

Children Working in Welding Sectors: Shocks, Vulnerabilities and Survival Strategies

Md. Imran Khan¹

Abstract

The main objective of the study was to know and understand the overall situation of the working children engaged in welding sector of city of Dhaka. The specific objectives of the study, therefore, are as follows: to know the nature of jobs perform by the worker; to explore the living and sleeping arrangement of the child labours; to understand their health status and health seeking behaviour (e.g schooling, food, leisure benefit); to explore kind of facilities get by the child worker. The population of the study consists all of the working children between the ages 5 to 18 living in the Dhaka city. Data were collected from Dholaikhal, Bijoy-Nagar Road and Tipu Sultan Road at Dhaka city. The study employed both qualitative and quantitative methods of data collection in order to get comprehensive picture and a thick description about the situation of the children who works in welding sector. The findings of the study revealed that many families rely on the income generated by their children for survival, so child labour is often highly valued. Additionally, employers often prefer to employ children because they are cheaper and considered to be more compliant and obedient than adults. When children are forced to work, they are often denied their rights to education, leisure and play. They are also exposed to situations that make them vulnerable to trafficking, abuse, violence and exploitation. Almost all child domestic workers work seven days a week and 90 percent sleep at their employer's home, meaning that they are completely dependent on their employers and often have restrictions on their mobility and freedom. About 60 percent report some kind of abuse during their work, such as scolding or slapping. The findings of the study recommend that if Bangladesh wants to achieve millennium Development Goals. It is high time to take appropriate measure to eliminate child labour especially hazardous one.

Key Words: Child Labour, Human Rights, Child Protection.

Introduction

The issues of child worker have been a source of global concern for quite a while now. It is common for children in all societies to engage in some form of occupation or the other, depending on their economic structure and level of development. As such, the phenomenon is not peculiar to any particular country or culture. The Bangladesh Child Labour Law 2006 primarily acts to

¹ Md. Imran Khan, Lecturer, Department of Social Work, Savar University College, Savar, Dhaka.

prohibit hazardous work for children below 18 years old. It stipulates that no child below 14 years of age will be employed in any establishment or profession, although a 12-year-old can be recruited for light work that does not affect their education or impair their health and development. They can, furthermore, not be recruited without the certification of a doctor. The law also stipulates the number of working hours and types of work that are permitted for children between 14-18 years; it sets a framework for regulating and preventing harmful child worker. (Lieten, 2011:3). According to the (Bangladesh Bureau of Statistics (BBS), 1995-96:44) out of 34.4 million children between the ages of 5-14 years the number of child workers in 1995-96 was 6.6 million or 19.1 percent of the total child population within the age group. The proportion of working children was 18.3 percent of the total child population. *According to a baseline survey BBS and United Nations International Children's Emergency Fund (UNICEF), other than 7.4 million working in the informal sector, as many as 400,000 children aged between 6-17 years, 80% of them female, work as Child Domestic Workers (CDW). They suffer much greater deprivation than those in the countryside.* Most of the male children labour in factories and fields until their hands are gnarled and backs bent. Many of them wander homeless in the streets, surviving by begging and even thieving. Sleeping in railway stations or bus stands or on the footpaths, picking through garbage and sifting for food in the municipal dumps! They die every day of easily preventable diseases. (The Daily Star, July 8, 2012).

A survey estimated a total of 28,290 welding establishments all over Bangladesh. According City Corporation There are 3113 welding industries in Dhaka city. There are 218 million child labour in the world in which 126 million engaged hazardous labour and 2 percent work in welding industries. (The New age, 12 January 2012). The survey also estimated a national total of 39,031 child workers aged 5-17 years in these 28,290 establishments. On average, 33 percent of all workers in these establishments were children and they were mainly boys. About 85.6 percent of the establishments were owned by individual or single proprietor while only 6.2 percent were owned or operated by partnership. Amongst the child workers in welding establishments about 52.5 percent were aged 15-17 years followed by 40.5 percent in the age group 12-14 and only 7.0 percent were in 5-11 age bracket. Today, through the world, around 215 million work, many full-time. In which 22% of the workforce in Asia, 32% in Africa, 17% in Latin America, 1% in US, Canada. Africa has the highest percentage of children aged 5–17 employed as child labour, and a total of over 65 million. Asia, with its larger population, has the largest number of children employed as child labour at about 114 million. Latin America and Caribbean region has lower overall population density, but at 14 million child labourers has high incidence rates too (ILO, 2012). About half of all child labourers do not attend school at all, and among child domestic workers only 11 percent attend school (ILO, 2006). As a result, working children get stuck in low paying, low-skilled jobs, thereby perpetuating the cycle of poverty.

Objective of the study

The main objective of the study was to know and understand the overall situation of the working children engaged in welding sector of city of Dhaka. This is the first effort to know Child workers condition from their own perspective. The study has provided per picture regarding work related problem and social condition of the children working in the welding section. The specific objectives of the study, therefore, are as follows:

1. To know the nature of jobs perform by the worker.
2. To explore the living and sleeping arrangement of the child labourers.
3. To understand their health status and health seeking behaviour (e.g schooling, food, leisure benefit).
4. To explore kind of facilities enjoyed by the child worker.

Methodology

The study employed both qualitative and quantitative methods of data collection in order to get comprehensive picture and a thick description about the situation of the children who works in welding sector. A structured interview-schedule was prepared for the collection of qualitative data that can be analyzed in statistical form. An interview guide was incorporated in the interview schedule to get participants own perspective in order to get qualitative data. Qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of information and conducted in a natural setting (Creswell, 1994). A qualitative research approach seemed appropriate since the general aim of the study was to understand the needs and work related problems by children working in welding industries. The population of the study consists all of the working children between the ages 5 to 18 living in the Dhaka city. Data were collected from Dholaikhal, Bijoy-Nagar Road and Tipy Sultan Road at Dhaka city. These three areas were chosen purposively because of the availability and concentration of child labour in this area. I have invited all the child workers who work in the selected areas. Among them who were willing to participate voluntarily without any hesitation fifteen child workers were selected purposively from them.

By checking and editing data were coded and classified to make entry into computer for statistical analysis. For qualitative data I followed thematic analysis.

Findings: Qualitative and Quantitative

Age of the child worker

Social norms and economic realities mean that child labour is widely accepted and very common in Bangladesh. The findings of the study revealed that many families rely on the income generated by their children for survival, so child labour is often highly valued. Additionally, employers often prefer to employ children because they are cheaper and considered to be more compliant and obedient than adults. When children are forced to work, they are often denied their rights to education, leisure and play. The following table shows the distribution of age of the children engaged in welding industries.

Table 1: Distribution of child workers according to their age.

Age (Year)	Frequency	Percentage
12	1	6.67
13	0	0.00
14	2	13.33
15	3	20.00
16	4	26.67
17	3	20.00
18	2	13.33
Total	15	100.00

Findings of the study shows that 6 child workers out of 15 (40%) is below 16 years of age. Highest number (26.67%) of child worker is of 16 years old followed by 17 year (20%) and 18 year (13.33%) of age respectively. No child worker was found below the age of 12 years. The legislation tried to enrol more children into school and away from work. This was not the outcome. Some children enrolled in school, but many sought other work. Due to the law, many kids took more dangerous jobs in the informal economy, including; prostitution, street hawkers, stone welding, and as maids (Furlong, 2013). Schooling is compulsory only to age 10. The minimum age for most child labour is 14, 18 for hazardous work.

Educational level of the child workers

Education is said to be the backbone of a nation. This proposition is a universal truth. But in Bangladesh, we are yet to understand this universal truth though we have been clamouring for 'Education for All' for quite a long time. We get the negative result in education when we look at the literacy rate (7 years and above), which is only 32.4% (BBS, 1994:3). Lack of education facilities especially in functional education is another irony for child worker in welding sectors. It is from both parental and child's sides. Most of the poor parents/guardians are not educated and therefore not conscious about the necessity of education of their children. According to the National Child labour Survey 2002-2003, 9.1 million child of 5-17 age groups do not go to school (The Daily Prothom-Alo, June 11, 2006).

Table 2: Distribution of child workers by their educational level.

Characteristics	Number of the child labours	Percent
Up to Primary	13	86.67
Beyond primary but below Secondary	2	13.33
x+	-	-
Total	15	100.00

Findings of the study shows that 13 child workers (86.67%) have education level up to class five, and only 2 child workers out of 15 (13.33%) have education level beyond primary but below secondary level. No child workers were completed secondary school certificate. A study on child labour at Dhaka city shows that, 23.3% of the surveyed children are illiterate, 19.2% have completed one or two years of schooling while 30 percent completed grade III-V (Khan, 2001:196) which shows similarity with the current study.

Income and Working Hours of the Child Worker

Wage may be termed as remuneration paid to the workers for their service. In other terms, wage means the payment by employers towards the efforts put in by hired employees. In view of wage and its meaning, it has been opined that ‘wages may be defined as the contract incomes, fixed or settled between the employers and the employees, where the latter sell labour for some money’” (Saxena, 1952:409). In view of the meaning of wage in the wider sense of the term, it can be said that children set to work may be paid wages either in cash. In welding sector of employment, wages are absolutely paid in cash in Bangladesh.

Table 3: Distribution of working children by their monthly income and working hours.

Distribution of working children by their monthly income		
Income (Tk)	Number of child worker	Percent
500-1000	1	6.67
1000-1500	1	6.67
1500-2000	5	33.33
2000-2500	3	20.00
2500-3000	4	26.66
3000-3500	1	6.67
Total	15	100.00
Distribution of working children by their working hours		
Working hours	Number of child worker	Percent
7-9	3	20.00
9-11	5	33.33
11-12	6	40.00
12+	1	6.67
Total	15	100.00

Incomes are the incentives as well as pulling factor that reinforce the pushing factors of the child workers in relation to their joining the labour market. Wages may be paid monthly basis. However, for the purpose of this study wages have been taken into consideration as a phenomenon of payment absolutely on monthly basis. Moreover, it can be observed from the in table that only 7 child workers’ out of 15 (46.67%) monthly income is below tk. 2000/-. Almost the total 15 children, 1 child worker (6.67%) earn less than 1000 taka. In fact, children of this income level don’t have any regular payment; they are given some money as pocket money or conveyance. They are mostly unpaid apprentice. No child worker has been found with income more than Tk.3500/- per month. The Child Labour Survey 1995-96 indicates that the monthly income of child workers was taka 507.5 (BBS, 1996, quoted Hossain, 2006:199). It also shows that, 2.92% earned tk. 200-299, 15.56% tk. 300-499, 34.48 percent tk. 500-750 and 46.95% tk. 750 or more. (Khan, 2001).

Sleeping Arrangement of Child Workers

In this study it is revealed that most of the child workers can not sleep soundly after midnight because of high sound. Though their family income is low they have to live in a crowded mess. So it is expected that they have to live in a house that lacks in facilities. Most of all dwellers of mess are addicted. They take ganja and brandy. Some participant’s reside in a room that is closer to the

open sewerage where they can be easily preyed of mosquitoes. Most of them expressed, at night no body turn their cell phone in a silent mode and talk at night because of cheap rate that hangers other sleep.

As one participant said that:

I live at Narinda with my family. Though there are some anti-soundly sleeping matter, such as I have to share my room with other two members of family, sometimes I could not find enough water to take bath, family members have to enter into wash room through my room as I have to work hard along the day and I remain tired, so I tried to sleep.

Rest and sound sleep is essential for our body to continue. But the findings of the research suggest that child worker do not get sleep properly due to noise and disturbance as one participant told.

Another respondent said that:

I live in a tin shade building which is at situated Bijoy Nagar. The building has five rooms where 35 workers live. Soundly sleeping is a matter of day dream, which we can seek only but never reach because, I live with seven people together in a room which is very congested and nobody turns their cell phone to silent mode. As a result ringing phone is the leading barrier to sound sleep. On the other hand mosquito and sarpoka also make our life discomfortable at night.

In this study most of the child workers told they live in a mess situated with other day labour. Beside their most of the dwellers of mess are addicted. They take ganja and brandy. Anybody watch natok, movie, blue film and so on, in midnight so soundly sleep is a matter of contrast.

Health Related Problems Suffered

Participant reported that they suffered from a range of illness and conditions. Many of the physical health problems they identified were common low level health problems such as headache, bodily pain, weakness, fever, cough, general weakness, skin rash, aches and burns in the eyes, swelling of the eyes, hBs+ problems and so on. In this study eight participants reported that they are suffering from weakness during working hours. Since most of them can not take enough nutritious food. Almost all of them said that headaches were a major aspect of their life. In this study qualitative data suggested that six child workers have reported types of health problems such as headache, back and waist pain, loss of weight, fever, cough, stomach, swelling of the eyes, muscle pain faced by them. All of these suffering are due to the unhealthy working environment and nature of work.

As one participant reported that:

I am suffering from health problems. As I have to spend long time in power cutting sector (iron cutting) in engineering workshop, I feel hot. As a result, when I reach home after finishing my duty, I have to suffer from headache, body ache, back and waist pain.

The public health importance of diarrhoea among children lies partly in the high mortality rates as well as in the interactions between malnutrition, recurrent diarrhoea and impaired child development. Contrary to breastfed

infants, bottle-fed infants are highly exposed to the effects of unsafe drinking-water. It cannot be overemphasized that the transmission routes for infectious agents are complex and thus contribute to the complexity of prevention. Interventions in water supply, sanitation and hygiene are estimated to reduce diarrhoeal incidence, on average, by a quarter (25%) and child mortality by 65% (WHO, 2013).

Another participant mentioned that:

I do not have massive health related problem. Even I did not take any treatment for last two years. But some times I feel weakness especially in summer. Since I can not take enough drinking water in day time when I need taking enough liquid.

In this study a few respondents said that they suffered from eye disease.

One respondent said that:

I suffered from eye disease because the working the working condition in welding industry is not favourable to eye disease.

Moreover, unhealthy working conditions in the welding and construction sectors cause, respectively, skin diseases and eye sight problems. Nearly all child laborers (90 percent) are affected by physical pain during working hours or afterwards. What makes the situation worse is that most of the child laborers get no professionally recognized treatment of their health problems (Uddin & et al., 2009).

Treatment received

In this study working children have reported that they have been sufferings from different types of diseases while in workplace Such as headache, bodily pain, weakness, fever, cough, skin disease, aches and burns in the eyes, swelling of the eyes. So, they are supposed to have some treatment facilities when they fall sick. When I asked about the treatment that the participant used I found that out of total fifteen child workers thirteen child workers usually take allopathic treatment while only two child workers take homeopathic treatment. Most of them suffered from headache, body pain. Few child workers also go to pharmacy and take paracetamol.

As one participant mentioned that:

I don't have massive health related problem. So I did not go to any hospital for treatment since last one year. But after returning home sometimes I feel headache, fever and cough. Headache, weaknesses are created when I am pressured by work. Sometimes I go to pharmacy and take allopathic treatment for this problem. And buy some medicine (such as paracetamol, multi-vitamin tablets, and cough expectorant syrup etc). Sometimes I take oral saline.

Another participant said that:

I have taken treatment from out door of Dhaka Medical College Hospital (DMCH), doctor suggested me a skin ointment named 'Pevitone' and advised me to keep myself clean. But I am not being cured. I need to take better treatment though I know that it is very difficult for me because my income doesn't support it. On the other hand

along the day I have to work with muddy environment so how will I keep my self clean.

In this study one child worker said that he does not have massive health problem. But sometimes he suffers from diarrhoea. He knows that the main causes of diarrhea are lack of cleanliness and boiling water for drink. But it is very difficult for to have clean water for all time. In this study it is found that eight child workers (out of fifteen) feel weakness at the work place. Most of them did not go to any hospital for treatment .Because they know the causes of weakness.

One participant mentioned that:

I have been suffering from weakness. I didn't take any medicine for the last two years. Because I know the causes of weakness. In order to get healed I need good food, good sleeping arrangement. But how can it be possible with my meagre income!

In this study, when child workers fall sick and desire to go to their near and dear ones, only two child workers are allowed to leave station with full pay while four child workers out of fifteen can have their leave granted without pay.

Kinds of Providers Consulted

The average family income of the respondents is very limited but when they attack with such kinds of diseases then they must need treatment for that problem. Out of total 15 child workers 6 child workers usually took treatment from Govt. hospital while only 7 child workers took treatment from pharmacy. Rest of the respondents took kabiraji/care themselves treatment. Normally they go to pharmacy when they suffer from kinds of seasonal minor disease such as fever, cough and so on. When they think pharmacy is not suitable for their then they go to Govt. hospital. Some participant said they are poor that's why they have to work in welding sector. But most of the working hour they feel hot. As a result they feel pain. But they don't need treatment for pain. They care themselves. They don't have such economic capacity to take treatment from private hospitals.

One participant said that:

Before joining welding industry sometimes I suffer from seasonal disease such as cough, fever and so on. For these diseases sometimes I took homeopathy treatment sometimes I took allopathic treatment. We are poor that's why I have to work in this sector. But most of the working hour, I feel hot. As a result I feel pain. But I don't need treatment for pain.

Another participant reported that:

Sometimes I suffer from weakness but I didn't take any treatment for last two years. Because, causes of weakness are known to me. And those are lacking of sufficient nutritious food and lacking of drinking water in day time. If I think I need any treatment I go to pharmacy. Because, my income is very low. I don't have such economic capacity to take treatment from private hospitals.

Discussion

The study revealed that in welding sector, working hour is not regulated by a standard of daily/weekly working hours internationally recognized and accepted by both the employers and employees. This standard of working hours is, more or less, accepted and abided by employers and employees in welding sector. Nevertheless, in welding sector, in many a case, it's found as if there are no authorities other than employer himself to have any command over the issue of working time, to be abided by the employees appointed by him. In such working situation, employees are never given any formal appointment letter causing a serious to their legal rights. As per ILO Convention no.1, no adult worker will be allowed to work more than 8 hours a day and more than 48 hours a week (ILO, 1982:249). In our national law, such as the Factories Act, 1965, there is a provision indicating that no child (more than 14 but below 16 years) will be allowed to work more than 5 hours a day (Khan, 1981:233).

Study reveals that three child workers out of fifteen (20.00%) informed their working time 7-9 hours a day and six child workers out of fifteen (40.00%) informed 11-12 hours a day. This contradiction simply indicates how the helpless child workers are being exploited under the blaring contradiction of lofty thinking and deceitful cruelty of the employers. On the other hand only 46.67 percent monthly income is below tk. 2000/-. Almost the total 15 children, 1 child (6.67%) earns less than 1000 taka. By this low income they cannot support their family member. But most of the family dependent on his income in fact, children of this income level don't have any regular payment. They are mostly unpaid apprentice. In this stage they should go school instead of work. In this study 86.67% have education level class I-V and only 13.33% have education level VI-VIII. No child workers in welding sectors were S.S.C completed. But education is said to be the backbone of a nation.

Child workers in general have a very low nutritional status. Scantly statistical information available about this particular area indicates that the nutritional standard of the children from (below 10 years) from the landless peasant class and the destitute families is the lowest (Salahuddin, 2001:38). Lack of fish, meat and poultry in the child workers daily diet leads to severe protein deficiency which lowers their resistance to diseases and makes them easy victims to all kinds of deformities caused by them. Moreover, the child workers are from poor families and earn a very little amount of money. All those have impact of the food they intake. Because of poverty they do not have enough scope have foods that reach in nutritious. As a result they suffer from weakness.

Conclusion

This study explored the overall quality of life and the experienced of suffering of child worker at welding industries in Dhaka. In-depth qualitative research was carried out among 15 working children, who had left their homes in the village to work for welding industries in Dhaka. The arrangements had been negotiated by their parents. The child worker had entered their new lives with hope and excitement, expecting to receive care and respect in return for their welding industries. But within a context of conflicted needs and wants, the

children quickly found themselves betrayed and in abusive situations. From the findings of the study and field level observation based experience in the study area, it can be mentioned that child workers are the victims of exploitation. The very nature of their works and work situations are quit inhuman and hazardous, which are also detrimental to their growth and development. In view of the real state of work situation, it can be divulged that child workers are denied the joy and demand of their childhood and the right to normal growth and development. They need to work under persistent pressure to remain active in highly demanding situations. The work the stands out to be essential, by the exigencies of circumstances for working children, is condition of noisy factories and dirty trades. Work also causes their exposure to industrial poison and inclement weather (Singh, 1987). So far as work pressure, work conditions and their impact on the working children are concerned, incidence of child worker can not be viewed as anything of social good. Child worker is rather a great social evil that gives birth too many of the social evils in the society. In terms of growth and development not only of the child concerned but also of the society as a whole. By all counts, the incidence of child worker does not bring any good for the society. It rather indicates a direct threat to the development of potential human resource of a society, be it Bangladesh or any society else.

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