

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

1. Banerjee SR. Child labor in India: present status. *Indian Pediatr* 1995, 32: 403-408.

## 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

platform to work for the rights of a child employed in labour with initiative from individual pediatricians. The following action programmes can be chalked out:

(i) Social and economic survey on child labor specially those engaged in hazardous occupations.

(ii) Provision of non-formal education to these children.

(iii) Child workers who are orphans, abandoned or runaways should be provided service under social rehabilitation programs.

(iv) Generating awareness about the effect of child labor among their parents, teachers, people's representatives, trade unionists, social workers and politicians.

(v) Enforcement of the existing legal provisions relating to child labor.

(vi) Poverty eradication program for integrated development of families and areas from where the child laborers are migrating.

(vii) Health check-ups and free medical camps at regular intervals, by social workers and pediatricians.

I admit that even the proposals listed above seem to consist of 'what we should do' and are different from 'what we can do'. However, if objectives are set forward in a common forum, we can translate these into action. It is essential to form a National Committee on Child Labor under IAP. The ultimate thing is the will to work. In Mokhila, Andhra Pradesh, an NGO, The M.V. Foundation, on its own initiative freed 150 bonded child laborers.

Dr. Srivastava's proposals about what IAP should do are confined to only one aspect of the problem. IAP can create a common platform of opinion but the necessary initiative must be taken by individual pediatricians.

Gabriel Mistral can be quoted differently this time, "To him we cannot answer 'Tomorrow', His name is 'Today'". Let us not wait but start within our 'small' limited ways to work for the betterment of this scourge of our society.

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