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A Precarious Childhood: Health of the Girl Child

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At an age when children bubble with the sheer joy of being alive, there are millions of small girls struggling to survive the burdens of poverty, overwork and ill-health in India.

Girls who are forced to endure an entire childhood of extremely poor health. Their physical and emotional well being is at a constant three-fold risk due to their living conditions, the work they must do and the fact that they are female.

Most girl labourers in Mumbai live in insanitary slum or on the pavement in conditions which threaten their health. Bina Nikaiji, 11 and a rag-picker, lives in a slum atop a former, flattened hillock of garbage, adjacent to the Deonar dumping ground in north-east Mumbai. Open, overflowing drains, flies, the stench, and toxic fumes from the dump and the nearby high- way constitute Bina's daily, landscape.

Salma Qureishi, 7 and a beggar, lives on an unused track next to Kurla railway station in east Mumbai. Her "home" is a few pieces of plastic and cloth. If it rains, the family runs to the platform for shelter. In the heat of the day, they again shelter under the platform, until police-man arrives with a lathi or with an open palm.

Savita More, 10, lives in a plastic- and-bamboo hut on the pavement in Wadala, central Mumbai. It takes Savita, her sister and mother over an hour every morning to fill water from a faraway tap. Still, when she returns from sifting through rubbish all day, there is never enough water for a proper wash. Savita has to bathe behind a flimsy straw partition outside her home and go to a dirty public toilet.

When entire lives are geared towards survival, nutrition is an alien concept. Sometimes, when she is unbearably hungry, Savita looks for chicken remnants or rotting fruit in the garbage.

Sangita, 7, a girl beggar at Church-gate Station terminus in south Mumbai lives almost solely on vada pav, a streetside snack. Salma and her family at Kurla station depend on the left-overs she gets by begging in a slum.

In rural areas, the environment does not become more conducive to a child labourer's health. Vinita Chauhan, 12, a migrant sugarcane worker in Aurangabad district, lives in a makeshift hut, trudges for water every morning, and eats bhakri and chutney for every meal.

Sundar Wagh, 12, a brick kiln worker in Thane district, lives in similar circumstances. So do innumerable agricultural child workers in Maharashtra.

In just six of Maharashtra's 30 districts, this writer encountered numerous girls working in unorganised areas like rag-picking, in sugarcane fields or rolling agarbattis or beedis at home. Activists estimate the number of such workers runs into hundreds of thousands. Most estimates exclude girls doing housework, like filling water, washing, cooking and looking after younger siblings. All government estimates and programmes ignore such workers.

Not surprisingly malnourishment and illnesses like fevers, coughs, malaria, scabies and diarrhoea are common amongst girl labourers. In Maharashtra, almost 19 lakh children below five years are registered as malnourished under the government's Integrated Child Development scheme. The number represents the proverbial tip of the iceberg.

In poor health already, child labourers also face various occupational hazards: rag-pickers cut themselves on rusted metals and pieces of glass in the garbage, domestic workers suffer body aches from washing clothes and swabbing floors, agricultural workers have to confront cuts, heat strokes, and stomach cramps. Potential sexual molestation is a constant threat. In short, every child who works beyond her natural capacity pays a price for her labour in terms of its effect on her health.

However, she has begun to pay the price for just being a girl, since the time she is born. If she is born and allowed to live that is. Freely available but illegal techniques like amniocentesis indicate the sex of the foetus which is often then aborted if female in urban India. In some rural areas, a female infant is simply killed and buried.

A recent analysis of data related to 19 states (including Maharashtra), from the 1992-93 National Family Health Survey of India, says girls are breast-fed for shorter periods than boys, they are less likely to be vaccinated than boys and are consistently less likely to receive treatment for diarrhoea, fever and acute respiratory infection (the three diseases studied by the NFHS).

Child mortality in the 0-4 age group is 43 per cent higher for females (at 42 per 1000) than for males (29 per 1000), says the analysis. A 1994 UNICEF publication says that of the 12 million girls born in India every year, three million do not survive beyond the age of 15. Just diarrhoea claims close to 1.5 million infants each year in India - that is, one every three minutes.

Many girls already in poor health, marry between the ages of 14 - 16. They bear children while still young and malnourished themselves. An upswing of female deaths in the age group 15-19 years indicates the high mortality rate of teenage mothers. The sex ratio drops from 944 in the 5-9 age group to 912 in the 15-19 age group. Over 100,000 women in India die every year from causes related to pregnancy and childbirth. At between 400 to 800 per 100,000 live births India's maternal mortality rate is the same as it was 10 years ago. A combination of these factors has contributed to the declining female-male sex ratio in India, from 972 in 1901 to 927 in 1991.

Yet, the Indian government has never spent more than 1.8 per cent of the GDP on health. The current figure of public spending is 1.3 per cent of the GDP. As much as 80 per cent of Indians live. Lack of support to traditional healing methods has ensured greater dependence on modern medicine.

In these circumstances, it is unrealistic to hope that the health of girl child workers will become a priority for our planners. Perhaps they have still not understood, as one writer says, that "deprived children will make deprived adults who will only make a deprived nation."

Focusing on child labour alone merely announcing mega plans the girl child without address in issues like mass poverty and unemployment will only give fragmented results. Today the political will to tackle problems is absent. Only public opinion can, perhaps, make a difference.