



A Study to Assess the Effectiveness of Health Education Programme on Knowledge Regarding Ill Effects of Child Labor and Its Prevention among the People Residing in Selected Slum Areas of Udaipur City

Upendra Parashar^{1*} and Dinesh Kumar Sharma²

¹ Lecturer, Soni College of Nursing, Jaipur, Rajasthan, India

²Assistant Professor, Geetanjali College of Nursing, Udaipur, Rajasthan, India



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ABSTRACT

“I dream for a world which is free from of child labor, a world in which every child goes to school. A world in which every gets his rights”

-KAILASH SATYARTHI

It is difficult to define child labor since the terms “child” and “labor” both resist universal definition because of cultural and social differences from one country to another. ILO (International Labor Office) has specified the concept through its – Minimum Age convention 1973 – Where it encourages member states to set a minimum age that is not less than the completion age for compulsory schooling, or in any case not less than 15 years. So in India a child laborer is one who is below 18 years of age, out of school and has no avocation other than work. Although child work is not synonymous to child to labor, most children, in whatever society they live, work in one way or another. For example, in rural areas of India most of the children are involved in agriculture, cultivation forestry etc. Work of this kind is not considered child labour.

Children who works as child labors and are aged below 14 years in any economically productive activity with or without compensation, wages or profit. The Health education programme is a tool that is the systematically designed learning experience using flipchart and flashcard to help individual and communities to improve their health by increasing their knowledge ill effects of child labor and its prevention.

A Present study is undertaken with the aimed to assess the effectiveness of health education programme on knowledge regarding ill effects of child labor among and it’s prevention among the people residing in selected slum areas of Udaipur city”. The study was performed evaluative approach as the study aimed at development of an intervention (Health Education Programme) for assessing the knowledge and practice of 80 people residing in selected slum areas of Udaipur City. This approach would help the investigator to evaluate the effect of specific intervention that is “Health Education Programme” on the variable that is ‘knowledge’ of people residing in selected slum areas regarding ill effects of child labor and it’s prevention at Udaipur city. In this study samples were drawn by using non probability purposive sampling method. Data was collected by using structured knowledge questionnaire. The knowledge of ill effects of child labor and it’s prevention among people residing in slum areas was assessed. The result showed that the mean post test knowledge score is 26.45 (94.46%) is greater than the mean pre test knowledge score 14.32(51.16%). The result showed that the enhancement in the knowledge of respondents is 12.13 (43.3%) supporting the post test knowledge score are higher than the pretest knowledge score.

KEYWORDS

Assess Effectiveness, Health Education Programme, Ill effects of Child labor, Prevention, People of slum areas

INTRODUCTION

It is difficult to define child labor since the terms “child” and “labor” both resist universal definition because of cultural and social differences from one country to another. ILO (International Labor Office) has specified the concept through its – Minimum Age convention 1973 – Where it

encourages member states to set a minimum age that is not less than the completion age for compulsory schooling, or in any case not less than 15 years. So in India a child laborer is one who is below 18 years of age, out of school and has no avocation other than work. Although child



work is not synonymous to child to labor, most children, in whatever society they live, work in one way or another. For example, in rural areas of India most of the children are involved in agriculture, cultivation forestry etc. Work of this kind is not considered child labour.¹

International Labor Organization (ILO) states that child labor may be defined in a number of different ways, and a different definition yields a different estimate of child labor in India as well as other countries. According to ILO, children or adolescents who participate in work that does not affect their health and personal development or interfere with their schooling, is not child labor; rather it may generally be regarded as being something positive. Such harmless work includes activities such as helping their parents around the home, assisting family or earning pocket money outside school hours and over holidays. These kinds of activities, suggests ILO, may contribute to children's development by providing them with skills and experience, and help to prepare them to be productive members of society during their adult life.

UNICEF defines child labor differently. A child, suggests UNICEF, is involved in child labor activities if between 5 to 11 years of age, he or she did at least one hour of economic activity or at least 28 hours of

domestic work in a week, and in case of children between 12 to 14 years of age, he or she did at least 14 hours of economic activity or at least 42 hours of economic activity and domestic work per week.¹

Section 12 of India's Child Labor (Prohibition and Regulation) Act of 1986 requires prominent display of 'child labor is prohibited' signs in many industries and construction sites in local language and English. After its independence from colonial rule, India has passed a number of constitutional protections and laws on child labor. The Constitution of India in the Fundamental Rights and the Directive Principles of State Policy prohibits child labor below the age of 14 years in any factory or mine or engaged in any other hazardous employment (Article 24). The constitution also envisioned that India shall, by 1960, provide infrastructure and resources for free and compulsory education to all children of the age six to 14 years. (Article 21-A and Article 45).³

NEED OF THE STUDY

We all know the fact that the child is universe. If there was no child, there would be no humanity and there cannot be a universe without humanity. Therefore, mankind owes to the child the best that it has to be given. It is not an overstatement to say that children are the blooming



flower of the garden of society and so, it is our duty to protect these flowers from damaging effects of excessive exposure to heat, cold and rain. It is quite imperative to give vent to the thought of Honourable Mr. Justice Suba Rao who has rightly observed: "Social Justice must begin with children". Unless tender plant is properly tendered and nourished, it has little chance to growing into a strong and useful tree. So, first priority in the scale of social justice shall be given to the welfare of children.

Worldwide at least 120 million children between the ages of 5 to 14 years work full time and there are 250 million or more children do child labor as secondary activity. Asia alone covers almost 60% of total child labor force of world, whereas 32% in Africa, and 7% in Latin America.

According to NSSO (66th round of Survey) on Child Labor in Major Indian States, 2009-10 Uttarakhand male 1160114, female 615219, total 1775333 in % 35.62 , West Bengal male 389211, female 162373, total 551584 in % 11.07 , Rajasthan male 136239, female 269697, total 405936 in %8.14 of India . All India male 3057998, female 1925873, total 49,83,871 .

The latest National Sample Survey (NSS) data, put out in January 2014, have revealed a stark reality: The proportion of child labor in Gujarat in both urban and

rural areas is one of the highest in India. Calculated on the basis of usual status of employment, taking principal and subsidiary activities together, the NSS has found that, in urban Gujarat 2.2 per cent of children in the age-group 5-14 are in the workforce, which is higher than most Indian states, except West Bengal (12.6 per cent) and Uttar Pradesh (4.4 per cent). Things are worse in rural areas, where Gujarat's 4.3 per cent of children in the age-group 5-14 are the workforce, which is again higher than all major Indian states, except Jharkhand (6.7 per cent).¹¹

PROBLEM STATEMENT

“A study to assess the effectiveness of Health education programme on knowledge regarding ill effects of child labor and its prevention among the people residing in selected slum areas of Udaipur city”.

OBJECTIVES OF THE STUDY

1. To assess pre test knowledge regarding ill effects of child labor and it's prevention among the people residing in selected slum areas.
2. To prepare and administer health education programme regarding ill effects of child labor and it's prevention among the people residing in selected slum areas.



3. To assess post test knowledge regarding ill effects of child labor and it's prevention among the people residing in selected slum areas.

4. To assess the effectiveness of health education programme on knowledge regarding ill effects of child labor and it's prevention among the people residing in selected slum areas by comparing pre test and post test knowledge scores.

5. To find out the association between pre test knowledge with selected demographic variables.

HYPOTHESES

H₁: There will be a significant difference between the pre and post test knowledge score regarding ill effects of child labor and its prevention.

H₂: There **will** be a significant association between the pre test knowledge score with selected demographic

VARIABLES OF THE STUDY

1. Independent Variables: Independent variables are the cause or influence the dependent variable which is manipulated. In this study independent is health education programme

2. Dependent Variables: Dependent variables are the response, behavior or outcome that is predicted on research. Changes in the dependent variable are presumed to be influenced by the

independent variable. In this study dependent variable is knowledge

score on ill effects of child labor and it's prevention.

3. Demographic variable: The demographic variable confound the relationship between the independent and dependent variable and that need to be controlled either through building in research design or through statistical procedure In this study, demographic variables are age, gender, educational level, monthly income, type of family, occupation, previous knowledge about child labor and source of information.

RESEARCH METHODOLOGY

Research Approach-Evaluative Research Approach

Research Design- pre experimental one group pre test post test design

STUDY SETTING.-- SELECTED SLUM AREAS OF UDAIPUR CITY

Sample Size-- 80 PEOPLE RESIDING IN SELECTED SLUM AREAS OF UDAIPUR CITY

Sampling Technique -- PURPOSIVE SAMPLING



RESULTS

The knowledge of ill effects of child labor and its prevention among people residing in slum areas was assessed. The result showed that the mean post test knowledge score is 26.45 (94.46%) is greater than the mean pre test knowledge score 14.32(51.16%). The result showed that the enhancement in the knowledge of respondents is 12.13 (43.3%) supporting the post test knowledge score are higher

than the pretest knowledge score. The data further represent that the 't' value of 30.32 is significantly higher than the table value 1.96 at 0.05 level of significance. Hence the research hypothesis (H₁) is accepted that there is a significant difference between pre test & post test knowledge score. There is an association between pre test knowledge score with selected demographic variables; hence the research hypothesis (H₂) is accepted.

Table 1 Effectiveness of health education programme by comparing pre test and post test knowledge score of respondents
N=80

		Enhancement							
	Mean	Mean	SD	%	Enhancement %	df	t	Inference	
Pre test	14.32	51.16	8.29						
				12.13	43.3	79	30.32	S	
Post test	26.45	94.46	9.0						

S = Significant



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