

A Study of Factors Related to Child Labor in an Urban Slum

Dr Sujata Vijaysinh Patil¹, Dr P. M. Durgawale², Dr S. V. Kakade³, Dr Harsimran Kaur⁴

¹Assistant Professor Community Medicine, Krishna Institute of Medical Sciences University Karad, Satara

²Professor & Head Community Medicine, Krishna Institute of Medical Sciences University Karad, Satara

³Associate Professor Community Medicine, Krishna Institute of Medical Sciences University Karad, Satara

⁴Intern Community Medicine, Krishna Institute of Medical Sciences University Karad, Satara

Abstract: Objectives-The present study was carried out to study the prevalence and causes of child labor in an urban slum and to find the factors associated to child labor. Methodology- The present cross-sectional study was carried out in an urban field practice area of Community Medicine Department of Krishna Institute of Medical Sciences, Karad Maharashtra. All the children in the age group of 5-14 years were contacted with a house-to-house survey. Data was collected by filling a pre-tested semi-structured questionnaire in the presence of their parents. The questionnaire contained the details of working children, details of their jobs, their employers and their pay, the effect of work on schooling/studies, about their families and socio-economic status. Their parents were also interviewed and necessary information was obtained from them. The diet history was obtained from them as well as their parent. Statistical Analysis - Chi square test, proportions, percentages, means and standard deviations. Results - The prevalence of child labor in the study area was 36.30%, amongst these 72.13% were boys and 27.86% were girls. 82% of these were from socio-economic class 4 and 68.8% of fathers and 95% of mothers of these children were illiterate. 59% had an alcoholic father. 78.7% of child labourers were engaged in full time labour and were not attending school at all. 76.92% said that work interfered with studies. The main reason to go to work was poverty in 86.9% and family debt in 34.4%. Most of the girls 76.47% work in homes and tamashas and 47.7% boys work in catering. 65.6% were compelled to work, 39.34% were compelled by their mothers. Neither employment security nor leaves were given to any child. All children were found to be malnourished.

Keywords: child labor, school dropout, hazardous labor, Tamasha, Catering

1. Introduction

The term child labor is defined as work that deprives children of their childhood, their potential and their dignity and is harmful to their physical and mental development [1].

Almost 250 million children i.e. 1 in about every 6 children aged 5-17 on the face of the globe are involved in child labor. Of these 179 million (1 in 8) are trapped in 'worst form' of child labor i.e. those that endanger the child's physical, mental or moral well being [1]. Asia (excluding Japan) has the most child workers (approximately 61% of the world's total) [1]. In India 14.4% children between 10 and 14 years are involved in child labor [2]. National census of 2001 gives the total number of child laborers in India as 12.7 million out of which 7.6 million are in Maharashtra. Of these 24,273 are in Satara district [3]. Still assessing the number is a difficult task because much child labor is 'invisible' taking place in the informal sector in domestic service in the homes and in the fields [4].

Causes of child labor in India are poverty, parental illiteracy, social apathy and ignorance, lack of education and exposure, adult unemployment and underemployment, exploitation of cheap and unorganized labor, suppression of workers' right and inadequate enforcement of child labor law [5].

Government of India has implemented Child Labor Act in 1986 that outlaws child labor in certain areas and sets the minimum age of employment at 14 [6].

Children are involved in housework, agricultural labor, as domestic servants and industries like brass and brass articles, glass and glassware, footwear, textiles, silk and fireworks. Child domestic workers form the largest and most ignored group of child workers according to UNICEF's Innocenti Digest [7].

These children are subjected to various short term and long term occupational hazards like skin infections, injuries, malignancies as well as distorts or disables their bodies when they carry heavy loads or are forced to adopt unnatural positions at work for long hours. They become less resistant to diseases and also suffer from many psychological hazards. Hence, their development, on the whole, is hampered. Children's earnings are consistently lower than those of the adults, even where the 2 groups are engaged in the same tasks [8].

The present study is planned to highlight the prevalence and the conditions of child labor.

Aims and Objectives

- 1) To study the prevalence of child labor in an urban slum.
- 2) To study socio - demographic factors related to child labor.
- 3) To study the nutritional status especially protein calorie intake in child labor.

2. Materials & Methods

The present cross-sectional study was carried out in an urban

field practice area of Community Medicine Department of Krishna Institute of Medical Sciences, Karad. All the children in the age group of 5-14 years were contacted with a house-to-house survey. They were explained about the study and a written consent was obtained from those who were above 12 years and from the parents of those who were below 12 years. Data was collected by filling a pre-tested semi-structured questionnaire in the presence of their parents. The questionnaire contained the details of working children, details of their jobs, their employers and their pay, the effect of work on schooling/studies and health, about their families and socio-economic status. Their parents were also interviewed and necessary information was obtained from them. The nutritional history was obtained from them and their mothers. The calorie and protein intake was calculated from the food they consumed the day before the interview and compared with the recommended daily allowance (RDA).

Some definitions used - School dropouts were considered as per definition given by UNESCO ^[17]. Work for more than 4 hours in a day was taken as full time; work for less than 4 hours a day was taken as part time. The definitions of child labor, light work and hazardous work were used according to ILO.

Statistical analysis was done by applying Chi-square test, proportions percentages, means and standard deviations by using SPSS software version 16.

3. Observations and Results

There were a total of 168 children in the age group of 5-14 years in the study area; out of which 61 (36.30%) were working children. Amongst these 61, 44 (72.13%) were boys and 17 (27.86%) were girls. Therefore the prevalence of child labor was 36.30%.

Table 1: Distribution of working boys and girls in various age groups

Age Group (in years)	Girls n (%)	Boys n (%)
9-10	2 (11.8)	2 (4.54)
11-12	5 (29.4)	14 (31.8)
13-14	10 (58.9)	28 (63.63)
Total	17 (27.86)	44 (72.13)

Table 1 shows that as the age advances a larger proportion of boys and girls engage in working. Maximum working age is between 13-14 years in both the sexes. No children were found to be working in 5-8 years age group.

Table 2: Distribution of working children as per educational status and alcoholic habit of their fathers

Education of father	Alcoholic father n (%)	Non-alcoholic father n (%)	Total n (%)
Illiterate	23 (37.7)	19 (31.1)	42(68.8)
Primary	11(18.0)	4(6.6)	15(24.6)
Secondary	1(1.6)	2(3.3)	3(4.9)
Above	1(1.6)	0	1(1.6)
Total	36(59)	25(41)	61(100)

Chi-square=3.098 p=0.377

There was no significant association between alcoholism & education of father of working children. However, there is declining trend in alcoholism as level of education increases. 58(95.08%) mothers were illiterate and majority of them said that their children should go to work to earn money and help their parents instead of going to school.

Table 3: Effect of Socio Economic Status on Schooling

Family	Socio-economic status			
	Three n (%)	Four n (%)	Five n (%)	Total n (%)
Working & schooling	1 (1.6)	8 (13.1)	4 (6.6)	13 (21.3)
School dropout	10 (16.4)	16 (26.2)	22(36.1)	48 (78.7)
Total	11 (18)	24 (39.3)	26 (42.6)	61 (100)

Chi-square=3.593 p=0.166

There is no significant association between socio-economic status & schooling of working children. However, the proportion of school-dropout children increased as per lower socio-economic stratum.

Maximum children had appropriate age at school, late enrolment was found in only 15.38%. There was not a single child who was re-enrolled after dropout.

Out of 48 children not going to school the reasons were poverty in 66.67%, poor scholastic performance in 25% and 8.33% gave other reasons like school was far or they have to take care of a younger sibling or a sick or handicapped member of the family.

Most of the children had no time to study because of labor. The time spent on study was less than one hour in 69.23% and more than one hour in 30.76%. 76.92% said work interfered with studies and in 65.5% with play

Table 4: Reasons to go to work

Reasons	Boys	Girls	Total n (%)
Poverty	37	16	53 (86.9)
Family debt	13	8	21 (34.4)
Help parents in their job	4	4	8 (13.1)
To learn job	2	2	4 (6.6)
Indifference for education	14	6	20 (32.8)
Follow the peer group	20	4	24 (39.3)
Want of independence	3	4	7 (11.5)
Relief from parental instructions	1	1	2 (3.3)

Multiple reasons were given by the child laborers to go to work amongst which the commonest was poverty in 86.9%. 32.79% were not interested in education. 34.4% children said that they worked without being forced to do so. Among the 65.6% children who were compelled by their parents, 39.34% were compelled by their mothers.

Table 5: Distribution of working children according to their places of work

Place of work	Boys n(%)	Girls n(%)
Domestic labor	1 (2.27)	8 (47.05)
Shop	7 (15.90)	2 (11.76)
Construction	6 (13.6)	1 (5.9)
Hotel	5 (11.36)	0
Farm	2 (4.5)	0
Workshop	2 (4.5)	0
Tamasha/Folk dance	0	5 (29.41)
Catering	21 (47.72)	1 (5.9)
Total	44	17

All the children worked in the non-organized sectors. A large proportion of girls (76.46%) work as domestic laborers and in tamashas. Maximum numbers of boys (47.72%) work in catering. No girls were found to be working in hotels, workshops and farms. Children engaged in full time labour were 78.7% and part Timewere21.3%

Children who work in hazardous conditions were 23.05%.Most of them worked at the construction sites, in the workshops in the hazardous areas.

The working conditions of these children were poor in 24.5%, satisfactory in 63.9% and good in only 6.5%.

A majority of children 57.37% said that their employers were kind to them; while 1.6% were beaten by their employers and 31.14% said that their employers used abusive language with them.

No employment security was given to any child. Even, there were no holidays, leaves and sick leaves.

Episodes of illnesses in the last year were found in 11.76% girls and 47.72% boys.

Table 5: Age and gender distribution wise mean deficit of protein and calorie intake

Age in years	Sex (n)	Proteins			Calories		
		RDA g/day	Mean Intake \pm SD	Mean Deficit \pm SD	RDA Kcal/day	Mean Intake \pm SD	Mean Deficit \pm SD
7-9	F (1)	41	14.4	26.6	1950	715	1235
10-12	M (16)	54	22.80 \pm 3.88	31.12 \pm 3.88	2190	886.50 \pm 136.05	1303.50 \pm 136.05
	F (5)	57	22.78 \pm 5.15	34.22 \pm 5.15	1970	861.80 \pm 172.06	1108.20 \pm 172.06
13-14	M (27)	70	24.96 \pm 5.62	45.03 \pm 5.62	2450	895.44 \pm 162.02	1554.56 \pm 162.02
	F (10)	65	26.24 \pm 5.83	38.76 \pm 5.83	2060	916.22 \pm 189.4	1143.78 \pm 189.4

In all the working children [100%], there was a very high deficit in mean protein & calorie intake. Mean protein deficit was highest in both males and females in the age group of 13-14 years. The calorie deficit in males is high in the same age group while in females it was in 7-9 age groups. All the working children go to work early in the morning and returned late in the evening. Some carry some food with them but mainly employers provided meals to them which was left over and was not balanced or nutritious. No breakfast was given at their working place or at home. Also 78.7% did not go to school at all and so they missed the mid-day meal provided by the schools. Most were in adolescent age group [growing children] and also had to work a lot, as a result, they required more calories and proteins which they lacked.

4. Discussion

The study revealed that 36.30% of children in the study area went to work. Amongst these 72.13% were boys and 27.86% were girls. The prevalence in different studies conducted in Nigeria, Nagpur and in Pondicherry was 64.5%^[9], 21.3%^[10] and 15%^[11] respectively. In our study prevalence is high as compared to Indian studies because most of population in the study area was migrated living in the slums and also we included both working children going to school as well as not enrolled in school.

82% of children were from socio economic class 4 and 5. Same was found in Nagpur and Pondicherry study^[10]^[11]. Also children from poor families, problem families, with alcoholic father had to work. This may be because the

household expenses could not be met. Better socio-economic status removes pressure on parents to put their children to work. In the Nagpur study, lower socio-economic status of family and parental education were significantly associated with child labor^[10]. In a study in Pondicherry, educational level of mother, presence of handicapped or alcoholic member in the family were significantly associated with the working child^[12]. In our study, large family size (>6 members) was found in 54% of cases. Similar observations were seen in the study by Panikar et al^[13] and a study conducted in Korea^[14]. Children from single parent families are also more likely to be involved in child labor i.e. 20% in our study. Same was observed by a study in Nagpur^[10]. This is because one adult main earning member is not there, so such families don't have much choice and send their children to work. 78.7% of child laborers were engaged in full time labor and were not attending school at all. Boys were more involved in full time work while girls in part time the reason being boys work in shops while girls were engaged in household work. Main reasons for not going to school were poverty in 66.7% and poor scholastic performance in 25%. Also school hours were not compatible with work hours. Children engaged in full time labor are bound to have adverse effects on health & academic performance. Devi K in their study found that working children spent less time in study^[12]. Nivethida et al in her study found that half of children felt that their work affected their studies^[11]. In the Nagpur study majority 78.3% had school drop-outs^[10].

Multiple reasons were given to go to work among which main were poverty (86.9%), family debt (34.4%) and following peer group [39.3%]. Same reasons were found in

the study at Nagpur^[10] and Pondicherry^[11]. In fact, these are the reasons that there was no re-enrollment after dropout. In our study, 32.8% children had indifference towards education. Similar findings were also cited by the study carried out in Peninsular Malaysia^[14]. Reason for this is that these children are brought up in such an environment that they do not have any educational exposure and so do not realize the importance of education. 65.6% were compelled to work by their parents; 39.34% by their mothers. Mothers compel because she is the person to run the house on daily basis and when father shows little interest on how daily household expenses are met. In the Pondicherry study 9.7% were compelled by their mother^[11].

The place of working for girls and boys is different. They worked in varied occupations. Most of them worked in non-organized sectors which make supervision of working environment difficult by labor inspectors and may increase their exploitation. Most of the boys (47.7%) were engaged in catering and girls worked at homes (47.05%) and tamashas (29.41%). The study by Nitin et al found that majority of the children were employed in small scale industries and very few in organized sectors^[10]. Still, as compared to the study in Nigeria, no child was bonded or involved in prostitution. This is due to the social set up of our society. 23% worked in hazardous areas like construction sites, workshops.

It was also observed in our study that providing meals and clothing to children as wages took some burden off the family expense.

Majority of children, 57.37% reported that their employers were kind to them, 1.6% were beaten and 31.14% were abused by their employers. In the study conducted by Devi K, 87.2% in urban areas and 65.1% in rural areas child laborers were beaten or scolded by their employers for working slowly^[12]. 29.1% of child laborers gave history of verbal abuse by employer in the study by Nitin et al^[10]. No leaves were given to any child, not even weekly holidays. Only if a child fell sick, he was allowed to stay at home. Children received no employment security of any type.

The most important finding was that the mean protein and calorie intake was very less in all [100%] the working children. This finding coincided with the study conducted in Calcutta^[15] and Nigeria^[16]. This was because most of them used to leave for work early in the morning and return late in the evening. They ate whatever was given to them at the working place by the employer. Midday meal and breakfast schemes provided in most schools was not available to these children as most of them were not attending the school at all.

References

- [1] International Labor Organisation (ILO) - International Programme on Elimination of Child Labor (IPEC), Child Labor Statistics, Hazardous Child Labor, World Day against Child Labor 2012, News from Africa
- [2] Child Labor in India: Child Labor Today. <http://www.childlabour.in/child-labour-today>
- [3] National Census 2001. Ministry of Labor and

- Employment, Government of India. Magnitude of Child Labor- Main and Marginal in India (2001) State-wise and District-wise distribution of working children in the age group of 5-14 years.
- [4] United Nations International Children's Emergency Fund (UNICEF) – The State of the World's Children: Focus on child labour. Oxford University Press 1997.
- [5] Causes of Child Labor in India. <http://www.childlabor.in/causes-of-child-labor.htm>
- [6] Badiwala M. Child Labor in India : Causes, Governmental Policies and the Role of Education. http://www.admc.hct.ac.ae/hd1/english/readings/wordversions/rd_9childlabour.doc.
- [7] UNICEF Innocenti Digest. Innocenti Research Centre; 1999. 15.
- [8] Grootaert, Christiaan; Kanbur, Ravi. Child Labor: An Economic Perspective. International Labour Review 1995; 134:187-2019.
- [9] Bolanle MF, Fidelis ON, Adebisi O. Prevalence types and demographic features of child labor among school children in Nigeria. BMC International Health and Human Rights. 2005; 5.
- [10] Ambedekar NA, Wahab SN, Vasudev ND. Study of some social problems and correlation of child laborers in slums of Nagpur. IJCM 1998; 2:57-61.
- [11] Nivethida T, Roy G. Study of child labor among school children and related factors in Pondicherry. IJCM 2005; 1:14-15.
- [12] Devi K, Roy G. Study of child labor among school children in urban and rural areas of Pondicherry. IJCM 2008; 2: 116-117.
- [13] Panikar R, Nangia P. Child labor series. Working and street children of Delhi, Noida: National Labor Institute. 1992; 1-3
- [14] World Health Organization (WHO), Geneva. Children at work: Special Health Risks. Report of WHO study group, Technical Report Series: 756; 1987.
- [15] Chouradia S. Child Labor: The Burning Predicament in the World. What leads to child labor and acts formulated to combat the problem of child labor. <http://www.legalserviceindia.com/article/1216-Child-Labour.html>
- [16] Omokhodion FO, Omokhodion SI. Health status of working and non- working school children in Ibadan, Nigeria.

Author Profile

Dr Sujata Vijaysinh Patil is M.D. Community Medicine, Assistant Professor, Community Medicine, Krishna Institute of Medical Sciences University Karad, Satara.

Dr. P. M. Durgawale is Professor & Head, Community Medicine Krishna Institute of Medical Sciences University Karad, Satara.

Dr. S. V. Kakade is Associate Professor, Community Medicine Krishna Institute of Medical Sciences University Karad, Satara.

Dr Harsimran Kaur is Intern, Community Medicine, Krishna Institute of Medical Sciences University Karad, Satara.