



Social and health scenario of child labour at district level in India

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Abstract

International Labor Organisation (ILO) launched International Programme for Elimination of Child Labour (IPEC) in 1991 to contribute to the effective abolition of child labour in the world. In a cross sectional, study three hundred randomly selected children aged between 5-18 years from the different work places in a small district of eastern U.P were surveyed by using pre-tested proforma. Children upto age of 18 yrs remains in the domain of pediatrician and hence, this study included children upto 18 years. Majority had no formal education. They are school dropouts. Age at which they were, inducted as labour showed maximum number in age 9-13 years. A positive aspect was found in some to earn to finance their education. Apart from the known indirect correlates, which, are confirmed in our study, a positive attitude regarding study emerged. A good number is forced to satisfy their own life style motivated demands to boost their image and some to finance their education however as negative attribute some earn enough to indulge in vices like tobacco use. Poverty, as a trigger necessitated them to work and has compounded the problem in their rehabilitation. Their health is jeopardized i.e. malnutrition, anaemia and Vitamin A and B complex deficiency. The age of the children in present study is upto 18 years inclusive of adolescents while the legal age in The Child Labour (Prohibition and Regulation) Act 1986, there is a need for its upward revision.

Keywords: Child labour, IPEC, ILO, NGO's

Introduction

India ranked at lowest quarter (134th) in World HDI (Human Development Index) rankings in 2009, despite of its rapid economic growth (<http://economictimes.indiatimes.com/news/economy/indicators/India-ranks, 2012>).

The Government of India initiated the National Child Labour Project Scheme in 1988 to rehabilitate the working children. ILO launched International Programme for Elimination of Child Labour (IPEC) in 1991 to contribute to the effective abolition of child labour in the world. India was the first country to sign MOU in 1992 (IPEC). Although the Constitution of India guarantees free and compulsory education to children between the age of 6 to 14 and prohibits employment of children younger than 14 in any hazardous

environment, child labour is prevalent in almost informal sectors of the Indian economy (Burra Neera, 2009). India continues to have the largest number of child laborers in the world today (ncpcr.gov.in). Census 2001 showed there were 12.7 million economically active children in the age group of 5-14 years (Burra Neera, 2009). The number was 11.3 million during 1991 (Population Census) thus showing an increase in the number of child laborers (National child labour project, 2011). Despite National Policy on child labour and well-intended policies, child labour is still prevailing in India (ILO, 1997). This survey was designed to find out the factors and constraints which are operating negatively in the rehabilitation efforts and affecting the health of these unfortunate and under-privileged children.

Table 1. Demographic profile

S.No	Characteristics	n	No. (%)
1.	Sex	N=303	
	Male		196 (64.68%)
	Female		107 (35.31%)
2.	Educational Status	N=303	
	No Schooling		162 (53.46%)
	<5 th class		120 (39.60%)
	>5 th class		21 (6.93%)
3.	Reasons of Drop out	N=42	
	Poor economic status		27 (64.28%)
	Family Problems		9 (21.42%)
	Personal Problems		6 (14.28%)
4.	Addition in family Income per)	N=303	
	No wages		51 (16.83%)
	Rs. 50 – 200		69 (22.77%)
	Rs. 201 - 500		153(50.49%)
	Rs.>500		30 (9.90%)

Table 2. Modes of child labour

S.No.	Trade	Total n=303	Male n=196 (64.68%)	Female n=107 (35.31%)
1.	Construction	18 (5.94%)	12 (66.66%)	6 (33.33%)
2.	Restaurants/ Tea stalls	72 (23.76%)	61 (84.72%)	11 (15.27%)
3.	Vendors	21 (6.93%)	16 (76.19%)	5 (23.80%)
4.	Dairy's	13 (4.29%)	12 (92.30%)	1 (7.69%)
5.	Auto-Workshop /garages	26 (8.58%)	21 (80.76%)	5 (19.23%)
6.	Domestic help	75 (24.75%)	24 (32.00%)	51 (68.00%)
7.	Horticulture	9(2.97%)	3 (33.33%)	6 (66.66%)
8.	Agriculture	12(3.96%)	5 (41.66%)	7 (58.33%)
9.	Street garbage collectors	51(16.83%)	18 (35.29%)	33 (64.70%)
10.	Others	6 (1.98%)	4 (66.66%)	2 (33.33%)

Material and methods

A cross-sectional study of 303 children aged between 5-18 years was conducted by using pre-tested performa on randomly selected children from different work places of Barabanki District of Eastern UP. The permission of the employer and/or parents wherever possible was taken prior to the interview. Before interview, the investigator tried to develop a confident and faithful relationship to get the authentic information from respondents. The health parameters were assessed on clinical grounds only.

Results

In the present study, males (64.68%) and females (35.31%) were approximately 2:1. More than half (53.46%) without formal education, 39.6% studied less than 5th standard. Reasons for school drop-outs included poor economic status (64.28%) in majority, family problems 21.42% and some due to personal problems (14.28%) and accounted for getting engaged in labour.

The maximum numbers (64.3%) are engaged as labour to supplement family income, followed by family tradition as an occupation. Child as earning member among a family accounted for about 50.49% (earning Rs.250-500/month). Considerable percentage of children (16.83%) did not add anything to family income possibly worked while assisting their parents. A small number do it to pay for their schooling. Another group are engaged in begging as a profession being followed as occupation (n=39). Many males are sole bread earners (n=39). Significant numbers do it to fulfill their own requirements e.g., enhancing lifestyle. In

addition, a few to earn to satisfy their vices, tobacco use being prominent and addictive in nature. Males dominate the last category. About 36% of children were using tobacco in some form with its attendant health sequelae.

Table 3. Age of initiation

Age	Total n= 303	Males n= 196	Female n= 107
5-9 yrs.	30 (9.90%)	18 (60%)	12 (40%)
9-13 yrs.	171 (56.43%)	99 57.89%	72 42.10%
13-18 yrs.	102 (33.66%)	79(77.45%)	23 22.54%
	303	196	107

As per nature of child labour, they constituted domestic help (24.75%) wherein females dominated the (68%), closely followed by workers in Dhabas/tea stalls (23.76%) in which 84.72% were males. Another occupation where children (16.83%) have notable presence is street garbage collection where females (64.70%) predominated. Another area is in workshops and garages as unorganized labours (8.58%), in which males are mostly employed (80.76%).

Table 5. To fulfill own demands

		Total 43	Male 23	Female 20
Positive Emotions	To continue study	6 (13.95%)	2 (33.33%)	4(66.66%)
	Positive life-style demands	21 (48.83%)	12 57.14%	9 (42.85%)
Negative Emotions	Tobacco smoking	6 (13.95%)	5 (83.33%)	1 (16.66%)
	Smokeless tobacco use	10 (23.25%)	4 (40.00%)	6 (60.00%)

Children mostly engaged as labours (56.43%) in age group of 9-13 years where in males outnumbered, while age of induction was found as 33.66% in the age group of 13-18 years and in this group.

All the children were suffering from pallor, a clinical parameter of nutritional anemia. A significant number (65.34%) and (76.23%) were showing signs of Vitamin A and Vitamin B deficiency respectively. Most prominent finding (91%) was under nutrition.

S.No	Health parameters	n=303
1.	Under nutrition	276 (91.08%)
2.	Pallor (Total=303) (+)	63 (20.78%)
	(++)	171 (56.43%)
	(+++)	69 (22.77%)
3.	Signs of Vit. A deficiency	198 (65.34%)
4.	Signs of Vit. B complex deficiency	231 (76.23%)

Conclusion

Apart from the known indirect correlates, which are confirmed in our study (Junned Khan, 2005; Antelava Natalia, 2007), a positive attitude regarding studies comes in picture. A good number are forced to satisfy their life style motivated demands to boost their image and some indulge in the tobacco use (Effuso *et al.*, 2002). Despite Government's stated policy of education for all, the children who dropped out of schools to adapt work for various reasons have not been adequately addressed (UNICEF, 1997; Swaminathan, 1998). A large number of illiterate children are working (US dept of state, 2000), reflects the illiteracy as one of the core constrains. Poverty as a trigger has added to the problem in their rehabilitation (Nair, 2010).

Mostly they were inducted as labour at the age of 9-13 years (Swaminathan, 1998; Child labor in India, 2011). Males were mainly engaged in outdoor public places, while the females in the indoor (A ban that was overdue, 2006; BBC news, 2006). Their health is on risk i.e. under nutrition, anaemia and Vitamin A and B complex deficiency (Nair, 2010). The children who entered this illegal practice and mostly after dropping out of the school, also missed the opportunity to avail the benefits of the school health schemes like mid day meal /health care, and suffer under nutrition.

Under the National Child Labour Policy based on the recommendations of Gurupadaswamy Committee, Government of India identified about 250 districts all over the country wherein Uttar Pradesh has 42 identified districts and among these Barabanki, where the present study has been conducted in such a way. A concerted joint positive honest effort like NGO Pratham did (ILO 2009; The Hindu, 2007) on the part of various concerned departments and NGO's is needed in

rehabilitation of these unfortunate children by mending their future on the path to enriching life experiences which are their fundamental rights (Civil society urges PM to ban child labour, 2011).The problem is compounded by public apathy which downplays the risk of early work for children. Worse still is the uncaring attitude of their employers (Mishra & Arora, 2007).

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