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Vulnerable Child Labourers from Slum Areas of Meerut City, India : Socio-Economic and Health Determinants

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Abstract

This study is an attempt to investigate the socio – economic and health conditions of child labourers in selected slum areas of Meerut city, India. The slums have become inescapable part of Indian urban landscape and have been created due to pull of economic security and social dignity. Slums in the city are characterized by the lack of basic amenities and facilities. The child labourers from these slum areas are engaged in unorganised, informal and unregulated sectors of the economy and are not being reported in official statistics. The study is primarily based on the primary data related to various determinants and environmental aspects of the sampled child labourers from 6 slums in Meerut city. The results show that the children are forced to work in the labor market at an early age due to miserable economic conditions of the parents and illiteracy. Child workers in the slum areas are at constant risk of health hazards because of poor living and unhygienic working environments in the study area.

Introduction

The increasing trend of urbanization has resulted in a faster growth of slum population. The slums have become inescapable part of Indian urban landscape (Sharma, K, 2006). An analysis of population growth trends between 1991-2001 shows that while Indian population grew at an average annual growth rate of 2 per cent, urban India at 3 per cent and slum population rose by 5 to 6 per cent. About 42.6 million population of India lives in slums which constitutes 15 per cent of the total population of urban areas (Census of India, 2001). The formation of slums in urban areas is due to pull of economic security and social dignity (Patil, R, 2006). The number of slums and size of slum dwellers have been increasing day by day in spite of several slums eradication programs being launched. The issue of slums has been a challenge to urban government in India. The major cities like Delhi, Kolkata, Mumbai, Bangalore, Chennai, Hyderabad, Pune, Meerut and many more are facing the problems of slums. The major problems of slum child workers are housing, drinking water, sanitation, employment and health. Slum may be defined as a "compact settlement with a collection of poorly built tenements, mostly of temporary nature, crowded together usually with inadequate sanitary and drinking water facilities in unhygienic conditions (NSSO, 2003). There are two kinds of slums: notified and non - notified. Areas notified as slums by the respective municipalities, corporations, local bodies or development authorities are treated as notified slums. A slum is considered as a non - notified if at least 20 households lived in that area (Chandrasekhar, S, 2006). According to recent estimate there are 52,000 urban slums with 51 per cent of the slums

being notified slums. It is also estimated that every 7th person living in urban area is a slum dweller. (NSSO, 2003).

Child labour is more prevalent in the developing countries. Africa and Asia together account for over 90 percent of total child employment (Siddiqui, F and H.A, Patrions, 2008). Different definitions of the working child explain the wide variation in the numbers, since the official figures generally omit children engaged in non-wage domestic work (Singh *et al*, 2007). Even so, the problem of child labour is prevalent throughout the world but is more prevalent in developing countries (Fassa, G et al, 1999; ILO, 1997) and especially in Africa, Asia and Latin America (ILO 2002; ILO 1996; Parker 1997; ILO 1986). Child labour may be defined here as the work; paid or unpaid, household or market-oriented that is performed by the children who are in the age group of 5-14 years and out of school in order to supplement their family income. The ILO defines 'child labour' as "work that deprives children of their childhood and their dignity, which hampers their access to education and the acquisition of skills, and which is performed under deplorable conditions harmful to their health and their development."

It is really shocked to see that India has the largest working children in the world. According to 2001 Census, there are 10 million economically active children in the age - group of 5 - 14 years (Planning Commission, 2006). About 9 per cent of total child population of India is child labour, which is about 6 per cent of the total workforce of the country (Wal, S., 1999). Uttar Pradesh has the highest child labour population. An increasing trend in the number of child workers from 11.28 million in 1991 to 12.6 million in 2001was observed here (Census Of India 1991, 2001).

Poverty is the main cause for settling down in slum areas and is equally responsible for the prevalence of child labour practice in the labor market. Child labour is source of income for poor families (Basu and Tzannatos, 2003). Poverty breeds poverty. A poor individual or family has a high probability of staying poor. Low incomes carry with them high risks of illnesses, limitations on mobility, limited access to education. Poor parents can not give their children the opportunities for better health and education needed to improve their lot, thus the cruel legacy of poverty is passed from parents to children. Poverty is always cited and receives the most emphasis, for it appears incontestable that the persistence of child labour is related to the prevalence of poverty. With between 30 and 40 percent of the Indian population living below the government defined poverty level, children arguably have to work while their family can not support them, their earning capacity may be critical to their family' survival.

The growing global concern over child labor has given rise to many tracks of efforts to eliminate the problem but whether the problem is child labour or its causes have prevented international agreements on how to combat at situation where 250 million children worldwide are deprived of health, safety, education, integrated development and precious childhood (ILO, 1997). Keeping all these views in mind, in this paper, an attempt has been made to study the socio - economic determinants of child labourers.

Materials and methods

Meerut city was chosen as the study area because it is one of the cities which have been covered under the Uttar Pradesh Sub Region as part of National Capital Region Development. The policy of national Capital Region for Uttar Pradesh Sub Region encouraged industrial development with incentives, concessions and provisions of basic infrastructure (Meerut Development Authority, 2001). As a result of industrialization the heavy influx of migrants entered into cities thereby created increasing demand for residential areas, shopping complexes, educational facilities, drinking water facilities, health facilities, etc (Sajjad, H *et al*, 2008).

Meerut city (29° 41' North latitude and 77° 43'East longitude) is situated between *Ganga* and *Yamuna* rivers and it is the second largest town in the National Capital Region next to Delhi. It has about 70 kilometers distance from Delhi via national highway no. 58 which connects Delhi - Meerut - Roorkee - Haridwar - Dehradun. There is continuous increase in the population of the city. The population of the city was 0.29 million in 1961 which has been increased to 1.17 million in 2001 (Census of India, 2001). Of the total

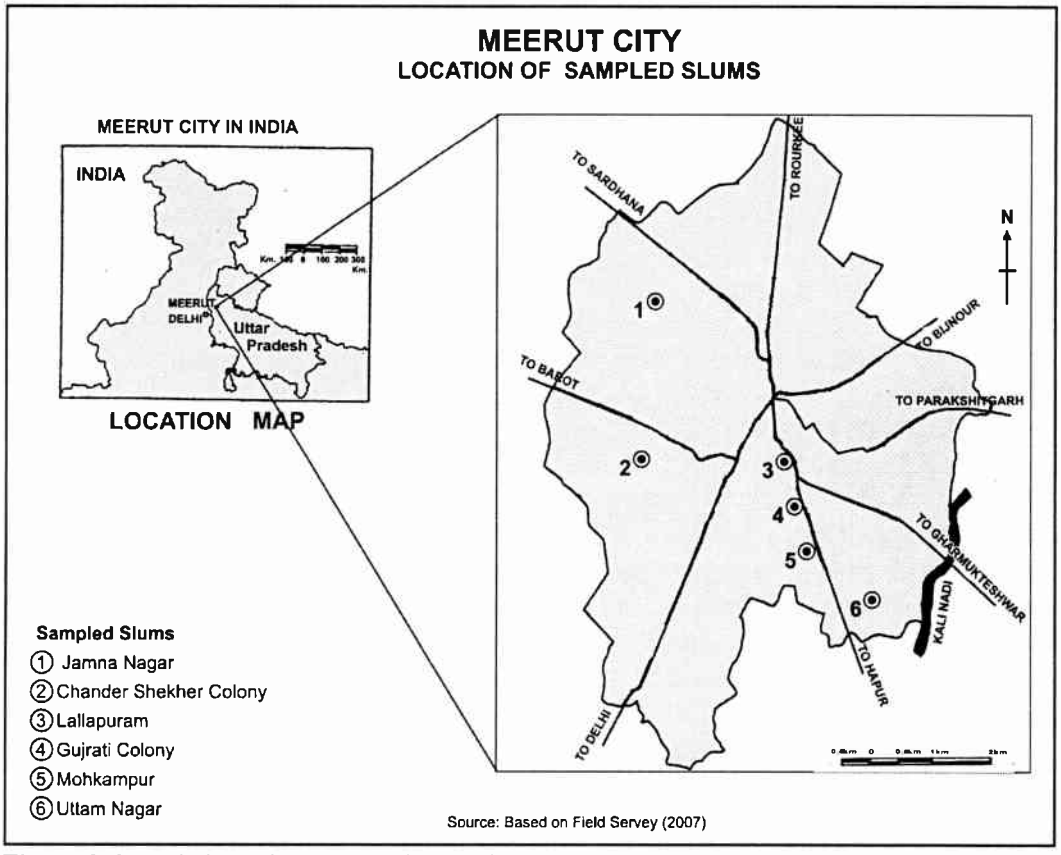

Fig. 1: Selected slums in Meerut city, India

population of the city, about 30 per cent persons live in slum areas having deplorable and miserable conditions. (Sajjad, H. *et al* 2008). There are 102 notified slums in Meerut city (District Urban Development Agency, 2001) which have been developed due to multi - functions of the city, the prime being the industrial development. For assessing socio - economic and working environmental conditions of the slum child workers, 6 slums of Meerut city were selected randomly (Fig.1) and from every selected slum 12 households were randomly selected and sampled. These slums were selected as these are worst in the city in terms of basic amenities and facilities though these are notified slums but no attention was paid by the government, policy makers and planners. The data were collected mainly from primary sources through field surveys, household surveys, and interviews with the child workers at work places and households, interviews with the parents and discussion with the government officials. The field work was done by the authors during 2007-08. The secondary data were collected from the various government bulletins and offices of Meerut city like Census of India, District Census Handbook of Meerut published by Directorate of Census Operation, Lucknow, U.P., Statistical bulletin published by District Statistics Office, Meerut, District Urban Development Agency, Meerut, Municipal Corporation and Meerut Development Authority, Meerut, etc.

Discussion

Profile of the sampled slum labourers

In the 72 sampled households of slum child labourers, there were 160 child workers. Of which 63.8 per cent were males and 36.2 per cent were females. Age - wise distribution of the sampled child laborers shows that 45 per cent were in the early age group of 9 - 12 years. This shows that the children join the labor market at an early age. This is the age when children should bubble with the sheer of joy of being alive but these children are struggling to survive the burdens of poverty, over work and ill health. The basic aim of the International labor Organization is to improve labor standards throughout the world. It has paid particular attention to the protection of the employed children and has sought to achieve its objectives of protecting children by adopting international standards in the form of conventions and recommendations (ILO, 1997). In spite of various conventions and legislations, the children continue to work at an early age. More than half of the sampled child laborers belonged to the backward castes. The rigidity of the caste system in India has, among other things contributed towards the mushrooming of child labor. The dominant cultural group in India might not wish its own children to do hazardous labour, but it would not be so concerned if young people from social, ethnic or economic minorities did it. Many traditionalists had been unperturbed about lower caste children failing to enroll in or dropping out of school and if those children end up doing hazardous labour, it is likely to be seen as their lot in life. The scheduled caste people in one way or the other are benefited by the government policies but the situation remains the same in the case of the backward caste people. About 59 per cent of the sampled child workers were illiterate and 40 per cent were dropouts. Field investigation shows that poverty comes in the way of their education.

Table 1: Socio-Economic Determinants of Child Labourers

A. Education

Level	Male	Percentage	Female	Percentage	Total	Percentage
Illiterate	63	61.8	32	55.2	95	59.4
Dropouts	39	38.2	26	44.8	65	40.6

B. Family size

Members	Male	Percentage	Female	Percentage	Total	Percentage
3-5	37	36.3	04	6.9	41	25.6
6-8	53	51.9	09	15.5	62	38.7
9-11	12	11.8	45	77.6	57	35.6

C. Parental literacy

Place of Migration	Male	Percentage	Female	Percentage	Total	Percentage
From adjacent districts	71	69.6	26	44.8	97	60.6
Bihar	19	18.6	23	39.6	42	26.2
Rajasthan	12	11.8	09	15.5	21	13.1

D. Migration

Literacy	Male	Percentage	Female	Percentage	Total	Percentage
Father illiterate	62	60.8	37	63.8	99	61.9
Father literate	40	39.2	21	36.2	61	38.1
Mother illiterate	87	85.3	52	89.6	139	86.9
Mother literate	15	14.7	6	10.4	21	13.1

Source: Based on field survey (2007-08)

Though most of the parents of the child workers were illiterate but they have the awareness regarding the education of the children. The parents are hard - pressed and are unable to send their children to school. One reason why families might choose not to send children to school is low perceived returns to attending school, and there is some evidence that child labor can be reduced by improving the incentive for households to send children to school (Edmonds, Eric.V and Pavcnik, Nina. 2005). The incidents of beatings, abuse, physical and mental torture faced by the students and abysmal quality

of education in government schools are also found responsible for the high dropout rate (Table I, A).

It is well established that corporal punishment is detrimental to children's growth and development. It is in violation of their rights. But there is no comprehensive national law banning it, although several states have even enacted laws dealing with it. Moreover the National Education Policy, 1992 clearly states that corporal punishment should be firmly excluded from the education system. A National Meet on abolition of child labour and right to education held in New Delhi, August 25-26, 2006, heard voices outraged at the apathy of the government from representatives from 17 states who have been working for children's right to education and abolition of child labor and were unanimous about their opinion that there is an explosive demand for education. The education system in government schools is abysmal and the cost of education in private schools is very high and beyond the reach of the parents. These parents were usually poor in both wealth and income. As a result, education of children gets a back seat as compared to two more pressing priorities of food and housing. The parents are of the opinion that there is no use of sending their children to the government schools where they are not learning of any use and they can not afford the high fees of the private schools.

Furthermore most of the children were coming from large families. Since the parents of the sampled working children were economically backward with acute financial crises to support their families so in these families the children are considered as economic assets for which the parents normally go for more than three or four children (Sajjad, H, 1997).Table 1, B reveals that 38.7 per cent respondents had large family size consisting of 6-8 members, 35 per cent had 9-11 members in their family while only 25 per cent had 3-5 family members. The number of more dependants in the family for financial and other support was found important factor encouraging children to take up wage labor. Dependents constituted young children, adult but non-working unmarried girls and boys, aged parents and other relatives. The educational status of the parents of the sampled child workers in the study area was not very much encouraging as majority of them was illiterate (Table 1, C).About 62 per cent respondents' father and 87 per cent mother were illiterate (literacy, as defined in Census operations, is the ability to read and write with understanding in any language. A person who can merely read but cannot write is not classified as literate). The literacy factor is directly related to their economic activities (Emerson and Souza, 2003 also showed the similar result). They are working in the unorganized sector where a large majority does not have permanent work. Thus, temporary nature of work and invariably low income would have encouraged them to send their children to take up wage work to enable to earn some minimum income to meet its needs (Sajjad, 1997). Nearly 60 per cent sampled working children have migrated from adjacent districts and 39 per cent from far off places like Bihar and Rajasthan. Field surveys revealed that Poverty, unemployment, practice of untouchables, caste discrimination forced them to migrate to the city (Table 1, D). Employment opportunities, aspiration for

better city life were the main pull factors which forced them to migrate. Thus, they migrated for economic security and social dignity. However, they are objects of relative deprivation and social ostracism in the city.

Living environment

The sampled notified slums were characterized by poorly built tenements, mostly of temporary nature and crowded together, unhygienic conditions, inadequate sanitary and drinking water facilities. Proper shelter is prerequisite for healthy life because it enhances the performances of the residents in their domestic and economic conditions. (Edelman and Mitra, 2006).Table 2 highlights the household environmental conditions of the sampled child workers. About 69 per cent of the sampled slum child workers had *kutcha* houses (A structure having walls and a roof of temporary materials i.e. grass, leaves, reeds, etc is known as *kutcha).* Only 13.7 per cent child workers were living in the *pucca* houses (A *pucca* structure was recognized as one which was made of cement, concrete and oven burnt bricks materials). All these houses were overcrowded and poor both in terms of structure and ventilation, thus inviting various diseases and infections.

An adequate supply of easily accessible, potable water is essential for household's welfare and a prerequisite to good hygiene and sanitation. Inadequate water supply facilities and poor sanitation conditions can have a deleterious impact on household outcomes (Kumar, S. K., et al, 2003). Data regarding water supply conditions of the sampled child labor households shows that most of the child workers were using water from the government hand pumps and they have to stand in long queues for the irregular and erratic public water supply. Due to this women and female children spend a considerable amount of time in fetching water. This affects the decision of the girl child to go to school and also reduces the likelihood of women participating in other economic activities. Only 33.7 per cent child workers used their own hand pumps for water. The hand pumps which are installed in their houses are generally not bored very deeply with the result the water which is pumped up is not clean; sometimes dirty, muddy water comes out. They do not have proper storage facilities. The water is kept in open buckets or containers sometimes for days. Water storage becomes necessary during the summer months because of scarcity. During the rainy and summer seasons, diarrhea, cholera, typhoid and gastro - enteritis occurs and all are caused by the use of contaminated water.

Field survey revealed that the sanitation conditions of the sampled child workers were worst in terms of access to basic facility of latrines. About 43 per cent sampled child workers defecate in the open. Nearly 20 per cent children used pit. While only 18.7 per cent used public latrines but with a card per month and they have to get it renewed after the time is expired. So the out door defecation is an outcome of long queues at public latrines. This situation poses not only inconvenience for slum dwellers but also creates a major public health hazard (Sajjad, H, *et al* 2008). Poor sanitary conditions and poor water quality lead to illnesses such as diarrhea and other water borne diseases among children and adults and also affect life expectancy. Among the water borne diseases, diarrhea disproportionately affects children under the age of five (Planning

Table 2: Household Environmental Conditions

A. Housing Conditions

House type	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Kutcha	73	71.6	38	65.5	111	69.4	1
Pucca	13	12.7	09	15.5	22	13.7	3
Semi - Pucca	16	15.7	11	19.0	27	16.9	2

B. Water Supply Conditions

Source of water	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Public Hand pump	62	60.8	44	75.9	106	66.2	1
Private Hand pump	40	39.2	14	24.1	54	33.7	2

C. Sanitation conditions

Type of latrine	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Public	23	22.5	07	12.1	30	18.7	3
Pit	12	11.8	21	36.2	33	20.6	2
Open area	56	54.9	14	24.1	70	43.7	1
Railway track	11	10.8	16	27.6	27	16.9	4

D. Drainage conditions

Drainage	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Open Kutcha	35	34.3	40	69.0	75	46.9	2
No drainage	67	65.7	18	31.0	85	53.1	1

Source: Based on field survey (2007-08)

Commission, 2002). Poor health among children adversely affects the attendance rate at school.

Sewage consisting of effluents from latrines and bathrooms is normally discharged into soak pits. Field survey revealed that nearly half of the sampled slum child workers do not have a drainage system of any type. Most of the households have water logging around their houses. Pools of stagnant water are common in the sampled slums and are a breeding site for various insects, mosquitoes, flies resulting in various diseases, particularly malaria. About 47 per cent child workers have open drainage system. Municipal Corporation has the responsibility of clearing the garbage in the slums but the service is not frequent and thus callous attitude of the Municipal Corporation was observed.

Data regarding the access to road and electricity shows that 47.5 per cent child workers had kharanja (It consists of bricks laid down on the strip of mud) lane, 34.4 per cent had muddy lane and only 18 per cent had pucca lane. This lane is found in those slums which were located near the railway line. Most of the respondents find it very difficult to cross the lanes as the water gets accumulated during rainy season. About

58 per cent child laborers had no access to electricity and they used kerosene oil or wax for lighting purposes. Only 41 per cent reported of having access to electricity. However it may be noted that electricity connections in slums are almost always illegal. Nearly 55 per cent child workers attended government schools while only 44 per cent attended private schools. Most of them were drop out since the government schools do not provide the quality education. The private schools on the other hand are too costly to afford and it is not easy task to get the admission in these schools. India's National Policy on Education, 1986 gives the highest priority to the program of universal elementary education and recommends that free and compulsory education of sufficient quality be provided to all children up to the age of 14 years. But in spite of these efforts the children still are deprived of primary education. The health care facilities are not very encouraging as 71 per cent children had to go to the private clinics because of non - availability of doctors especially consultants, medicines, testing facilities in the government hospitals (See table 3 for further details).Field survey revealed that children had not been given vaccination against DPT and tetanus. Contrary to this pregnant mothers got rough deal in respect of immunization against tetanus (Discussion with mothers of the respondents).

The cities which are supposed to have the highest concentration of doctors and health facilities and where a draft of the strategies for urban health care was submitted as far back as May 2006, continues to remain just

Table 3: Amenities and Facilities

A. Access to road

Road	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Kutcha lane	33	32.3	22	37.9	55	34.4	2
Kharanja lane	52	51.0	24	41.4	76	47.5	1
Pucca lane	17	16.7	12	20.7	29	18.1	3

B. Access to electricity

Access	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Access	49	48.0	17	29.3	66	41.2	2
No access	53	52.0	41	70.7	94	58.7	1

C. School facility

School	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Private	25	24.5	46	79.3	71	44.4	2
Government	77	75.5	12	20.7	89	55.6	1

D. Health Care facilities

Health centers	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Private clinic	95	93.1	19	32.7	114	71.2	1
Govt. Hospitals	07	6.9	39	67.2	46	28.7	2

Source: Based on field survey (2007-08)

a draft. The National Health Policy of 2002 observed that in most urban areas, public heath services were very meager. To the extent that such services exist, there is no uniform organizational structure, and that the bulk of increase in urban population was likely to happen through migration, resulting in slums without infrastructural support. Even the meager public health services which are available do not percolate to such unplanned habitations. The government itself admitted that more than half of India's urban poor children are underweight and/ or stunted. In most states, under nutrition among the urban poor is worse than in rural areas. About 60 per cent of children among urban poor are not completely immunized by the time. The metros with their huge corporations seem to sponge up all the resources while the fast growing smaller cities and towns with municipal councils and smaller corporations are left out. The World Bank funded India Population Projects that attempt to provide health care services among the urban poor have been operational

Table 4: Type of Work, Working Hours and Monthly Income

A. Type of work

Occupation	Male	Percentage	Female	Percentage	Total	Percentage	Rank
Repair shops	47	46.1	—	—	47	29.4	2
Domestic help	03	2.9	35	60.3	38	23.7	3
Rag - pickers	31	30.4	23	39.6	54	33.7	1
Hotel boys	12	11.7	—	—	12	7.5	4
Shopkeepers	09	8.8	—	—	09	5.6	5

B. Working hours

Hours/day	Male	Percentage	Female	Percentage	Total	Percentage	Rank
3-5	39	38.2	26	44.8	65	40.6	1
6-8	46	45.1	13	22.4	59	36.9	2
9-11	17	16.7	19	32.7	36	22.5	3

C. Monthly income

Monthly Income	Male	Percentage	Female	Percent-age	Total	Percent-age	Rank
100-200	05	4.9	—	—	05	3.1	4
201-300	07	6.9	04	6.9	11	6.9	3
301-400	51	50.0	42	72.4	93	58.1	1
401-500	39	13.2	12	20.7	51	31.9	2

Source: Based on field survey (2007-08)

only in mega cities like Delhi, Mumbai and Chennai (Nagarajan, R, 2008).

Employment and working conditions

So far, child labor has been accepted, because it is believed to have an economic base that fits into a demand - supply framework. On the demand side, employing children is a cheaper and more stable proposition and hence a more profitable one. Children can be employed at much lower wages than adults and made to work for longer hours (Bequele, A and Boyden JO, 1998). On the supply side, the most commonly cited explanation given for child labor is the poverty of households that supply children to the labour force.

Children are employed in different types of work and the employment relations governing their work vary accordingly. Our survey revealed that majority of the child workers (33.7 per cent) were engaged in rag picking followed by repair shops (29.4 per cent), domestic help (23.7 per cent), hotels (7.5 per cent) and only 5.6 per cent were engaged in shop keeping. Most of the female child workers (60.3 per cent) were domestic helpers. They were doing the works of cleaning the pots and floors with their mothers on other's homes. About 39.6 per cent were rag pickers. Majority of the male child workers were employed in the repair shops. They were engaged in welding, grill making and in repairing of bicycles while 30.4 per cent were rag pickers (Table 4, A). A comparative analysis of the daily hours of work of male and female child workers is presented in table 4, B. The table reveals that about 40.6 per cent child workers worked for 3 to 5 hours per day, 36.9 per cent worked for 6 to 8 hours and 22.5 per cent worked for beyond 9 hours. Of the sampled male child workers, majority of

Table 5: Occupational and Environmental Health Problems

A. Health Problems due to working

Health Problem	Male	Percent-age	Female	Percentage	Total	Percent-age	Rank
Skin problem	31	30.4	28	48.3	59	36.9	1
Back bone pain	46	45.1	11	19.0	57	35.6	2
Malnourishment	25	24.5	19	32.7	44	27.5	3

B. Health problems due to household environment.

Health Problem	Male Percentage	Rank	Female Percentage	Rank
Malaria	100.0	1	93.0	1
Dysentery	76.0	2	80.0	2
Jaundice	15.0	5	29.0	5
Diarrhea	35.0	4	40.0	4
Typhoid	75.0	3	65.0	3

Source: Based on field survey (2007-08)

them (45.1 per cent) worked for 6 to 8 hours. In the case of female workers, 44.8 per cent worked for 3 to 5 hours while 32.7 percent worked for 9 to 11 hours per day. So the child workers were working for long hours ranging from 3 hours to beyond 10 hours in hazardous occupations. The data regarding the income of the sampled child workers shows that 58.1 per cent were earning rupees 300 to 400, 31.9 per cent had their monthly income of rupees 400 to 500, 6.9 per cent were having their monthly income ranging between rupees 200 to 300 and only 3.1 per cent were earning between rupees 100 to 200. Most of the male and female child workers were earning rupees 300 to 400 per month (Table 4, C).

Impact of household and working environments on the health of child workers

The slum child workers are coming from very poor households and not only the environmental conditions of their place of work are poor but the environment at the home is also bad. Poor housing conditions were seen in terms of size, structure, multipurpose space where residents live, sleep, and cook and share the company of animals. Poor water and sanitary conditions lead to adverse health outcomes in the households living in the slums in the study area. Their houses are characterized by dirt, filth with garbage pilfered everywhere. The surroundings were dirty, filthy and slushy.

Conditions appeared to be worst in terms of access to certain basic amenities such as toilet facilities, sewage facilities and garbage disposal. There is lack of drainage toilet and drinking water facilities. Water logging of sullage around the houses was observed. Heaps of uncollected garbage were found lying open around the house. The unhygienic conditions attract vectors - mosquitoes, flies, cockroaches, rats, fleas, bugs, ticks, mites, etc. Bacteria thrive in the warm moist conditions. Rotting garbage spreads malaria, amoebiasis, dysentery, diarrhea, etc. Contaminated water contains viruses which cause jaundice, typhoid, etc (Singh A.L et al, 1995). Stagnant sewage is a breeding ground for mosquitoes which causes malaria (Sabesan, 2001). A simple procedure of washing hands before eating after a toilet is not in habit. Due to these unhygienic environmental conditions, the slum children are at constant risk of health hazards and they suffer from a variety of diseases like malaria, typhoid, dysentery, skin problems, diarrhea and jaundice. The disease profile of slum child workers shows that 100 percent male child workers suffered from malaria, 76 per cent from dysentery, 75 per cent from typhoid, 35 per cent from diarrhea and 15 per cent from jaundice. A similar picture emerged in the case of female child workers. Malaria, dysentery, typhoid and diarrhea figured prominently among females. (Table 5, B).

Field survey also revealed that most of the women did not take treatment for reproductive tract infections. In the case of immunization, the oral polio vaccine coverage was poor. Health seeking behavior is lower in most of the sampled households. India's Draft National Slum Policy calls for community driven imitative in the heath sector. The community should be mobilized to create demand for better prevention, health services and to access these services in a more effective manner. Hygiene behavior changes should be promoted as an integral part of the sanitation services (Asha, Seattle

Team, 2006). The working places have unsafe surroundings and conditions are unhygienic which have adverse impact on the health of sampled child workers. These children are exposed to all kinds of hazards and they suffered from diseases like skin problems, back bone pain and malnutrition (Table 5, A).

It is evident from the table that out of the total sampled child workers, about 36.9 per cent reported of having skin problem, 35.6 per cent were having back bone pain and 27.5 per cent were suffered from malnourishment. Most of the male child workers were suffered from back bone pain while most of the female child workers were having skin problem. It has been established beyond any reasonable doubt that enough attention has not been paid to occupational diseases and most doctors might not be qualified enough to say the relationship of diseases with occupations(Burra Neera,1986). The Government has announced its National Health Policy 2000. One cannot but note that children do not find mention as a separate category - yet another example of the lack of child focus in our planning and implementation (Thomas, Vinod, 2008).

Conclusions

- The practice of child labor is primarily found among the socially and weaker sections of the society. Children are economic asset to the poor. Poor families need the income of their children. The income they bring in and the work they do though may be small but parents close to the subsistence need their help. So the impoverished parents want their children to work because even paltry wages paid to children creates a jump in family's income.
- The sampled slum child workers are at constant risk of health hazards due to the area in which they live and work, their living conditions, working conditions and the work they do in unhygienic environment. These children need special attention because a frail child will remain a frail adult. Regular medical check ups must be done at all work sites. The food which the sampled child workers eat has no nutritional value. It is any wonder that most of these children suffer from malnutrition? A supplementary daily meal must be provided either at their work sites or at their schools if attending. It is an accepted fact that the poverty is the single largest reason for the prevalence of the child labor. The government must provide alternative sources for income generation within these affected families. Though Indian government is active in initiating most of the slum improvements with NGOs and resident associations but improvements in the living conditions in the slums are not very much encouraging.
- Parental apathy in poor households is always a great constraint. The low family income and hence the necessity of supplementing this income to eke out a base existence forces parents to send their children to work by closing their eyes to the fact that they are denying their precious childhood. Adult education programs imparting knowledge of sanitation, nutrition and health care as well as creating awareness that pushing children to work is detrimental to the mental and physical growth of their children, will go a long way in overcoming parental apathy.

- The problem of child labor can not be viewed in isolation and is interlinked with all the problems faced by the society. For a developing country like India with its huge population, the remedy is not easy to find. Framing of laws is not sufficient, but it required strong political will and determination to see that every child in the age - group of 5 to 14 spends day in school. And that all the children who are employed, work to fixed hours, with days off and a certain basic wage and amenities. Another step is to resort to family planning norms of a small family because it is burgeoning population that is the root cause of all problems. Today the political will, public opinion, employer's and parent's will to tackle the problem can perhaps make a difference, till that happens the sad truth is that "some are born to work."

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