ABSTRACT

An investigation was undertaken to evaluate the nutritional status of child labourers from seven districts of Marathwada region. A total sample of 700 child workers was selected by stratified randomisation.

The nutritional profile of the subjects was assessed by administering a questionnaire, by recording anthropometric measurements, by subjecting them to clinical examination and through diet survey. An intervention programme of iron folic acid supplementation for three months to a sub sample of 100 working children was implemented to assess the effect of supplementation on blood haemoglobin content of working children.

The findings indicated that there were more number of male child workers (73.43%) than females (26.57%). Nearly 50% of the selected working children were school dropouts. Three fourth of the respondents were from the families having income monthly income less than Rs.2000. Majority of both the parents of the subjects were labourers. Most of the children worked for more than nine hours a day and earned less than Rs. 450 per month.

All the anthropometric measurements of child workers were significantly less than NCHS reference values. Children engaged in slaughterhouses, brick kiln workers and rag pickers had lower anthropometric measurements than the children performing other jobs.

Food intake of child labourers of all the age groups and both the sexes was significantly less (p<0.05) than that of the amounts suggested by ICMR. Even the nutrient intake by the selected boys and girls of all age groups was significantly less (p<0.05) than the recommended dietary allowances of nutrients given by the ICMR.

Iron deficiency anaemia was the predominant nutrient deficiency disorder followed by vitamin C deficiency among the selected working children. The construction child workers, rag pickers and transport workers suffered more from nutrient deficiency
disorders. The incidence of deficiency disorders was lowest in children doing various jobs in hotels, restaurants and dhobas.

Gastrointestinal tract infections, respiratory tract infection, skin infection and fever were prominent morbidities recorded among the subjects. Morbidity symptoms prevailed more in child rag pickers followed by slaughter house and brick kiln workers. The children from skilled jobs had minimum incidence of morbidities.

Pain in hands, legs and body were the major health complaints reported by majority of child labourers. Other occupational health hazards were cuts, injuries, pricks, skin infection and cough and cold.

The blood haemoglobin content of the respondents was significantly less (9.94g%) than that of the WHO reference value. The supplementation of iron folic acid for three months proved to have positive impact on blood haemoglobin content of the subjects. There was significant increase in blood haemoglobin content of the child workers after implementation of supplementation programme.

It can be concluded from the findings of present investigation that the child labourers from Marathwada region had poor nutritional status. Hence, the multinutrient supplementation programmes for child labourers should be implemented for a longer period. In view of the many ill effects of labour during childhood, it is strongly recommended that the child labour should be totally eliminated from the society.