

CHILD LABOR IN SUBURBAN AREAS OF CALCUTTA, WEST BENGAL

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ABSTRACT

Seven hundred and fifty nine children in different sectors were covered in this study, which was undertaken by observational techniques, questionnaires and physical examination. All children belonged to the age group of 6-14 years. Nearly 30% children had migrated from neighbouring districts and states. Almost 88% were Hindus and 12.2% were Muslims. Seventy one per cent children came from large families. In 40% families one child, and in 59.6% families more than one sibling had joined the labor force. About 83% fathers and 93.9% mothers were illiterate. A total of 55.8% did not attend schools; 45.3% had discontinued school due to poverty (69.9%), father's apathy (8.4%), children's own attitude (10.4%) and frequent absence and physical assaults by school teachers (5.0%). The main reason for taking up jobs was low per capita income (70.3%). Wages were exploitatively low: as little as Rs. 50/- per month in 20.8%, for work of an average 10-12 hours per day. Only 4% had systemic health check-ups. Different grades of malnutrition were observed in 55.7% male and 29.5% female working children. The ailments observed included anemia (60.4%), respiratory tract infection (31.8%), and gastrointestinal tract infection (33.6%). Nearly half (52.6%) children were addicted to bidi smoking, 3% to ganja and 39.3% to betel-nut. The evils of exploitation are increasing inspite of existing child laws.

Key words: Child labor, Socio-economic status, Health Status, Exploitation.

Child labor is not a new phenomenon in our country. Children were required to do some sort of work at home or in the fields even in ancient times. At present there are over 2 billion child workers in the whole world, with India having the dubious distinction of having the largest number of working children(1,2); the latest official estimate is 18 million and an unofficial estimate is 100 million, i.e., one in every 16 Indian children has to earn his/her living by his/her own labor(1,3). Industrialization coupled with urbanization has changed the social structure, with newer occupational systems. Agriculture based occupations have also changed, with landless laborers and their children coming to the urban sector due to a breakdown of rural economy ("pushed force"). In the cities and suburbs these children acquire short-term or casual employment, being given either only food and shelter, or some nominal remuneration. The present study was undertaken to analyse the socio-economic background, types of exploitation, educational status, health and nutritional profile including common diseases, of working children.

Material and Methods

This study was conducted from the Department of Pediatrics, Islamia Hospital, Calcutta, from October, 1988 to March, 1989. We systematically collected data from a sizeable stretch of suburban areas, using a pre-prepared proforma, by personal interviews, observations, physical examinations and other means. A total

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number of 52 questions were included in the proforma, using which, 759 working children were examined at their working places, either alone or in the presence of their employers. In a few instances where the children did not co-operate due to the fear of the employers, they were examined at their residences separately. As the parents/guardians of the 30% children who had migrated were not available, they were interviewed alone or with the family members or other adults accompanying them. Parents, family members and school teachers of the remaining 70% children were interviewed. Ages were confirmed from the available birth certificates, horoscopes and school registers. In the small number whose birth documents were not available, ages were calculated from the date of some important events at the time of their births as stated by their parents. In case of migrants, unaccompanied by parents, ages were enquired from the children and family or community members.

Results

The present study highlights the conditions of working children in the suburban areas of Calcutta, West Bengal. Most of the children were working in unorganised sectors such as tea stalls, road side hotels and restaurants, garages, cycle repairing shops, petrol pumps or small factories, as domestic servants, or rag-pickers.

Age and sex profile: 61.8% ($n = 469$) children were between 12-14 years of age, 33.9% ($n = 257$) between 9-11 years and 4.3% ($n = 33$) between 6-8 years. Thirty per cent had migrated from neighbouring districts, States and also from Bangladesh, alone or with few family members and known adults of their native places. A total of 87.5% ($n = 664$) were Hindus, 1 child

was Christian and 12.4% were Muslims. While 60.5% children came from large families, the rest belonged to small families (parent with 2 children-small family as per the goals of National Family Welfare Programme in the Health Policy of the Government of India). In 306 (40.3%) families, more than 1 sibling was working. Interestingly, 82.7% of the fathers and 93.7% mothers were illiterate with only 17% of fathers and 6% of mothers having gone to primary schools. None continued their education, except two fathers, who passed the school final examination (*Table I*). The other significant finding was that 55.8% of those children did not attend school; 44.2% went to school but did not continue their education. The various reasons for drop-out were: poverty in 531 (69.6%), children's indifference towards school (10.4%), inattentiveness, frequent absence and physical assault by school teachers (4.0%), father's apathy (8.4%), separation from the family (5.7%), or employers not allowing school attendance at day time (4 children: 0.5%) (*Table II*). Surprisingly, 25% of the children interviewed were interested in attending school if allowed by their employers.

Reasons for taking up jobs: Poverty was the major factor, i.e., low per capita income of the family (70.2%), illness of the father (15.8%), non-working father (10.8%) and death of father (3.7%). Only 5.7% children were compelled by their parents to work because they had dropped out of school due to poor studies, frequent absence or physical assaults by teachers. In 201 cases (26.5%), poverty alone was not the reason; 10.8% were compelled to work by their non-working fathers to meet family expenses and 10.4% to earn extra money to cater to their own alcohol/opium addiction. Over half of the children began

TABLE I—Status of Education of Parents and Working Children

Education	Father		Mother		Children	
	No.	%	No.	%	No.	%
Illiterate	628	82.7	713	93.9	424	55.8
Primary	98	12.9	40	55.3	215	29.5
Upper primary	31	4.1	6	0.8	120	15.8
School final	2	0.3	—	—	—	—

TABLE II—Reasons for Dropping out of Schools

	No.	%
Poverty	531	69.9
Indifference towards schools	98	10.4
Physical assaults by school teachers	19	5.0
Father's apathy	64	8.4
Separation from family	43	5.7
Employers' attitude	4	0.5

working after leaving school because of their own attitude towards freedom, dignity and desire to actively contribute to the family economy (Table III).

Wages per month were exploitatively low (Table IV). In garages, tea stalls and a

few road side hotels, 16% children were engaged in very hard work without any financial remuneration as they were "under training". Children working at tea stalls, hotels, garages and domestic houses were paid as little as Rs. 50/- per month. The maximum wages of Rs. 300/- per month were given in factories, to rag-pickers and to a few children working in garages.

Working conditions: The present study revealed the harsh working conditions of these children. All had to work beyond their physical capabilities; long working hours of 10-14 hours per day restricted them from recreation, education, social contacts and rest (Table V). Only 4% of the children had systemic health check-up: all of them were domestic helpers of sophisticated families. The others rarely had any medical attention even when they fell ill.

TABLE III—Reasons for Taking up Jobs

Economic			Non-economic		
Reasons	No.	%	Reasons	No.	%
Death of father	18	32	Father's addiction	21	10.4
Illness of father	88	15.8	Father's attitude	60	29.9
Non-working father	60	10.8	Children's own attitude	116	57.7
Low income	392	70.2	Unknown	4	2.0

TABLE IV—Average Wages (Rupees per month) of Working Children

Sector	Rupees/month								No.
	Nil	20/-	50/-	75/-	100/-	150/-	200/-	300/-	
Tea stall	20	—	74	27	30	5	2	—	158
Hotel	2	2	45	35	60	5	28	—	177
Garage	25	5	13	2	21	14	33	6	119
Factory	—	—	—	—	5	20	76	63	184
Rag-picking	—	—	—	—	—	—	18	10	28
Domestic labor	—	—	14	28	11	3	—	—	56
Others	—	2	12	—	7	2	12	2	37

TABLE V—Working Hours and Rest Per Day of the Working Children

Sector	Working hours			Rest during day time	No.
	8	10	14		
Tea stalls	7	65	86	90	158
Hotels	26	68	83	150	177
Garages	22	97	6	113	119
Factories	128	56	—	173	184
Domestic labor	8	38	10	46	56
Rag-pickers	15	13	—	5	28
Others	11	20	—	26	37

Thus medical needs, even minimum health care, of working children constituted the most neglected aspect of their life.

On anthropometry, the extent of malnutrition(8) was assessed according to the Indian Academy of Pediatrics classification (Table VI).

Common diseases among these children (Table VII) were mild to moderate anemia (60.4%), respiratory tract infections (39.8%) (a few had pulmonary tuberculosis, under treatment from Government hospitals), diarrheal disorders and worm infestations (33.6%) because of unhygienic

living conditions and poor dietary habits. Eye diseases were found in 52 children (32.8%); 30.7% of which had evidences of Vitamin A deficiency. Diet was poor in quality and quantity, especially in necessary vitamins and calories that the growing child urgently needs. Nearly 40% were suffering from skin diseases, with pediculosis in 10%. History of addiction was enquired directly from children and their colleagues: many of them were addicted to bidi or cigarette (32.4%), betel-nut (39.3%), and ganja (3%). However no one had any drug addiction.

TABLE VI—Per cent Distribution of Malnutrition of the Working Children According to Body Weight

Sex	Grades of Malnutrition				
	Normal	I	II	III	IV
Male	44.3	31.5	19.1	5.4	
Female	70.4	13.3	16.3		

TABLE VII—Common Diseases of Working Children

Diseases/ailments	No.	%
Malnutrition	346	69.2
Anemia	302	60.4
Upper respiratory infections	199	39.8
Gastro-intestinal tract infections	165	33.0
Skin diseases	190	38.0
Pediculosis	50	10.0
Eye diseases	52	32.8

Discussion

The first 14 years of life are extremely important for a child's physical growth and psychomotor development, on which labor at a young age can have terrible consequences. The present study highlights the different aspects of child labor.

In this, as in earlier studies(2,5), most of the children were engaged in unorganised sectors of economy and a few in factories; they were in the age range of 6-14 years in conformity with other studies(3,4). As 60% of the working children came from large families, this reflected the urge to work for the poor financial condition. The high incidence of illiteracy among parents (82.7% of fathers and 93.9% of mothers) was reflected on their children, with over

half never having attended school, and the rest discontinuing their education.

Poverty had been the most important reason for working (70% children in our study) as observed by different authors(2,3,5). Other factors included chronic illness, old age or death of father (in 24% of children in our study) and documented by few authors also(2,5). Some children were compelled to accept any sort of work due to financial crisis caused by their fathers' loss of work (lock-outs and retrenchments). Non-economic causes were also observed, with 13% children being compelled to join the labor force by their idle fathers to meet family expenses or to satisfy their fathers' addiction (10%). Some were compelled by their fathers to work since they had dropped out of school. A total of 57.7% children left schools and took up jobs out of their personal attitude and liking for freedom as observed by other workers(3,4).

Comparative analysis of average wages of children in different sectors shows very low income (Rs. 50 to 100 per month) with 16% children engaged without remuneration and similar observations were made by other workers(3,5,6). This study reveals that factories, rag-picking and domestic houses provide better earning than others (Table IV). Rag-pickers earn better because their profession does not require any capital, experience or training to start,

large towns have plenty of garbage and profession is less competitive due to the damaging nature of work(7). Harsh working condition of the children was observed, where they worked beyond their physical abilities for more than 10 hours, as also observed by other workers(2,3,4,6).

Medical need of the working children were neglected which is against the law. As claimed by other workers(9) there is evidence that children at the time of puberty are particularly susceptible to illness and malnutrition and in our study substandard and inadequate food coupled with hard labor made them prey to various infectious diseases and malnutrition.

The phenomenon of child labor is complex and deeply rooted in the socio-economic fabric of the society hence we cannot rely on one single approach to tackle this problem. Poverty, unemployment, vested interest of the employers, inadequate education system, unaware parents and society and unimplemented laws are a few of the many causes for this persistent social problem. Specific protection and rehabilitation with arrangements for their nutrition, education and vocational training can only ensure our future generation a healthy and productive labor force.

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