Chapter- VI
ROLE OF THE STATE AND OTHER INTERVENTIONS

The present chapter will begin with the strategies for the State in dealing with the child labour problem and next by analysing the developments at the international level regarding the home workers in, which beedi industry form a part. The various international organisational efforts and the various governmental schemes and policies are then looked at along with the health problem that affect the girl children in beedi work is analysed and all the above said development are tried in the context of the villages taken namely Karuvanda and Virudampattu.

There are many institutions which work for the up liftment of the child labour but the indispensable role of State is important because it is the State which can regulate the mechanisms that act against child labour with the active help of the community. Therefore the strategy of Government is very important.

It is worthy to cite here the steps advocated by Aseefa Bequela of the International Labour Organisation (ILO), who had evolved a strategy for the Governments, which have the will and interest to act against the child labour problem and had divided the problem into three categories:

1. children who combine work with schooling;
2. children who do not go to school at all;
3. children who work in dangerous occupations and industries or under dangerous conditions; and proposes the following steps.

a) Adopting a time-bound programme of action to eliminate child labour
b) Special attention to be devoted to those children who are subject to even greater exploitation and abuse because of their special vulnerabilities. These include the very young girls. Many children are put to work at a very early age, in particular in rural areas where they may begin to work as soon as they are 5 or 6 years old.

c) We need to ensure that action against hazardous child labour in one sector does not drive it underground or lead to its resurgence in other sectors, which are just as, or even more hazardous.

d) The task facing the international community is the immediate suppression of all extreme forms of child labour.

e) Along with deciding the main approaches to be utilised in combating child labour, it is essential to indicate the most important actors who must be involved in the effort.

f) Concerted action and international co-operation is needed to successfully suppress all extreme forms of child labour, especially those that involve cross-border movements.

g) Last, is the action against world poverty. Poverty should not be an excuse for inaction, but governments must nonetheless address it if we are to deal with the problem of child labour on a sustained basis.

The above steps are necessary and important and is valid for the present study because it involves the girl child labour in the home based sector of beedi industry, which is invisible and is hazards for the lives of the girls who are exploited due to poverty. Moreover since the exports of beedi is spreading its tentacles to many countries significantly to the developed world and the whole world community has the responsibility to curb this form of inhuman exploitation perpetuated at their
homes. The following pages will try to highlight the recent developments of home based workers in which the present study of girl child labour in beedi industry is taken for analysis.

**Developments affecting home based workers**

At the outset the poor situation of the home workers in the international arena was brought by the labour of the women in the clothing industry. This can be seen in the International Labour Organisation, the Tripartite Technical Meeting for the Clothing Industry adopted a resolution on industrial homework, which called for its ultimate abolition in 1964. But it to be noted that not all form of home work were included and steps were seriously taken to regulate home work in order to have better wages, security of employment, other benefits which include paid leave and weekly holidays. In 1970, Japan passed an Industrial Home Work Act (No.60 of 16 May 1970), which was comprehensive and established an elaborate system of labour inspection to enforce its provisions.

Only two international conventions that explicitly apply to home workers i.e., Convention 26 on Minimum Wages-Fixing Machinery (passed in 1928 and ratified by India) and Convention 103 (revised in 1952 and not yet ratified by India) on Maternity Protection. In 1980, at the second ILO Tripartite Meeting for the Clothing Industry, a resolution called for the legalisation and strict regulation of homework. In 1988 at the Fifth World Congress of the international Textile, Garment and Leather Workers’ Federation (ITGLWF), there was call for effective regulation and gradual elimination of industrial homework. Similarly, the ICFTU passed a resolution at its
World Congress in Melbourne in 1988 calling for better rights for home worker and urged governments to adopt international standards and have strong national laws and legislation regarding home workers.

It is noted that an important development that took place in the Industrial Union of Food and Allied Workers’ Association (IUF) Congress in Geneva in 1985 is passing a resolution specifically expressing solidarity with women workers in the informal sector of the tobacco industry in India and its supporting the efforts of SEWA in organising home based women workers in the tobacco industry and other sectors. Moreover, the IUF passed a resolution by 1988 at its Seventh Pacific Regional Conference broadening its concern for home workers’ in general. The ILO took special attention of the home workers’ in leather, footwear and food processing industry and also rural home based workers into notice.

According, the ILO Convention, which was adopted in June 1996, needs to be ratified (i.e. adopted) at national level. Till 1996 only Ireland and Finland have ratified the Convention. The Convention was instrumental in bringing recognition to home workers – as workers who are entitled same rights as other workers. In the United Kingdom, the government introduced a national minimum wage, which specifically includes home workers and in Madeira, an autonomous region of Portugal the regional government has introduced regulations for embroidery home workers and has also held a working party to look at the situation of another group of own-account home based workers, the wicker workers. In Thailand, the government has supported some training schemes for home workers.
It is to be noted at the international efforts regarding home workers is concerned about the welfare and working conditions of the adult workers who had been dismissed and not considered a part of the workforce in the economy of any country. But the real issue that is being escaping in the developments of the home workers is the poor plight of the girl child labourers who form a major part in the labour force of home workers.

**International intervention in home based child labour**

Of lately UNICEF and the ILO have been developing the Rapid Assessment Process (RAP), used with communities to identify and study the dynamics and impact of child labour. RAP is a process, which encompasses interviews with a variety of key informants from local authorities, community and religious leaders, to business people, teachers, social workers, health professionals, street educators and community-based organisations, and most importantly, families and children. The methods used to gather information are surveys, short and long interviews and visits, focus groups, social mapping, formal and informal observations. According to this process RAP is a form of action research in which the researchers are also agents of change as point out by these agencies. One of its main targets is the role of employers in which the private sector is a crucial player in the development field with an important role in the elimination of child labour. According to these agencies the above said efforts are aimed to create minimal ethical standards for a growingly competitive and globalise market and are mainly expressed in two areas: voluntary
codes of conduct and social labelling schemes. By this they emphasise the vital role of adult and less on the labour of child labour.

An outcome of this is the Memorandum of Understanding, signed in 1995 by the Bangladesh Garment Manufacturers and Exporters Association, UNICEF and the ILO whereby the hiring of under-age children, the removal of children under 14 from garment factories and their placement in appropriate education programmes with a monthly stipend, as well as the offer to qualified adult family members to fill the vacated jobs is stressed. The scheme of social labelling to inform that goods are free from child labour is promoted. The examples of this kind are the Rug mark in India and Nepal and the Child-friendly Corporation seal in Brazil and by this effort there have been a interaction and action among a variety of partners, businesses, local and international NGOs as well as UNICEF and the ILO.

**Developments in Indian context**

In India, the government is setting up a committee to look at the adoption of a policy on home based work, with particularly reference to setting up social security funds for home based workers. At present the focus is on the garment industry and it needs quick expansion to other home based works. Another serious question, which has to be answered, is broadening the scope of the home based workers in the emerging exporting sector of goods like the beedi industry. Although steps have taken in this regard by organisations like SEWA by raising issues at policy level many positive approaches are needed to really encompass the broad problems faced by the women and children in this industry particularly in India where the condition has to
brought into the limelight since most of them work as family labour which there is state laws to administer or monitor. Therefore the social labelling or system has to be devised to bring under control and prohibit children specially girl children into the labour force not only in garment but also in other ‘invisible’ sectors like beedi where the labour of innocent girls are exploited.

More over the attitude of the Indian state regarding education of children is some what ambiguous, as pointed out by Olga Nieuwenhuys like in the case of Kerala’s educational policies which has been not in favour of displacing the working children into school, since the prevailing view in the state is that rural children would continue to work to support themselves and their families in spare time. The State and parents alike conceive of education as a matter of personal endurance, gift and the luck of the child, that is, as the children’s frontier. Therefore steps have to be taken by the State to devise ways, where the children involved in homebased work are properly put into the education pursuit and other form alternate employment where there labour is not exploited.

For doing the above mentioned rectification the State has to seriously look into the role of labour market in the context of unorganised sector since it constitutes a majority of the workforce. In India, this sector constitutes over 92 percent of the workforce, and has been growing for the last ten years. It is more important when it comes in terms of analysing the work of women since most of the women work done are mostly ‘invisible’ like the home-based, self-employed, own account workers etc., and therefore they are seen or taken into account and therefore go unnoticed.
As pointed out the labour markets affect poverty in a variety of ways, which are important namely, lowering wages and earnings and generating large-scale unemployment or underemployment. The wages are in turn determined by both market and non-market factors, like the state of economic and social relations between the employers which includes land relations. The importance of water supply for irrigation is very crucial in rural areas, since it determines the productivity of farm and shortage of water will lead to a crisis in farm productivity. And the outcome will be the small and marginal farmers swelling the ranks of wage labour. This is especially true in the case of women who on the other hand are restricted for other form of work, which involves outside their confines of the family or homes. The above condition was one of the main reasons for the beedi trade flourishing in the villages where the study was conducted and the state has been not effective in providing a alternate solution to the families whose agricultural activities is affected due to shortage of water.

The second important factor is the large-scale unemployment, because as local employment does not cater the employment needs of the local people the labour markets will tend to push downwards the wages and employment on the whole. As a consequence of this the women tend to suffer where they are even pushed into worse condition where they are ready to do work at subsistence wages or where remuneration in kind. This was clearly seen in the lives of the beedi workers in both the villages where the study was under taken.
National level interventions

Micro-planning and District Authorities

For micro-level planning heavy responsibility fall on district level agencies specially the District Rural Development Agency (DRDA) and District Industries Centre (DIC). This is due to inherent advantages of these departments of having the necessary details like the statistical knowledge of the area, control over funds etc. Therefore these agencies must study the problem areas where the child labour specially involving the girls and make concrete employment plans in the area keeping in mind the local knowledge of the area. Providing facilities to supportive village level production units or small industrial units will surely help open up new job opportunities. The grass-root organisations such as gram-panchayat or a voluntary agency working in a village may not have easy and reliable access to such information. The basic requirement is therefore the wholehearted plans and support of the District authorities in all kinds of situations. This is one of the main factors that is lacking in regard to girl child labour and primary education.

Laws and legislation for girl labour

The Government of India has the policy of considering the welfare of all children as one of the priorities of the State. However, in spite of this fact that the State adoption of gender equality as an important credo since independence, the status of girl child has remained neglected especially in the case of their work. The Indian Constitution has provided many articles for the benefit of women and urges the State to take affirmative action whenever and wherever it is required. Added to this, the
National policy of children also gives an added thrust to reduce and to ensure gender equality and social justice.

However, all these developmental efforts have not reached the girl child to the desired level and intensity. This is because, in all these attempts at national and international level, the development of the girl child has remained subsumed within the larger framework of woman and child development.

The Child Labour (Prohibition and Regulation) Act of 1986 does not recognise the home-based worker and thus eliminates the girl child completely from its purview, since children in the barred industries do not come under its purview if they are working as part of family labour.

As it is rightly pointed out by Neera Burra, even the National Child Labour Policy, which have policies covering health, education and nutrition of the working of the visible children but overlooks the female working child by default.

Moreover the Minimum wages Act (1948) and only certain sectional acts like the Beedi Workers (Condition and Employment) Act, 1966 has been effective in increasing the level of earning that too in the context of adult labour and not prohibiting the entry of child labour especially the girl child into the labour force.

As a result of this unequal situation of the girl child several initiatives were accelerated in the international community. The foremost, being the World Summit for Children, where it rightly pointed the lopsided situation of the girl child and voiced for her equitable development. Article 2 of the convention guarantees the right for equality to the children irrespective of their sex. It states that “State Parties shall respect and ensure the rights set forth in the present convention to each child within
their jurisdiction without discrimination of any kind, irrespective of the child’s parents or legal guardians race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status…”

In India, efforts had been made to reduce the gender inequality among children with the formulation of National Plan of Action for Children. Under this plan aims, plans were made to promote programmes for the girl child and adolescent girls, which embrace a whole range of activities such as nutrition, health, education, recreation, upgradation of home-based skills, and promotion of her decision making capability as an adolescent girl, particularly at the village level.

The Action Plan for the SAARC Decade of the Girl Child declares the major goals for child survival, protection and development as the decade goals for the girl child. In addition, the gender-specific SAARC goals include increased efforts for the elimination of gender disparities in infants and under five child mortality rates. Moreover, special emphasis on raising the present age of marriage by at least two years, and post postponement of the first pregnancy till after the age of 20. Added to these, the reduction of related female workload and focus attention to protection of girls from exploitative social environment and the promotion of both advocacy and action in the development areas of health, education, welfare, etc. The main strategic principle in implementing the decade Plan of Action is to strengthen the awareness and capacity of the family and the community to a point, that the goals for the girl child are owned, pursued and achieved by them with support from the Government agencies across different sectors. But so far there is no review or any publication of the developments that took place in that particular decade for girl child.
On the other hand one can find the various department of the Government that are giving special emphasis on gender specific intervention and programmes with support of NGOs are: Department of Women and Child Development, Department of Family Welfare and Department of Education. These departments there make several initiatives and some of them are discussed below.

The Department of Women and Child Development in 1991 started the Scheme for Adolescent Girls, targeting the school dropout girls in the age group 11-18 years. Under this scheme, the main aim is to make the adolescent girls better future mothers and interventions are made accordingly. The two main categories were the intervention comes, the first intervention programme, the adolescent girls in the age group 11-15 years belonging to poor families, receive hands in training and experience in ‘Aganvadis’ in the area of health, health, nutrition, pre-school education and child care. In the second intervention programme, the adolescent girls in the age group 11-18 years get the opportunities to discuss their problems and get facilities for non-formal education, development of home-based skills, recreation, etc, in Bakika Mandals.

Under the “Education for All by 2000 A.D” the girl child has become the focus of universalization of primary education. Special emphasis is being given to the enrolment and retention of the girl child under various programmes of the department of education. Although the gender disparity in education is still prominent, there was a slight improved in the female literacy rate from 29.75 per cent in 1981 to 39.29 per
cent in 1991. On the whole enrolment of girls in schools has increased eight folds from 5.4 million in 1950-51 to 44.9 million in 1992-93.

It is worth to take into account the report submitted by Tapas Majumdar constituted in February 25 1999. According to the report Rs. 1370 billion is needed for universal elementary education (UEE) based on minimal acceptance level of real formal schooling for all children of six to 14 years; primary schools with two teachers and two rooms within 1 km of every human habitation, one upper primary schools and provisions for all disabled children in the school going age group. This scale of expansion is claimed will guarantee employment for 4,00,000 additional regular full time employment for teachers in the revised scale which for the first ten years expense borne out by the centre.

The committee suggested the following to mobilise the funds required to implement the report. They are having the rate of growth of GDP in the range of 5% in real terms; moderate but steady increase in tax revenue and increasing the present GDP ratio from of about 16 to about 18% (along with similar rise of the non-tax revenues of Government) and gradual but steady rise the above over 10 years. It is to be noted that earlier the Saikia committee estimated about 400 billion to universalization of elementary education. If a careful analysis is taken of the Majumdar report the Government can really consider the recommendation and seriously act upon it, which will immensely help to educate all the children.

The State of Maharashtra has been notable in passing in its assembly banning sex discrimination test under Pre-natal diagnostic Techniques Act in 1988.
(Maharashtra Act No.XV of 1988) and this has to brought into the policy level of the all the states all over the country to bring a sea change in attitude of the people.

Former Prime Minister Gujral’s scheme to provide assistance for girls’ development by providing Rs. 500 as one-time grant for each girl born in families living below the poverty line and further assistance for education up to high school level has not been properly carried out and steps has to be taken to ensure the smooth functioning of this scheme.

The Haryana Government had announced “Apni Beti Apni Dhan” Scheme (one’s daughter, one’s valuable resource), whereby the State undertakes to provide support for the sustenance and upbringing of the girl child. Incidentally, this State has an adverse sex-ratio for the girl child in the 0-6 age group and it will be interesting to study the long-term impact of this program on its demographic and society patterns.

The recent announcement by the Union Government of allotting a measly amount of 93 lakhs to that voluntary organisation, which is supposed to look after two million child workers in India, is shocking since the kind of money that is required is manifold\(^\text{10}\). In addition to this for the 76 NCLP working for the rehabilitation of approximately 150000 children working in hazardous occupation in IX plan the provision of 261 crores for identifying and rehabilitation of working children\(^\text{11}\). It is to be noted that there are 12 occupations and 51 hazardous processes and the kind of money is also more than the present allocation. This attitude of the Government is again points the non-serious approach towards the problem of child labours in general.
To sum up, the above details have showed the condition of girl in general with special reference to their work status and education. The overall situation in India is not encouraging, since even at present the girls toil for labour in homebased doing invisible labour at tender ages like 5 to 14 which legally is prohibited by laws and legislation's. Added to this is the non-enrolment rates which had of lately show an improvement but the situation to make Universal Primary Education in India a reality and to prevent the girl child from entering into labour force strong state action coupled with the community and other non-governmental is the immediate need. The following pages will look into these aspects and find out the developments specifically related to labour of girls and education.

**Trade Union intervention**

According to Renana\(^{12}\), the traditional trade union model is not effective in organising workers in the unorganised sector, due to the characteristic of the trade involved like (i) absence of a clear cut employer-employee relationship, (ii) exemption of a large section of workers in the sector from the application of protective laws, (iii) non-existence of deficit work place as in the organised sector and (iv) predominance of women in the workforce, who bore the burden of any kind of household duties with their work. Therefore she advocate's the strategy adopted by SEWA which includes alleviation of poverty which combines struggle against the exploiters and development in the form of creation of opportunities for employment and income generation through improvements in productivity. The following pages
will try to bring out the salient features of SEWA and try to draw a picture, which will be useful to the present study.

SEWA was formed in 1972, and began as trade union to organise women workers in the unorganised sector, and started with head loaders in the cloth market and later included home based workers like the garment stitchers, block printers, and paper pickers etc. At present SEWA has a paid membership of 2.2 lakhs and is playing a pivotal role in the developing the lives of women workers in home based jobs through the formulation of co-operatives, local groups and federations. It has stressed on Asset building whereby it creates financial assets, collective assets, assets acquired individually by women and their families, upgrading assets, housing. Another area is their Struggle for labour rights and their effects by which SEWA has devised various movements both at state and national level, reinstating and rehabilitating the affected workers. It has also organised a convention for home-based workers at International Labour Organisation and has been voicing a central law for home-based workers and also a national policy on vendors and hawkers. In addition it looks into Enhancing Employment Opportunities through co-operatives sponsored by SEWA. This is very important because providing avenues of employment and earning is pre-requisite for any scheme or movement to succeed. This is one of the main lacunae’ of the Indian state as such where it does not provide enough alternative employment opportunities to retrench the affected workers. Focussing in Reducing Migration is also taken seriously. Moreover care is taken in matters of Social Security, which engulfs health care, health insurance, housing, and insurance, and
more importantly provision is made for childcare, which is vital for working women with young children.

There are many other important ways by which SEWA has been making its presence more strongly into a organisation for the women in general and for home workers in particular, some of these are Accessing Markets, Building Institutions, Enhancing Managing Capabilities through SEWA academy and programs like training, literacy promotion, conducting research, publishing a newsletter and video Seva through which it connecting the necessary actors in bring the lives of women into a better plane. In addition, Strengthening Workers Bargaining Power and Ensuring Representation in Forums are some of the important strategies by which they empower the women workers.

The above mentioned case study of SEWA must be an adopted by the Governmental authorities in places where the exploitation of women and girls are in disguised under homework like in the beedi industry as was seen in the study of the village in Tirunelvelli and Vellore.

The role of Non- Governmental Organisation

MV F13 in tackling girl child labour

There are several interventions that are devised and strictly followed by this NGO - such as training in health, awareness about reproductive health care, critique of patriarchal values and gender discrimination - being suggested for bettering the conditions of girl children. It is felt that these programmes would make better impact if girls accessed education and were literate. More than anything schools provide
leisure, time and space of their own and therefore it is advocated that when in school they are no longer exploited and no longer have to work for others. It also helps in discovering themselves and their potentialities and to acquire self-esteem and confidence. This is felt as a first step towards gender equality and breakdown of stereotypes. This is the beginning of their role as individuals in their own right. To achieve the above said objective MVF adopts the following strategies of involving the Parents and girl children, Community support for girl children, Girl's own initiatives to join schools, Officials and the programme of girl child education. So far the strategies adopted by the NGO has proved to be a success in weaning away the girl children from the workforce and reinducted into the school which is considered as the only safe place for the girls to development their personality and lead a decent life. Therefore the example of this kind has to be serious by state, which has to devise similar pattern of approach towards the problem of girl child labour if it wants to successfully tackle the problem of girl child labour in India.

In a recent development, regarding the beedi industry, the Tamil Nadu Beedi Workers' Federation affiliated to the CITU has condemned the decision of the Central Government to reduce the funds allocated for the provision of scholarships to the wards of workers engaged in the beedi rolling industry and called upon the Centre to provide scholarships to all the students who applied for the same.

In the statement released, by Rajangam, general secretary of the Federation pointed out that the Labour Welfare Organisation of the Union Labour Ministry is in-charge of the disbursement of scholarships to the children of beedi workers, to encourage them to continue their studies. In the past years, such scholarship was
provided to all the children who had applied for the same. He has alleged that the BJP-led Government had reduced the allocation for the provision of scholarships without any proper reason. It has to be noted that the central Government has been providing scholarship to all school-going children of beedi workers, who had secured more than 45 per cent marks in the class they studied last. As such, more than 90,000 students studying in classes from 1 up to the college level were provided scholarship during last year. But now since the Central Government had sanctioned reduced amount for the provision of this scholarship to Tamil Nadu, officials of the Labour Welfare Organisation have increased the minimum marks eligible for getting the scholarship sanctioned from the present 45 per cent to 59 per cent. Due to this, about 50,000 children of poor beedi workers have been refused scholarship during the current academic year alone. This move of the Central Government is deliberate policy to do away with free education in the country. Mr. Rajangam pointed out the Government had initiated various steps for the total eradication of child labour in the country. The eradication of child labour was possible only by providing higher education to children. The cut in the scholarship for the children of beedi workers would force the workers to stop the children from going to schools. This would only lead to increase in the strength of child labour. He urged the Centre to allocate adequate funds to provide scholarship to all the wards of beedi workers who had applied for the same. Mr. Rajangam also urged the Tamil Nadu Government to intervene and hold discussion with the Centre in this regard.
But when this researcher had an talk with Rajangam he was narrating the hardships of the families of those who are living with income from the beedi work and said that to organise the adult women into the trade union mould itself is very difficult and therefore the issue of child labour has being not vociferously taken up.

On the other hand, the State unit of the CPI-affiliated AITUC has urged the state government of Tamil Nadu to go slow on the issue of banning smoking in public places, though it was a laudable move. They said the move would particularly hit the beedi industry and the 20 lakh workers dependent on it for their livelihood. This shows the amount of dependence of those who work in the beedi industry and lack of alternate solution or employment for these workers who work in this industry.

**Governmental efforts in Vellore District**

Child Labour Abolition Support Scheme (CLASS) is a society registered under the Societies Registration Act and functioning in Vellore District with the District Collector as the Chairman and Additional Collector (Development) as the Secretary. The object of the scheme is to disengage the children under age 14 from work and to put them in schools.

The scheme imparts education primarily for which 79 special schools have been opened in this district. There are 2169 boys and girls on the roll in these schools. The method adopted is in the form of dance, song and an enactment based on story telling under ‘Joy of Learning’ methodology.
In addition to these, lunch and eatables are provided in the evenings and provisions of Uniforms, footwear, playing materials, supply of notebooks, slates etc. Moreover, the parents of the children are granted loans with subsidy under I.R.D.P. scheme. There have been 169 group houses constructed under IAY scheme for these parents. As an all around upliftment, 118 Mother Groups have formed to promote savings, Self-Employment, Self-confidence and Self-defence. These organisations were paid with a sum of Rs. 25,000 each as revolving fund.

At present there are 79 Special school Instructors and 39 Vocational Instructors managing on voluntary basis. Every year, examination is being conducted with the help of Education departmental authorities and successful children are introduced in the Regular School system.

The situation before the intervention

In October 1994, the Arivoli Iyakkam (Literacy Movement) volunteers reported about the widespread prevalence of child labour in beedi making and consequent lack of education amongst children. Accordingly the children were found

i) Working from 6.00 a.m. to 8.00 p.m. with ½ an hour break for lunch.
ii) Working in houses and sit on floor continuously 10-12 hours a day, which has developed severe backache and other consequential diseases.
iii) Earning Rs. 5-10 per day only.
iv) Working in the hazardous activity without knowing the repercussion.

It was also found out that there was wide prevalence of pledging of children for petty amount Rs.100 to Rs.5000 by the parents with the local agents of beedi factories. The
system worked out in the way where the pledged amount remained the same forever and the children are paid wages for whatever work is extracted from them. Whereas the pledged amount is treated as bond which restricts the freedom of child to work. Therefore as result of this, the children are made to work for years together for a particular contractor/agent.

The main reason for this practice was found taken for meeting expenditure on social events like marriage, funeral ceremony, festivals etc. The main cause being poverty but along with it the view of children being as cheapest form of labour and the parents treating them as income generating assets and the boring and repelling environment and syllabus in regular schools.

It was found in the survey, there were 15,421 child labourers identified and in total, 3482 were identified as bonded children. According to the CLASS\textsuperscript{17} there are 18 cases under Bonded Labour System (Abolition) Act, 1978, and 21 cases under Factories Act 1948 and 16 cases under Child labour (Prohibition & Regulation) Act 1986 have been booked.

In the end under the titled ‘Future course of action’ the exact picture of the present state of affairs regarding child labour can be seen: “frankly admitting, the level of motivation and enthusiasm of all involved actors, local village level Govt. functionaries, parents, children, teachers, contractors has gone down to the lowest ever over a period of 1½ years. The reason is the lull of activities for sustaining the movement over the past 1½-year. Only the Specials schools are being run with financial assistance from Government of India”.

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Therefore the following were identified which needs intensification like the sustained awareness generation and campaign; frequent and continuous training and orientation of all involved; updating of guide book on ‘Joy of Learning’; revival of Self Help Groups and forming Vigilance Committee at District, Block and Village levels to fight against the child labour problem.

Of lately a suggestion was made that the Central Government could collect a ‘child labour abolition cess’ from employers, irrespective of whether they employed child labour or not, by Mrs. Vatsala Subramoni, Additional Commissioner of Income-Tax, Vellore range. Accordingly all industries such as the beedi factories, which employed child labour, should be made to pay a percentage of their profits as ‘child labour abolition cess.’ The fund, accruing from the cess could be utilised for rehabilitation and education programmes for child workers and their parents. This was proposed since the beedi industry, which was paying huge money as tax and prospered on child labour could afford to pay the cess. How far the government takes this suggestion seriously needs to be seen. It is also to be noted that the Corpus of Beedi Workers Welfare Fund has increased the rate of cess on manufactured beedies. This will raise the corpus of Welfare Fund to Rs.42 crore per year as against Rs. 21 crore being generated per year, benefiting about 4.5 million beedi workers. But the pointed here is how much ever the welfare fund of the beedi fund is raised the problem of tobacco related diseases, which is associated towards beedi work, makes it an unhealthy employment avenue. Moreover since the beedi manufacture involves girl children in particular steps had to be very strict that the innocent girls are not exploited.
In the case of the district of Tirunelvelli although the district administration had conducted with much fun fare the child labour census not much steps had been taken to solve the child labour problem, which is still rampant in the district especially in the beedi industry.

One of the main obstacles which this researcher had found in the course of his study is the lengthy bureaucratic hierarchy inside the district administration where there are no speedy procedure involved in taking action or easy accessibility of officials when there is a issue of breach of child labour laws and legislations. Added to these is the lenient approach of the officials who cite poverty as the main cause for the children indulging in beedi work and therefore feeling hesitant in not intervening or disrupting their only source of employment.

HEALTH ASPECTS OF BEEDI WORKERS

It is to be noted that home is a place that one feels safer and comfortable and it is where the socialisation process begins in life. But in the case of beedi workers home on the contrary the child is involuntarily made to experience the hardships in life and made to suffer in its life without its fault.

Since the beedi work involves in handling tobacco where the nicotine is present, like the beedi smokers the beedi workers and their family members continuously inhale this harmful substance through their nose into lungs, which affects the air sacs in the lungs very badly. This is because beedi workers who are generally women and girls sit for nearly 12 to 14 a day they are forced to inhale and they have no choice or alternate since their survival depends on it.
In addition to this, as the beedi rollers have to sit for long in the same place where the posture they adopt is mostly a legs stretched with back resting against walls or legs-folded and head bent posture the blood circulation is not complete owing to the posture of work of these workers unmindful of its consequences. Therefore neck pain and overall dullness of the body organs occur. Added to these, since the thumb and index fingers play the major in beedi rolling the face numbness and pain in these two fingers.

In the case of the girl children who do beedi work continuously for a long time are unable to stand immediately since it takes sometime to have a full circulation of blood to their legs. Even while they sit they put on weight around their hip as they sit through the work all the time. This affects severely the growth in the length of the body. The growth muscle in the legs also gets affected and they become retarded. The posture of the girls doing work for long time is seen in the long run having problems like arthritis and rheumatism.

On the psychological side the trauma and mental agony which the beedi roller have to under go from their childhood, where they are almost confined in their homes for a major part of their lives severely affect their mental state. In some cases it may even lead to nervous breakdown. This can perpetuate tension in their lives and it can be carried into their married lives.
A comprehensive attempt to take stock of the health hazards faced by the women workers who are engaged in monotonous, repetitive, back-breaking tasks, either as casual workers in the public sphere or as home based producers in the private sphere was made by the Task Force on Health commissioned by the National Commission on Self-employed Women and Women in the Informal Sector.

The specific occupational health as enlisted by the Task Force on Health is:

1. The posture at work, particularly of home-based workers, such as beedi workers, zardozi, zari and chikan workers, lace makers, gunny-bag stitchers, carpet makers and tagai workers, who have to bend, crouch, stoop and strain their eyes.

2. The constant contact with hazardous materials like dyes, wood-smoke, cashew oil, chemical fumes, tobacco and silica dust.

3. The lack of light, toilets, water, ventilation, space and related work environment problems.

4. Problems related to women's work actions, like tying, stitching, lifting and bending.

5. Problems related to lifting weight, especially in construction and brickwork, which give rise to health problems like menstrual disorders, prolapse of the uterus, miscarriages and problems.

6. Due to long hours of work and the non-availability of rest in order to recover from health impairments, most serious health problems get aggravated.

7. The repetitious movements the work involves causes dullness of the mind, extreme fatigue and tenosynovitis.
8. Mechanisation and technological advancement has qualitatively and quantitatively worsened the health situation of women workers in the beedi, slate and mining industries.

9. The varying forms of sexual exploitation experienced by women workers in the informal sector affect their mental health.

In addition, the violation and non-implementation of several protective legislation's and provisions that exist within the Factories Act, Mines Act, Inter-state Migrants Act and so on, have been documented in the 'Shramshakti' report. And several of the recommendations to alleviate the situation of women workers in the informal sector given by this report still require sustained advocacy and action.

The New Economic Policy with its emphasis on small scale production, production for export and labour flexibility has heralded a steady shift from large scale production to small scale production, from traditional industries to 'sunrise' industries - fish prawn processing, electronic, garment, diamond cutting and the like. The existing legal provisions are oriented to large-scale production, while the organisation of production in the new economic scenario is spread out into small units. The scale and organisation of production is making the employer-employee relationship increasingly distant and many times invisible. There is a growing 'informalisation' of the economy. Women in the lower rungs of formal sector employment are increasingly being pushed to the informal sector to work as piece-rate, home-based workers, as part of the 'putting-out' system, or in small work units as casual workers. Simultaneously, the onus of providing for health care is steadily
shifting from the State to the household. Studies indicate that per capita expenditure on health by the household is higher than that incurred by the State.

The beedi industry is thriving due to the nature of its work, which is done mostly in the homes of the beedi rollers. As a result the health hazards in general does not reflect the actual situation, which the workers live, or the kind of illness that they are affected. This is also the applicable to the children who work in the homes. It is to be noted that the State and other agencies that are normally interested in the welfare of the workers do not focus their attention to these home workers who suffer because of the nature of the job which involves in handling a substance like tobacco continuously all through the lives. It is indeed sad to note that the amount of publicity that the State and other health agencies give in regard to ban smoking in public places or trying to control the increase of smokers fail to take into account the plight of the beedi workers who are born, brought up and continue to live and work in a place which is surrounded and smells of tobacco.

According to findings of a study by the National Institute of Occupational Health (NIOH), Ahmedabad, the main hazard in the beedi industry is tobacco dust, which was found to cause, among others, burning of the eyes, conjunctivitis, rhinitis, mucosal dryness (including dryness of the genital tract), occupational dermatitis, bronchitis and emphysema\textsuperscript{20}.

Another study\textsuperscript{21} conducted specifically to investigate the gynaecological health problems experienced by the women beedi workers in Indore found that all but one woman worker reported some kind of problem. Exhaustion and dizziness were the most common problems, being reported by 91% and 90% respectively. Pain in the
lower abdomen was reported by 62% of the women and 58% said that their menstrual
periods began earlier than the due date. White discharge or leucorrhea was reported
by 54% of the women, and anaemia seemed to be a condition common to almost all
of the women. In addition, an earlier study\textsuperscript{22} had reported frequent miscarriages

\textquote{Thirty year old Kamlesh lay on the hospital bed, coughing constantly and
spitting blood and later died a few days later. Kamlesh was a beedi worker, involved
in rolling beedies from the age of eight. Her parents were poor and barely managed to
survive rolling beedies. She was married at the age of twenty and had two little
children. Her husband unemployed himself a wastrel threw her out of the house as she
could bring in no dowry. She rolled beedies day and night to feed herself and her
children. The constant exposure to the tobacco dust, added to her general weakness
and exhaustion, led to her contracting tuberculosis (TB) a few years ago. She ignored
it. She could not afford the privilege of treatment and the rest it necessitated and today
is no more}\textsuperscript{23}. The writer of the above story points out that this story is common place
in Jabalpur, Central India where she worked and says that there many woman like
Kamlesh suffering. Moreover she cites the result of a survey of health conditions
conducted in Jabalpur, showed that almost all the women questioned, complained of
joint pains and back aches. In addition to this, she points out the result of the eye
camp conducted where out of 130 women beedi workers examined, twenty-five
percent genuinely and poor vision and were advised to wear spectacles. It was also
found out that fifty to seventy percent of women reported gynaecological and related
problems including menstruation, urinary problems, leucorrhea and general weakness.
Added to this poor nutritional status and repeated pregnancies seem to be the major contributory factors, as fifty percent of the respondents had a family size of five to seven members, but a family income only between Rs 400 to Rs 800. This reinforces the others instances in many parts of the country where the beedi work is done there are several occupational diseases affecting the women which goes unnoticed. It is pointed out that women beedi workers of Jabalpur has the sanity to adopt the Kerala model of cooperativisation and had organised a co-operative with the help of SEWA (Self Employed Women’s’ Association). The decision of these to function in workshed instead of their homes is important in the context of the health problems that were affecting them. Limiting work to nine hours and stopping work at their homes has paved way for a cleaner environment for their family members and for the society in general.

It is to be noted that an incident mentioned in a course of a study done needs mention. “When a 40 year old beedi worker was being interviewed, the baby in her lap started crying for no apparent reason; the mother tried to put the baby to her breast thinking that it was hungry; the baby still continued crying with no interest in breast milk. The mother beat the child to stop crying but it did not desist. After pausing for a few moments and watching the face of the crying child, the mother realised that there must be something in the baby’s mouth and took out two small pieces of tobacco”. This incident clearly gives the health risk that her family has to under go of no fault of theirs.
The extent of psychological pressure that a young girl faces can be gauged from the incident\textsuperscript{25} where a girl who used to get beatings from her if she fails to maintain the required target of beedies started borrowing from a lender. Her mother was informed about her borrowing of beedies from the lender who was not properly paid back. In order to escape beatings from her mother the girl committed suicide in the forest by eating the seeds of a wild plant. This incident highlights the dangerous impact of the profession where the fixed amount is only the main target and nothing else matters. One has also has to take account the psychological trauma of the girl in her tender age had to undergo which has costed her life.

**Health Situation in the villages taken**

**Karuvanda**

The beedi dispensary that is situated in Alankulam is one of the main centres where the people of Karuvanda have to go if they have any serious illness. Otherwise the people in Karuvanda take the medicines like Anacin, crocin etc., without going to the doctors. In a interview taken with the doctor in-charge, the doctor categorically denied that there is any relationship with the beedi rolling and it's after effects in the form of respiratory diseases, T.B, poor eye sight etc. but while the interview was taken in the dispensary many cases like severe headache and cases involving allergy was seen.

A notable cases which was witnessed by this researcher was the one were a women came complaining of severe numbness in the fingers. The doctors asked whether she is into beedi rolling, for that answer came affirmative. The doctor did not
asked for more and told to stop rolling beedi for some days for which the woman replied that this kind of pain is persistent for many days even if she had stopped rolling beedies and this has recurrent for many years. The doctor gave her some medicines and sent her back. On replying to the researcher’s query that if these kind of problem is prevalent among beedi rollers the doctor replied that any work done repetitively for many years has bound to have these effects and cited the example of typing. He also told that the poor diet that these rollers take mostly forgoing their meals to roll beedies adds to the problem of poor health. But he denied strongly that there is proven illness, which affects the beedi rollers, in particular. On requesting to show the monthly report the doctor replied the cases are filled randomly and it does not indicate any particular trend among the beedi rollers. Moreover he added, that being the dispensary for beedi rollers the dispensary mostly has cases of all problems and there is no special study done to find whether the beedi rollers face any particular kind of diseases. On the other hand the monthly report showed strongly the number of cases that comes in the month$^{26}$ (Table-6.1).

Table-6.1

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Percentages of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuber-culosis</td>
<td>0.67</td>
</tr>
<tr>
<td>Malaria</td>
<td>10.8</td>
</tr>
<tr>
<td>Asthma</td>
<td>8.92</td>
</tr>
<tr>
<td>Arthritis</td>
<td>11.38</td>
</tr>
<tr>
<td>Gastro-enteritis</td>
<td>8.26</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>8.03</td>
</tr>
<tr>
<td>Condition</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Anaemia</td>
<td>9.33</td>
</tr>
<tr>
<td>Genito-urinary-tract infection</td>
<td>5.98</td>
</tr>
<tr>
<td>Peptic ulcer</td>
<td>6.11</td>
</tr>
<tr>
<td>Fungal Infections</td>
<td>5.62</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>6.16</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.16</td>
</tr>
<tr>
<td>Respiratory tract infections</td>
<td>9.01</td>
</tr>
<tr>
<td>Viral fever</td>
<td>6.51</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>6.51</td>
</tr>
</tbody>
</table>

Source: Detail Description of Diseases for the Month of May 1999 from the Official record from Beedi Workers Welfare Fund Dispensary, Alankulam.

It is to be noted if Asthma, Tuberculosis and Respiratory tract infections are clubbed together then the percentages of these constitute the highest of 18.60, which shows the intensity of the health hazard faced by the beedi workers. In addition to the above the percentage of cases coming for the treatment of Arthritis show that since most of the beedi workers sit in constant position there joint are affected and the outcome of this is the bone joint getting damaged resulting in Arthritis.

If the above report is taken seriously then some serious action is urgently required since the main diseases that affect the beedi rollers seems to be Arthritis, Asthma, Respiratory tract diseases etc., which is most common among the beedi rollers. Even if the cases mentioned are not genuine as the doctor said then also there is a need to find the diseases, which strike the beedi rollers, which are mostly women.

While a lady doctor was contacted who has served in the beedi concentrated areas of Melapalyam and is posted now in Thenkasi, she said that the diseases which affect women is area specific where she pointed that the diseases like white discharge
which affects women are more in some places and less in some. She had also denied that there are any specific linkages of diseases, which affects the beedi rollers.

In the case of girl child labour surveyed to find out the recurrent health problems, it is found that Pain/Numbness in fingers constituted 40.9 percentage, Body ache having 27.27, Head ache and Neck ache both having 18.18 percentages separately.

In addition to these there are various problems like rash in the body, body ache, knee ache, neck ache that are part and parcel of the occupational hazards of the beedi work. If these are left untreated for a long time it at result in permanent problems in anatomy. It is to be noted that the manifestations of complicated health problems or recurrence of problems is somewhat less in the girls in their earlier ages. But gradually when instead of playing divert their energies into this work it results in severe health problems, which manifest only later in their lives.

In another heart breaking incident during the course of the present study was the girl, who was shielded with the thatched coconut leaves on all four sides in a corner of a room. Although it was not unusual for a girl to be shielded in this way from the other members of the family and from the gaze of outsiders, since she is considered polluted during, menstrual period. But what was shocking was, inside the confinement, she was actually forced to roll beedies by her stepmother who justified this action quoting the abject poverty, which they as a family was under going. On the other hand the girl’s younger brother was seen playing with his friends. The woman
justified that men are not made to do this kind of unmanly job, which will make them feminine.

Virudampattu

A look at the detail description of the diseases from the monthly report in the Beedi Workers Fund Dispensary in Satvacheri, which covers the village Virudampattu is essential to have a clear idea of the nature of ailments that affect the beedi workers. It can be seen that the highest percentage of cases that come to the dispensary falls under the respiratory tract infections, which is closely related with the exposure of tobacco. And since the beedi workers are exposed the tobacco dust to most the time they prone to these kind of ailments.

Table-6.2

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Percentages of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory tract infections</td>
<td>19.59</td>
</tr>
<tr>
<td>Viral fever</td>
<td>19.41</td>
</tr>
<tr>
<td>General aches</td>
<td>17.64</td>
</tr>
<tr>
<td>Anaemia, Malnutrition</td>
<td>4.91</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>4.00</td>
</tr>
<tr>
<td>Injuries</td>
<td>11.36</td>
</tr>
<tr>
<td>Worm infections</td>
<td>9.64</td>
</tr>
<tr>
<td>Gastro-entities</td>
<td>1.55</td>
</tr>
<tr>
<td>Genitor-urinary-tract infection</td>
<td>2.09</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.27</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0.45</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>8.09</td>
</tr>
</tbody>
</table>

Source: Detail description of diseases for the Month of May 1999 from the oral account from the chief medical officer of Beedi Workers Welfare Fund Dispensary, Satvacheri.
From the above 6.2 table it can be seen that the nature of problems that affect the girl beedi workers are mainly external like pain or cut in the fingers since most of them work in beedi labelling. Secondly headache and hip ache are also prevalent since they have to sit for long hours of work.

In the case of health problems of the girl child labour surveyed in Virudampattu showed that pain/numbness in fingers among 23.07 percent, peeling of skin in fingers had been among 30.76 percent, cut in fingers being 26.92 and headache constituting 23.07 percent of incidences. There were also other ailment as reported by the girls surveyed like eye problem, anaemic etc., which does have significant percentages to mention.

It is to be noted that according to the inhabitants of village Virudampattu, the pollution from the Christian Medical College Hospital along with the local leather works had polluted the Palaar riverbed and the underground water. As a result of this there are diseases like encephalitis.

**COMPARATIVE ANALYSIS OF THE VILLAGES TAKEN**

It is important to have a comparative perspective of the girl child labour situation vis-à-vis the role of the State and other intervention, since intervention involving the State and other non-state organisations is necessary to find solutions to the problem of girl child labour. The following table 6.3 brings some of the salient features of the role and other intervention which has a bearing for the villages taken.
### TABLE-6.3

**Comparative Picture Of Role Of The State And Other Interventions In The Villages**

<table>
<thead>
<tr>
<th></th>
<th>Karuvanda</th>
<th>Virudampattu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households having loans or debts from Government schemes</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Percent of households having loans or debts from Government schemes</td>
<td>19.04</td>
<td>25</td>
</tr>
<tr>
<td>Number of men being member in beedi trade union</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Percent of men being member in beedi trade union</td>
<td>9.52</td>
<td>29.17</td>
</tr>
<tr>
<td>Number of women being member in beedi trade union</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Percent of women being member in beedi trade union</td>
<td>42.85</td>
<td>16.66</td>
</tr>
<tr>
<td>Major reason cited by the trade union leaders for the prevalence of girl child labour</td>
<td>Alternate employment</td>
<td>Poverty</td>
</tr>
<tr>
<td>Number of beedi contractors accepting that they are using the girl child labour</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percent of beedi contractors accepting that they are using the girl child labour</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Major illness affecting beedi workers in Government beedi hospitals</td>
<td>Arthritis</td>
<td>Respiratory tract infections</td>
</tr>
<tr>
<td>Percent of such cases of illness in a month</td>
<td>11.38</td>
<td>19.53</td>
</tr>
<tr>
<td>The main reason for the above as pointed out by beedi dispensary doctors</td>
<td>Beedi work</td>
<td>Poor hygiene</td>
</tr>
<tr>
<td>Major health problem affecting girl child labour</td>
<td>Pain/numbness in fingers</td>
<td>Peeling of skin in fingers</td>
</tr>
<tr>
<td>Number of girl child labour affected</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Percent of Major health problem affecting girl child labour</td>
<td>40.9</td>
<td>30.76</td>
</tr>
<tr>
<td>Number of households blaming the inadequate educational system for their termination of studies</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Percent of households blaming the inadequate educational system for their termination of studies</td>
<td>66.66</td>
<td>45.33</td>
</tr>
<tr>
<td>Number of households citing lack of alternate employment for their indulgence in beedi work</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Percent of households citing lack of alternate employment for their indulgence in beedi work</td>
<td>80.95</td>
<td>79.16</td>
</tr>
<tr>
<td>Major reason cited by the head of educational institutions for</td>
<td>Lack of jobs</td>
<td>Tradition</td>
</tr>
</tbody>
</table>
the prevalence of girl child labour

<table>
<thead>
<tr>
<th>Major difficulty of the school cited by the headmasters</th>
<th>Inadequate resources</th>
<th>Government funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractors/ sub-contractors knowledge on the girl child labour working under them</td>
<td>Ignore</td>
<td>Ignore</td>
</tr>
<tr>
<td>Major difficulty in controlling girl child labour as cited by concerned Government officials</td>
<td>Liquor</td>
<td>Illiteracy</td>
</tr>
<tr>
<td>Major reason pointed by the NGO's as impediment for eradication of girl child labour</td>
<td>Lack of awareness</td>
<td>Poor economic condition</td>
</tr>
<tr>
<td>Number of families approached by local NGO</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Percent of such families in the respective villages</td>
<td>36.36</td>
<td>50</td>
</tr>
<tr>
<td>The type of help offered by NGO</td>
<td>Night school, women union</td>
<td>Crèches, women union</td>
</tr>
<tr>
<td>Number of families benefited by NGO</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Percent of such families in the respective villages</td>
<td>28.57</td>
<td>37.5</td>
</tr>
</tbody>
</table>

From the above table it can be derived that the help form the Government side is not matching to the needs of the beedi worker families because the percentages of loans or debts from Government schemes to these families is inadequate where it is only 19.04 in Karuvanda and 25.00 percent in Virudampattu.

In the case of membership in beedi unions, which works for the upliftment of beedi workers exclusively, the percentage of men in Karuvanda is 9.52 and for Virudampattu it is 29.17. For women who have membership in the beedi union the percent is 42.85 in Karuvanda and 16.66 in Virudampattu. It is to be noted since men normally do not get involved in beedi work in Karuvanda the percentage is very low in comparison with women who are the main workers. Whereas in Virudampattu men roll beedies and most of the family pass books are in their names the percent is more than the women who have recently being inducted pass book scheme because beedi
labellers also have started to get pass books recently. The main reason cited by the trade union leaders in the villages cited lack of alternate employment in the case of Karuvanda and poverty in the case of Virudampattu.

In interviewing some of the local contractors and sub-contractors in the villages regarding girls being used to produce their beedies they feigned ignorance of it and claimed that it is the responsibility of the parents not to involve their children in the beedi work. Moreover they were not ready to accept that there is any girl doing work for their beedies.

There were many in the villages that cited the inadequate educational system to cater the needs of their children and for their discontinuance from school. The percent of households in Karuvanda confirming to this view is 66.66 and the percent in Virudampattu it is 45.33. These percentages bring out a valuable inference that the state should cater the needs of the children who are studying in spite of their poor economic condition.

Lack of alternate employment for the members of the households is one of the strongest lacunae' of state as felt by the households when asked about the girls working inside their homes and not going to school. The majority of the elders in the households voiced that if there were any other alternate work opportunities for them, then they would they indulge beedi work, which they know is affecting their health and mind. Therefore it is found that 80.95 percent in Karuvanda and 79.16 percent in Virudampattu confirming to this view.

In discussing with head of the school in the villages they pointed out the most important reason for girls dropping out of school and joining the beedi work in
Karuvanda, it is lack of jobs after a girl completes secondary or senior secondary which makes the parents as well as the girls not being interested to pursue education after a point of time. In the case of Virudampattu the head master of the school surveyed pointed that the traditional attitude of the people mostly Muslims in the village prevents the girls from continuing in school.

In addition to the above, regarding the difficulties faced in school in Karuvanda the headmaster cited the resource crunch which resulted in not having proper toilets and water facilities along with scarcity of dress and noon-meals for all the children in the school which serves as demotivating factor in terms of girls enrolment and continuance. In the case of Virudampattu the head master blamed the Government for not providing adequate funds regarding the scholarship schemes for girls, where it promised to give free scholarship to all the girls who are studying up to standard VIII, irrespective of whichever caste they belong. This is because since the majority of the girl child labour where from the backward caste they do not become eligible for scholarships under the government rules.

In interviewing the concerned Government officials in the district as well as in the village the main reason of girls’ involvement as pointed out by the Block Development officer in Alankulam it is the illicit liquor in which the men squander whatever little they thereby making the women and girls in their family as sole earners. In the case of Virudampattu, the Co-ordinator in the district child labour cell in secretariat pointed out that mass illiteracy among the parents make them under value the importance of education for their children especially girls. The local
Panchayat President also voices this reason for the many girls inducted into beedi work.

In trying to find out the reason for the prevalence of girl child labour in the villages the local NGO personnel were asked about it and they pointed out the lack of awareness among the parents of benefits of educating and not indulging girl into work came in the discussion. In Virudampattu the reason is poor economic condition of the families, which do not have any other means of income to survive. It is to be noted that the local NGO's had approached the families, which is covered by this study’s field survey and offered to help. The percent of such families covered in Karuvanda is 36.36 and 50.00 in the case of Virudampattu. The kind of help offered by the NGO in Karuvanda is Night school and making the women join the mothers union comprising of women beedi workers. In Virudampattu crèches and mothers union were offered by the local NGO. But the percent of girl child labour families benefited by these initiatives in the village Karuvanda were 28.57 and in Virudampattu it is 37.50 percent.

The health problem of beedi workers especially the girl child labour is a very vital aspect, which has to be serious when the comparative analysis of the villages is done. It is to be noted that the Governments' Beedi Workers Welfare Dispensary which is exclusively meant for the beedi worker and their family members and the majority of the cases come for treatment in Karuvanda is for Arthritis which constitute 11.38 percent taken as a separate category for a particular month. In the case of Virudampattu the number of cases for respiratory tract infections are more, coming to 19.53 percent of the total cases in a month. These both ailments reflect the
major contributing factor being beedi work in the households as pointed by the chief medical officer in Alankulam, the block in which village Karuvanda comes. In the case of Virudampattu the chief medical officer in Satvacheri Beedi Workers Welfare Dispensary cited poor hygiene for most of the respiratory tract infections. Regarding the health ailments that are faced by the girl child labour surveyed in the village Karuvanda, the major health problem is pain and numbness in the fingers that is sometimes is recurrent. The percent of such cases in Karuvanda is 40.90. In the village Virudampattu the main health problem of the girl child labour in the beedi work is peeling of skin in their hands. The percent of such incidences found in the survey is 30.76.

The present chapter had brought some of the valuable features regarding the state and other non-State intervention. On the whole it is found that the steps by the state regarding the problem of the girl child labour specifically the problem of girl child labour in the home based beedi industry is nor satisfactory and there many miles to go in realising the dream of universal primary education and to prevent the girls into entering the labour force.

The steps regarding the home based workers have to be improved in matching with the International developments.

New schemes along with the strengthening of the existing schemes are the very crucial juncture.

The government should publicise the schemes and it achievements whereby the people can be aware and be benefited from.
The main lacunae' as pointed out by the study under taken in the villages brought out the State responsibility in terms of providing meaningful education, which can absorb the children who had study up to certain level.

State’s role in providing alternate employment for the families engaged in the beedi work is also voiced forcefully by the people in both the villages.

The State can not abdicate its role in health of its citizens in whatever employment they are placed, therefore immediate steps have to be taken to find out the causal relationship between the certain diseases like Tuber-culosis, asthma etc which has direct bearing on the beedi workers life. It is not wise in the part of the State to still deny the causes for these diseases and forego its responsibility.

Regarding the role of the Non-Government Organisation has found that the reach is not been sufficient in preventing the girl child from entering into the work force. This is because one of the main reasons the families entering into the beedi work is due to poor economic condition and therefore it is hard for these non-governmental agencies to penetrate into mindset of the elders who are mentally prepared in making their girl children to work and not send them to education. Therefore the NGO’s primary motive has to be to influence the necessary officials to provide an alternative to the families, which has girl under 14 working in beedi work. Only, this will be a feasible solution to many things like night school, etc., since girls who are channelised to other works will not have the same working environment.
### NOTES AND REFERENCES


4. Ibid, p.45.


6. Ibid.


11. Ibid.

12. Renana Jhubvala.

13. M. Venkataramanaiya Foundation working children for the last 10 years in Ranga Reddy district of Andhra Pradesh and is one of the pioneering NGOs’ tackling the problem of child labour and education successfully.


17. “A Short Note on Campaign against Child Labour in Vellore District”, District Collectorate, Vellore.


It is to be noted that collecting such kind of data from the concerned official requires a lot of perseverance and therefore only a month report was given in the case of Alankulam Beedi Workers welfare Dispensary, Tirunelveli.

In the case of the Chief Medical Officer in Satvacheri, Vellore, was even reluctant to given the monthly report therefore a oral account given by him is given in the table.