

as the cut off age for breath holding spells may be rather arbitrary.

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Child Labor: Action is Needed

The editorial on "Child Labor in India: Present Status"⁽¹⁾ briefly mentions the magnitude of the problem, its diverse forms and its determinants. He notes that the amount of money and the projects sanctioned by the Ministry of Labor, Government of India in 1991-92 can only cover a very negligible fraction of the working children, and draws attention to "conceptual ambiguities", administrative loopholes and a lack of "missionary" attitudes of the grass level implementers and involvement of community workers. He goes on to give a few vague proposals for action and ends with an oft repeated remark of Gabriel Mistral.

Those who read newspapers and news magazines are familiar, with the problems of child labor. This matter has been extensively discussed over the past 3-4 years. The reasons for a very high degree of employment of children in various industries and other areas as well as for child exploitation and abuse are not difficult to understand. The cru-

cial factors, *viz.*, extreme poverty, lack of education and too many children, will remain with us for several years.

Unfortunately the Indian Academy of Pediatrics (IAP) has not been able to make any contribution towards tackling this very serious problem of children. We have been too preoccupied with matters of child health and disease and child survival. Nevertheless the IAP must begin to take some action.

It is clear that child labor cannot be abolished in near future. Hence, every attempt must be made to ensure the following: (i) The child does not work long hours; (ii) He gets appropriate monetary benefit; (iii) His nutritional and health needs are taken care of; (iv) His education is not interfered with; (v) He does not face occupational hazards or carry out dangerous work; and (vi) He is not exploited and protected from abuse.

The Academy can undertake the following action :

(i) IAP should join hands with various groups and agencies which are concerned with child labor and strengthen their activities. This should be done at all

levels *viz.* national as well as state, city and districts. A number of agencies are involved in child welfare work. The need, however is for coordination and concerted action.

(ii) IAP branches should identify industries that heavily employ children, and cities or districts where children work in hazardous and dangerous industry. The members may discuss the needs of such children as listed above with the employers. They should also liaise with law enforcement agencies and local Government officials. They can offer to look after these children's health problems, free of cost.

(iii) The existing Government laws concerning child labor should be informed to all IAP members, and also to the members of the Indian Medical Association (IMA) (a leading pediatrician is presently the President of the IMA).

(iv) At an individual level, every member of IAP should ensure that the needs of the child employee in the home

or clinic are met with. They should also explain it to their friends and relatives.

(v) At local levels, pediatricians should contact all doctors and make them aware of the problems of working children and obtain their help to tackle them. Funds may be established to provide books and learning material at a nominal cost.

I reiterate that pediatricians, and other enlightened groups are not unaware of the problems of child labor and exploitation of children. It is time for action, no matter how small, which would be more significant than any number of pious resolutions and statements.

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REFERENCE

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Reply

Dr. Srivastava's constructive criticism as to what IAP can do for the betterment of the status of child labor in India is extremely ideological and pious. I have been involved in this perspective for the last 15 years and find his proposals consisting of some 'shoulds' looks good on paper only. Child labor is a stigma which can never be stamped out

from this country, no matter what legislation comes into existence. What we as pediatricians can do is to increase the awareness and work with NGOs and the Government to organize it in the best way, give the child employed in labor his due rights and integrate him mentally, socially and physically into the mainstream of society. How this can be done is precisely our difficulty right now.

It is imperative that the IAP create a