

Health Related Issues among the Child Labor: A Study in Kurnool District of Andhra Pradesh

P. Jhansirani

S.V. University, Tirupati

Email: mallithoti@gmail.com

Abstract---Child labor is a worldwide phenomenon but more focus is required on developing countries. The policy framework of International Labor Organization (ILO) to eliminate child labor is based on United Nations (UN) Declaration of Fundamental Principles and Rights at work (1998). Over 170 million children worldwide still work in order to sustain their basic needs. 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. Many children are "hidden workers" working in homes or in the underground economy. 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. 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. Indian population has more than 17.5 million working children in different industries, and incidentally maximum are in the agricultural sector, leather industry, mining and match-making industries, etc.

Keywords---health, ILO, labour, WHO, young.

Introduction

Children are conserved as the most important asset of our country however improper understanding of the parents and poverty making them the reason for the weakness of the country instead of being the power of the country. Most of the children under the poverty line are forced to do the child labor daily even after the lots of awareness program run by the government and future welfare of society towards the welfare of the child.

Children are the new flowers with powerful fragrance of any nation however some people are declining the power and destroying the future of the country just for earning small money by illegally involving the growing kids. They are playing with the moral of the innocent people and their kids. Protecting children from the child labor is the responsibility of each and every citizen living in the country. Child labor is the socio-economic issue which is coming from long ago and now need to be solved on an ultimate basis.

In a brief, the definition of Child Labour is any work within or outside of the family that threatens the health and mental development of the child by denying her or him fundamental as well as non-fundamental rights. The Child Labour is a work which involves some degree of exploitation i.e. physical, mental, economic and social which impairs the health and development of children.

Today, throughout the world, around 215 million children work, many full-time. They do not go to school and have little or no time to play. Many do not receive proper nutrition or care. They are denied the chance to be children. More than half of them are exposed to the worst forms of child labor such as work in hazardous environments, slavery, or other forms of forced labor, illicit activities including drug trafficking and prostitution, as well as involvement in armed conflict. In many countries, child labor is mainly an agricultural issue. Worldwide 60 percent of all child laborers in the age group 5-17 years working in agriculture, including farming, fishing, aquaculture, forestry, and livestock. This amounts to over 129 million girls and boys. The majority (67.5%) of child

laborers are unpaid family members. In agriculture, this percentage is higher and is combined with very early entry into work, sometimes between 5 and 7 years of age.

Child labor refers to the exploitation of the labor of children who are either too young to work, or are of working age but work under conditions that subject them to risk. It is an unfortunate reality that children worldwide are often forced to undertake work that is physical, psychologically and morally damaging to them. Nonetheless, not all work performed by children is classified as child labor. In fact, some light work that does not interfere with the child's development, their education, or health, such as helping parents around the home, or earning pocket money outside of school hours or on holidays, can be a positive experience for children.

The term child labor, therefore, does not generally apply to children between the ages of 12-14 that engage in light work or to children between the ages of 15-17 who work in non-hazardous conditions. Child labor is a cause and consequence of poverty and education and training is crucial to breaking this cycle. At the same time, interventions on education and training must be integrated with other interventions to effectively remove children from hazardous work. This includes measures which address poverty and underdevelopment, inadequate health and social policies, weak labor market institutions, inadequate legislation and an inadequate enforcement of laws. Both supply-side factors such as the role of poverty in compelling parents to send their children to work and demand-side factors such as the way a society organizes its production processes help determine the extent to which children engage in child labor.

Social exclusion mechanisms are another strong factor that keeps children out of school leading them to work. In many cases, children in the worst forms of child labor belong to the most discriminated strata of society in terms of ethnicity and culture. Displacement resulting from a health crisis, violent conflict, civil strife or natural disaster leaves children with few alternatives. Child labor is exacerbated by an increasing demand coupled with an increasing supply of child labor from poor families, especially in rural areas. Child labor has long been recognized as a major obstacle to achieving decent work. However, there are still many children who enter the workforce too soon. Of particular concern in this region are the 122 million children aged 5-14 forced to work for their survival.

Hazardous child labor

More specifically, hazardous child labor is work in dangerous or unhealthy conditions that could result in a child being killed, or injured and/or made ill as a consequence of poor safety and health standards and working arrangements. Some injuries or ill health may result in permanent disability. Often health problems caused by working as a child laborer may not develop or show up until the child is an adult. Hazardous child labor is the largest category of the worst forms of child labor with an estimated 115 million children, aged 5-17, working in dangerous conditions in sectors as diverse as agriculture, mining, construction, manufacturing, service industries, hotels, bars, restaurants, fast food establishments, and domestic service.

It is found in both industrialized and developing countries. Girls and boys often start carrying out hazardous work at very early ages. Worldwide, the ILO estimates that some 22,000 children are killed at work every year. The numbers of those injured or made ill because of their work are not known. Child laborers are susceptible to all the dangers faced by adult workers when placed in the same situation. However, the work hazards and risks that affect adult workers can affect child laborers even more strongly. The results of lack of safety and health protection can often be more devastating and lasting for them. It can result in more fatal and non-fatal accidents, permanent disabilities/ill health, and psychological/behavioral/emotional damage. When speaking of child laborers it is important to go beyond the concepts of work hazard and risks as applied to adult workers and to expand them to include the developmental aspects of childhood. Because children are still growing they have special characteristics and needs that must be taken into consideration when determining workplace hazards and the risks associated with them, in terms of physical, cognitive (thought/learning) and behavioral development and emotional growth.

Occupational health and safety have a greater scope in the heavy industry sector. Skills required to manage occupational health and safety are compatible with environmental protection and these responsibilities are bolted onto the workplace health and safety professionals like occupational health nurse. Occupational health nurse is accountable for occupational health programming and services, promoting workplace health and wellness within the guidelines and requirements of relevant Occupational Health and Safety legislation, consults with experts to provide the breadth and depth of programming necessary for a wide spectrum of occupational disease prevention, health promotion, and education. Occupational health nurse frequently co-ordinates multidisciplinary activities employing the knowledge, skill, and experience of professionals from human resources, safety and services for persons with disabilities, mental health, infection control and public health. An effective awareness program about occupational hazards and first aid management helps to reduce the number of injuries and deaths, property damage, legal liability,

illnesses, workers compensation claims, and missed time from work. It is important that new employees to be properly trained and embraces the importance of workplace safety as it is easy for seasoned workers to negatively influence the new hires. In India, occupational health is not simply a health issue, which includes child labor, poor industrial legislation, vast informal sector, less attention to industrial hygiene and poor surveillance data. As per the Director General of Factory Advisory Services and Labor Institutes Report (1998), there were 300,000 registered industrial factories and more than 5000 chemical factories in India, employing over half a million workers. Approximately 8.8 million workers were employed in various factories.

Child labor in India

The problem of child labor continues to pose a challenge before the nation. The government has been taking various pro-active measures to tackle this problem. However, considering the magnitude and extent of the problem and that it is essentially a socio-economic problem inextricably linked to poverty and illiteracy, it requires concerted efforts from all sections of the society to make a dent in the problem.

According to Census of India, 2011, there were 12.26 million working children in the age group of 5-14 years as compared to 11.2 million in 1991 revealing an increasing trend in absolute numbers though the work participation rates of children (5-14) have come down from 5.4 percent during 2001 to 5 percent during 2011.

The use of child labor is very prevalence in India and the cause is deep-rooted in poverty. UNICEF India has estimated 28 million children aged five to fourteen involved in work (UNICEF, 2011) Child labor is not a new phenomenon in India, where children have always worked. During the industrial revolution, child labor increased, due to the shift of labor movements to colonial countries. Children can be found in every sector of the informal economy (Molanka, 2008). The incidence of working children in India is engaged in hazardous occupations such as factories manufacturing diamonds, fireworks, silk, and carpets, glass and bricks (Waghmode & Kalyan, 2013). There are several factors that force children to work such as inadequate economic growth, poverty, unemployment overpopulation and lack of education and healthcare etc. (Ahmad, 2012).

In the Census 2011 of India the age groups 5-9 and 10-14 years are taken for determining the Child Labour population

Table 1
All India Child Labour population according to 2011 Census

	Age group	Main workers	Marginal workers 3-6 month	Total
All India	5-9	1108808	1066910	2175718
	10-14	3244439	2808324	6052763
	Total	4353247	3875234	8228481

Causes for child labor Indian perspective

The causes are quite similar to any other country, though with many Indian singularities.

Poverty and family size: In Rural areas, the average family size is six persons. In families where children work, the father often works as either a rickshaw puller or day laborer and the mother as a domestic help. Poverty leads to quarrels, tension and can ultimately result in cruel treatment of children. The mother, being overburdened with work, can lose interest in her children and neglect them. Without a stable income, the children become a burden to parents and must find work for their own survival.

Victims of migration: In general, neglected children migrate to big cities with their families or alone. Often they must beg or drift on the streets in order to earn a living and will consider any work that helps them survive.

Illiteracy & Ignorance: Many parents of working children are illiterate and unskilled with little prospect of being able to improve their situation. There is a lack of faith in the existing education system as it does not necessarily lead to employment. Many poor parents feel that it is better for their children to learn by working rather than sending them to school presents results on children currently attending school (age 6-17 years) and Children attended before. The percentage of children (6-17 years) currently attending schools varied from 83.1% in Odisha. The percentage of drop out children (age 6-17 years) is highest in Odisha (14.1%) (Annual Health Survey (AHS) 2010-11)

Child labor law and rights: Child labor laws do not protect working children. Employers prefer children as they are cheap, productive and obedient. Children working in the industrial sector have no contract of employment and so

find it difficult to stand up for themselves and fight for their rights. The demand by factories for child laborers is increasing all the time.

Family breakdown: Migration of families, broken families, parental abuse, and abandonment, all lead to child labor.

Natural calamities: Floods, land erosion, cyclones etc, have a devastating effect on many areas of Rourkela every year. This further increases the pressures on poor families and leads to many new children entering the labor force.

Child Labour in Andhra Pradesh

Andhra Pradesh has a dubious distinction of having the largest number of Child Labor in India (2011 Census). The State is consisting of 13 districts, converging 2 subregions in coastal Andhra and Rayalaseema in 2014. It is the 8th largest State in the Indian Union both in terms of geographical area and population. According to 2011 census, the population of the State was 50 million, however, increased to 4.76 crores in 2011. For centuries together Scheduled Caste, Scheduled Tribes and the most backward communities are marginalized and remained backward, excluded in the process of growth and development. The State of Andhra Pradesh was lagging much behind the national average in respect of literacy rate 67.4% in 2011 and GSDP also. However, there is a significant improvement in literacy level by 2011, reaching 67.4% percentages, thanks to the national policy and state government efforts for building and development of educational infrastructure facilities in nook and corner of the state.

According to 2011 census, Andhra Pradesh is having 3,80,422 Child Labour whereas it was 13.63 lakh in 2001 in the combined State and 3.80 lakhs in A.P. in 2011. Data of out of school children according to a survey conducted by RVM was 6.2 lakh in 2003-2004 and 1.09 lakh in 2013. High incidence of child labor in Andhra Pradesh occurs in employment like agriculture, hotels and *dhabas*, domestic sector, construction activity, shops and establishments, small factories, street vending, rag picking and such informal sector.

Research Method

The following objectives have covered the present

- a) To study the socio-economic conditions of the child labor parents
- b) To examine the causes influenced by the child labor in Kurnool district
- c) To evaluate the educational and occupational aspiration of the target group.
- d) To observe the child labor facing the problems at the work site
- e) To examine the working condition, income, health hazards of child labor associated with the varieties of industry, hotel, restaurant and household activities in Kurnool district
- f) To study the parental opinion on the child labor in the society
- g) To reviles the Knowledge and attitude and perception (KAP) on the child labor in the field area

Results and Analysis

Sample Selection

Data was collected from 500 Children who are aged below 14 years of the tribal community both boys and girls on the random basis of the Kurnool district. There are three revenue divisions ie Adoni, Nandyal and Kurnool having 54 mandals and 870 habited revenue villages in the district. Out of 54 mandals 20 mandals has been selected on the basis of scheduled population strength. From each mandal 50 respondents have been interviewed by randomly, thus the size of the sample consisted of 500.

Both primary and secondary data are used in the study. Secondary data is collected from International labour Organization and Human Resource Development Institute of Andhra Pradesh, publications of Government of India, Government of Andhra Pradesh, Bureau of Economics and Statistics, District Poverty Alleviation Programme, different journals, periodicals and magazines and Daily NEWS papers etc., Primary data is collected through the personal interview method, specially designed questionnaire and stratified random sample, using observation and Non participation observation methods. The researcher keenly observed that Child labor problems and causes and consequences, parental income and household conditions, KAP, and problems facing at the work site both owners and customers.

Table 2
Distribution of respondent's opinion on health care facilities at the work site

S.No.	Health care facility provides	No. of Respondents		Total	Percentage
		Male	Female		
1.	Yes	170	132	302	60.4
2.	No	83	115	198	39.6
	Total :	253	247	500	100

Table 1 expresses the distribution of respondent's opinion on health care facilities at the work site. Greater part 60.4 percent of the respondents opinion that owners provide medical care at the work site, if they not provide the first Aid kit, they were offering the cost of treatment in the hospital or provide transport facility to the primary or community health centers, and a wrathful portion 39.6 percent respondents opinion that there no medical facility or nothing provide to needy fellow.

Table 3
Distribution of respondent's opinion on health-related problems

S.No.	Health-related problems	No. of Respondents		Total	Percentage
		Male	Female		
1.	Headache	24	18	42	8.4
2.	Strain	177	175	352	70.4
3.	Eyes infection	3	3	6	1.2
4.	Backache pain	35	33	68	13.6
5.	Frequent Illness	7	12	19	3.8
6.	Brucellosis	7	6	13	2.6
	Total :	253	247	500	100

Table 3 discusses the Distribution of respondents' opinion on health related problems, the majority of the respondents i.e. 70.4 percent of the respondents has suffered the psychological strain due to heavy work, owners' abusing ether psychological or mental issues, the followed by 13.6 percent of the respondents from the backache pain, the two health issues are the major health problems who are worked the aged below 14 years and the following the considerable portion i.e. 8.4 percent of the respondents are suffering from a headache, it is another problem of the child labour and small portion 3.8 percent of the respondents are suffering frequent illness like fever, body pains, injuries at the work site etc, followed by 2.6 percent of the respondents suffering from the brucellosis (Brucellosis, Bang's disease, Crimean fever, Gibraltar fever, Malta fever, Maltese fever, Mediterranean fever, rock fever, or undulant fever, is a highly contagious zoonosis caused by ingestion of unpasteurized milk or undercooked meat from infected animals, or close contact with their secretions. And least portion i.e. 1.2 percent of the respondents are suffering from the eye related problems like Dry Eyes, Tearing, Cataracts etc. this is the health-related issues of the child labor in Kurnool district of Andhra Pradesh.

Table 4
Distribution of respondents 'opinion on medical care provided by the employer

S.No.	Particulars	No. of Respondents		Total	Percentage
		Male	Female		
1.	Yes	50	45	95	19
2.	No	203	202	405	81
	Total :	253	247	500	100

The table 3 express the distribution of respondents' opinion on medical care provide by the employer, the significant volume 81 percent of the respondents opinion that there is no medical care facility provided by the employer, if they provide medical facility after reducing the amount from the daily labour followed by the 19 percent of the respondents' opinion that owners provide medical facility and take care responsibly, but, commercial mind, if the fellow suffering any diseases he loses the work as well as daily wage that's they are fell responsibly.

Table 5
Distribution of respondent's opinion on Minimum facilities available at the work site

S.No.	Minimum facilities at work site	No. of Respondents		Total	Percentage
		Male	Female		
1.	Spacious Room	12	19	31	6.2
2.	Good Ventilation	10	14	24	4.8
3.	Drinking Water	186	150	336	67.2
4.	Hygiene food	17	26	43	8.6
5.	Toilet/wash room	17	27	44	8.8
6.	Leisure time	10	12	22	4.4
	Total :	253	247	500	100

The table 4 distributed the Distribution of respondent's opinion on Minimum facilities available at the work site, the significance volume 67.2 percent of the respondents opinion that drinking water is available at the work place/site, the followed by 8.8 respondents noted that toilets / wash room available in the work site and 8.6 percent of the respondents opinion that only this much of owners facilitate the hygienic food and 6.2 percent of the respondents opinion that owners provide specious rooms at the night times for sleeping, small portion i.e 4.8 percent of the respondents opinion that working place the good ventilation available at the work site and remaining 4.4 percent of the respondents opinion that owners are given some leisure time in between work to work.

Conclusion

The working children are of different age, race, income or health-status groups. The nature of work, its hazards and possible health effects, the situation in which children work are important aspects with respect to predictive short and long-term effects of physical, mental and chemical work exposure on the healthy development of child labors in the social system. Anatomical, physiological and mental aspects in different socio-economic conditions are health components that require urgent attention, particularly concerning growth and development, orthopedic and muscular skeletal disorders, poisoning, intoxication and premature deaths. Children are more prone and at high risk than adults because of rapid skeletal growth, development of organ and tissues, greater risk of hearing loss, developing ability to assess risks, greater need for food and rest, higher chemical absorption rates, smaller size and lower heat tolerance due to their physiological and immunological aspects., psychological effects and distress of child labour, occupational cancers, neurotoxicity, injuries, exposure to adverse physical factors, skin ailments, Carpel Tunnel Syndrome (rapid trigger movement of fingers) etc.

Acknowledgments

The author would like to thank the editor for their valuable time and advice.

References

- Agarwal, R., Jain, P., Ghosh, M. S., & Parihar, K. S. (2017). Importance of Primary Health Care in the Society. *International Journal of Health Sciences (IJHS)*, 1(1), 6-11.
- Ashagrie, K. (1997). *Statistics on working children and hazardous child labour in brief*. ILO.
- Ayyappan, R., Sankar, S., Rajkumar, P., & Balakrishnan, K. (2009). Work-related heat stress concerns in automotive industries: a case study from Chennai, India. *Global Health Action*, 2(1), 2060.
- Basu, K. (1999). Child labor: cause, consequence, and cure, with remarks on international labor standards. *Journal of Economic literature*, 37(3), 1083-1119.
- Basu, K., & Tzannatos, Z. (2003). The Global Child Labor Problem: What do we know and what can we do?. *The world bank economic review*, 17(2), 147-173.
- Bharti, S., & Agarwal, S. Physical & Psychological Hazards Faced by Child Labour–A.
- Edmonds, E. V., & Pavcnik, N. (2005). Child labor in the global economy. *Journal of Economic Perspectives*, 19(1), 199-220.
- Graitcer, P. L., & Lerer, L. B. (1998). Child Labor and Health: Quantifying the Global Health Impacts of Child Labor.
- Jain, P., Agarwal, R., Billaiya, R., & Devi, J. (2017). Women education in rural India. *International Journal of Social Sciences and Humanities (IJSSH)*, 1(1), 21-26.
- Lingard, H. (2002). The effect of first aid training on Australian construction workers' occupational health and safety motivation and risk control behavior. *Journal of safety research*, 33(2), 209-230.
- Metgud, D. C., Khatri, S., Mokashi, M. G., & Saha, P. N. (2008). An ergonomic study of women workers in a woolen textile factory for identification of health-related problems. *Indian journal of occupational and environmental medicine*, 12(1), 14.
- Nauman, T. (2001). Mexican Trade Policy: Trading Away the Future.
- Occupational safety and health. 2010 cached from [url:http://en.wikipedia.org/wiki/Occupational_safety_and_health](http://en.wikipedia.org/wiki/Occupational_safety_and_health)
- Pandve, H., & Bhuyar, P. (2008). Need to focus on occupational health issues. *Indian Journal of Community Medicine*, 33(2), 132.
- Park, K. (2005). Park's. *Textbook of preventive and social medicine*.
- Park, K. (2007). Park's textbook of preventive and social medicine.
- Saiyed, H. N., & Tiwari, R. R. (2004). Occupational health research in India. *Industrial Health*, 42(2), 141-148.
- Tiwari, R. R. (2005). Child labour in footwear industry: Possible occupational health hazards. *Indian Journal of Occupational and Environmental Medicine*, 9(1), 7.
- United States. Bureau of International Labor Affairs, United States. Women's Bureau, United States. Dept. of State. Bureau of Democracy, Human Rights, & Labor. (1996). *Forced labor: the prostitution of children*. US Dept. of Labor, Bureau of International Labor Affairs.