

# CHAPTER VIII: HEALTH PROFILE OF THE WORKING CHILDREN

## *General Concept of Health*

'Health is wealth' so runs the proverb. The word health has its origin from the word *hal* meaning safe and sound. Hence, dictionary meaning of health is "the state of being hale and sound in body, mind or soul especially from physical disease or pain". The health of man or of a nation is a concept which requires recognition that well-being depends upon attention to all the key social, political and economic variables that affect the life of man (Howard, 1972: 75). A more recent and increasingly used definition is contained in the constitution of WHO, health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". In this regard, Milton Terris suggested a modification in the definition given by the WHO and said, "A revised WHO definition would thus read as follows: Health is a state of physical, mental and social well-being and ability to function and not merely the absence of illness or infirmity" (Terris, 1975: 161). The best known definition of public or community health is that of Winslow who in 1920 described it as the science and the art of preventing disease, prolonging life and promoting health and efficiency through organized community efforts, the development of the social machinery which will insure to every individual a standard of living adequate for the maintenance of health (Hanlon, 1963: 30).

Problems of health and illness are inextricably related to physical, behavioural and environmental factors. Each of these factors contributes to the kinds of problems encountered in medical management (Katz and Zlutnick, 1975:1). The factors that directly affect the health of the community because certain customs, practices, beliefs, values and religious taboos, etc. create an environment that helps in the spread or control of certain diseases and the factors that directly affect the health of the community as they are related to the problem of medical care to the sick and invalid (Hasan, 1967, cited in Rizvi, 1991:9). As an early example a study which gives evidence that the attitude of an

individual towards health is related to his socio-economic status. This study revealed that there is an increase in illness with a decrease in socio-economic status. The lower socio-economic class had the greater proportion of illness, and consulted physicians and were hospitalised less frequently (Syndenstricker, 1921; cited in Rizvi, 1991: 6). The relationship between the families and their sources of medical care and advice, and the use, by these families, of the institutions set up by the community to aid health. The health of the community is based upon the ideas, attitudes and behaviour patterns of the individual and his family, for these determine what he will or will not, or cannot, expect or accept from those who make his health their professional concern. The health attitudes and behaviour of a family are related to its position in the social class hierarchy of the community, and are significantly affected by the prescriptions and proscriptions regarding health shared by those who are members of the same class (Koons, 1954: 156-160).

Concerning health, the child health is a serious issue because a large number of children in our society cannot enjoy their necessary health rights and many of them suffer from numerous health hazards due to child abuse. In this context, the working involvement of children in hazardous sectors is a great hindrance in enjoying the highest attainable standard of health. Many jobs that children do are harmful for their health. The manner of their employment, the nature of their work and the contribution under which they are often employed subject them to severe health and safety hazards. Work in agriculture is also characterised by certain hazards, particularly with the introduction of advanced farming practices, new techniques and chemicals. This is also prolonged exposure to heat, sunlight, dust, wind and insects and the high costs in terms of safety and health associated with work in commercial and plantation agriculture. Children are particularly at risk from epidemic and parasitic diseases, diseases of the respiratory tract, dermatosis and fatal accidents. However, these problems are multiplied several fold of industries. Work may be heavy and intense; it may be highly mechanised and extremely monotonous; it may involve the use of sharp and dangerous objects and toxic substances; it may be carried out in conditions of extreme heat, dust and noise. Child workers in industries are faced with serious risks to their health and physical development. They may be required to undertake tasks for which they are entirely unprepared physically. In a

number of industries children are exposed to lead poisoning which may have no noticeable effect on adults. There are claims that children's brains are detrimentally affected due to exposure to lead poisoning. There are documented cases of paralysis caused by the use of toxic glues. The self-employed child who has an accident or contracts a disease of occupational origin obviously benefits from no form of social protection. If the child is a wage-earner he is not usually protected either since in the vast majority of cases he is working illegally. If he is the victim of an occupational accident or disease he and his parents must be prepared for fearful and irreversible consequences. The official statistics reveal a very small proportion of the occupational accidents or diseases that affect children. Thus, many jobs done by children are the cause of physical deformities and illnesses such as deformities of the spine, stunted growth, infections, burns, sores etc., or else they may aggravate defects or maladies. Child labour involves both short-term and long-term health risks.

A world Health Organisation report on child workers cites health hazards such as bony lesions and postural deformity attributable to such work as carpet weaving, embroidery and lifting heavy weights. Children generally work for long hours, which results in excessive fatigue and stunted growth. Poor children are generally malnourished but their work increases their energy requirements and calorie deficit. Moreover, if they suffer from anaemia, fatigue and inadequate sleep, they become more susceptible to accidents and infectious diseases. Excessively hot, damp or dusty conditions also create a milieu which favours the transmission of communicable diseases. Many of these diseases, for example, tuberculosis, may be very difficult to cure and involve lifelong illnesses (Gomango, 2001: 146-148). However, the present chapter mainly highlights the health profile of working children in the studied area from different points of view which has been stated below –

### ***Health Profile of the Studied Working Children***

The health profile of working children in the studied area is the key important issue in the present chapter. There were so many factors like their hazardous working condition, hard physical labour for day long, poor quality and unhygienic food habit, poor standard of

personal hygiene, absence of primary health centre, improper care of diseases and ailments, dependency on traditional medicine men and local quacks, lack of health consciousness and awareness, non accessibility to medical care, poverty and so on, these may have an adverse impact on their health which are discussed below one after another.

**Daily Life and Health Issues:** Diseases may be happened due to various reasons but it is the fact that various activities of the daily life, socio-cultural practices as well as daily habits, type of economy, nature of involvement, shelter and many other situations and factors etc. have a great impact on health. Further, nature of treatment as well as its scope and availability and the ability to bear the cost by the concerned people are also responsible for the same. These issues may be observed among the studied working children –

**Case Study 1:** Tulsi Roy was a 14 years aged Rajbanshi boy. In his family he had his father, mother and a younger brother and sister. All the family members were involved in stone based work. They could hardly earned Rs. 2700/- per month. Tulsi did both stone collection and stone crushing activities. He was busy with work in the stone field for all the year round ignoring the fact of scorching heat of summer and biting cold of winter. Due to daylong hard manual labour he often felt severe physical pain in his whole body. During winter he got weaker by acute physical pain and during summer the scorching heat of summer with extreme hunger made him weak very much. His left eye got injured badly with stone chips due to lack of concentration to work and for treatment he went to untrained local quack. But due to wrong treatment his injurious eye became swelled up with burning sensation and he was referred to North Bengal Medical College. But they had not the capacity to spend money for necessary diagnostic tests and also for purchasing doctors' prescribed medicines. As a result to purchase the same they had to take loan from the local *samiti* (co-operative society). He had to collect stones and sands from the river and therefore, his clothes got drenched but he had to work in wet clothes throughout the day and as a consequence, he was suffering from fever, cough and cold and headache almost throughout the year. Even, owing to long touch with water he had an uncomfortable feeling on his skin that made him want to scratch. But he could not see the doctor due to unaffordable expense. He had to wake up very early in the morning

with the ray of sunup and after having little breakfast with tea and pup rice he went to the stone field. He had to do a continuous hard work until lunch break. But he could not eat the fill and even many times he had to starve. Though, Tulsi could eat meal twice in a day but it was insufficient and poor nutritious as he could eat rice with pulses and little amount of vegetable curry. Eating nutritious food like fish, meat, egg, fruit, milk etc. was rarely possible, as a consequence, he became very weak. Due to hard manual labour with insufficient and less nutritious food he became very weak. Besides these, due to busy working schedule he became irregular in bathing and hardly used shampoo or any other cleaning agents during bathing. His unclean bathing caused skin problem as he had an uncomfortable feeling on his skin. He could not take care of his teeth properly because often he forgot to brush up his teeth. In fact, lack of sanitation, lack of proper care, inattention of parents, and due to day long hard manual work it was really impossible for him to maintain a good standard of personal hygiene. His socio-cultural habits like eating food without washing hand, taking river water for quenching, eating meal in the stone crushing field etc. also made him sick. Due to unhygienic food habit and also for drinking polluted water without filtering or boiling he had to suffer from dysentery and diarrhoea. But he could not see the doctor at proper time. Apart from these, he was suffering from breathing problem because in the stone field the dust emitted out from the broken up stones which was being inhaled through respiration. Ultimately the working involvement and improper caring affected his health badly.

**Case Study 2:** Rakhi Barman was a 14 years old girl belonged to Rajbanshi community. In her family she had her father, mother and a younger brother. She was involved in stone based job and altogether they could earn not more than Rs. 2000/- per month. She did both stone collection and stone crushing activities throughout the day with her parents in the stone field. She often felt serious physical pain in her whole body due to untiring hard labour for all the day. Even she could not sleep well at night due to serious physical pain. Besides these, often she made herself injured with stone chips and iron implements during crushing stones. But due to improper care and lack of proper treatment her injurious place became swelled up with blood secretion. But she could not see the doctor at proper time. She had to collect stones from the river for prolong hours resulted in her dress got drenched but she had to do work in wet clothes. As a consequence, she had to

suffer from fever, cold and cough, nasal blockage, sneezing, and headache throughout the year. For the treatment she went to the quack of local medicinal shop and traditional medicine man. But when it became complex, she was admitted to North Bengal Medical College. The doctor advised her for some clinical tests and also prescribed some medicines and for this purpose her father had to lend money from the local *sardar* of the stone field and still could not repay this loan. Even, her parents could not give her a full feed. Though, she could eat meal twice in a day but it was poor nutritious as in their daily diet she could eat only rice, pulses and vegetable curry. She felt uneasiness in the stomach due to extreme hunger and she had to do the work in hungry that made her weak very much. She used to wake up very early in the morning with the ray of sun up and went to the stone field after having little breakfast with tea and pup rice and took lunch directly in the stone field. She returned home in the evening when the work was over for the day. Very soon after returning home they made brisk preparation for dinner. Moreover, she took food without washing her hands and even, she used to eat stale food too and as a result often she was attacked with loose motion and other stomach problems. Due to drink polluted water without filtering and unhygienic food habit she was weak by dysentery. But due to financial constraint her treatment could not be continued and the course of prescribed medicines had to be stopped in the middle. Due to busy working schedule Rakhi could not maintain a good standard of personal hygiene as she became very much irregular in bathing and she rarely used shampoo, soap and any other cleaning agents during bathing. She had an uncomfortable feeling on her skin that made her want to scratch. Even sometimes she used to forget to brush up her teeth resulted in she had a serious teeth ache. However, her poor health made her weak badly. It was the fact that if they do not work, they cannot arrange their meal that's why she had to do work with ill health which made her weaker.

**Case Study 3:** Champalata Barman was a 13 years old girl belonged to Rajbanshi community. In her family she had her father, mother, two younger sisters and an elder brother. She had been working since she was eight years old. Their family earnings was not more than Rs. 2800/- per month. Champalata had to do work in the stone field throughout the day without any adequate rest. The untiring labour made her body painful. Moreover, often she made herself injured with stone chips and iron implements. Her left

side eye got injured badly and became swelled up. She went to faith healer and then quack but they did wrong treatment. Due to their wrong treatment the condition of her injurious eye became alarming and she was immediately sent to hospital but ultimately the treatment had to be stopped in the middle as her parents could not manage required money for it. They were already indebted to local *samiti* (cooperative society) and also to their local *sardar* of the stone field because they took loan from them and still could not repay it that's why they were not given loan further. Due to incomplete treatment her injurious eye became infected and it affected her vision badly but for the compulsion of hunger she had to do work with injurious eye. The parents could not give her a full feed and she felt uneasiness due to extreme hunger. She could hardly eat meal twice in a day but it was insufficient and less nutritious. She became very weak and she was suffering from malnutrition. She used to wake up very early in the morning and went to the stone field after morning fresh and necessary domestic chores. She usually returned home with her parents in the evening when the work was over for the day. They mainly took rice with pulses and little amount of vegetable curry. They could not afford to accumulate the least expensive animal proteins. She took her lunch directly in unhygienic stone field and used the river water for drinking. There was no water source in their house and due to this fact Champalata and her family had to depend upon both neighbour's uncovered well and river water for drinking, bathing and other domestic purposes. But they did not take any precautionary measures such as boiling and filtering. The diarrhoea and dysentery was common to notice in their family. She had to do work for long in touch of river water for the collection of stones and boulders from the river. She was weak by fever, cough and cold, sneezing, nasal blockage and headache. She had also an experience of snake bite during stone collection. However, their dwelling house was broken and *kachha* type which was composed of the single little room. During rainy season the rain falling on leaky roof that made their house damp and the floor became muddy. The fever, cough and cold etc. were common to notice in their family. Apart from these, due to busy working schedule Champalata could not maintain her personal hygiene as she was very much irregular in bathing, brushing up teeth, washing clothes and frequency of changing clothes etc. could rarely be seen. She became habituated with taking bath in the polluted river resulted in a serious skin problem found to her.

**Case Study 4:** Dipankar Barman was a 13 years old boy belonged to Rajbanshi community. In his family he had his father, mother and a younger sister. All the family members were involved in stone based work and they could hardly earned Rs. 2200/-. Dipankar did both stone collection and stone crushing activities. He worked for all the year round in unhygienic stone field taking no notice of burning heat of summer and freezing cold of winter. Due to hard manual labour without any adequate rest he felt severe physical pain in his whole body. Often he made himself injured with blood secretion during crushing stones. But the injurious place became swelled up with burning sensation due to improper care over it. For the treatment his family had a strong faith on the quacks of local medicinal shops and traditional medicinal men. In fact, they had not the capacity to go the private doctors for better treatment. Even, his father was not in a position to provide sufficient and nutritious food to him that's why he had to starve many times. He took lunch with rice, pulses and little amount of vegetables but feed to the fill was a seldom happening factor. Due to utter financial constraint they could not afford to maintain the nutritious food diet, and even it was out of their capacity to accumulate the least expensive animal protein. Owing to untiring hard labour with insufficient and poor nutritious food he became very weak. Nevertheless, he had to do a continuous hard work with ill health resulted in he became weaker. In fact, if he did not do the work, he had to starve. Besides these, they had no proper shelter. They lived in a broken and *kachha* house. The house was composed of the single little room with muddy floor made of wattle walls, corrugated tin roof and devoid of proper ventilation. During rainy season the water entered the room through leaky roof and crack walls which made their house damp and muddy. As a consequence, Dipankar and his family became sick with fever, cough and cold, running nose, sneezing and headache. But they could not see the doctor at proper time. Dipankar and his family had to face a lot of difficulties in living. Besides these, they had to depend upon both uncovered well and river water for drinking, bathing, cooking and also for other domestic purposes. But they did not take any precautionary measures like filtering or boiling. As a consequence, he was weak by dysentery and loose motion. For treatment he went to local quack but he was not cured. Due to daylong working involvement Dipankar was not in a position to maintain his personal hygiene like regular bathing, brushing up teeth, washing of clothes etc. Owing to untiring hard

manual labour he became tired and even he could not sleep well at night because of severe pain in his whole body. In fact, due to extreme poverty he could not enjoy the better health and treatment.

It is the fact that the daily life of most of the working children was more or less same. They did the same work and they were growing up in the same environment. Their hazardous occupation and economy, socio-religious practices, lacking of other essential requirements for maintaining livelihood might have an impact on health.

**Table 8.1: Showing Ailments of Working Children**

Sex	Ailments		
	Yes	No	Total
Male	165 88.71	21 11.29	186 100.00
Female	157 82.20	34 17.80	191 100.00
Total	322 85.41	55 14.59	377 100.00

**Table 8.2: Distribution of Child Workers on the basis of Type of Diseases**

Sex	Diseases		
	Yes	No	Total
Male	114 61.29	72 38.71	186 100.00
Female	104 54.45	87 45.55	191 100.00
Total	218 57.82	159 42.18	377 100.00

It is the fact that in the studied area most of the working children were weak by several diseases and ailments. They were involved in stone based work. But due to poor earnings their parents could not provide better health facilities and treatment to them. They had to do a continuous hard work throughout the day in the stone field. Their untiring hard labour made their body painful but they could not take adequate rest. During crushing stones often they made themselves injured with stone chips and iron implements. But often these minute physical injuries had turned into blisters with mucous secretion due to their improper care over it. They were referred to the hospital but due to extreme poverty

the treatment had to be stopped in the middle and they could not complete the full course of doctors prescribed medicine. Owing to incomplete treatment many of their injurious eyes became infected and it affected their vision badly. But for the agony of hunger they had to do work with injurious eyes. For the treatment they had a strong faith on the quacks of local medicinal shops and traditional medicinal men but they could not provide proper treatment to them. They had not the capacity to go to the private doctors for better treatment. They had to take loan from local *samiti* (cooperative society) or from their local *sardar* of the stone field for the treatment of diseases and ailments. Even, their parents could not give them a full feed and as a result, many times they had to starve. They felt uneasiness due to extreme hunger. Though, the children could eat meal twice in a day but it was insufficient and poor nutritious. They took lunch with rice, pulses and vegetables. Due to utter economic hardship they could not afford to maintain the nutritious food diet. In fact, if they did not do the work, they had to starve. They took lunch directly in unhygienic stone field. Due to untiring hard manual labour with insufficient and less nutritious food they became very weak but they had to do a continuous hard work with ill health that made them weaker. However, it might have an impact on health.

**Table 8.3: Showing Ailments of Male Working Children**

Type of Ailments	Ailments of Working Children			(If yes) Age Group					
	Yes	No	Total	5-6	7-8	9-10	11-12	13-14	Total
Physical injuries	86 46.24	100 53.76	186 100.00	9 10.50	13 15.1	20 23.3	23 26.7	21 24.42	86 100.00
Cold and cough	70 37.63	116 62.37	186 100.00	7 10.00	12 17.10	14 20.00	19 27.10	18 25.71	70 100.00
Body pain	138 74.19	48 25.81	186 100.00	12 8.70	21 15.20	33 23.90	35 25.40	37 26.81	138 100.00
Headache	83 44.62	103 55.38	186 100.00	2 2.41	10 12.10	17 20.50	25 30.10	29 34.94	83 100.00
Teeth and gum problem	29 15.59	157 84.41	186 100.00	-	4 13.80	5 17.20	11 37.90	9 31.03	29 100.00
Digestive problem	8 4.30	178 95.70	186 100.00	-	2 25.00	2 25.00	1 12.50	3 37.50	8 100
Weakness	73	113	186	4	5	18	25	21	73

Type of Ailments	Ailments of Working Children			(If yes) Age Group					
	Yes	No	Total	5-6	7-8	9-10	11-12	13-14	Total
	39.25	60.75	100.00	5.48	6.85	24.70	34.30	28.77	100.00
Griping	14 7.53	172 92.47	186 100.00	1 7.14	-	5 35.70	3 21.4	5 35.71	14 100.00
Ear problem	14 7.53	172 92.47	186 100.00	-	1 7.14	4 28.6	4 28.6	5 35.71	14 100.00
Eye problem	11 5.91	175 94.09	186 100.00	-	1 9.09	3 27.30	3 27.30	4 36.36	11 100.00
Breathing problem	9 4.84	177 95.16	186 100.00	1 11.10	-	2 22.22	2 22.22	4 44.44	9 100.00
Throat problem	8 4.30	178 95.70	186 100.00	-	1 12.50	-	5 62.50	2 25.00	8 100.00
Bleeding from nose	5 2.69	181 97.31	186 100.00	-	-	1 20.00	2 40.00	2 40.00	5 100.00
Loose motion	9 4.84	177 95.16	186 100.00	-	-	3 33.30	1 11.10	5 55.56	9 100.00
Snake bite	3 1.61	183 98.39	186 100.00	-	-	-	1 33.30	2 66.67	3 100.00

**Table 8.4: Showing Ailments of Female Working Children**

Type of Ailments	Ailments of Working Children			(If yes) Age Group					
	Yes	No	Total	5-6	7-8	9-10	11-12	13-14	Total
Physical injuries	89 46.60	102 53.40	191 100.00	9 10.11	16 17.98	23 25.84	21 23.60	20 22.47	89 100.00
Cold and cough	82 42.93	109 57.07	191 100.00	8 9.76	16 19.51	21 25.61	19 23.17	18 21.95	82 100.00
Body pain	141 73.82	50 26.18	191 100.00	12 8.51	28 19.86	36 25.53	33 23.40	32 22.69	141 100.00
Headache	85 44.50	106 55.50	191 100.00	3 3.53	13 15.29	20 23.53	22 25.88	27 31.76	85 100.00
Teeth and gum problem	31 16.23	160 83.77	191 100.00	1 3.22	7 22.58	6 19.35	9 29.03	8 25.81	31 100.00
Digestive problem	8 4.19	183 95.81	191 100.00	-	1 12.50	2 25.00	-	5 62.50	8 100.00

Type of Ailments	Ailments of Working Children			(If yes) Age Group					
	Yes	No	Total	5-6	7-8	9-10	11-12	13-14	Total
									0
Weakness	70 36.65	121 63.35	191 100.00	5 7.10	10 14.29	17 24.29	20 28.57	18 25.71	70 100.00
Griping	10 5.24	181 94.76	191 100.00	-	2 20.00	4 40.00	1 10.00	3 30.00	10 100.00
Ear problem	17 8.90	174 91.10	191 100.00	-	2 11.76	4 23.53	5 29.41	6 35.29	17 100.00
Eye problem	10 5.24	181 94.76	191 100.00	-	-	2 20.00	4 40.00	4 40.00	10 100.00
Breathing problem	7 3.66	184 96.33	191 100.00	-	-	1 14.29	2 28.57	4 57.14	7 100.00
Throat problem	6 3.14	185 96.86	191 100.00	-	-	3 50.00	1 16.66	2 33.33	6 100.00
Bleeding from nose	5 2.62	186 97.38	191 100.00	-	1 20.00	1 20.00	-	3 60.00	5 100.00
Loose motion	8 4.19	183 95.81	191 100.00	-	1 12.50	3 37.50	2 25.00	2 25.00	8 100.00
Snake bite	1 0.52	190 99.48	191 100.00	-	-	-	-	1 100.00	1 100.00

They worked for long in touch of river water for the collection of stones and boulders from the river that made them very sick with fever, cold and cough, sneezing, nasal blockage and headache. Only five common wells were noticed in the studied area setup by the local *panchayat* but these were always uncovered. They used water of uncovered wells and also used river water for drinking, bathing and other domestic purposes. They did not take any precautionary measures such as boiling and filtering. The diarrhoea and dysentery was common to notice in their families. But they could not see the doctor at proper time. Moreover, most of their dwelling houses were *kachha* type and the houses were mostly composed of the single little room with muddy floor made of wattle walls,

corrugated tin roofs and devoid of proper ventilation (Table 8.6 and 8.8). Most of the houses were broken and owing to this fact outside rain water leaked into their rooms through walls and roofs which made their house damp and muddy and as a result, they were weak by fever, cough and cold, running nose, nasal blockage, sneezing and headache. Besides these, owing to heavy work load many of them could not maintain their good standard of personal hygiene as they failed to maintain regular bathing with oil and soap, brushing up teeth, washing clothes, frequency of changing clothes etc. However, their untiring hard manual labour made their body painful and due to this fact many of them could not sleep well at night. Many children with ill health had to do the work hard for all the day otherwise they had to starve. Due to this fact they became ailing more.

So many factors like environmental sanitation and hygiene, working conditions and environment, food habit and personal hygiene, health care practices and medical facilities etc. might have related to this which are stated below one after another –

***Environmental Sanitation and Hygiene:*** The World Health Organisation (WHO) defines ‘Environmental Sanitation’ as “the control of all those factors in man’s physical environment which exercise or may exercise a deleterious effect on his physical development, health and survival.” Environmental sanitation/hygiene includes all the activities aimed at improving or maintaining the standard of basic environmental conditions affecting the well being of people. In India many of the cities are congested mainly owing to high population, poverty and illiteracy as well. The inadequate water supply and insufficient facilities of human excreta, waste water and solid waste might have caused various infectious diseases that people suffer from (Healthizen; <http://www.healthizen.com/blog/index.php/genera/environmental-sanitation/>).

Environmental sanitation is an important factor influencing the health of a community as indeed it is the surroundings of a man which directly affects the health of man. Hence the bad environmental sanitation creates an abnormality of physical, psychological and social aspects as a whole.

In the studied area where small lanes with stagnant water and heaps of garbage was generally noticed on the backside of the houses, which was a common place for the said purpose and even sometimes the waste disposals were directly thrown on the road. In the

absence of drainage system in the studied village the waste water was flowing over *kachha* roads and especially during rainy season the water storage was common to notice which became the key birth place of various germs.

**Table 8.5: Distribution of Child Workers' Family on the basis of Facilities Available at their Residence**

Type of Facility	Facilities Available		
	Yes	No	Total
Electricity	26 10.40	224 89.60	250 100.00
Sanitation	66 26.40	184 73.60	250 100.00

In the studied area, under study the latrine was mostly found neither in the houses nor a common in the village except few (26.40%) families (Table 8.5). Even, they did not use to go so far away from their house for nature's call. The inadequacy of latrine facility in the studied families might have an adverse impact on their living environment. The data reveals that around 74 per cent of total studied families had no latrine of any kind (Table 8.5). Due to this fact they had to use the open field for defecation and the children often around their houses and especially they used to sit for nature's call in the river bed or at the back of the houses which was common practice in their daily life. In fact, their dire pecuniary state was a great impediment to construct it.



**Figure 8.1 (on the right side) & 8.2 (on the left side): Practice of defecation in the open field**

The habit of defecation in the open might be a responsible factor for various diseases. In the context of health and hygiene, the surrounding environment of the houses indicated a plight state which was polluted with waste disposal and human excreta. As a consequence, their living environment became alarming with unsavoury and taint to a great scale.

**Table 8.6: Distribution of Child Workers' Families the basis of Type of House**

Child Workers' Family	Type of House		
	<i>Kachha</i>	<i>Semi-pucca</i>	Total
No. of Family	209	41	250
	83.60	16.40	100.00

**Table 8.7: Distribution of Child Workers on the basis of Type of House**

Sex	Type of House		
	<i>Kachha</i>	<i>Semi-pucca</i>	Total
Male	155	31	186
	83.33	16.67	100.00
Female	156	35	191
	81.68	18.32	100.00
Total	311	66	377
	82.49	17.51	100.00

The dwelling houses of working children in the studied area were mostly (83.60%) *kachha* type with wattle walls, corrugated tin roofs and devoid of proper ventilation. Whereas 16.40 per cent families had the *semi-pucca* houses which were made of brick walls, concrete floor and corrugated tin roof (Table 8.6). Further, the data manifests that around 90 per cent of the total studied families were devoid of electric facility at their homes (Table 8.5). They had to face the poor light at night. Muddy floor was noticed in most of the houses and it was common to observe that during summer season the insider atmosphere of the houses was very much suffocating. Especially during rainy season the houses became damp and its floor became muddy and moisty. They were mostly found to cook inside the room.

**Table 8.8: Distribution of Child Workers' Families on the basis of No. of Room**

Child workers' family	No. of Room				Total
	One	Two	Three	Four and above	
No. of family	142	85	15	8	250
	56.80	34.00	6.00	3.20	100.00

**Table 8.9: Distribution of Child Workers on the basis of No. of Persons Living in a Room**

Child Worker	No. of Person Living in a Room			Total
	1-3	4-5	6 and above	
No.	134	195	48	377
	35.54	51.72	12.73	100.00

The data regarding number of room shows that most of the families had to live in single room houses and next couple of room. Among the studied families the noticeable matter was that there was no provision of separate kitchen in case of having single room; and on the contrary, in case of two rooms, one was mostly used as a sleeping cum cooking room and rest of the houses having more than two rooms, of them one was especially used as kitchen room. It was reported from a major percentage of working children that in their families 4 to 5 members had to live altogether in single room (Table 8.9). This situation might have serious adverse impact on their health.

**Table 8.10: Distribution of Child workers' Family on the basis of Use of Water**

Purpose of water	Sources of water			Total
	River	Well	Both well and river	
Drinking	-	53	197	250
		21.20	78.80	100.00
Bathing	7	37	206	250
	2.80	14.80	82.40	100.00
Domestication	3	86	161	250
	1.20	34.40	64.40	100.00
Others	21	86	143	250
	8.40	34.40	57.20	100.00

In the studied area, the wells and the river were their only sources of water. All of the families had to depend directly either on uncovered wells or on the river for their

household works, drinking and other necessary purposes. The water available from all sources like river and wells were used for drinking, bathing and also for other domestic purposes. Only five common wells were noticed in the studied area setup by the local panchayat. Majority of the families (62.80%) of working children had no personal well, therefore, they had to use either neighbours' wells or common wells to meet their daily essential needs. In spite of utter economic hardship, 37.20 per cent families were able to set up personal well by their own expenditure but those were always uncovered and unprotected. Especially in the working field, during working hours they used the river water for the purpose of quenching. The surprising matter is that they did not take any type of precautionary measures such as boiling, filtering, etc. resulted in the water-borne diseases that was common to notice throughout the year.

**Table 8.11: Distribution of Male Working Children on the basis of Type of Diseases**

Type of Diseases	Diseases of Working Children			(If yes) Age Group					
	Yes	No	Total	5-6	7-8	9-10	11-12	13-14	Total
Arthritis	3 1.61	183 98.39	186 100.00	-	-	-	1 33.33	2 66.67	3 100.00
Dysentery	52 27.96	134 72.04	186 100.00	1 19.23	7 13.46	13 25.00	14 26.92	17 32.69	52 100.00
Skin disease	40 21.51	146 78.49	186 100.00	1 2.50	5 12.50	9 22.50	13 32.50	12 30.00	40 100.00
Fever	37 19.89	149 80.11	186 100.00	2 5.41	6 16.22	8 21.62	8 21.62	13 35.14	37 100.00
Jaundice	11 5.91	175 94.09	186 100.00	1 9.09	-	2 18.18	4 36.36	4 36.36	11 100.00
Diarrhoea	20 10.75	166 89.25	186 100.00	-	1 5.00	7 35.00	3 15.00	9 45.00	20 100.00
Pneumonia	6 3.23	180 96.77	186 100.00	-	-	1 16.67	2 33.33	3 50.00	6 100.00
Anaemia	1 0.54	185 99.46	186 100.00	-	-	-	-	1 100.00	1 100.00
Asthma	3 1.61	183 98.39	186 100.00	-	-	-	-	3 100.00	3 100.00

**Table 8.12: Distribution of Female Working Children on the basis of Type of Diseases**

Type of Diseases	Diseases of Working Children			(If yes) Age Group					
	Yes	No	Total	5-6	7-8	9-10	11-12	13-14	Total
Arthritis	1 0.52	190 99.48	191 100.00	-	-	-	-	1 100.00	1 100.00
Dysentery	50 26.18	141 73.82	191 100.00	2 4.00	8 16.00	12 24.00	12 24.00	16 32.00	50 100.00
Skin diseases	38 19.90	153 80.10	191 100.00	2 13.85	4 10.53	11 28.95	10 26.32	11 28.95	38 100.00
Fever	31 16.23	160 83.77	191 100.00	4 12.90	8 25.81	5 16.13	6 19.35	8 25.81	31 100.00
Jaundice	9 4.71	182 95.29	191 100.00	-	1 11.11	3 33.33	2 22.22	3 33.33	9 100.00
Diarrhoea	15 7.85	176 92.15	191 100.00	1 6.67	1 6.67	3 20.00	5 33.33	5 33.33	15 100.00
Pneumonia	7 3.66	184 96.33	191 100.00	-	1 14.29	1 14.29	3 42.86	2 28.57	7 100.00
Anaemia	3 1.57	188 98.43	191 100.00	-	1 33.33	1 33.33	-	1 33.33	3 100.00
Asthma	5 2.62	186 99.38	191 100.00	-	1 20.00	1 20.00	2 40.00	1 20.00	5 100.00

In the studied area it was common to notice that many of the working children were suffering from various diseases. In this regard, the stone crushing occupation and environmental sanitation caused several health hazards like dysentery, skin disease, fever, diarrhoea, jaundice, pneumonia, asthma etc. were found among them.

The working atmosphere of Balasan river basin was very much unhygienic and polluted that might have resulted in numerous health hazards to them. Besides these, the surrounding environment of their houses was very much unhygienic with waste disposal and human excreta. In this regard lack of drainage system and absent of latrine facility in the studied families might have an adverse impact on their living environment and might be a responsible factor for various diseases. However, their utter financial constraint and lack of health consciousness and awareness were the most important factors liable for their bad environmental condition.

***Working Conditions and Environment:*** The children in the studied area had to work for prolonged hours in inhuman working condition that might have an adverse impact on their health.

**Case Study 1:** Anup Singha was a 12 years old boy belonged to Rajbanshi community. He was involved in stone based work. In his family he had his parents, grandmother and a younger sister. He had been working since he was eight years little boy. He was busy at work in the stone field for seven hours in a day. The daylong hard manual labour resulted in backache and serious physical pain in his arms and waist. Even he could not sleep well at night due to acute physical pain. Often he made himself injured with both stone chips and iron implements. He was found crying his eyes out while showing his injurious eye that became swelled up with burning sensation due to improper care over it. Apart from these, he was suffering from breathing problem because in the stone field the dust emitted out from the broken up stones which was being inhaled through respiration during crushing stones that might have a probability to turn into chronic asthma in near future when he would grow old as his father was a asthma patient.

**Case Study 2:** Sangita Barman was a 14 years old girl belonged to Rajbanshi community. In her family she had her father, mother and two younger brothers. Sangita had to get involved in both stone collection and crushing activities for all the day in the stone field. She started this work when she was 8 years old. She had to work hard for eight hours in a day in the stone field. She worked throughout the year paying no attention to burning heat of summer and freezing cold of winter. Due to the hard physical labour for the whole day she often felt serious physical pain mostly in his arms and waist. Even she could not sleep well at night due to acute physical pain. She was not satisfied with this job because pursuant to her it was very much labourious and hazardous and often she made herself injured with blood secretion during working in the stone field. She had to do work in touch of river water for the collection of stones and boulders and due to this fact she was weak by fever, cough and cold, nasal blockage and headache. Due to her ignorance and negligence of parents often minute physical injuries had turned into blisters with mucous secretion. During crushing stones the dust emitted out from the

broken up stones which was being inhaled through respiration and as a result, she was suffering from respiratory problem.

**Case Study 3:** Sagar Singha was a 12 years old boy belonged to Rajbanshi community. He had an elder brother and a younger sister. They all were involved in stone based job. Sagar had been working since he was seven years little boy. He did both stone collection and stone crushing activities. He worked throughout the year in the polluted and unhygienic stone field taking no notice of scorching heat of summer and biting cold of winter. Due to hard manual labour for the whole day he used to feel severe physical pain in his whole body. Even she could not sleep well at night due to this pain. Moreover, often he made himself injured with stone chips and iron implements during working in the stone field. He worked always in touch of river water resulted in cold and cough that was common to notice throughout the year. Due to improper care and lack of proper treatment often the diseases and ailments became complex.

**Case Study 4:** Ashalata Barman was a 13 years old girl belonged to Rajbanshi community. In her family she had her father, mother and a younger sister. She did both stone collection and crushing activities throughout the day with her parents in the stone field. She had been working since she was seven years little baby. She had to suffer from fever, cold and cough almost throughout the year because she did work for long in touch of river water for the collection of stones and boulders from the river. Besides these, she had also an experience of snake bite during stone collection. According to her the working atmosphere of Balasan River basin was very much unhygienic and sometimes she got injured with stone chips and iron implements during working in the stone field. She had to work throughout the year ignoring the fact of scorching heat of summer and biting cold of winter. Due to busy working schedule for the whole day she could not maintain her personal hygiene like regular bathing, brushing up teeth, washing of clothes etc. She was suffering from headache, skin disease and breathing problem too almost throughout the year.

In the studied area most of the children were forced to work in the stone field for an average 6 to 7 hours in a day and even sometimes more than that. They were busy at

work during day time and in this context, the data reveals that majority (82.49%) of them had to do work for 5 and above hours in a day (Table 5.15). Due to longer hour of work in a day they could not take adequate rest. In the stone field it was common to observe that during stone crushing work often they made themselves injured either with stone chips or with iron implements. Moreover, they were suffering from various ailments. The data reveals that physical injuries were found among 46.24 per cent and 46.60 per cent of total male and female working children respectively (Table 8.3 and Table 8.4). But it is a pity that due to their ignorance and negligence of parents the injured place often became swelled up with burning sensation. Besides this, sometimes minute physical injuries had turned into blisters with mucous secretion owing to their improper care over it. In the stone field it was common to notice that during crushing stones the dust emitted out from the broken up stones which repeatedly being inhaled by them through respiration. And as a consequence, they were suffering from acute respiratory problem which might have a probability to turn into chronic asthma in near future when they grow old as it was commonly noticed among the adult and elderly people in the studied area. Due to continuous hard manual labour in a day majority of the working children were suffering from various kinds of physical pain especially the backache, waist pain, pain in arms and legs, chest pain and eye pain (Table 8.3 and Table 8.4). In the stone field it was also observed that a large number of working children had to work for long in touch of river water for the collection of stones and boulders from almost their waist level water and sometimes it was up to their chest level. Moreover, the working environment was not in favour of them as the working environment was very much unhygienic and they worked hard throughout the year ignoring the burning heat of summer and biting cold of winter and under heavy showers. Due to unhygienic working condition they were weak by various health hazards like fever, cough and cold, pneumonia, headache, skin diseases, breathing problem, bleeding from nose and other minute problems throughout the year. Even very few of them had an experience of snake bite during stone collection from the river. It is noteworthy to mention here that often their diseases and ailments became complex mainly due to their improper care and lack of proper treatment.

Hence, from the aforesaid discussion it can be said that the working condition and environment of the stone field was very much alarming from hygienic point of view which might have led to morbid conditions among the studied children.

**Food Habit and Personal Hygiene:** Food is an essential part for survival. It plays very vital role in maintaining proper health and also helps in prevention and cure of diseases. Good nutritive food makes health but at the same time bad or unhealthy food gives rise to several diseases. Our cells, tissues and all organs work properly only with nutritious food which we eat. All body functions metabolic, hormonal, mental, physical or chemical cannot be performed by the body without nutritive food. Food provides us with important nutrition which is important in cure of disease. Bad food is responsible for lowered immunity system of body. A well-balanced, nutritive and correct diet is thus of utmost importance for the maintenance of good health and the healing of diseases (Importance of Food; <http://saven.Hubpages.Com/hub/Importance-of-Food>). Personal hygiene is the basic concept of cleaning, grooming and caring for our bodies. While it is an important part of our daily lives at home, personal hygiene is not just about combed shiny hair and brushed teeth; it is important for worker health and safety in the workplace. Workers who pay attention to personal hygiene can prevent the spread of germs and disease, reduce their exposures to chemicals and contaminants, and avoid developing skin allergies, skin conditions, and chemical sensitivities (Personal Hygiene; <http://www.statefundca.com/safety/safetymeeting/SafetyMeetingArticle.aspx?ArticleID=82>). In this regard, the food habit and personal hygiene of the studied children are stated below -

**Case Study 1:** Swapna Singha was a 12 years old girl belonged to Rajbanshi community. In her family she had her father, mother and two brothers. They were involved in stone based job to earn their living. But their earnings was too little to run the family. Swapna worked for the whole day in the stone field. She took little breakfast with tea and biscuits and after having it she had to continue this work until lunch break. She took lunch directly in the stone field. In her lunch she took rice, pulses and little amount of vegetables and mostly the same menu was served in the dinner. Due to utter financial constraint they failed to manage meal more than twice a day and it was insufficient and

poor nutritious. They could not afford to procure proper nutritious food such as fish, meat, egg, milk, fruits etc. and even taking rice meal for three times was a seldom happening factor. Her parents could not give her a full feed and she had a burning sensation in her stomach due to extreme hunger. She worked in hungry and as a result, she became weak. Due to busy working schedule Swapna could not maintain a good standard of personal hygiene. She could not maintain her regular bathing and even the use of shampoo and soap could rarely be seen during bathing. Sometimes she forgot to brush her teeth. Besides these, due to day long working involvement and rough use of dress, her clean dress became tattered and dirty very soon but the frequency of changing and washing clothes could rarely be seen. Owing to lack of sanitation Swapna and her family members went to open river bed for nature's call. Due to day long hard manual work it was simply impossible for her to take care of body cleanliness.

**Case Study 2:** Debasish Barman was a 13 years old boy belonged to Rajbanshi community. In his family he had his grandmother, parents and one younger sister. All the family members worked altogether in the stone field. But they were paid very little as compare to their work amount. Their total family income was Rs.2400/- per month. Debasish worked in hungry because after having little breakfast with tea and pup rice he had to do continuous hard work hard until lunch break. He had his lunch with rice, pulses and little amount of vegetable curry. Due to busy working schedule he could not maintain the schedule for lunch. Often he had the lunch meal directly in the unhygienic river bed and sometimes he took the meal without washing the hand. He returned home in the evening when the work was over for the day. He had the dinner very soon after returning home but mostly the same menu was on the dinner. They could not accumulate proper nutritious food like meat, fish, egg, fruits, milk etc. on their little earnings. They hardly could manage meal twice a day and it was insufficient and less nutritious. He could not eat to the fill and many times he had to starve resulted in he became weak. But he became weaker due to work in ill health. Apart from these, due to busy working schedule he could not maintain a good standard of personal hygiene as he became very irregular in brushing up his teeth and bathing and he rarely used oil, shampoo or any other cleaning agents during bathing. Besides these, due to poor economic condition Debasish and his family members could not enjoy the sanitation facility and owing to this fact they used

open river bed for nature's call. Moreover, due to continuous hard work in polluted and unhygienic stone field his clean dress became tattered and dirty soon. But due to extreme poverty, habits and busy working schedule neither he could purchase a new dress nor could wash it regularly. Owing to day long hard manual work it was really impossible for him to maintain his personal hygiene.

**Table 8.13: Distribution of Child Workers on the basis of Meal Taken in a day**

Meal taken in a day								
Male			Female			Male and Female		
Twice	Thrice	Total	Twice	Thrice	Total	Twice	Thrice	Total
102	84	186	129	62	191	231	146	377
54.84	45.16	100.00	67.54	32.46	100.00	61.27	38.73	100.00

In this respect the data reveals that a major section of working children (61.27%) could eat their meal twice a day and in this concern the discrimination was more among the females (Table 8.13). Besides these, owing to their busy working schedule for the whole day they could not maintain a particular time for eating meal that made them very weak.

**Table 8.14: Distribution of Child Workers' Families on the basis of Type of Food Taken**

Type of food	Frequency						
	Daily	3-4 days in a week	Twice in a week	Once in a week	Rarely in a month	Hardly accumulate in a year	Total
Rice with minimum amount of vegetables	250 100.00						250 100.00
Meat	-	-	-	2 0.80	18 7.20	230 92.00	250 100.00
Fish	-	-	8 3.20	16 6.40	121 48.40	105 42.00	250 100.00
Egg	-	-	9 3.60	11 4.40	40 16.00	190 76.00	250 100.00
Fruit	-	-	-	6 2.40	21 8.40	223 89.20	250 100.00
Health drink	-	7 2.80	-	3 1.20	39 15.60	201 80.40	250 100.00

It can be understood better if the statistical data are followed which manifests around 80 per cent and 89 per cent of total studied families could hardly provide the health drinks and fruits respectively to their children in a year (Table 8.14). Even purchasing the least expensive animal protein from the market was a seldom happening factor. In this context, the data reveals that 92 per cent and 42 per cent of the studied families could hardly accumulate the meet and fishes respectively in a year. On the contrary, only around 6 per cent and 48 per cent of the families could manage the least expensive animal protein like fishes once in a week and rarely in a month respectively while only 0.8 per cent and 7.2 per cent of the studied families were able to manage the animal protein like meat for once in a week and rarely in a month respectively (Table 8.14). In the studied area the poor state of food habit of the families of working children indicates their inability to consume the adequate balance diet due to extreme financial constraint in their families. In their daily diet, they mainly took rice with pulses and little amount of vegetable curry. Even they could hardly afford eat rice thrice a day. The feed to the fill was simply unmanageable to them. The poor level of income was a severe constraint for them to purchase animal protein from the market. Moreover, it was out of their capacity to provide milk and other health drinks etc. to their children.

Due to their extreme poverty it was simply impossible for them to purchase the animal protein from the market. The protein and vitamin deficiencies might have resulted in the malnutrition and its virulence was noticed among the studied children which might have taken place due to their less nutritive food with continuous hard manual work. The premature entry into work and malnutrition might have an adverse impact on their physical development. Ultimately, their utter economic stringency kept them separate from nutritious diet which was required for them. Due to lack of adequate time they mostly preferred to take their lunch in the working field. Almost all of them took their meals to the stone field and had their lunch directly in the open river bed.



**Figure 8.3: Taking lunch in the river bed**

Even they did not use to clean their utensils and wash their hand properly before taking rice meal which could be seen in case of other meals also. The drinking water and water usage for household works is another highlighting issue in the context of health and hygiene. They fetched water from wells for the said purposes and the noticeable matter is that these wells were always uncovered and disinfected. Besides these, the another surprising matter was that in the working field they also used the river-water for the purpose of drinking, bathing and other necessary household works. They did not take any precautionary measures like filtering, boiling etc. It was simply out of their capacity to bear the extra burden of expenditure for fuel which was likely to be a great obstruction to boil the water. Nevertheless, they could have filtrated it even by cloth but they could not think so mainly owing to their lack of knowledge and awareness.

Personal hygiene of the working children in the studied area revealed an unpleasant condition. The frequency habit of taking bath is one of the most important factor which helps to keep safe the body away from the effect of ill health. Bath means the whole body is dipped into water and cleaning of skin. It is not adequate to clean the body by simply throwing of water on the body. If we do not clean our body regularly and properly then the opening sweat glands of the skin located beneath the epidermis of the whole body will be blocked particularly by the dirt particles, as a result, a serious disturbance is created in the functioning of the skin. But a major section of working children in the

studied area could never maintain their regular bathing. The use of oil, soap and shampoo could rarely be seen during bathing. They became habituated with taking bath in polluted river and often in wells. In fact, owing to busy working schedule they could not return home for bathing. Their unclean bathing might have caused various skin problems. Ultimately, most of the working children never used to take regular and proper bath but it was required because they worked in unhygienic and dusty environment throughout the day. Due irregular and unclean bathing they were suffering from various troubles. In this context, the data reveals that 21.51 per cent and 19.90 per cent of the total male and female working children respectively were suffering from skin disease (Table 8.11 and Table 8.12). Due to over working and rough use of dress, their clean dress became dirty very soon but the habit of washing and the frequency of changing clothes were hardly noticed among them, perhaps owing to their utter financial constraint as well as busy working schedule. Even they hardly paid attention to the cleaning of hair regularly and properly. Moreover, during bathing the usages of shampoo or any other cleaning agents for removal of accumulated dirt was a seldom happening factor. In fact, they cleaned their hair by simply throwing water on it. Besides these, the dental hygiene is likely to remain an important part of personal hygiene because the teeth play an important role in the human body. Hence, the healthy teeth are very much necessary for a person because it helps to break the food particles into smaller pieces which we think as a preliminary stage of digestion. But in the studied area most of the working children could not take care of their teeth. Very few of them used to brush up their teeth daily and some of them often once in a week. This malpractice was mainly due to their busy working schedule and also due to lack of health consciousness and awareness. It was the fact that, it was almost difficult for the working children to take care of their body cleanliness mainly due to their day long hard manual labour in the stone field as well as the improper care of parents was also responsible for it. Ultimately in the studied area a major section of working children were not in a position to maintain their good standard of personal hygiene.

***Health Care Practices and Medical Facilities:*** The Institute of Medicine defines healthcare quality as the extent to which health services provided to individuals and patient populations improve desired health outcomes (Performance/Quality Improvement: The Definition of Healthcare Quality and the Institute of Medicine;

<http://www.peerpt.com/website/index.php?option=comcontent&view=article&id=10> &Itemid=10). The term "health care system" refers to a country's system of delivering services for the prevention and treatment of disease and for the promotion of physical and mental well-being. Of particular interest to a health care system is how medical care is organized, financed, and delivered. The organization of care refers to such issues as who gives care (for example, primary care physicians, specialist physicians, nurses, and alternative practitioners) and whether they are practicing as individuals, in small groups, in large groups, or in massive corporate organizations. A country's health care system also reflects in part the culture and values of that society (Gale Encyclopedia of US History: Health Care; <http://www.answers.com/topic/health-care>). In this regard, the medical facilities and the health care practices among the working children may be observed.

**Case Study 1:** Pradip Barman was a 14 years aged Rajbanshi boy. He was a stone crusher by profession. He had been doing this work since he was eight years old. He was suffering from various ill healths throughout the year. But there was no health centre in their village. So for treatment, Pradip and his family had to depend upon the traditional medicine men and quacks of local medicinal shops. Even, they could not go to the private doctors due to its unaffordable expense because their condition was like after meat comes mustard. But if the condition became critical, they were referred to North Bengal Medical College. He and his family members stated that the government doctors did not pay proper attention and usually neglected them. Even in most of the cases they could not enjoy the facility of getting adequate medicines with free of cost both from Matigara Primary Health Centre and North Bengal Medical College.

**Case Study 2:** Sumitra Barman was a 13 years old girl belonged to Rajbanshi community. She had been doing the stone based job since she was seven years old. Due to hard manual labour for day long she was suffering from various health problems throughout the year. But for the treatment Sumitra and her rest family members had to depend upon the traditional medicine men and local untrained quacks because there was no health centre in their village. But it was impossible to get proper treatment with adequate medicines and necessary diagnostic tests. Moreover, due to utter financial

constraint they could not go to private doctors. Therefore, when the condition became critical then Sumitra and her family had to go Matigara Primary Health Centre or North Bengal Medical College for better treatment. But due to long distance it was almost impossible for them to go there for treatment. Sumitra and her mother told that if they go there, the work as well as earnings for the day would be lost because their labour could provide a fold of rice only. Even they reported that the government doctors did not pay much attention to the patients. Therefore, Sumitra and her other family members were debarred of enjoying better medical facilities.

All the families in the studied area were going through an unpleasant condition in terms of health care practices and medical facilities and as a result, they had to face a lot of problems. There was no health centre in the studied village. For the treatment of diseases and ailments they had to depend upon both traditional medicine men and untrained quacks of local medicinal shops but it was almost impossible to get proper treatment with adequate medicines and necessary diagnostic tests. So, the patients were mostly referred to Matigara Primary Health Centre or North Bengal Medical College only when their condition became critical. But the proper medical checkup for long time was hardly possible for them due to their utter economic hardship.

**Table 8.15: Treatment of Illness of Working Children**

Age group (in years)	Treatment of Illness							
	Male				Female			
	Modern	Traditional	Both	Total	Modern	Traditional	Both	Total
6-7	-	-	20	20	-	-	19	19
			100.00	100.00			100.00	100.00
8-9	1	3	27	31	1	1	39	41
	3.23	9.68	87.10	100.00	2.44	2.44	95.12	100.00
10-11	1	3	38	42	-	5	44	49
	2.38	7.14	90.48	100.00		10.20	89.80	100.00
12-13	2	1	44	47	-	2	40	42
	4.26	2.13	93.62	100.00		4.76	95.24	100.00
13-14	2	5	39	46	1	2	37	40
	4.35	10.87	84.78	100.00	2.50	5.00	92.50	100.00
Total	6	12	168	186	2	10	179	191
	3.23	6.45	90.32	100.00	1.05	5.24	93.72	100.00

**Table 8.16: Distribution of Child Workers on the basis of Type of Treatment**

Sex	Type of Treatment										Total
	TD	Q	TD & Q	MC & Q	TD, MC & Q	TD, MC, Q & MHC	Q & MHC	TD, Q & MHC	TD, MHC & JA	MH C, MC & Q	
Male	12 6.45	4 2.15	153 82.26	-	8 4.30	2 1.08	1 0.54	3 1.61	2 1.08	1 0.54	186 100.00
Female	10 5.24	1 0.52	158 82.72	1 0.52	10 5.24	2 1.05	-	8 4.19	1 0.52	-	191 100.00
Total	22 5.84	5 1.33	311 82.49	1 0.27	18 4.77	4 1.06	1 0.27	11 2.92	3 0.80	1 0.27	377 100.00

NB: (TD: Traditional, Q: Quack, MC: Medical College, MHC: Matigara Health Centre, JA: JesusAshram).

The data reveals that around 82 per cent of total studied children had to depend on both traditional medicine men and quacks as had no other ways to get better treatment (Table 8.16). Even, though three *Anganwadi*<sup>1</sup> centres were in the studied village but no other medicines or treatment facilities were imparted to the villagers especially for pregnant women but only polio-vaccine facility for the children. Besides these, there was also a 'Jesus Ashram'<sup>2</sup> in Matigara which was around 5 km. away from the studied village from where free medical check up with adequate medicines used to be provided to the patients. But nevertheless very few of them often went there for treatment as it was almost impossible for them to go there primarily for the long distance. In fact, they did not prefer to waste their valuable work schedule and the fact was that their hard manual labour for day long was the only way of making their living. Most of the working children and their parents opined that if they go there, the work for that day will be lost as only their labour could manage a fold of rice for them. However, they could not go to the private doctors due to the fact of unaffordable expense because they were not in a position to bear the

<sup>1</sup> *Anganwadi*: Anganwadi is a government sponsored child-care and mother-care centre in India. It creates to children in the 0-6 age group. It was started by the Indian Government in 1975 as part of the Integrated Child Development Services programme to combat child hunger and malnutrition. A typical *Anganwadi* centre also provides basic health care in Indian villages. It is a part of the Indian public health-care system. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services.

<sup>2</sup> *Jesus Ashram*: Jesus Ashram provides fellowship where peoples' lives are transformed under the guidance of the Holy Spirit. It is Christ-centered, church-centered and family-centered. This unique experience promotes deeper spiritual growth and discipleship to assist people in serving their local churches and communities. Instead of being centered on a guru as in the Indian culture, the Christian *Ashram* is centered on the person of Jesus Christ.

expense for proper medical treatment and other required clinical diagnosis. Therefore, both the traditional medicine men and quacks of local medicinal shops were their only consultant in respect of treatment. A large number of parents of working children reported that the government doctors never used to paid proper attention and usually neglected them. Even in most of the cases they were debarred of getting adequate medicines with free of cost both from Matigara Primary Health Centre and North Bengal Medical College. So, in case of seriousness, they had to purchase doctors' prescribed medicines by lending money from neighbours, money lenders or *samiti* (co-operative society) as there was no alternative way to them. They could realize that 'money' is the single decisive factor for enjoying proper health care facilities and better treatment. It was common to notice that a major section of them were mostly suffering from physical pain throughout the year and it was basically due to their continuous hard physical labour for day long but they paid mere importance to it. In this regard, the data reveals that such type of ailment was found among 74.19 per cent and 73.82 per cent of the total male and female working children respectively (Table 8.3 and Table 8.4). In this context, their dependency on both traditional medicine men and local quacks for quick remedy was noticed only when it became complex. The practice of traditional method of treatment was widely prevalent in the studied area as they had strong faith on it. They had a firm believe in traditional way of treatment as they thought that they could rejoin work in a quick succession without any expense. They preferred to go to the traditional medicine men for treatment and especially for ailments related to evil spirits. Because the concept of evil spirits and black magic was widely pervasive among them such as ghost attack, evil eyes and charming arrow were a believable matter to them. According to them, the evil spirits had a power to attack a person anywhere at any moment either in the stone field or any other places within the village territory. In this context a number of aged village members expressed their view with some experiences and according to them in these cases there were high probability of physical and mental illness among the attacked persons. Under these circumstances, their dependency was only upon the traditional medicine men. They had a firm belief that only the traditional medicine men had power to protect and save them from the effect of evil spirits or black magic and for which

usually they used to be provided amulet, *tel-para*<sup>3</sup>, *jal-para*<sup>4</sup>, and tablets made by extracts of various leaves and tubers but in many cases patients did not get any relief from it. Ultimately, many of them had to go to the local quacks. But when such type of illness became complex then the patients were readily sent either to Matigara Primary Health Centre or North Bengal Medical College in accordance with the condition of patient. But nevertheless, they retained their faith on traditional way of treatment which was being practiced alongside the modern treatment. The considerable fact was that in most of the cases their ignorance of the treatment at primary stage of illness might have created a chronic condition. It is a pity that a major section of working children did not pay much attention at the initial stage of ailments or diseases but when it was beyond their control then the consultation with local quacks could only be seen to rejoin work in a quick succession. Hence, in the studied area most of the working children and their families were debarred of enjoying better medical facilities due to their utter economic hardship as well as the absence of health centre in their village. So, to get remedy they had to rely upon the local quacks and traditional medicine men but in many cases their improper treatment over diseases and ailments might have resulted in a complex situation. Absence of health centre in the studied area was a great hindrance in the development of their health consciousness and awareness and they were also dispossessed of getting better treatment with free of cost mainly owing to this fact.

Health is wealth so runs the proverb. According to World Health Organization (WHO) health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. One of the fundamental rights of every child is to enjoy the highest attainable standard of health. But this right is being violated badly in our society due to child abuse and especially because of their working involvement in hazardous sectors; as a result, they are suffering from numerous health hazards. The manner of working involvement, nature of work and working condition and environment subject them to serious health and safety hazards. In this context, the health profile of studied children reveals an unpleasant condition.

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<sup>3</sup> *Tel para* (sanctified oil): In order to treat the patient the traditional healer takes some mustered oil and then he sanctifies this oil by uttering some magical mantras.

<sup>4</sup> *Jal para* (sanctified water): In order to treat the patient the traditional healer takes water and drops a few sacred Basil leaves in it and then he sanctifies this water by uttering some magical mantras.

The environmental condition of the studied area was very bad and unhygienic. The small lanes with stagnant water and heaps of garbage were generally noticed on the backside of the houses and even sometimes the waste disposals were directly thrown on the road. In the absence of drainage system the waste water was flowing over *kachha* roads. During rainy season the water storage was common to notice which became the key birth place of various germs. Besides these, the latrine was mostly found neither in the houses nor a common in the village. They used the open field for nature's call and the children often around their houses and this problem might have an adverse impact on their living environment. The living environment was polluted with waste disposal and human excreta. The dwelling houses of the studied children were mostly *kachha* type with wattle walls, corrugated tin roofs, *kachha* platform and devoid of proper ventilation. The studied families were devoid of electric facility at their homes and as a result they faced poor light at night. It was common to observe that during summer season the insider atmosphere of the houses was very much suffocating. Even, many of their houses were broken too. It was noticed that the rainwater leaked into their rooms through roofs and walls and due to this fact their houses became damp and muddy which caused various ailment like cough and cold, fever, nasal blockage, sneezing, headache etc. Due to lack of sufficient space there was no sitting place inside the room. Most of the families (90.80%) had to live in single room houses and next couple of room and owing to this fact they could not maintain their privacy. Due to lack of room they used to cook inside the room. However, this situation might have serious adverse impact on their health.

They were always busy with work in the stone field during day time. They did several kinds of stone based activity like stone collection and crushing, sand gathering and truck loading for all the day in the stone field. They had to do the work throughout the year in polluted and unhygienic stone field paying no attention to burning heat of summer and freezing cold of winter. The daylong hard manual labour resulted in serious physical pain in their whole body. Even, they could not sleep well at night due to acute physical pain. Often they made themselves injured with stone chips and iron implements. But due to their ignorance and negligence of parents often minute physical injuries had turned into blisters with mucous secretion. Apart from these, during crushing stones the dust emitted out from the broken up stones which was being inhaled through respiration resulted in

respiratory problem and it might have a probability to turn into chronic asthma in near future when they grow old as many of their elder family members were asthma patient. They had to collect stones and sands from the river and therefore their clothes got drenched but they had to do the work in wet clothes throughout the day and as a consequence, they were suffering from fever, cough and cold, nasal blockage, headache etc. throughout the year. Even, due to long touch with water many of them had an uncomfortable feeling on their skin that made them want to scratch. Besides these, few of them had also an experience of snake bite during stone collection. Due to busy working schedule for the whole day they could not maintain their good standard of personal hygiene as they became very irregular in bathing, brushing up teeth, washing of clothes etc.

In the studied families it was observed that in their daily diet they mainly took rice, pulses and vegetable curry but it was insufficient. Due to extreme poverty parents failed to provide nutritious food like animal meat, fish, egg, milk, fruits and other health drinks to their children. Most of the families could manage rice meal not more than twice a day on their poor earnings. Even sometimes they had to starve and they felt uneasiness in their stomach due to extreme hunger. They worked in hungry because after having little breakfast with tea and biscuits or pup rice they had to do continuous hard work hard until lunch break. The hard manual work with insufficient and less nutritious food might have caused a high prevalence of malnutrition among the working children. Apart from these, the wells and the river were their only sources of water. All the studied families had to depend on both uncovered wells and the river for their household works, drinking and other necessary purposes. But they did not take any type of precautionary measures such as boiling or filtering resulted in various water-borne diseases like dysentery, diarrhoea etc. were common to notice among them throughout the year. Due to busy working schedule they could not maintain a good standard of personal hygiene. They could not maintain their regular bathing. They used to take bath by simply throwing of water on the body. The uses of cleaning agents like shampoo, soap etc. could rarely be seen during bathing. But it is the fact that if they do not clean their body properly then the opening sweat glands of the skin located beneath the epidermis of the whole body will be blocked by the dirt particles and due to this fact a serious disturbance is created in the functioning

of the skin. In fact, they became habituated with taking bath in polluted river and often in wells without shampoo, soap and any other cleaning agents. However, the irregular and unclean bathing caused various skin problems which were common to notice among the studied children. Due to over working and rough use of dress in the stone field their clean dress became dirty very soon but the habit of washing was hardly noticed among them. Even they could not take care of their hair regularly and properly as they rarely used the shampoo and other cleaning agents during bathing. It is the fact that, the regular maintenance of dental hygiene is very essential because the teeth play an important role in the human body. The healthy teeth are very much required for a person because it helps to break the food particles into smaller pieces which is a preliminary stage of digestion. But due to both habits and busy working schedule the studied children could not take proper care of their teeth as they could not brush up their teeth properly and often also forget to do it. The fact is that this malpractice was mainly owing to their busy working schedule and also due to lack of their health consciousness and awareness.

There was no health centre in the village. For the treatment they went to untrained quacks of local medicinal shops and traditional medicine men. But if the condition became critical, they were referred to North Bengal Medical College or Matigara Primary Health Centre. But it was almost impossible for them to go there for treatment due to long distance. They were of opinion that that if they go there, the work for the day will be lost because only their labour could provide a fold of rice to them. Even they reported that the government doctors did not pay much attention to the patients. Even in many cases they could not enjoy the facility of getting adequate medicines with free of cost both from Matigara Primary Health Centre and North Bengal Medical College. In fact, they could not pay for proper treatment with necessary tests. Even none of them could purchase all the doctors' prescribed medicines and as a result they had no other means but stopped treatment in the middle. So, due to lack of proper treatment and improper care often their ailments and diseases had turned into complex.

In the studied area all the working children were subjected to severe health hazards. Their parents could not provide better health and treatment to them on their little earnings. For the treatment of diseases and ailments they had to depend upon the local untrained quacks

and traditional medicine men but they could not always get a proper treatment from them. They were involved in stone based work. They worked hard without any adequate rest for all the day in the stone field. This untiring hard labour in the stone field made their body painful and often they made themselves injured with blood secretion and mostly their eyes were used to be injured with stone chips and iron implements. But due to lack of proper treatment and improper the injured place became swelled up with burning sensation. They were referred to Matigara Primary Health Centre and North Bengal Medical College only when the condition became complex. But it was out of their capacity to pay for treatment for long days with necessary diagnostic tests. Even in many cases they were not provided the required medicines free from the hospital. Due to unaffordable expense they could not complete the full course of doctors prescribed medicine and as a result, they had to stop treatment in the middle. Besides these, during crushing stones the dust emitted out from broken up stones which was repeatedly being inhaled through respiration that resulted in breathing problem found among them. Moreover, they had a burning sensation in their stomach due to extreme hunger. Their parents could not feed them to the fill. Though, they could eat meal twice a day but it was insufficient and less nutritious. They took meal with rice, pulses and little amount of vegetable curry. Due to financial constraint they could not afford to maintain a nutritious food diet as taking fish, meat, egg, milk and fruits was rarely possible factor which made them very weak. But for the compulsion of hunger the children with ill health had to do the continuous hard work in the stone field. The daylong hard manual work with insufficient and poor nutritious food made them weaker. They had to do the work for prolong hours in touch of river water for the collection of stones from the river. As a result, their dress got drenched but they did work in wet clothes throughout the day that made them very sick with fever, cold and cough, sneezing, nasal blockage and headache. Besides these, for drinking, bathing and other domestic purposes they had to use uncovered well and river water. But owing to lack of health consciousness and awareness they could not take any precautionary measures such as boiling and filtering resulted in they were weak by diarrhoea and dysentery. But they could not see the doctor at proper time. Moreover, their living environment was very much poor and unhygienic with waste disposals and human excreta due to lack of sanitation and drainage system. Their

dwelling houses were mostly *kachha* type and broken too. The houses were mostly composed of the single little room with muddy floor made of wattle walls, corrugated tin roofs and devoid of proper ventilation and there were no electric facility at their homes. Due to lack of electricity they faced poor light at night. During rainy season the rain entered into the room through leaky roof and cracked walls that made their houses damp and muddy and as a consequence, they were suffering from fever, cough and cold, nasal blockage, sneezing and headache. Due to lack room they were found to cook inside the room that made their rooms smoky resulted in their eyes went to red and started watering. Apart from these, due to busy working schedule throughout the day they could not maintain their good standard of personal hygiene as they were very much irregular in bathing, brushing up teeth, washing clothes, frequency of changing clothes etc. that might have a serious impact on their health. Many children with ill health had to do the continuous hard work in the stone field throughout the day and due to this fact they became ailing more. However, due to aforesaid factors the health of the studied children got affected badly.

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