



## Child labour: Issues and Challenges

### 1. INTRODUCTION:

Children are future citizens of the Nation and their adequate development is utmost priority of the country. Unfortunately, child labor engulfs children across the world. The world is home to 1.2 billion individuals aged 10-19 years. However, despite its menace in various forms, the data shows variation in prevalence of child labor across the globe and the statistical figures about child labor are very alarming. There are an estimated 186 million child laborers worldwide. The 2001 national census of India estimated total number of child labor aged 5-14 to be at 12.6 million.[1] Small-scale and community-based studies have found estimated prevalence of 12.6 million children engaged in hazardous occupations. Many children are “hidden workers” working in homes or in the underground economy.[2] 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 18 hazardous occupations, child labor is still prevalent in the informal sectors of the Indian economy.[3] Child labor violates human rights, and is in contravention of the International Labor Organization (Article 32, Convention Rights of the Child). About one-third of children of the developing world are failing to complete even 4 years of education.[4] Indian population has more than 17.5 million working children in different industries, and incidentally maximum are in agricultural sector, leather industry, mining and match-making industries, etc.[5]

The term “child labor” is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical-mental development. It refers to work that is mentally, physically, socially or morally dangerous and harmful to children, and interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely or requiring them to attempt to combine school attendance with excessively long and heavy work. The statistical figures about child workers in the world have variation because of the differences in defining categories of age group and engagement of children in formal and informal sector.[6]

Child labor continues to be a great concern in many parts of the world. In 2008, some 60% of the 215 million boys and girls were estimated to be child laborers worldwide. Major engagement was in agriculture sector, followed by fisheries, aquaculture, livestock and forestry. In addition to work that interferes with schooling and is harmful to personal development, many of these children work in hazardous occupations or activities that are harmful.[7] Incidentally, 96% of the child workers are in the developing countries of Africa, Asia and South America. With respect to the child workers between the ages of 5 and 14, Asia makes up 61% of child workers in developing countries, while Africa has 32% and Latin America 7%. Further, while Asia has the highest number of child workers, Africa has the highest prevalence of child labor (40%).[8]

### 2. LAW AND CHILD LABOR

The policy curbing child labor exists but lack of enforcement of labor restrictions perpetuates child labor. This is manifested in variation in minimum age restriction in different types of employment. The International Labor Office reports that children work the longest hours and are the worst paid of all laborers. In India, the Child Labor (Prohibition and Regulation) Act 1986 and Rules state that no child shall be employed or permitted to work in any of the occupations set forth in Part A of the Schedule or in any workshop wherein any of the processes set forth in Part B of the Schedule is

carried on. For this purpose, “child” means a person who has not completed his 14<sup>th</sup> year of age. The Act prohibits employment of children in certain specified hazardous occupations and processes and regulates the working conditions in others. The list of hazardous occupations and processes is progressively being expanded on the recommendation of the Child Labor Technical Advisory Committee constituted under the Act.[9]

### **3. FORMS OF CHILD LABOR**

Children are employed in both formal and informal sectors. Among the occupations wherein children are engaged in work are construction work, domestic work and small-scale industries. Incidentally, agriculture is not only the oldest but also the most common child occupation worldwide. Some of the industries that depend on child labor are bangle-making, beedi-making, power looms and manufacturing processes. These industries use toxic metals and substances such as lead, mercury, manganese, chromium, cadmium, benzene, pesticides and asbestos. Child labor is very harmful and wholehearted efforts to eliminate this should be done.[10]

### **4. THE CONSEQUENCES OF CHILD LABOR**

The negative impact on the physiological and psychological levels of children includes specific concerns of child labor and its consequences on mental health. It is worth noting that one-third of children of the developing world are failing to complete even 4 years of education.[6] The analysis of factors leading to engagement of children in hazardous factors elucidated socioeconomic factors as one of the important determinants. Poverty is considered as one of the contributory factors in child labor.[11]

Mental well being is less frequently researched in child labor.[12] A retrospective cohort study in Morocco randomly examined 200 children working in the handicraft sector and found a high prevalence of respiratory, digestive and skin conditions, as well as mental health presentations such as migraines, insomnia, irritability, enuresis and asthenia.[13]

In a cross-sectional survey, urban Lebanese children aged 10–17, working full-time in small industrial shops, were compared with non-working matched school children. Majority of them had poor physical health, predominantly marked with skin lesions or ear complaints and social care needs.[14] Similarly, authors aimed to find out consequences in children in Lebanon exposed to solvents, and found significantly higher rates of lightheadedness, fatigue, impaired memory and depression compared with a non-exposed group.[15] A cross-sectional study in Addis Ababa, Ethiopia, used diagnostic interviews to assess prevalence of mental disorders in 528 child laborers and street workers, child domestics and private enterprise workers aged between 5 and 15 years. The prevalence of mental disorders was noted to be as high as 20.1% compared with 12.5% in the general population.[16] Further study to establish the association between labor-related variables and mental health problems was carried out among 780 children engaged in labor (aged 9–18 years) in the Gaza Strip. Mental health problems of children in labor were likely to be associated with socioeconomic determinants as well as factors related to their underage employment.[17]

The physical and social consequences are deliberated by researchers; however, mental health area has not been explored so much. Studies are lacking even in Indian scenario regarding impact of child labor on mental health.

### **5. INTERVENTION AND CHILD LABOR**

Education is a very important part of development. Children who are drawn to child labor are basically driven because of economic deprivation, lack of schooling and engagement of family for daily needs. Studies have found low enrollment with increased rates of child employment. Schools are the platform for early intervention against child labor, as it restricts their participation in menial jobs.

Hurdles in this approach are economic reasons. Unless economic change is brought about, the children will not be able to attend the school. Child labor can be controlled by economic development increasing awareness and making education affordable across all levels, and enforcement of anti child labor laws.[18]

The Government of India has taken certain initiatives to control child labor. The National Child Labor Project (NCLP) Scheme was launched in 9 districts of high child labor endemicity in the country. Under the scheme, funds are given to the District Collectors for running special schools for child labor. Most of these schools are run by the NGOs in the district. Under the scheme, these children are provided formal/informal education along with vocational training, and a stipend of Rs. 100 per month. Health check-up is also done for them.

## 6. CONCLUSION

Poverty is one of the important factors for this problem. Hence, enforcement alone cannot help solve it. The Government has been laying a lot of emphasis on the rehabilitation of these children and on improving the economic conditions of their families.

Many NGOs like CARE India, Child Rights and You, Global March Against Child Labor, etc., have been working to eradicate child labor in India. The child labor can be stopped when knowledge is translated into legislation and action, moving good intention and ideas into protecting the health of the children. The endurance of young children is higher and they cannot protest against discrimination. Focusing on grassroots strategies to mobilize communities against child labor and reintegration of child workers into their homes and schools has proven crucial to breaking the cycle of child labor. A multidisciplinary approach involving specialists with medical, psychological and socio-anthropological level is needed to curb this evil.[19]

It is in this context that we have to take a relook at the landmark passing of the Right of Children to Free and Compulsory Education (RTE) Act 2009, which marks a historic moment for the children of India. For the first time in India's history, children will be guaranteed their right to quality elementary education by the state with the help of families and communities. The world cannot reach its goal to have every child complete primary school by 2015 without India. Although there have been significant improvements in the proportion of children from socially disadvantaged groups in school, gaps still remain. Girls are still less likely to enroll in school than boys; in 2005, for upper primary school (Grades 6–8) girls' enrollment was still 8.8 points lower than boys, for Scheduled Tribes (ST) the gender gap was 12.6 points and it was 16 points for Scheduled Castes (SC). RTE provides a ripe platform to reach the unreached, with specific provisions for disadvantaged groups such as child laborers, migrant children, children with special needs, or those who have a "disadvantage owing to social, cultural economical, geographical, linguistic, gender or such other factors." Bringing 8 million out-of-school children into classes at the age-appropriate level with the support to stay in school and succeed poses a major challenge. Substantial efforts are essential to eliminate disparities and ensure quality with equity. Successful implementation of the Act would certainly go a long way in eradicating child labor in India.

## REFERENCES

- I. Basu K, Tzannatos Z. The Global Child Labor Problem: What Do We Know and What Can We Do? *World Bank Econ Rev.* 2003;17:147–73.
- II. Angnihotram RV. An overview of occupational health research in India. *Indian Journal of Occupational Environ Med.* 2005;9:10–4.

- III. Burra, Neera “Child labour in rural areas with a special focus on migration, agriculture, mining and brick kilns” National Commission for Protection of Child Rights. [Last retrieved on 2009 Oct 19]. [www.ncpcr.gov.in/report](http://www.ncpcr.gov.in/report) .
- IV. Unicef, Guide to the Convention on the Rights of the Child. 2006. [Last accessed on 2006]. Available from: <http://www.unicef.org/crc/>
- V. Tiwari RR. Child labour in footwear Industry: Possible occupational health hazards. Indian J Occup Environ Med. 2005;9:7–9.
- VI. Geneva, Switzerland: ILO; 2003. International Labour Organisation Combating Child Labour through Education 2003.
- VII. ILO good practice guide for addressing child labour in fisheries and aquaculture: Policy and practice preliminary version international labour organization. 2011
- VIII. ILO. Child Labor: How the challenge is being met. Int Labor Rev. 1997;136:233–57.
- IX. Child Labour and Responses in South Asia International Labour Organization (ILO) 1996-2012
- X. Cooper SP, Rothstein MA. Health hazards among working children in Texas. South Med J. 1995;88:550–4. [PubMed]
- XI. Ali M, Shahab S, Ushijima H, de Muynck A. Street children in Pakistan: A situational analysis of social conditions and nutritional status. Soc Sci Med. 2004;59:1707–17. [PubMed]
- XII. Khan H, Hameed A, Afridi AK. Study on child labour in automobile workshops of Peshawar, Pakistan. East Mediterr Health J. 2007;13:1497–502. [PubMed]
- XIII. Laraqui CH, Caubet A, Laraqui O, Belamalle I, Harourate K, Curtes JP, et al. Child labour in the artisan sector of Morocco: Determinants and health effects. Sante Publique. 2000;12:31–43. [PubMed]
- XIV. Nuwayhid IA, Usta J, Makarem M, Khudr A, El-Zein A. Health of children working in small urban industrial shops. Occup Environ Med. 2005;62:86–94. [PMC free article] [PubMed]
- XV. Saddik B, Nuwayhid I, Williamson A, Black D. Evidence of neurotoxicity in working children in Lebanon. Neurotoxicology. 2003;24:733–9. [PubMed]
- XVI. Fekadu D, Alem A, Hägglöf B. The prevalence of mental health problems in Ethiopian child labourers. J Child Psychol Psychiatry. 2006;47:954–9. [PubMed]
- XVII. Thabet AA, Matar S, Carpintero A, Bankart J, Vostanis P. Mental health problems among labour children in the Gaza Strip Child: Care, health and development. 2010;1:1–7. [PubMed]
- XVIII. Geneva: ILO; 1992. ILO (International Labour Office). World Labour Report 1992.
- XIX. Yadav SK, Gowri Sengupta G. Environmental and occupational health problems of child labour: Some Issues and Challenges for Future. J Hum Ecol. 2009;28:143–8.

\*\*\*\*\*

**Dilipkumar A. Ode**  
Ph.D. Research Scholar  
Economics Department  
Veer Narmad South Gujarat University

**Dr. Dilipbhai L. Varsani**  
Principal  
J. B. Dharukawala Mahila Arts College  
Veer Narmad South Gujarat University