from Saraswatpur and Lakshmasinganakeri Lamani settlements. The data were collected on knowledge, practice and utilization of family planning methods. The data were also collected on independent factors like parenthood, practice of family planning, number of children, acceptance of family planning, number of children alive, number of children after adoption of family planning methods and utilization of family planning methods by using schedule with personal interview method. The reliability was tested and it was found to 0.9478.

For the assessment of knowledge of family planning methods among Lamani women was assessed by including 15 items which carries four alternatives (one correct= 1, three incorrect = 0 score was allotted). Then the total scores of 15 items were considered and calculated percentage of knowledge for each sample by taking 15 as a maximum score for categorization of knowledge into three levels on the basis of percentage ( $\leq 50\%$ = Inadequate knowledge level, between 51% to 75%= Satisfactory knowledge level and  $\geq 75\%$ = adequate knowledge level).

After data collection, the obtained results were scored and subjected to statistical analysis. The t-test was used to assess the differences between two groups. The one way ANOVA was used to find out the differences between more than two groups followed by Newman-Keuls multiple pothoc comparison procedures was performed to see the pair wise comparison of two groups. Chi-square test was applied to calculate the significance among two attributes. A correlation was computed between knowledge, practice and utilization of family planning methods by Spearman’s rank correlation coefficient. Lastly, the multiple regression analysis and multiple logistic were used to see the impact of factors on knowledge and practices of family planning methods. The statistical significance was set at 5 level ( $p < 0.05$ ).

## RESULTS AND DISCUSSION

**Table 1: Association between Levels of Knowledge and Independent Factors**

FACTORS	INADEQUATE	%	SATISFACTORY	%	ADEQUATE	%	Chi-Square	p-Value
LOCATION								
Saraswatpur	133	66.50	58	29.00	9	4.50	2.7770	0.2495
Laxmasinganakeri	118	59.00	68	34.00	14	7.00		
STATUS OF PARENTHOOD								
Not Responded	108	100.00	0	0.00	0	0.00	126.8161	0.0000*
Moderately Responded	80	47.62	86	51.19	2	1.19		
Responded	63	50.81	40	32.26	21	16.94		
PRACTICE OF FAMILY PLANNING METHODS								
None	51	86.44	8	13.56	0	0.00	46.6015	0.0000*
Tubectomy	134	52.96	103	40.71	16	6.32		
Vasectomy	38	63.33	15	25.00	7	11.67		
Spacing Method	28	100.00	0	0.00	0	0.00		

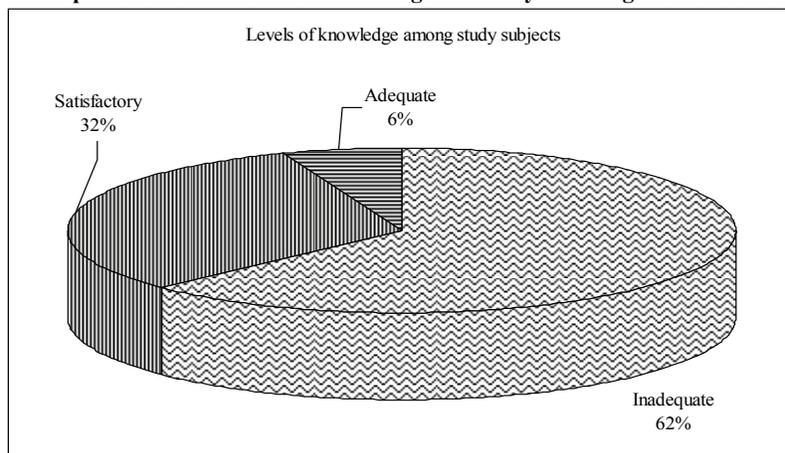
NUMBER OF CHILDREN								
One	34	32.08	49	46.23	23	21.70	95.5333	0.0000*
Two	147	74.62	50	25.38	0	0.00		
Three or more	70	72.16	27	27.84	0	0.00		
ADOPTION OF FAMILY PALNNING METHODS								
No	51	86.44	8	13.56	0	0.00	17.2413	0.0002*
Yes	200	58.65	118	34.60	23	6.74		
NUMBER OF CHILDREN ALIVE								
One	114	61.96	53	28.80	17	9.24	8.6877	0.0694
Two	88	63.77	45	32.61	5	3.62		
Three or more	49	62.82	28	35.90	1	1.28		
UTILIZATION OF SERVICE								
Government	143	53.76	101	37.97	22	8.27	29.5541	0.0000*
Private	108	80.60	25	18.66	1	0.75		
Total	251	62.75	126	31.50	23	5.75		

\*p<0.01

A total of 400 samples were included in a study, in which 251 (62.75%) of Lamani women have inadequate knowledge as compared to 126 (31.50%) Lamani women have satisfactory knowledge and only 123 (5.75%) Lamani women have adequate knowledge.

The location ( $\chi^2 = 2.7770$ ,  $p > 0.05$ ) and number of children alive in a family ( $\chi^2 = 8.6877$ ,  $p > 0.05$ ) of the study samples are not found to be statistically associated with levels of knowledge scores. But status of parenthood is found to statistically associated with levels of knowledge ( $\chi^2 = 126.8161$ ,  $p < 0.05$ ), practices of family planning methods ( $\chi^2 = 46.6015$ ,  $p < 0.05$ ), number of children in a family ( $\chi^2 = 95.5333$ ,  $p < 0.05$ ), adoption of family planning methods ( $\chi^2 = 17.2413$ ,  $p < 0.05$ ) and utilization of services ( $\chi^2 = 29.5541$ ,  $p < 0.05$ ) at 5% level of significance. The details association between knowledge and other independent factors are also presented in the following table.

Figure-1: Graphical Representation of Level of Knowledge of Family Planning Methods among Lamani Women



### Comparison of Different Factors with Respect to Knowledge towards Family Planning Methods among Lamani Women

**Table-2: Location**

Factors	N	Means	Std.Dev.	Statistics	p-value
Saraswatpur	200	46.83	12.49	-1.2784@	0.2018
Laxmisinganakeri	200	48.60	15.03		

Table-2 Indicates that the Lamani women belong to different locations i.e. Saraswatpur and Laxmisinganakeri do not differ significantly with their knowledge towards family planning methods ( $t=-1.2784$ ,  $p<0.05$ ) at 5% level of significance. It indicates that, the Lamani women belong to different locations i.e. Saraswatpur and Laxmisinganakeri have similar knowledge about family planning methods.

**Table-3: Status of Parenthood**

Factors	N	Means	Std. Dev	Statistics	p-value	Pair wise comparison
Not Responsible	108	37.35	9.38	61.0282ξ	0.0000*	1 vs. 2, 1 vs. 3, 2 vs. 3
Moderately Responsible	168	49.29	11.11			
Responsible	124	54.62	15.18			

Table-3 presents that the Lamani women living under responsible status of parenthood have significant higher knowledge ( $54.62\pm 15.18$ ) as compared to moderately responsible status of parenthood ( $49.29\pm 11.11$ ) and not responsible status of parenthood ( $37.35\pm 9.38$ ) at 5% level ( $F=61.0282$ ,  $p<0.05$ ). It concludes that, the Lamani women living under responsible status of parenthood have good knowledge scores about family planning methods than the moderately responsible and not responsible status of parenthood.

**Table-4: Practice of Family Planning Methods**

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
None	59	35.59	12.66	39.2018ξ	0.0000*	0 vs. 1, 0vs2, 1vs3, 2vs3
Tubectomy	253	51.54	11.80			
Vasectomy	60	49.67	15.55			
Spacing Method	28	34.52	2.60			

Table-4 shows that the knowledge scores about family planning methods is significantly smaller among who are not practicing family planning methods ( $35.59\pm 12.66$ ) and higher in practitioners of family planning methods respectively i.e. Tubectomy ( $51.54\pm 11.80$ ) and Vasectomy ( $49.67\pm 15.55$ ) ( $F=39.2018$ ,  $p<0.05$ ). It shows that the, users or practitioners of family planning methods have good knowledge as compared to non users or practitioners of family planning methods.

**Table-5: Number of Children**

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
One	106	59.94	17.15	78.1638ξ	0.0000*	1 vs. 2, 1 vs. 3
Two	197	43.11	8.97			
Three or more	97	43.71	9.18			

Table-5 reveals that the Lamani women having one child is significant and the higher knowledge about family planning methods ( $59.94\pm 17.15$ ) followed by those who have two chil-

dren (43.11±8.97) and three or more children (43.71±9.18) (F=78.1638, p<0.05) at 5% level of significance. It reveals that who have one child, practice and have more knowledge of family planning methods than those who have two or three children.

**Table-6: Adoption of Family Planning Methods**

Factors	N	Means	Std.Dev.	Statistics	p-value
Yes	341	49.81	12.93	-7.8236@	0.0000*
No	59	35.59	12.66		

Above table indicates that the Lamani women who have adopted family planning methods have greater knowledge (49.81±12.93) as compared to Lamani women who have not adopted family planning methods (35.59±12.93) (t=-7.8236, p<0.05).

**Table-7: Number of Children Alive**

Factors	N	Means	Std.Dev.	Statistics	p-value	Pair wise comparison
One	184	50.33	15.36	6.2242ξ	0.0022*	1 vs. 2, 1 vs. 3
Two	138	45.51	12.94			
Three or more	78	45.47	10.12			

Table-7 reveals that the Lamani women who have one live child have a significant stringer knowledge scores about family planning methods (50.33±15.36) than who have two live children (45.51±12.94) and three or more live children (45.47±10.12) (F=6.2242, p<0.05) at 5% level of significance. In other words, who have one child alive; they practice and have more knowledge of family planning methods than who have two or three live children.

**Table- 8: Utilization of Family Planning Services**

Factors	N	Means	Std.Dev.	Statistics	p-value
Government	266	49.70	15.51	4.1196@	0.0000*
Private	134	43.78	8.43		
Total	400	47.72	13.83		

ξ - Used ANOVA test, @ -used t-test, \*p<0.01

Table-8 shows that the Lamani women utilizing the family planning services from government hospitals have higher knowledge (49.70±15.51) as compared to utilizing the family planning services from private hospitals (43.78±8.43) (t=4.1196, p<0.05). It is because of free services available at government hospitals as compared to private hospitals.

### **Correlation between Independent Factors and Knowledge towards Family Planning of Lamani Women**

**Table-9: Correlation Between Knowledge Scores With Independent Factors**

Factors	N	Correlation between Knowledge scores with		
		Correlation coefficient	t-value	p-level
Status of Parenthood	400	0.4704	10.6342	0.0000
Practice of Family planning methods	400	0.0227	0.4523	0.6513

No of children	400	-0.4280	-9.4485	0.0000
Adoption of FP	400	0.3651	7.8236	0.0000
No of children alive	400	-0.1551	-3.1325	0.0019
Utilization service	400	-0.2022	-4.1196	0.0000

The above table reveal the results about the factors like status of parenthood ( $r=0.4704$ ,  $p<0.05$ ) and Adoption of family planning ( $r=0.3651$ ,  $p<0.05$ ) have significant and positive relationship with knowledge scores towards family planning of Lamani women. But, the factors such as number of children in a family ( $r=-0.4280$ ,  $p<0.05$ ), number of children alive in a family ( $r=-0.1551$ ,  $p<0.05$ ) and utilization of services ( $r=-0.2022$ ,  $p<0.05$ ) have significant and negative relationship with knowledge scores towards family planning methods of Lamani women.

### Regression analysis of Knowledge towards Family Planning of Lamani Women by Different Independent Factors

**Table-10: Multiple Regression Analysis Summaries for Independent Factors on Dependent Variable (Knowledge)**

Independent factors	Reg. coefficient	SE of reg. Co-eff.	T-value	p-level
Intercept	43.8829	2.8923	15.1722	0.0000*
Status of Parenthood (X1)	5.9077	0.7550	7.8253	0.0000*
Practice of Family planning methods (X2)	-4.4355	0.9329	-4.7547	0.0000*
No of children in a family (X3)	-6.8967	0.8213	-8.3974	0.0000*
Adoption of FP (X4)	13.9988	2.0829	6.7208	0.0000*
No of children alive in a family (X5)	1.2423	0.7664	1.6210	0.1058
Utilization services (X6)	-2.6978	1.1370	-2.3726	0.0181**
R=0.6625, R <sup>2</sup> =0.4389, Adjusted R <sup>2</sup> =0.4303, F=51.2420, p<0.05, S, Std. Error of estimate: 10.438				

\*p<0.01, \*\*p<0.05

The results from the above table clearly indicates that, impact or influence of status of parenthood and adoption of family planning methods on knowledge towards family planning methods of Lamani women is found to be positive and statistically significant at 5% level. It shows that, these factors influence positively on knowledge towards family planning methods adopted by Lamani women at 5% level of significance. But, the impact of practices of family planning methods, number of children in a family and utilization services on knowledge scores towards family planning of Lamani women is found to be negative and statistically significant ( $p<0.05$ ).

The regression equation was also developed for knowledge towards family planning (Y) with the help of status of parenthood, practice of family planning methods, number of children in a family, adoption of family planning methods, number of children alive in a family and utilization services of Lamani women.

$$Y = 43.8829 + 5.9077X_1 - 4.4355X_2 - 6.8967X_3 + 13.9988X_4 + 1.2423 X_5 - 2.6978 X_6$$

The multiple R of the linear regression equation is 0.6625. For testing multiple correlation coefficients the F-ratio (51.2420) is found to be significant at 5% level. Significant R suggests that the status of parenthood, practice of family planning methods, number of children in a family, adoption of family planning methods, number of children alive in a family and utilization ser-

vices of Lamani women can be used to predict the knowledge of Lamani women towards family planning.

The relative contributions of independent variables i.e. status of parenthood, practice of family planning methods, number of children in a family, adoption of family planning methods, number of children alive in a family and utilization services of Lamani women in terms of proportions of variance predicted by each were determined and are given in the following table.

**Table-11: Relative Contribution of Independent Factors on Dependent Variable (Knowledge)**

INDEPENDENT FACTORS	BETA VALUE	r-Value	BETA x r	% of Contribution
Status of Parenthood (X1)	0.3253	0.4704	0.1530	15.3010
Practice of Family planning methods (X2)	-0.2397	0.0227	-0.0054	-0.5433
No. of children in a family (X3)	-0.3555	-0.4280	0.1522	15.2175
Adoption of FP (X4)	0.3594	0.3651	0.1312	13.1208
No of children alive in a family (X5)	0.0688	-0.1551	-0.0107	-1.0668
Utilization services (X6)	-0.0922	-0.2022	0.0186	1.8643

Table-11 shows that 43.8934 % of variance in the criterion variable is accounted for by variance of 15.3010 % in the variable status of parenthood and of 15.2175 % in the variable number of children in a family. Thus, it shows that Status of Parenthood contributes better than the remaining three potent predictors. Next factor that contributes better for predicting the knowledge scores of Lamani women towards family planning methods is number of children in a family followed by adoption of family planning methods and utilization services.

## **CONCLUSION**

Reflecting the International conference on population and development (ICPD) 1994 goals and nations Millennium Development Goals (MDGs), in India the National Population Policy 2000, has called for a more human approach to population planning and for paying greater attention to social development with particular emphasis on improving education, reproductive health and unmet needs of slums and other special categories of population (Sharma 2009).

Almost all Lamani women are aware of the different kinds of family planning methods both temporary and permanent but they felt very shy to express the popular names. Lamani women expressed that money was an appropriate incentive for promoting sterilization. Women who come under responsible parenthood used family planning methods. About half of the Lamani women are currently practicing family planning methods. Only a negligible proportion of women had experienced any complications or side effects as a result of contraceptive use. Tubectomy is mentioned as the most satisfactory permanent birth control method both in Saraswatpur and Lakshimisinganakeri settlements, while among temporary methods; condom was found to be the most satisfactory method by Saraswatpur women and the pills by Lakshimisinganakeri women. And those who are not practicing family planning methods expressed a desire to do so in the near future. Thus, meeting the expressed demand and inculcating a sense of responsible parenthood among couples, and also in particular women, through appropriate educational programmes emphasizing the health benefits of family planning for mothers and children would make a positive contribution to the policy of the family planning programmes. Reproductive health services includes family planning methods to help women to avoid high risk pregnancies and increase the time between births, thereby preventing maternal deaths and improving the quality of life. These

services also help to reduce the various reproductive illnesses by providing access to better information and services to couples (Balaiah et al, 1997, 1999, 2001, and 2005).

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# IMMIGRATION FROM BANGLADESH TO INDIA: CAUSES, CONSEQUENCES AND POLICY

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**Abstract:** India has a long and complicated history of migration across eastern border particularly large-scale flows from Bangladesh to India. After India's independence in 1947 it has taken political dimension, documented and undocumented migration posing threat to India's national security. Among the Asian countries Bangladesh is sending most migrants to India, followed by Pakistan and Nepal. Though recent migration rate for documented Bangladeshi migration reflects negligible impact on population of India, undocumented migration is a burning problem. The report of the qualitative study by Population Studies Unit reflects that illegal migrants contributed to fertility of West Bengal and increased population of working age group. Indian politician have often encouraged Bangladeshi migration to garner their votes. Bipartite agreement between India and Bangladesh for economic development of Bangladesh is essential to solve the root of the problem.

## INTRODUCTION

Human beings are migratory since their emergence as a species. Migration is a global phenomenon and taking place since the dawn of civilization. India has a long and complicated history of migration across eastern border particularly large-scale flows from Bangladesh to India. After India's independence in 1947 it has taken political dimension, documented and undocumented migration posing threat to India's national security. While talking about transborder migration from Bangladesh to India, we are however aware that this is a controversial subject; it produces not only nationalist disputes, but also disputes within the country, between Hindu perceptions and Muslim perceptions, between fundamentalism and secularism.

## BACKGROUND OF MIGRATION FROM BANGLADESH TO INDIA

Migration from Bangladesh can be decomposed into two parts one documented and other undocumented migration. From the documented part which is obtained from decadal census of India one can have an idea of volume, sex ratio, trend, growth rate etc. There is no problem in identification of documented migration since it is recorded. But the issue of undocumented migration is a severe problem for any country as there is no specific source from where it can be identified. In India it is very difficult to trace undocumented Bangladeshi migrants since they mingle with common mass of West Bengal having same socio-cultural -linguistic background and homo-ethnic feature. In recent years various reports and stories have been published in newspapers and magazines dwelling on what are alleged to be illegal migration from Bangladesh to India. Often such reports and stories are based on hearsay evidence without support of authentic documents. It is true that presence of common border with Bangladesh has made it administratively impossible to keep track of such migration. India shares 4095 kilometer border with Bangladesh, the longest among all its neighbours. Of this four north east states – Tripura, Meghalaya, Mijoram and Assam-- account for 1879 km while eastern states of West Bengal has a border running 2216 km along Bangladesh.

Bangladesh was liberated from long rule of the British for the first time in 1947 and then from rule of Pakistan for second time in 1971. Geographically, historically, and cultural-ly(Chakrabarty et al 1997), Bangladesh forms the larger and more populous part of Bengal, the remainder of which constitutes the neighboring Indian state of West Bengal. From 1947 to 1971 the region of Bangladesh was a province of Pakistan. As such, its official designation was changed

from East Bengal to East Pakistan in 1955. On March 26, 1971, the leaders of East Pakistan declared the region independent as Bangladesh (Bengali for "Bengal nation"), and its independence was assured on December 16, 1971, when Pakistani troops in the region surrendered to a joint force of Bangladeshi and Indian troops.

Ever since the Partition of the subcontinent and formation of East Pakistan and later Bangladesh (Sinha 1998), their nationals came to India with or without valid documents. Up to 1971, over 4.7 million Hindus had sought refuge in India, mostly in West Bengal, a state of India. The terror let loose by the Military Junta of Pakistan compelled about 10 million or more to cross over to India in 1971. Many went back after the Liberation War in 1971, but a sizable undocumented section stayed back and mingled with the mainstream of India's life.

Though the border between Bangladesh and India demarcated, for cultural and historical reasons free movement across the border is a common phenomenon. Coupled with the under development of Bangladesh this free movement has resulted in large-scale undocumented migration of poor Bangladeshis to India. The demographers argue that such out migration of people from poor regions to the neighbouring developed ones is bound to occur like water seeking its own level. It is estimated that there are about 15 million Bangladeshi nationals living in India illegally (Nath 2003). Massive undocumented migration poses a grave danger to our national security, social harmony and economic well-being (Nath 2003). According to an estimation by the Border Police Department about one thousand cross the border each day and enter West Bengal (Mukherjee 2003).

West Bengal, an Indian state, place of destination of poor Bangladeshis, is bounded by Bangladesh in the eastern side with 9 border districts e.g, Kolkata, 24 parganas (North and South), Nadia, Murshidabad, Maldah, West Dinajpur (North and south), Darjiling, Kooch Behar and Jalpaiguri.

Enemy / Vested Property Act was an effective tool for the extermination of Hindu minorities and one of the dominating force for illegal migration from Bangladesh to West Bengal. Attacks on Hindus in Bangladesh however are not a new phenomenon. The community has been discriminated and harassed since partition of India in 1947. Following the outbreak of war between India and Pakistan in 1965, the Enemy Property (Custody and Registration) Act (EPA) of 1965 was promulgated in East Pakistan. The Act declared India as an enemy country. The major objective was to take control of the left-behind properties of the Hindu population who were forced to migrate. Even after the liberation of East Pakistan and establishment of Bangladesh, the Act was operative under new nomenclature called Vesting of Property and Assets (VPA) Order, 1972. The impact of VPA was excellently analysed by A. Barkat, S. U. Zaman, A. Rahman and P. Poddar in 1997 (Barkat et al 1997). According to the study an estimated one million Hindu households were affected by EPA or VPA and dispossessed of total land area to the tune of 1.05 million acres. The enlistment under VPA was mostly agricultural land followed by homestead. The Act seemed to create panic and feeling of insecurity among 10 million Hindus (Bangladesh Census 1974). The effects of EPA and VPA, and other political factors are believed to be responsible for mass out-migration of Hindu population from Bangladesh from time to time.

An enquiry into Bangladeshi immigration establishes that construction of Farakka Barrage did cause environmental destruction in Bangladesh and adversely affected sources of livelihood in Bangladesh and was responsible for illegal Bangladeshi migration (Saikia 2003). The Farrakka Barrage complex was completed and became ready to use in the beginning of 1975. In 1975 India built the Farakka dam 11 miles from its border with Bangladesh and diverted water from the River Ganges to India's Hoogly River to supply Calcutta. India's water diversions are blamed