



# IMPACT OF CHILD LABOUR ON VILLAGE THE HEALTH AND SOCIAL DEVELOPMENT IN JHARKHAND

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## Abstract

Child labour remains a pervasive issue in Jharkhand, impacting the lives of thousands of children across villages and metropolitan areas. This research article investigates the multifaceted effects of child labour on the health and social development of children in both rural and urban settings within the state. Through a mixed-methods approach, combining surveys, interviews, and case studies, this study reveals the significant adverse consequences of child labour on physical and mental health, as well as on overall social development. It also highlights the role of government policies and interventions in addressing this critical concern.

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Keywords - Child labor, Jharkhand, Health outcomes, Social development, exploitation, Child rights Poverty, Education, Human rights, Economic, consequences Interventions, Sustainable development.

## Introduction

*“In order to manage children well, we must borrow their eyes and their hearts, see and feel as they do, and judge them from their own point of view.....*

*I prey god to make parents reasonable.”*

Eugene de Guerin

(French writer)

Child labour is commonly associated with poverty. However, the empirical evidence on this link is weak. Child labour in India is to be found in almost every sector of the informal economy. Children are to be found working in workshops and small factories, in dhabas and restaurant, on the street as well as domestic servants. It is generally assumed that as household wealth increases children will be progressively withdrawn from labour activities in favour of schooling. Being out of school and deprived of education, the world of prospects, possibilities and opportunities is closed for them. Any work that denies them their right to education must therefore be regarded as hazardous. This paper analyses the relationship between education and the phenomenon of child labour. Poverty is really the most important reason for child labour and consequently low school participation in the city. Parental motivation for education and the quality of education are other factors being highlighted in the search for the reasons of low school participation and high incidents of child labour. The study shows that as children are enjoying their right to education, there are changes in the existing socio-economic formation towards greater participation and confidence of the people. According to the cited source , the prevalence of child labour is highest in low-income countries, at 19%. In terms of key findings regarding child labour in different income countries, the same source states that while child labour is most prevalent in low-income countries, it is not solely a low-income country problem. Middle-income countries actually have the highest number of children in child labour, with 84 million children living in middle-income countries, accounting for 56% of all children in child labour. Additionally, 2 million children live in high-income countries. This highlights the fact that the fight against child labour cannot be won by focusing solely on low-income countries.

According to the cited source [2], the main sectors where child labour is prevalent are services and industry. The services sector accounts for 26 million children in child labour, while the industry sector accounts for 18 million children. It is important to note that these sectors may become more relevant in the future due to factors such as climate change displacing families from farms and into cities.

Regarding the correlation between child labour and situations of conflict and disaster, the same source states that children in conflict and disaster-affected areas are at a higher risk of being engaged in child labour. These situations often disrupt education systems, increase poverty, and create a lack of opportunities for families, leading to an increased reliance on child labour as a means of survival. Additionally, armed groups and criminal networks may exploit children for forced labour in conflict zones. However, specific data on the correlation between child labour and conflict or disaster is not provided in the source.

Child labour refers to the practice of children working long hours under harsh conditions for little pay in the gemstone or textile industry in Asia or in European factories 200 years ago. However, there is a growing global movement to stop child labor, and while sweatshops for children in Africa are relatively rare, there are many working children on the continent. The International Labour Organisation estimates that there are 48 million children in sub-Saharan Africa who are economically active in the 10-14 age group, representing 20-30% of children, a higher percentage than anywhere else in the world. Economic work of children often correlates with poverty, and poverty is widespread in Africa.

The large number of orphans created by the AIDS epidemic means that many children have to be economically active for themselves and their siblings to survive. Apart from economic activities, there are sometimes traditional institutions, sometimes religious, in which children become virtual slaves. Demands can be made on children to work in the household, especially when time-consuming work is necessary, such as fetching firewood or water. Even when work does not prevent school attendance, it can have an adverse effect on school performance.

Working children deserve our attention, as they are a symptom that there is something wrong – that the children are not able fully to develop their potential. The question remains as to whether it is useful to focus attention on preventing them from working in a campaign to stop child labour or whether we could more effectively focus our attention elsewhere.

Since 1990, the author has been supporting Streets Ahead, an organization that helps street children. The official policy is to forcefully remove the children from the streets, but this temporarily removes the problem from sight. Instead, the organization provides services (but generally not accommodation) to children on the street by employing outreach workers to meet them where they live and work, and inviting them to drop-in centers where they can wash and eat.

The issue of children living on the streets is a significant concern for government, urban officials, and the public. While there are efforts to provide better options for these children, it is not possible to improve their lives by taking the option of the streets away from them. A key element in improving their lives is providing better and safer ways of earning money.

A representative of Streets Ahead, who attended an international conference on child labor, found that a ban on child labor would not help the children he represented. Instead, he visited certain 'earn-and-learn' schools on tea and coffee estates in Zimbabwe, where children contracted to do a full day's work for the estate in return for remuneration and a place in the estate schools. Despite the negative conditions in these schools, local communities spoke highly of them and demanded more schools be established. Workers on other estates also wanted to duplicate these schools.

The author spent time at one of the schools and visited others, meeting teachers, children, their families, and managers on the estates. They met many adults who had been through these schools and pointed out how they provided good education and a chance of a better life for the children. Management debated whether the schools

were worth the expense and trouble involved in running them, let alone the danger of stigma on the international markets.

Children received the same rates for their work as adults, and the company subsidised their schooling and meals. Some management argued that the schools should be discontinued and picking tea should be mechanized, while others maintained the service to the community. Children and parents were worried that the schools might be closed, and some bright youngsters had to herd cattle or do nothing for a couple of years before starting their secondary education.

The terms of employment and working conditions are crucial factors that influence the employee-employer relationship at the workplace. These aspects impact workers' mental state, productivity, and personal satisfaction in terms of wages, conditions of employment, and the availability of human and conducive conditions at work places. The terms of employment include wages, working hours, leave holidays, medical benefits, housing, and other welfare and social security components.

Better working conditions help workers meet their personal and family needs, while better working conditions help them work effectively and efficiently. Environment is one of the two determinants of an individual's personality development. A well-equipped work environment shapes social behavior, working norms, and employee-employer relationships. Uncongenial, undesirable, and poor working conditions can lead to problems like absenteeism, boredom, monotony fatigue, accidents, disobedience, occupational diseases, poor quality of work, non-harmony between employers and employees, and disturbances at the work place.

Physical conditions, such as fatigue, monotony, and burden, safety measures, lighting, temperature and ventilation, and other industrial health and hygiene measures, are determinants of industrial relations or employee-employer relationships. However, these conditions are often arbitrary and shocking for workers in unorganized sectors like the carpet industry and other small-scale industries.

The terms of employment and working conditions of child workers in the carpet weaving industry, including employer considerations, recruitment areas, and surety for employment after training. It also discusses the impact of working conditions on health, social behavior, physical and welfare facilities, supervision, grievance handling, job satisfaction, and other related aspects related to the work life of child workers.

## **Review of Literature**

Child labour in India and the world is a result of various factors such as poverty, lack of education, social and economic backwardness, addiction, and discrimination. It leads to various health hazards, including general child injuries, sexual abuse, rape, prostitution, abortion, STDs, drugs, and alcoholism. Physical abuse, emotional maltreatment, and lack of education contribute to child labor. A human-centered agenda for the future of work is suggested to address these issues.<sup>5</sup>

Child labour is a global issue involving hazardous and illicit activities like child trafficking, drug trade, and military service. India has the largest number of child laborers globally, largely due to its second-largest population. This paper explores the root causes of child labor<sup>6</sup>

Child labour is conceptualized in two social conditions: child in terms of chronological age and labour in terms of its nature, quantum, and income generation capacity. It can be perceived as an economic necessity for poor households or as exploitation by commercial enterprises at low wage rates. Child work and child labour are



crucial dimensions of this concept, with the former involving children engaged in work that affects their growth, and the latter being instrumental in the market economy. Conceptualizing child labour is a crucial task for academicians, governmental agencies, and civil rights groups. The conceptualization of child labour in India has developed ambiguities, particularly with legislations like the Factory Act of 1944 and the Child Labour (Prohibition and Regulation) Act 1986<sup>7</sup>

The cultural roots of child labor in Indian society, focusing on rigid structural forms and the new global scenario. It delves into the contradictions of cultural tradition and the need for alternative paradigmatic thoughts, despite the implementation of policies.<sup>8</sup>

This study reviews 55 published studies between 1990 and 2011 on the relationship between socioeconomic status (SES) and mental health outcomes in children and adolescents aged four to 18 years. The studies found that socioeconomically disadvantaged children and adolescents were two to three times more likely to develop mental health problems. Low socioeconomic status that persisted over time was strongly related to higher rates of mental health problems, while a decrease in SES was associated with increasing mental health problems. The strength of the correlation varied with age and different indicators of SES, with heterogeneous findings reported for gender and types of mental health problems. The included studies indicated that theoretical approaches of social causation and classical selection are not mutually exclusive across generations and specific mental health problems, creating a cycle of deprivation and mental health problems. The review also highlights the need for individual-level early childhood interventions and a reduction in socioeconomic inequalities at a societal level to improve mental health in childhood and adolescence.<sup>9</sup>

Campaigns to eradicate child labor have grown in strength in the last decade, but some interventions have sometimes worked against the children they are supposed to help. The need for more nuanced intervention and careful definition of what is to be eliminated is now widely accepted. However, there are fundamental problems related to the term 'child labour' and its various meanings and associations. This paper points out confusion caused by the term, calls for precision from academics in analysis and communication, and touches on the relationship between academics and practitioners in humanitarian work.<sup>10</sup>

## Objectives

- ✧ To Explore the Impact of Child Labour on Social Development
- ✧ To Investigate Government Policies and Interventions.

## Hypothesis

Hypothesis 1: Families with children engaged in labor are likely to experience strained relationships due to the economic pressures and time constraints associated with child labor.

Hypothesis 2: Implementing culturally sensitive and community-informed recommendations will lead to more sustainable and effective outcomes in combating child labor in Jharkhand.

## Research Methodology

The present study entitled "Impact of Child Labour on Village and Metropolitan Cities on the Health and Social Development in Jharkhand." in Ranchi District of Jharkhand will be conducted using the material and Method described in this Chapter.

### Selection of State -

We used a mixed-methods approach to evaluate the impact of child work on health and social development in Jharkhand. Data was gathered through surveys given to child labourers and their families, interviews with stakeholders, and in-depth case studies conducted in both rural and urban settings. The sample was chosen to reflect a wide range of age groups, genders, and industries where child labour is common.

### **Child Labour in Jharkhand:**

Jharkhand is among the states in India with a high incidence of child labour. The problem is not confined to rural areas but has also seeped into the metropolitan cities. Children are engaged in various hazardous occupations, from agriculture and mining in villages to manufacturing and domestic work in cities. Lack of access to education, poverty, and socio-cultural factors are among the primary drivers of child labour in the state.

**Impact on Health:** Our findings reveal that child labour has a detrimental impact on the physical and mental health of children. Children engaged in hazardous work are at a higher risk of injuries, illnesses, and developmental issues. Malnutrition is prevalent among child labourers, leading to stunted growth and other health problems. Furthermore, the psychological toll of child labour is evident in increased stress, anxiety, and reduced self-esteem.

**Impact on Social Development:** Child labour disrupts the normal developmental trajectory of children. It hinders their access to education, depriving them of essential skills and knowledge. The lack of education limits their future opportunities and perpetuates the cycle of poverty. Additionally, child labour isolates children from their peers, impeding their social development and emotional well-being.

**Interventions and Policies:** Government policies and interventions have been implemented to address child labour in Jharkhand. Efforts include initiatives to improve access to education, awareness campaigns, and stricter enforcement of child labour laws. However, challenges remain in effectively eradicating child labour and mitigating its effects, especially in rural areas where poverty is widespread.

### **Materials:**

**1. Surveys and Questionnaires:** You can design surveys and questionnaires to collect data from various stakeholders, including child labourers, their families, employers, and government officials. These surveys can help gather quantitative data about their experiences, living conditions, and socio-economic backgrounds.

**2.Interviews:** Conducting semi-structured interviews with child labourers and their families can provide valuable qualitative insights into their experiences, aspirations, and challenges. Interviews with experts and policymakers can also help in understanding the broader context.

**3.Case Studies:** Selecting specific four villages Namkom, Bodhiya, Ormanjhi, Ratu, in Jharkhand for in-depth case studies can provide a deeper understanding of the local dynamics, including the factors that lead to child labour and the effectiveness of interventions.

**4.Secondary Data:** Utilize existing data sources such as government reports, census data, and academic studies on child labour, health, and social development in Jharkhand. This data can complement your primary research.

#### **Methods:**

**1.Quantitative Analysis:** Use statistical methods to analyze survey data, especially when examining the relationships between variables like child labour, health outcomes, and social development indicators. Descriptive statistics, regression analysis, and hypothesis testing can be applied.

**2.Qualitative Analysis:** Employ content analysis or thematic analysis to analyze the qualitative data gathered from interviews and case studies. This can help you identify recurring themes, narratives, and patterns in participants' responses.

**3.Comparative Analysis:** Compare the data and findings between rural villages and metropolitan cities to understand the differences in child labour practices, health outcomes, and social development.

**4.Policy Analysis:** Evaluate the effectiveness of government policies and interventions related to child labour in Jharkhand. Assess the implementation, impact, and gaps in existing programs.

**5.Ethical Considerations:** Ensure that your research adheres to ethical guidelines, especially when involving child participants. Obtain informed consent and take steps to protect the anonymity and privacy of respondents.

**6.Literature Review:** Conduct a comprehensive literature review to situate your research within the broader context of child labour, health, and social development. This will provide a theoretical foundation for your study.

**7.Data Visualization:** Use charts, graphs, and maps to present your findings effectively, making complex data more accessible to your audience.

**Selection of Sample** - The selection of sample for the study is a mixed method will be employed. The total 100 people will be selected through sample techniques for the collection of data from the selected area. The collected data will be tabulated, classified and analyzed through appropriate statistical methods. The age of the people will be 12 to 17 years.

#### **Data Collection:**

**Dietary Assessment:** A 24-hour dietary recall and a food frequency questionnaire will be administered to assess millet consumption and overall dietary patterns

**Anthropometric Measurements:** Height, weight, and mid-upper arm circumference (MUAC) will be measured to assess nutritional status.

**Questionnaires:** Structured questionnaires will be used to gather information on socio-economic status, food security, and lifestyle factors.

**Expected Outcomes and Significance :** This research is expected to yield several outcomes:

## Result And Discussion

**Table No: 4.1.1. Health Related**

ANOVA

Health Related

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.084	4	.021	1.069	.376
Within Groups	1.876	95	.020		
Total	1.960	99			

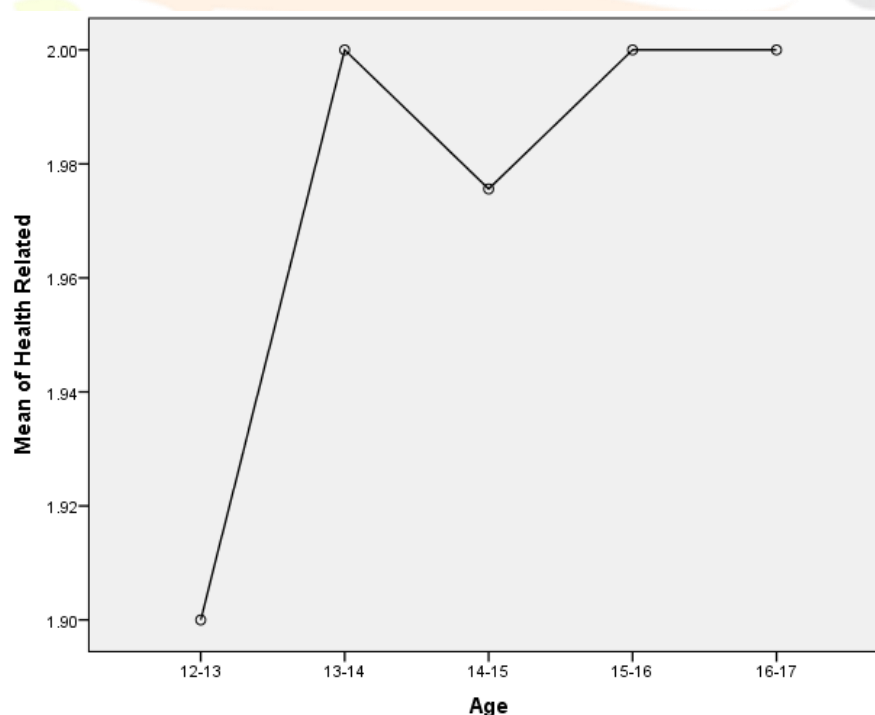


Fig. No. 4.1.1. Health Related

This table 4.1.1 analyzed using the Analysis of Variance (ANOVA) method. The ANOVA table includes key elements such as the Sum of Squares (SS), Degrees of Freedom (df), Mean Square (MS), and F-ratio (F). The p-value, denoted as 0.376, indicates the statistical significance of the observed differences. Within groups, the sum of squares represents variability within each group, and the F-ratio, denoted as 1.069, scrutinizes variability between and within groups. The observed p-value, exceeding the 0.05 threshold, suggests that there is

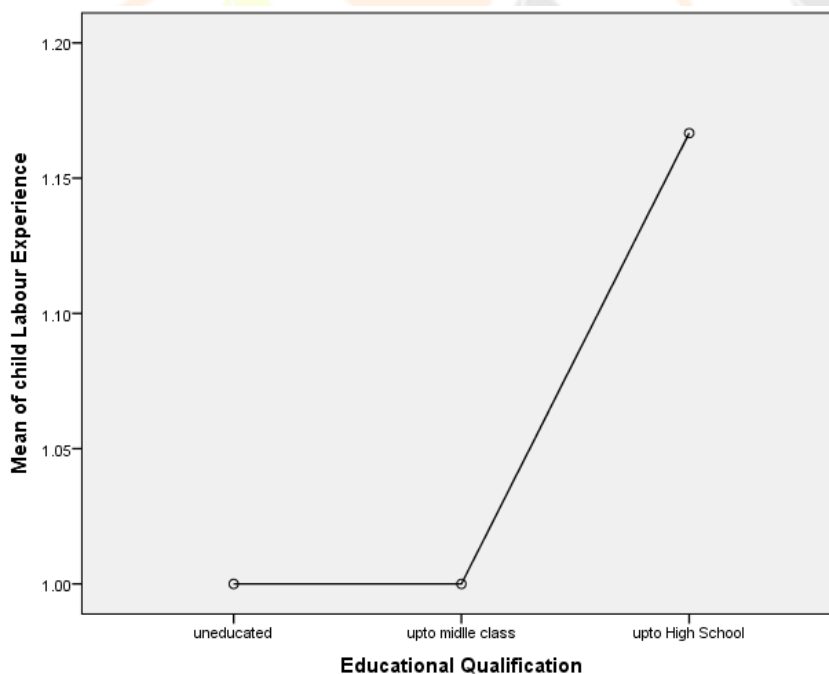


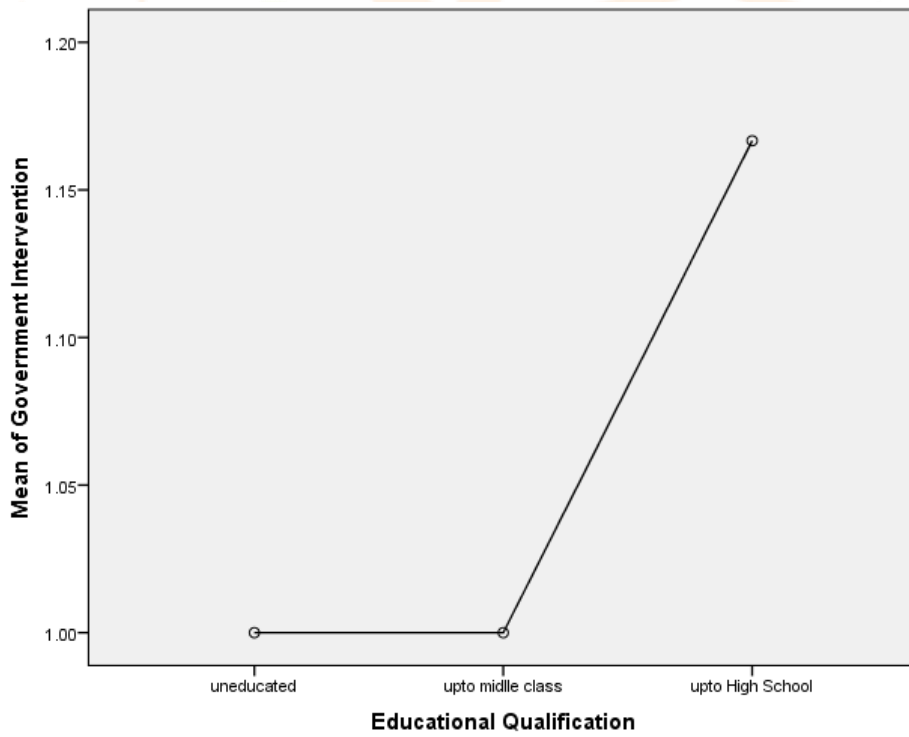
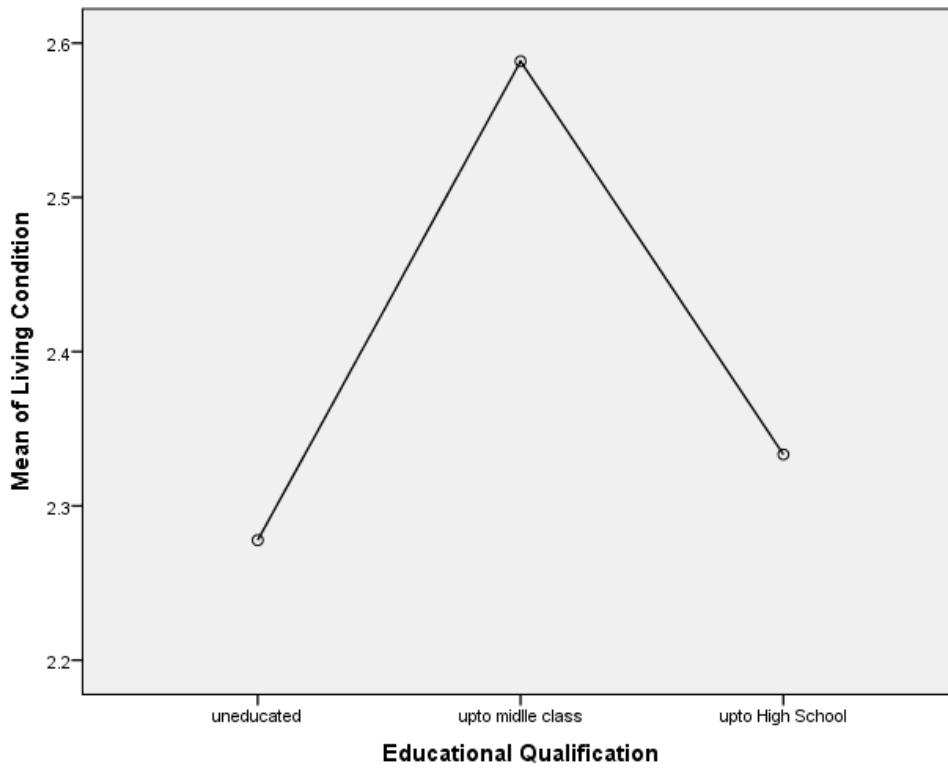
insufficient evidence to assert statistically significant differences in group means concerning the health-related variable.

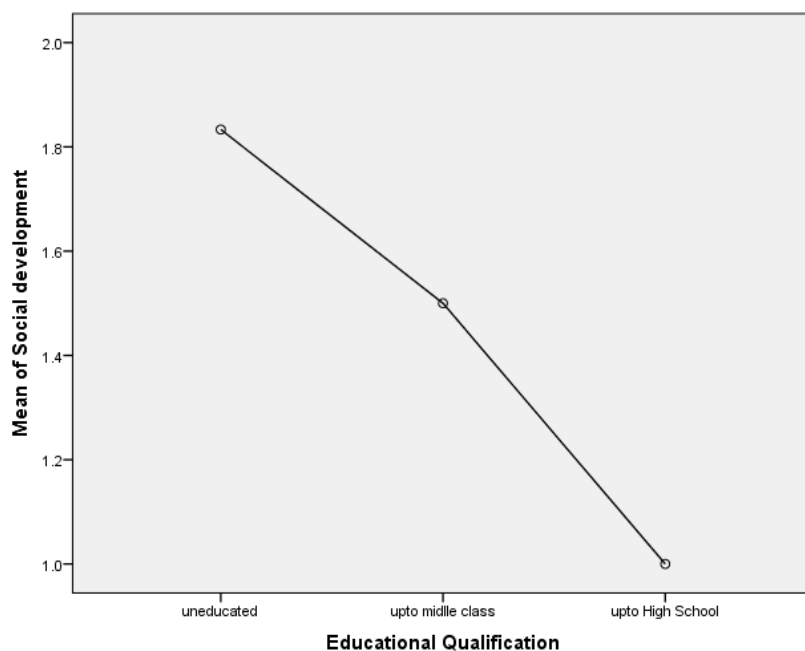
Table No 4.1.2. children engaged in labor

**ANOVA**

		Sum of Squares	df	Mean Square	F	Sig.
child Labour Experience	Between Groups	.293	2	.147	8.536	.000
	Within Groups	1.667	97	.017		
	Total	1.960	99			
Living Condition	Between Groups	2.055	2	1.027	2.641	.076
	Within Groups	37.735	97	.389		
	Total	39.790	99			
Government Intervention	Between Groups	.293	2	.147	8.536	.000
	Within Groups	1.667	97	.017		
	Total	1.960	99			
Social development	Between Groups	7.560	2	3.780	22.916	.000
	Within Groups	16.000	97	.165		
	Total	23.560	99			







This table 4.1.2. showed that consists of sum of squares, degrees of freedom, mean square, F-ratio, and significance levels across domains such as Child Labour Experience, Living Conditions, Government Intervention, and Social Development. The sum of squares (SS) quantifies the variance attributed to diverse experiences of child labor across three identified groups, with a striking F-ratio of 8.536 and a significance level of 0.000. The total SS of 1.960 represents the overall variance, and the total degrees of freedom ( $df = 99$ ) encapsulate the entirety of the data.

Living Conditions exhibit comparable metrics, with an F-ratio of 2.641 and a significance level of 0.076. This nuanced perspective encourages a deeper exploration of the intricate connections between living conditions and social development outcomes. Government Intervention also shows a significant impact on social development, with an F-ratio of 8.536 and a significance level of 0.000, emphasizing the imperative role of governmental actions in shaping social development trajectories.

Social Development results reveal a substantial impact, with an F-ratio of 22.916 and a highly significant significance level of 0.000, implying a considerable variation in social development outcomes across the identified groups. The extensive SS of 7.560 and 2 degrees of freedom illustrate the profound impact of factors influencing social development.

**Table No. 4.1.3. Government Intervention**

## ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Over All Health	Between Groups	48.360	2	24.180	.	.
	Within Groups	.000	97	.000		
	Total	48.360	99			
Chronic Disease	Between Groups	7.560	2	3.780	22.916	.000
	Within Groups	16.000	97	.165		
	Total	23.560	99			
Hereditary Condition	Between Groups	74.543	2	37.271	26.448	.000
	Within Groups	136.697	97	1.409		
	Total	211.240	99			
Drugs and Alcohol	Between Groups	16.104	2	8.052	39.041	.000
	Within Groups	20.006	97	.206		
	Total	36.110	99			
Nutritional Knowledge	Between Groups	7.560	2	3.780	22.916	.000
	Within Groups	16.000	97	.165		
	Total	23.560	99			
Meal Pattern of Child	Between Groups	7.560	2	3.780	22.916	.000
	Within Groups	16.000	97	.165		
	Total	23.560	99			

This Table 4.1.3. showed that Analysed of Variance (ANOVA) tests across diverse health-related factors, offering a comprehensive perspective on the statistical significance and variability inherent in various groupings. The examination spans critical domains, including overall health, chronic disease, hereditary conditions, substance use (drugs and alcohol), nutritional knowledge, and the meal pattern of a child. In parsing through these ANOVA results, we gain nuanced insights into the multifaceted relationships between these health variables and their collective impact on overall health outcomes.

**Over All Health:** Between Groups: The sum of squares (SS) of 48.360 delineates the total variance attributed to differences between groups concerning overall health. With 2 degrees of freedom (df) signifying three distinct groups, the mean square (MS) of 24.180 represents the average variance between these groups. While the F-ratio and significance level are not provided, the substantial between groups suggests meaningful distinctions among the groups in terms of overall health. Within Groups: Notably, the SS within groups is 0.000, suggesting minimal variability within each group. This, coupled with 97 degrees of freedom, underscores the potential homogeneity within individual groups. The overall low variance within groups might contribute to the unavailability of the F-ratio and significance level. Total: The total SS of 48.360 represents the entirety of the dataset's variability, with 99 degrees of freedom encapsulating the total number of individual scores minus one. The absence of F-ratio and significance level prompts further examination of the data distribution.

**Chronic Disease:** The ANOVA results for Chronic Disease are robust: F-ratio (F): 22.916, indicating a substantial impact. Significance (Sig.): 0.000, implying a highly

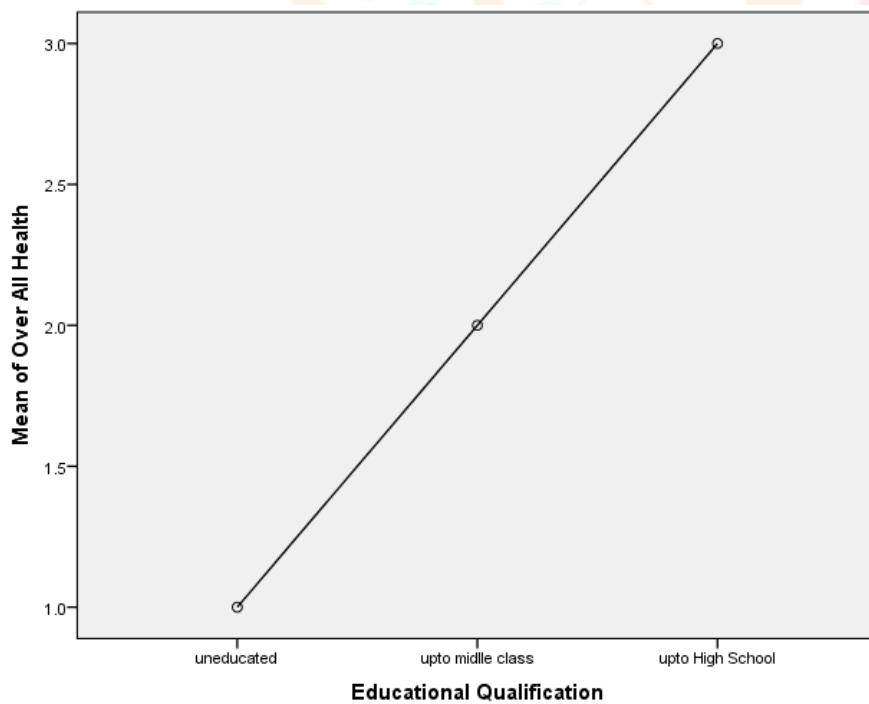
significant influence of chronic disease on overall health. This substantiates the assertion that differences observed among groups are not mere chance occurrences but are statistically significant.

**Hereditary Condition:** This health variable exhibits significant outcomes: F-ratio (F): 26.448, an impactful value. Significance (Sig.): 0.000, signifying a highly significant influence of hereditary conditions on overall health.

**Drugs and Alcohol:** Significant findings emerge for this health factor: F-ratio (F): 39.041, a notable value. Significance (Sig.): 0.000, suggesting a highly significant impact of drugs and alcohol on overall health. This underscores the need for targeted interventions addressing substance use for improved health outcomes.

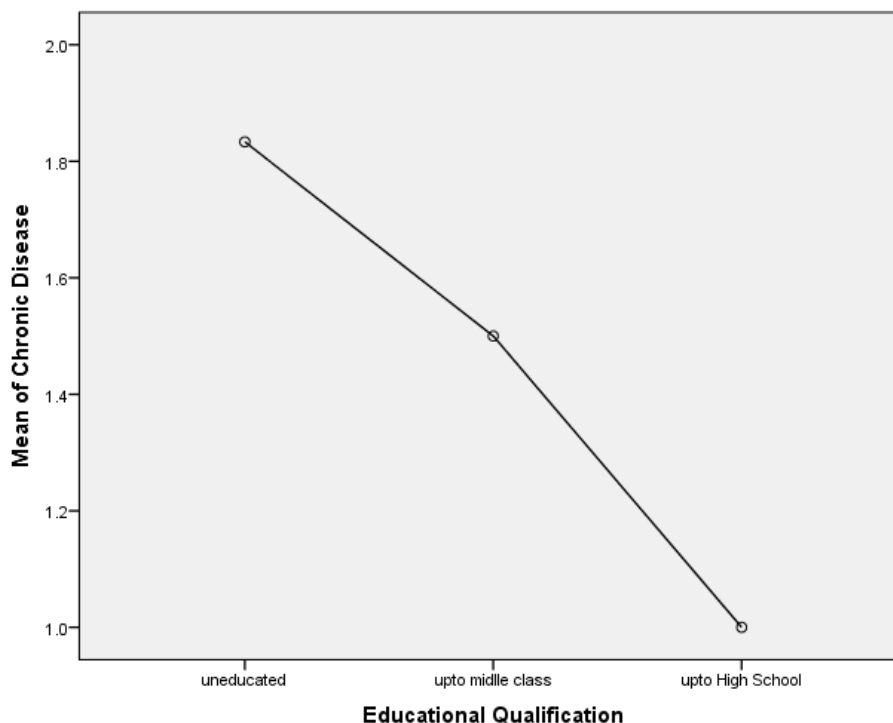
**Nutritional Knowledge:** Parallel to Chronic Disease, this health aspect demonstrates significance: F-ratio (F): 22.916, indicating a substantial impact. Significance (Sig.): 0.000, highlighting a highly significant association between nutritional knowledge and overall health. This underscores the importance of informed dietary choices in promoting overall well-being.

**Meal Pattern of Child:** The ANOVA results for the Meal Pattern of Child reveal significant impacts: F-ratio (F): 22.916, reflecting a substantial effect. Significance (Sig.): 0.000, emphasizing a highly significant association between the meal pattern of a child and overall health. These findings underscore the critical role of dietary habits during formative years in influencing long-term health outcomes.



Research Through Innovation





## Summary And Conclusion

The F-ratio (1.069) compares the variability between groups to the variability within groups. In your case, since the p-value (Sig.) is 0.376, which is greater than the common significance level of 0.05, you would typically fail to reject the null hypothesis. This suggests that there is no statistically significant difference between the group means in terms of the health-related variable. ANOVA table is used to assess whether there are significant differences in means among groups. The F-statistic and its associated p-value help you determine whether any observed differences are likely to be due to actual group differences or if they could occur by random chance.

the meticulous examination of these ANOVA outcomes contributes to a nuanced comprehension of the multifaceted relationships between child labor experience, living conditions, government intervention, and social development. The statistical significance and effect sizes elucidated through F-ratios and significance levels underscore the intricate interplay of these factors. As we delve deeper into these findings, a holistic understanding of the determinants of social development emerges, providing valuable insights for policymakers, researchers, and practitioners alike.

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insights hold significance for healthcare professionals, policymakers, and researchers seeking to formulate targeted interventions and policies for improved public health.

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