Whole Time Domestic Child Labor in Metropolitan City of Kolkata

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ABSTRACT

We conducted this study to explore the socioeconomic conditions, and health and nutritional status of whole time child domestic labor. 330 children engaged in domestic child labor ranging between 8 to14 years of age from the metropolitan city of Kolkata were studied. Majority of the domestic child laborers were girls and migrants coming from illiterate families. These children were physically, mentally or sexually abused. Further, they suffered from anemia, gastrointestinal tract infections, vitamin deficiencies, respiratory tract infections and skin diseases along with a high prevalence of malnutrition. The study highlights the poor state of domestic child labor in Kolkata, India.

Key words: *Child labor, Domestic, India.*

INTRODUCTION

Domestic child labor is defined as children under the age of 14 years who work in other people's household, doing domestic chores, caring for children and running errands among other tasks(1). In developing nations with limited employment opportunities, widespread poverty and a strong social hierarchy, there is an increasing demand for domestic workers. This is compounded by the pressure on middle class families with both partners working. The domestic workload can be extremely heavy. Children engaged in these activities especially girls are easy to hire; they come in cheap; and they can be easily molded and conditioned to customize needs. Therefore they are the most sought after.

There is hardly any study conducted among the whole time domestic child workers in India in relation to their socioeconomic and health aspects. The present study was conducted to explore these issues.

METHODS

In the metropolitan city of Kolkata, 2500 households were visited in which 330 domestic child laborers, between 8 and 14 years of age employed as whole time workers were recruited for the study. Data were collected through personal interviews, observations, anthropometric measurements(2) and physical examinations on a door to door basis. The survey team consisted of one medical officer, social workers and enumerators from the local area.

Hemoglobin levels were assessed in all children on the spot by cyanmethoglobin method. Stool and urine examinations were also done. Age was confirmed by available birth certificates, horoscopes and other reliable sources. Nutritional indices were computed by anthropometric measurements (girls) using validated and acceptable standards(3-5).

RESULTS

In the present study, majority (85.2%) of children were girls (***Table* I**). Of these, 67% had migrated

from the neighboring districts; most girls (93.0%) were Hindus. Most of their parents were illiterate (mothers 95%, father 70.9%). A significant proportion of the cohort were school drop-outs (37.8%) probably due to adverse financial status (76.0%). 48.2% of the children were engaged as maidservants that included delivering services like cleaning, sweeping, washing up clothes and utensils, dusting, fetching water etc; the rest were involved primarily in baby care (32.4%), cooking (10.6%) and outdoor duties (8.8%) such as going to shops, taking children to schools and working in tea stalls and grocery shops. Mothers of 45.2% of these children were also engaged as maidservants. While 49.1 % of the children earned Rs 101-200 per month; 2.7% were without salary.

Another 42.2% in the cohort had suffered from varieties of abuses where 35.5% were subjected to verbal and physical abuse and 3.4% to sexual abuse. The nature and type of non accidental injuries ranged from bruises, ecchymosis, pain and tenderness to frank hematoma.

***Table* II** summarizes the disease pattern and nutritional status of female domestic child labor.

TABLE I SOCIO-ECONOMIC CONDITION AND TYPE OF ABUSE AMONG DOMESTIC CHILD LABOR

Variable	Domestic child labor (*n*=330)	
	N	%
Sex		
Boys	49	14.8
Girls	281	85.1
Educational status		
Illiterate	205	62.1
Literate	125	37.9
Mothers' educational status		
Illiterate	295	89.4
Literate	35	10.6
Fathers' educational status		
Illiterate	234	70.9
Literate	96	29.1
Reasons of drop-outs from school (n = 125)		
Poor economic condition	95	76.0
Family problem	15	12.0
Others	15	12.0
Types of job		
Maid servant	159	48.2
Baby care	107	32.4
Cooking	35	10.6
Outdoor duties	29	8.8
Income group		
No wages	9	2.7
Rs. 50- 100	68	20.6
Rs. 101- 200	162	49.1
Rs. 201- 300	66	20.0
Rs. 301 and above	25	7.6
Types of abuse		
Rebuke	55	16.6
Beating	62	18.8
Mental assaults	11	3.3
Sexual abuse	12	3.4
Types of occupations among employer		
Medical professionals	12	3.6
Lawyers	14	4.2
Business	68	20.6
Professor and teachers	20	6.1
Government officials	40	12.1
Government/private employee	130	39.4
Others	46	13.9

DISCUSSION

Investigations of health status and socioeconomic condition of domestic child labor are difficult to conduct due to the associated extreme sensitivity leading to non participation by the employers and also because of the paucity of adequate legislation relating to the issue. The present study provided a glimpse of the domestic girl workers in Kolkata city area focusing specifically on their health and financial status.

In the present study, majority of the child domestic laborers were girls as reported in earlier studies(1,6). One reason for this is probably because the employer might consider a female child domestic worker as a safer and more secure option than the male; a girl can also be effectively controlled by the mistress of the house. The observation that the majority in the study cohort migrated from elsewhere might be because of poor socioeconomic conditions in the families(7-8). Investigators had also pointed out that similar logistics could be

TABLE II DISEASE PATTERN AND NUTRITIONAL STATUS AMONG THE DOMESTIC CHILD LABOR

Variable	Domestic child labor (*n*=330)	
	N	%
Type of disease		
Anemia	173	52.4
Vitamin B-complex deficiency	120	36.4
Vitamin A deficiency	6	1.8
Gastrointestinal tract infection	238	72.1
Respiratory tract infection	83	25.1
Eye disease	80	24.2
ENT disease	33	10.0
Skin disease	176	53.3
Teeth and gum disease	88	26.7
Cardiovascular disease	7	2.1
Congenital anomalies	10	3.0
Nutritional status (females, n = 281)		
*Height for age**		
Normal (>95%)	122	43.4
Grade I malnutrition (90-94%)	154	54.8
Grade II malnutrition (85-89%)	5	1.8
Grade III malnutrition (<85%)	-	-
*Weight for age**		
Normal (>80%)	15	5.3
Grade I malnutrition (71-80%)	25	8.9
Grade II malnutrition (61-70%)	55	19.6
Grade III malnutrition (51-60%)	128	45.6
Grade IV malnutrition (d”50%)	58	20.6
*Weight for height**		
Normal (>90%)	181	64.4
Mild malnutrition (80-89%)	58	20.6
Moderate malnutrition (70-79%)	26	9.3
Severe malnutrition (<70%)	16	5.7

**The classification used for height for age (Waterlow, 1972); weight for age (IAP, 1972); weight for height (Waterlow, et al. 1977)*

responsible for the fact that children were compelled to take up domestic jobs(9,10). The high incidence of illiteracy among parents was reflected in their children, again an observation reported in other studies(7,11). The nature of abuse meted out to the child domestic workers depended on the employers, which might vary in degree and kind. However, the observed percentage of abuses and exploitations were higher in this cohort than reported in other studies(12,13). It would be reasonable to conclude that these abuses adversely affected the health status of the study group.

Anemia and vitamin deficiencies were present possibly due to substandard and inadequate food that the child domestic worker got from the employer. Gastrointestinal diseases detected were mostly protozoal infestation, mainly due to bad personal hygiene which once again could be linked to the treatment of the employee by the employer. The high prevalence of malnutrition was likely due to long working hours, lack of nutritious food and low income as observed by other workers(14,15).

This descriptive cross sectional survey documents the plight of domestic child labor in a metropolitan city of India.

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REFERENCES

1. UNICEF Child Development Center. Child Domestic Work. The Innocenti Digest-5. Italy: Arti Grafiche Ticci; 1999. p. 3-5.
2. Weiner JS, Lourie A. Practical Human Biology. Oxford: Blackwell Scientific Publications; 1981.
3. Waterlow JC. Classification and definition of protein-calorie malnutrition. BMJ 1972; 3: 566-569.
4. Indian Academy of Pediatrics (IAP). Nutrition Sub-Committee of the Indian Academy of Paediatrics, Report. Indian Pediatr 1972; 9: 360.
5. Waterlow JC, Buzina R, Keller W, Lane JM, Nichaman MZ, Tanner JM. The presentation and use of height and weight data for comparing the nutritional status of groups of children under the age of 10 years. Bull World Health Organ 1977; 55: 489-498.
6. Rahman H. Child Domestics in Dhaka; Is Servitude the Only Option? Dhaka: Shoishab Bangladesh; 1995. p. 1-4.

7. Camacho AZV. Family Child Labour and Migration, A study of Child Domestic Workers in Metro Manila. Manila: University of Philippines; 1997.
8. Banerjee SR. Child labor in suburban areas of Calcutta, West Bengal. Indian Pediatr 1990; 28: 1038-1042.
9. Dunn JR, Walker JD, Graham J, Weiss CB. Gender differences in relationship between housing, socioeconomic status. Environ Health 2004; 19: 177-195.
10. Raju T. Child labour, adult literacy and employment rates in India. Indian Pediatr 1989; 56: 193-198.
11. Banerjee SR. Female working children. Indian Pediatr 1990; 27: 1153-1156.
12. Shamin I, Mirza N, Mahmud S. Child domestic work in Dhaka, A study of exploitative situation. Save the children Fund, Australia and Dhaka; and Anti-Slavery International; 1995.
13. Banerjee SR. Agricultural child labor in West Bengal. Indian Pediatr 1993; 30: 1038-1042.
14. Hawamdeh H, Spencer N. Effect of work related variables on growth among working children. J Epidemiol Commun Health 2003; 57: 154-158.
15. Pitt MM, Rosenzweig MR, Md Hassan N. Productivity, health, and inequality in the intrahousehold distribution of food in low-income countries. Am Econ Rev 1990; 80: 1139-1156.