PHYSICAL DEVELOPMENT, HEALTH HAZARDS, SOCIAL INFRASTRUCTURE AND AWARENESS OF THE WORKING CHILDREN-AN EMPIRICAL STUDY.

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Abstract

The working children are an intergral part of the fast growing human resource. They are not particularly a healthy lot because of over work and low calories intake making them prone to various diseases and health hazards. Their lack of awareness and receptiveness of legal provisions, government schemes and programs further worsens their condition. This is a survey study which focuses upon the physical development, health hazards, social infrastructure and awareness of the working children in Agra District of the U.P. State of India. 500 child labourers and their households were chosen for this study from different trades and occupations of the informal sector. Interview Guide and Observation Schedule were utilized to gather primary information and data from the respondents and the field. The present study makes an attempt to discuss implications of exploitation of child labour in the unorganised sector.

Key Words : Child Labour; Physical Development ; Health Hazard; Social Infrastructure; Awarness.

INTRODUCTION

Among all the assets a nation has, the most precious is the quality of life of its human resource. The quality of human resource is reflected and determined by the health status of children and their care. The child workers are an integral part of the fast growing human resource. The child workers are not particularly a healthy lot. Over work and low calories intake make them prone to diseases, thus decreasing their efficiency, now and for the future and diminish life expectancy. Illnesses related with inadequate nutrition and occupation undermine their health, affecting the quality of the labour force. Their condition is further worsened due to their lack of awareness and receptiveness of welfare measures initiated by the governments for their benefit. To a certain extent, the government itself is to be blamed for the failure of its programmes among the masses as effective steps have not been taken to ensure their widespread acceptance. Legislation pertaining to labour is known to a very few, weekening their position and making them suffer at the hands of greedy and exploitative employers.

In view of the above, this survey study makes an attempt to discuss the implications of exploitation of child labour on the physical development and health of the working children.

REVIEW OF LITERATURE

Cardwell (1975) pointed out vicious circle of poverty and ill-health may well be perpetuated by the association of high fertility with child labour. Large number of children are seen by many people as one answer to the problems of poverty, where child labour is permitted if not allowed. Family planning campaigns have had only a limited success in such situations.

Weisner and Gallimore (1977) observed that the whole health of the family may in fact suffer from having children in charge of household activities even if the basic problem is the absent mother. Children may not have the time in a long day of domestic work to look after the other children at least one of whom is likely to be sick. These children sometimes as young as 3 are often maltreated and often in poor health.

Mendelievich (1989) analysed that with the progress of industrialisation and urbanization, the traditional crafts and family-based economy was destroyed. People were displaced from land due to mechanisation of agriculture. The breeding of poverty among masses started to multiply in this situation with the increasing motive of profit maximization and exploitation. Parents introduced their children to the labour market for earning wages for themselves and their family. Now the workplace of the child was separated from family environment. The strong urge of the employers for more profit resulted in the neglect of working place with poor and unhygienic working conditions and unfavourable employment conditions. This included long hours of work, low wages and ill treatment which proved detrimental to the growth and development of child labour.

Mehta (1977) described that in India there is a lack of general awareness of child abuse and neglect in its wider perspective and this can be attributed to the fact that child abuse and neglect get submerged under the severe forms of diseases, results of his economic stresses like malnutrition, communicable and infectious diseases, low birth weight etc. so that for all practical purposes, it does not exist, except for a scattered cases of physical assaults reported in Indian literature till recently.

Myers (1998) comprehensively analysed the prevalence and effects of child maltreatment and child protection system and described the role of law in the life of victimized children. He was of the opinion that while all who work with abused children share the same goals, there often exists a gap in communication between legal and helping professionals that reduces the efficacy of co-operative efforts.

METHODOLOGY

The present research is a survey study which was conducted in Agra District of Uttar Pradesh, India. 500 child labourers and their households were selected from various occupations and trades of the informal sector such as petha manufacturing units; marble industry; hotels/restaurants/dhabas/tea stalls; cycle/bike and motor repairing shops; shoe and footwear industry; carpet industry. Total 500 child labourers were covered under this study, who were selected through random sampling technique. The researcher used Observation Schedule and Interview Guide to collect the primary data.

ANALYSIS AND INTERPRETATION

The classification of the working children, according to weight in the sample taken from the various unorganized sectors of Agra like shoe, carpet, zari, petha, marble etc. indicates that only 10 children in the sample have the standard weight prescribed medically for various ages, out of which 9 are males (Table 1). Of the 16 children there are 14 male children above standard weight showing again the indifference of the society towards the health of the working female child in zari as 95 percent of the children in the sample have less than the prescribed standard weight. This shows somewhat negative correlation between the work of the child and his/her physical development in terms of weight. The analysis of data related to weight of the working children reveals that a majority of them are underweight which highlights the physical condition of the children engaged in hazardous industry.

Perhaps the health of the working children is deteriorated by working in early childhood and the poor food lacking adequate nutrition given by their parents due to poverty.

TABLE No. 1: Classification Of Working Children According To Weight

Age (Yrs)	Sex	Standard (Weight) (Kgs)	No. of working children			
			With standard weight	Less than standard weight	More than standard weight	Total
6	M	22		9	4	13
	F	21	-	3	1	4
7	M	25	1	8	1	10
	F	25	1	4	-	5
8	M	26	1	14	-	15
	F	26	-	12	1	13
9	M	30	-	22	-	23
	F	27	-	14	1	15
10	M	32		43	1	44
	F	33	-	18	-	18
11	M	35	2	30	-	32
	F	37	-	91	4	95
12	M	39	-	91	4	95
	F	43	-	16	-	16
13	M	42	3	150	3	156
	F	49	-	11	-	11
14	M	45	1	17	-	18
	F	54	-	-	-	-

The classification of working children according to height shows the physical development of the children in the sample. In unorganized sectors under study, no working child in the sample has the standard height as medically prescribed for various ages. 99 percent of the children are below standard height while only 3 male children in the sample are above the prescribed standard height for their ages. This is indicative of the fact that among the working children below the age of 14 years, retarded physical development is noted in terms of height. All this is reflected in table 2.

TABLE NO. 2: Classification Of Working Children According To Height

Age/Sex (Yrs)	No. of working children	Standard Height (inches)	No.of children with Standard weight	No. of children below standard weight	No. of Children above standard height
6	M	13	46.85	-	12
F		14			
7	M	10	48.43	-	10
	F	5	48.43	-	5
8	M	15	50.39	-	15
	F	13	50.00	-	13
9	M	23	52.76	-	23

	F	15	51.97	-	15
10	M	44	54.33	-	44
	F	18	54.72	-	18
11	M	32	56.30	-	2
	F	12	56.69	-	12
12	M	95	58.66	-	93
	F	16	59.06	-	16
13	M	156	60.63	-	156
	F	11	61.02	-	11
14	M	18	62.99	-	18
	F	-	62.99	-	-

Data pertaining to immunization of children below six years in the sample households reveals that out of the 415 children below 6 years of age 65.3 percent have been immunized. This shows the growing awareness of parents regarding immunization of their children against various diseases. Sex-wise figure shows that about 78 percent of the total male children have been immunized while only 50.53 percent of the total females have been immunized (Table 3). Parents are more concerned about their male offsprings and their health while females are forced to take the back seat in such matters. Polio drops are given to 20.48 percent of the children below 6 years while 16.39 percent children have been immunized from DPT (Table 3) .

TABLE NO.3: Children Below 6 Years Of Age And Their Immunization Status In The Sample Households

Level of Immunization	**Name of Vaccine**				
	DPT	**Polio**	**BCG**	**Measles**	**Total**
Total No. of children below 6 years					
Male (227)	-	-	-	-	-
Female(188)	-	-	-	-	-
Total(415)	-	-	-	-	-
Children Immunized					
Male	45	54	39	38	176
Female	23	31	22	19	95
Total	68	85	61	57	271
Percentage of Children Immunized					
Male	19.82	23.79	118	16.74	753
Female	12.23	16.49	11.70	10.11	50.53
Total	16.39	20.48	14.70	13.73	65.30

Table No. 4 highlights the usual practice of people regarding the treatment when they fall ill. Among the households in the sample reporting illness during the last 6 months, 75 percent have gone to private practitioners for treatment. few people go to dispensaries or district hospitals for treatment. The reason for the massive popularity of private practitioners could be effective treatment and attention that the people receive by the private practitioners. The households responded that the district hospitals neither give due attention to patients nor provide the medicines.

TABLE No. 4: Illness And Centre Of Treatment

DESCRIPTION	NUMBER	PERCENTAGE
1. Sample households	500	100.00
2. Households' illness during 6 months	466	93.20
3. Centre or place of treatment		
(i) PHC	5	1.07
(i i)Dispensaries	5	1.07
(iii)Pvt. Practitioners	350	75.11
(iv) ESI Dispensary	3	0.6 4
(v) District Hospital	37	94
(vi) Not taken treatment at these places	66	14.17

The analysis of data regarding the method of treatment in the sample households indicates that mostly the treatment is done through modern allopathic system of medicine. Out of 93.2 percent of the sample households reporting illness during the last 6 months, 90.12 percent have used the allopathic medicine (Table 5). Ayurvedic medicines are next in order of priority while some people also used the homeopathic system of medicine. The reason for the enormous popularity of allopathic medicines could be the easy availability and quick relief that they give.

Of the 3.6 percent of the working children in the sample having problems related to health, 2.8 percent are inflicted with cracked lip/sore mouth; 0.4 percent of the children are inflicted with ulcers on the skin or scabies while some children have bleeding gums and dental caries also. On the whole, few children in the sample have health problems related to external diseases. But our informal interviews with some medical practitioners indicated that most of the working children suffer from back pain, eye sight problems, and inherent tendency for T.B. if they continue to work for 5 years or more without a break.

As many as 234 working children (46.8 percent) reported sickness during the past twelve months from the time of the study among those who were sick, the percentage of working children who fell sick frequently is higher. This high rate of morbidity can be attributed to low calorie diet leading to malnutrition coupled with hard labour. The two together reduced body resistance making the child susceptible to frequent illness. However, 53.2 percent of the working children never fell sick during last 12 months (Table 6).

TABLE No. 5: Illness And Method Of Treatment In The Household

DESCRIPTION	NUMBER	PERCENTAGE
Number of sample households	500	100.00
Number of households reporting Sickness during the last 6 months	466	93.20
System of medicine availed		
(i) A1lophatic	420	90.13
(ii) Ayurvedic	35	51
(iii) Homeopathic	11	2.36
(iv) Unani	-	-
(v) Native	-	-
(vi) Home Remedies	-	-

TABLE No. 6: Health Status Of The Working Children

PROBLEMS RELATED TO HEALTH	WORKING CHILDREN HAVING PROBLEMS	
	Number	Percentage
Bleeding gums	1	0.20
Dental caries	1	0 .20
Crack in lip/soared mouth	14	2.80
Ulcer on skin/scabies	2	0.40
Total	18	3.60

Information related to type of morbidity among working children reveals that it attacks children in many forms. Most (83.33 percent) of the 234 sick children are prone to frequent attacks of fever. Lack of hygiene and clean drinking water makes 25.64 percent children susceptible to stomach-ache, cholera, etc. and 0.85 percent to jaundice (Table 8).

TABLE No. 7: Morbidity Among Working Children During Past Twelve Months

FREQUENCY OF SICKNESS	WORKING CHILDREN	
	No	Percentage
Fallen sick often (more than 5 times)	53	10.60
Fallen sick occasionally (Less than 5 times)	181	36.20
Not fallen sick	266	53.20
Total	500	100.00

Working in close proximity to furnaces which emit harmful smoke leads to other ailments as asthma (6.12 percent) and skin diseases (1.70 percent). Exposure to high temperature, humidity, smoke, fumes weaken the child's delicate body balance thereby making him an easy prey to all kinds of illnesses. The children working in petha manufacturing units are frequently exposed to higher temperature, fumes and humidity at the same time. It is also noteworthy to mention that these children always remain in contact with the alkaline (lime water) as petha manufacturing process needs the treatment of petha fruit in alkaline water for hours together. The children working in this process are not provided protective gloves and thus are highly susceptible to skin problems. The children working in carpet and zari manufacturing process, especially in finishing work are in regular contact with cotton, dust and chemicals.

TABLE No. 8: Type Of Morbidity Among Working Children

TYPE OF SICKNESS	WORKING CHILDREN	
	NUMBER	PERCENTAGE OF TOTAL CHILDREN REPORTING MORBIDITY DURING PAST TWELVE MONTHS
Fever	195	83.33
Diseases related with the stomach (pain, cholera, etc)	60	25.64
Skin diseases	4	1 . 70
Jaundice	2	0.85
Small pox	1	0.42
Cold and cough (Asthma)	12	5.12
Polio	5	2.13
T.B.	-	-

During study of the child workers in various units of unorganized sectors, it is found that not only the child workers fall ill due to poor quality of their food intake and unhygienic conditions around them, but also they become sick due to working in the industry and the nature of work. The sickness related to their industry is common phenomenon among the working children. Data in this context revealed that 22.8 percent of the working children in the sample are suffering from one disease or the other due to the nature of work they are made to do. Overburdened with work, dangerous work and work with harmful substances are some of the reasons responsible for sickness among the working children.

The level of infrastructure related to health, education and welfare measures and their utilization are the basic factors responsible for the development of children in an area. According to the information collected from the working children regarding the above mentioned facilities in their areas, it was found that health, education and welfare facilities are available near their homes. But the level of utilization of these facilities by the working children is extremely low. As much as 78 percent of working children reported that near their homes, the educational institutions are located but only 15.4 percent use them (Table 9). Health facilities near their homes are available in the case of 42.20 percent of the working children and about 3 percent of them reported availability of such facilities near their work place. Due to one reason or the other only 3.4 percent of the working children make use of the health facilities (Table 9). Welfare facilities for the development of children are rarely provided in the areas where the study was conducted. Hardly 2.8 percent of the working children reported about the welfare facilities near their homes.

TABLE No. 9: Level Of Facilities Of Health, Education And Their Utilisation

DESCRIPTION	NO. OF CHILD WORKERS GIVING POSITIVE ANSWER	PERCENTAGE OF CHILD WORKERS GIVING POSITIVE ANSWER
1. Education Facilities Provided		
(i) Near home	390	76.00
(ii) Near Factory	-	-
2. Child Workers use the Education Facilities	77	15.40
3. Health Facilities Provided		
(i) Near Home	211	4 2.20
(ii) Near work place	15	3.00
4. Child workers use the health facilities	17	3.40
5. Welfare Facilities provided		
(i) Near home	14	2.80
(ii) Work place	-	-
6.Child workers use the Welfare facilities	4	0.80

A majority of the child workers are not using the educational, health and welfare facilities that exist near their homes. Various reasons have been given by the working children for not using these facilities. As far as medical and health facilities are concerned, about 25 percent of the working children reported that medicine is not made available for free to them in the hospitals and dispensaries. It was also felt by 8.6 percent of the working children that medicines provided by hospitals do not give relief and are not effective (Table 10), Due to poverty and illness of their parents, about 29.0 percent of the working children could not avail of the educational facilities because for them work becomes essential to earn money for their livelihood. Similarly, the socio-economic compulsions of their parents make them work

for wages and they are not in a position to utilize the educational and other welfare facilities, as reported by 6.4 percent of the working children. Schools, hospitals and welfare centers are not used by some of the working children because these institutions are located far off.

TABLE No. 10: Reasons For Not Using The Educational, Health And Welfare Facilities

S. NO.	REASONS FOR NOT USING FACILITIES	WORKING CHILDREN	
		NO.	PERCENTAGE
1.	Medicine does not give relief	43	8.6
2.	Medicine not available	123	24.6
3.	Due to poverty, work becomes essential, no time to study	143	28.6
4	Parents ill/dead	6	1.2
5	No child welfare programme	-	-
6	Nobody cares in government hospitals	5	1.0
7.	Hospitals are too far	20	4.0
8.	Not interested in studying	9	1.8
9.	Parents compel to do work	32	6.4
10.	Schools are far from home	21	4.2

The most important effect of working in early childhood on children in the unorganized sectors under the study is the under and retarded physical development of the working children. This is the result of the continuous and prolonged physical stress to which these children are exposed at such a tender age at which no child is medically expected to bear. The weight and height of most of the children under study are below the medically prescribed standard norms. This reflects the poor health and physical state of the working children in these sectors.

About 65.30 percent of the working children were found to have been immunized but 93.20 percent of the sample households were reported to have suffered from illness during the previous six months. A majority of the sick households consulted private practitioners for treatment and they preferred the allopathic system to the Ayurvedic or Homeopathic or Unani or other indigenous systems. As many as 234 working children reported to have fallen sick during the last 12 months. Among those sick, the proportion of working children who fell sick frequently was quite high. This high rate of morbidity may be attributed to hard work of long duration but with low calorie intake leading to malnutrition. The working children do not use educational and health facilities, whatsoever that are available in their vicinity. A majority of the working children were also not aware of labour laws and other legal provisions concerning the minimum wages, accident compensation, P.F. etc. This shows the failure of the concerned government officials in making the existing laws or facts or legal provisions popular among the parents and the working children. The working children (and obviously their parents) were also not aware of the various schemes and programmes launched by the Government. During the study it was found that only 30.20 percent of the children were aware of IRDP and few derived benefits from this programme. About 2.5 percent of them were aware of ICDS. All this shows how the working children suffer from health hazards leading to their physical under-development and ill-health which is a slur on the society and policy. The apathetic attitude of the concerned officials in particular and the government in general towards the working children is deplorable.

CONCLUSIONS

1. The most adverse effect of working in early childhood is the under and retarted physical development of the working children because of the continuous and prolonged physical stress to which these children are exposed to at such a tender age.
2. The weight and height of most of the children are below the medically prescribed standards. This reflects the poor health and physical state of working children in Agra.

3. About 65.30 percent of the working children were found immunized. However, 93.20 percent of them suffered from an illness during the previous six months.
4. A majority of households of the sick working children consulted private practitioners and preferred allopathic system to ayruvedic, Homoeopathic, Unani or other indigenous system. More than 46 percent working children reported to have fallen sick during the last 12 months.
5. Among the sick, the proportion of working children who fell sick frequently was quite high. This high rate of morbidity may be attributed to hard work for long duration and low calories intake leading to malnutrition.
6. The working children do not use educational and health facilities whatsoever, that are available in their vicinity.
7. A majority of the working children are also not aware of labour laws and legal provisions concerning the minimum wages, working hours, social security provident fund etc., this shows failure of the government and its officials in making the laws and their provisions popular among the working children and their parents.
8. The working children and their parents were also not aware of the various scheme and programmes of the governments. Only 30.20 percent of the child labourers were aware of Integrated Rural Development Programme (IRDP) and a few derived benefits from it. About 2.5 percent only were aware of integrated child development scheme (ICDS).

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