“Commercial Exploitation of Children: Child Labour & Sexual Exploitation in India”

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Children in India

- India has the highest number of children in the world (19%)
- 440 million below 18 years
- 27 million children born each year
- 40% of above need care & protection
- Largest number of child laborers (13 million)
Child labor: International Labor Organization (ILO) definition

• Work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development.

• *It refers to work that is mentally, physically, socially or morally dangerous and harmful to children*

• *Interferes with their schooling*
Children’s participation in work that does not affect their health and personal development or interfere with their schooling is generally regarded as being something positive.

For example-

– *activities such as helping their parents around the home,*

– *assisting in a family business or earning pocket money outside school hours and during school holidays.*
Magnitude of problem

- Child Labour is global phenomenon.
- **Incidence decreased from year 2000: 246 million to 168 million children.**
- More than half of them, 85 million, are in hazardous work (down from 171 million in 2000).
Global Prevalence

• Asia and the Pacific: almost 78 million and India 13 million

• Sub-Saharan Africa: highest incidence of child labour (59 million).

• Latin America, the Caribbean and Middle East and North Africa: 9.2 million
The UN Convention on the Rights of the Child (UN CRC), 1989

- Article 32 of the UNCRC addresses child labour
- A key Child Advocacy tool

- **Sustainable Development Goals (SDG) to measure and monitor progress towards Child Labour target 8.7**
India Country Experiences

• Child labour is essentially a socio-economic problem, inextricably linked to poverty, illiteracy and huge population size

• In its most extreme forms, child labour involves children being enslaved, separated from their families, exposed to serious hazards and illnesses and/or left to fend for themselves on the streets of large cities – often at a very early age
Child labour (distribution by branch of Economic activity)

- Agriculture (commonest type of child labour, 58%)
- Services other than domestic work (25.4%)
- Industry (7.2%).
- Domestic work 6.9%
Categories of Child labour

- Street Children
- Migrant Child labour
- Bonded Child labour
- Children used for Sexual Exploitation
- Female working children, engaged in household activities:
- Agricultural child labour
Street Child (United Nations 1992)

Definition:

• Any minor, for whom the street has become his or her abode
• and/or source of livelihood
• who is inadequately protected, supervised or directed by responsible adults

Government of India (2002) : 8 Million Street Children in urban cities of India
Street Children, UNICEF (1989)

- **Children on the street (80-90%)**
  ‘Home based’,
- **Children of the street (10-20%)**
  ‘Street based’

- *Profession*: Rag pickers, beggars, cleaners
- *Suffer child rights abuse, violence, socio-economic exploitation as child labourers*
Response to Child Labour

• Should actions focus on
• improving and enforcing child labour laws?
  Or
• On promoting compulsory education,
• or both?

The National Commission for Protection of Child Rights (NCPCR) 2007

The Right of Children to Free and Compulsory Education Act (RTE) 2009

National Policy for Children (2013)
What is Wrong with Indian Child labour Act 1986

• This law has become redundant as two new legislations have been enacted later
  • Juvenile Justice Act (2000)
  • Right to Free and Compulsory education (RTE) Act 2009
• The existing law bans child labour only up to 14 years, but not total ban up to 18 years
BUILD MY FUTURE
WITH
BOOKS NOT BRICKS
The International Labour Organization (ILO) Declarations

- ILO Convention No. 138 on the minimum age for admission to employment and work
- ILO Convention No. 182 on the worst forms of child labour

*Hazardous work is defined as any work which is likely to jeopardize children’s physical, mental or moral heath, safety or morals should not be done by anyone under the age of 18.*
International Labour Organization

**Minimum Age Convention, 1973 (No. 138)**

- Raise progressively the minimum age for admission to employment or work
- To a level consistent with the fullest physical and mental development of young persons.
ILO Convention No. 182

• Prohibition and elimination of the worst forms of child labour,
  • Slavery, forced labour and trafficking;
  • the use of children in armed conflict;
  • the use of a child for prostitution, pornography and in illicit activities (such as drug trafficking);
• Hazardous work.
International Labour Organization (ILO convention)

• On 13 June 2017, the Government of India deposited with the International Labour Office the instruments of ratification of the two fundamental ILO Conventions concerning the elimination of child labour, the Minimum Age Convention, 1973 (No. 138) and the Worst Forms of Child Labour Convention, 1999 (No. 182).
Violations of UN Convention on the Rights of the Child (UNCRC)

• Child Labour, Trafficking and Commercial Sexual Exploitation of Children (CSEC) are violations of the fundamental rights of children

Child Trafficking

The UN Convention on Trans-national Crime (The Palermo Convention) adopted by the UN General Assembly of 15 November 2000 defines trafficking as

“the recruitment, transportation, harbouring or receipt of persons either by threat or use of kidnapping, force, fraud, deception or coercion or by the giving or receiving of unlawful payments or benefits to achieve the consent of a person having control over another person for the purposes of sexual exploitation or forced labour”
A grim picture
• Absence of data,
• Lack of sustained follow up after an initial uproar, including in instances that had received massive media coverage (Nithari, various search and rescue by NGOs).
• Multiplicity of interventions and absence of synergy
Commercial sexual exploitation of children (CSEC)

- Forms of CSEC include
  - Prostitution,
  - Pornography,
  - Trafficking of children for sexual purposes
  - Sexual exploitation during travel and tourism”.

1.8 million children are exploited in prostitution or pornography worldwide (ECPAT 2015)
Low Middle Income Countries (LMIC)

- Child rights, protection and sexual exploitation are intimately linked to poor socioeconomic conditions in a huge population base.
- The interaction of poverty and gender-based violence in LMIC heightens the risk of sex trafficking and CSEC.

SOUTH ASIA

• Globalisation, often undermines traditional norms
• Marriages motivated by love are far outnumbered by those tied to traditions such as the dowry system.
• Poverty and traditional gender roles encourage families to rid themselves of daughters, as they are seen as an economic burden!

Increased Risk of Sexual Exploitation

• The notion of family honour leads parents to marry their daughters off at a young age to avert potential “dishonour,”
• Each of these traditional ‘child marriage’ practices increases the risk of sexual exploitation for girls.
• Today, availability of technology, increased ease of crossing national borders and persistent failure to register children at birth
• Prostitution of children, child trafficking, online exploitation and abuse and sex tourism are affecting all countries.

Ref : Seth R et al ( 2018) Social deteminants to Child Marriage in Rural India, Oschner Journal
Medical and psychosocial services for recovery and reintegration from CSEC

- Medical and psychosocial evaluation of CSEC is an emerging area of research and practice
- Few healthcare settings have established screening practices, policies and protocols
Victims of CSEC

• Rarely self-identify, due to fear and shame as well as concerns about loss of income for oneself and/or family.
• May have a history of running away from home, truancy, child maltreatment, involvement with child protection services (CPS) or the juvenile justice system, multiple STIs, pregnancy, or substance use or abuse issues.

Medical Evaluations of CSEC victims

• Medical care may be sought for a variety of problems, including sexual assault, physical injury, infection, exacerbations of chronic conditions, complications of substance abuse/overdose issues, or pregnancy testing, contraceptive care, and other reproductive issues.

• If that person is a suspected exploiter, his or her presence should be avoided if at all possible.

Medical Evaluations of CSEC victims

• Children are rarely forthcoming about their actual history and it requires patience and a secure environment to gain their trust.

• A trauma informed approach and care, comprehensive history related to injuries/abuse, reproductive issues, substance use, and mental health symptoms should be obtained.

• A nonjudgmental and open attitude.
Trauma Informed Care

Trauma-Informed Approach

- Don’t take it personally!
- Behavior may reflect reactions to trauma
- Look beyond behavior, find its purpose
- Remain nonjudgmental, calm, open
- Work collaboratively
- Set limits, give control when feasible
Comprehensive Medical Response to Sexual Violence

- Consent
  - First aid
    - History
      - Examination
        - Evidence collection
          - Age estimation: Physical, dental, radiological
            - Dry pack, and put seal
              - Documentation
                - Hand over to Police
          - Treatment
            - Treatment of injuries
              STI test and prophylaxis
              HIV test and prophylaxis
              Emergency contraception if applicable
              Counseling and information
              Referral to other services
            - Discharge
              - Follow-up
MULTIDISCIPLINARY REFERRALS AND PSYCHOSOCIAL SERVICES

• Referrals for medical care, including gynecological care, family planning, obstetric care (for pregnant patients), HPV vaccination, drug rehabilitation, HIV prophylaxis monitoring and a mental health assessment.

• Comply with child abuse mandatory reporting laws and existing
Public Health Intervention

- Understanding Ground Realities: data, laws
- Respond with a multidisciplinary approach.
- Promote mainstream children into schools
- Influence Government Policy & Practice
- Persistent Child Advocacy and Moral imperative
Role of Multidisciplinary Professionals

• Health care and Rehabilitation
• Protect Child Rights
• Referral to Child Helpline (1098) and assistance from local child protection systems.
• An advocacy movement and render justice for all children, towards equity and democracy.
Action against Child Labour

Rehabilitation & Intervention strategies

• Drop In Center (DIC)
• Mobile Health Van
• Education ( Formal & Non Formal)
• Vocational Skill Development
• Home Repatriation
Mobile Health Van
Drop In Center (DIC)
Impact of Drop in Center

Out of School Adolescent Girls
Vocational Education
Childrens’ Day
Substance misuse

Seth R, Kotwal A, Ganguly KK.

An ethnographic exploration of toluene abusers among street and working children of Delhi, India.

Substance use and misuse 2005, 40:1659-1679.
June 12

is the

World Day Against Child Labour:

Please do join hands
Case 1

- At 10 years of age Pintu was thrown out of his house by his father who had forced Pintu to work in the fields. With no money and support, Pintu ran for a long time. He reached the nearest railway station and got on to the first train that he saw which took him to Mumbai.

- Pintu soon found himself stuck in Mumbai as a bonded labourer. He watched out for opportunities to escape. One day he managed to escape his employers and ran to the nearest railway station. This time the train took him to Old Delhi.
CASE 2

• 16 year old female brought to your clinic by NGO staff.

• Patient with history of pelvic pain and vaginal discharge x 2 weeks. History of trafficking from Nepal at age 14; drugged at village event, kidnapped, sold to brothel. Illiterate, no education. History of sexual abuse by uncle.

• In brothel, had 10-20 clients per night; No healthcare. Not allowed out of brothel. Housed in single room with 9 other women/girls
Case 3

• 13 year old homosexual male is brought in by police after being found in apartment of local man. Child ran away from home and parents called police.

• Child tells you he has no friends, is ostracised for his sexuality, and feels alienated from his parents. He ran away and met a man on the street who offered to let him stay at his apartment.

• He had sex with the man, stayed with him for 4 days and then the man began bringing other men home to have sex with patient. Police were called when neighbor became suspicious of all the activity
Case 4

- Raju 17 year, limping, No fever, body-aches
- Exam normal
- Exam of buttock revealed excoriations, blisters and peri-anal rash
- Detailed history: Sodomy at sadhus at Haridwar
Conclusions and Summary

• **Attitudinal Change**: Invest on children
• **Defining Child Protection**: Community awareness
• **Increased attention to Prevention**
• **Trauma informed approach to assessments and interventions**
• **No Health without Mental Health**
• **Invest in capacity building of health professionals**
• **Ensure the implementation of existing policies, programmes and legislation:**