

CHAPTER - I

INTRODUCTION

1.1 Background of Study

Child labour is an exploitive and unjustifiable form of labour. According to the dictionary of sociology “Child labour is earning wage and helping family by involving in work in childhood age; by disturbing their growth and education.” In general term, child labour means children’s compelled to be involved in labour wages work. In the context of Nepal, child labour is the important part of labour world. Child labour is found in every sector in Nepal. The main reasons of excessive use of child labour are poor economic status, socio cultural factors, illiteracy, lack of political commitment, lack of appropriate law related to child labour and so on (Budathoki, 2068).

Childhood is a critical and sensitive period for developing youthful energy and idealism. 'A child means every human being below the age of 18 year's (UN, Convention, 1989). The law of Nepal say's a child is that human being who is at the age below 16 years. In this period girls and boys should be prepared to become productive and confident adults. Childhood represents unique chance to develop important behaviors and to support income generating potentials. Improvements made today in education training health services and nutrition for children should be considered as strategic investments for the future. Child labour affects the development of Nepalese children and jeopardizes Nepal's future (Thakurathi, 2001).

The children are an integrated part of society and precious treasure of the world. We cannot even imagine the existence of society if there were no children around us. They are our source of hope, joy and inspiration, hence. Children are regarded as the future of the world, leader of the nation for development and future star of nation but no child can grow sufficiently without proper love, care and understanding.

In each stage of childhood, a child, who is innocent, vulnerable, dependent and voiceless, needs the proper support of adult care, otherwise, there is a chance for every child to be in danger, if they are not taken care of properly and adequately will be hampered and their future will lead towards uncertainty.

Children are engaged in wide variety of works. The condition and the nature of their work vary from occupations where children are able to develop responsibility and skills, and combine work with schooling to conditions of extreme hazards and exploitation. The extent to which the work is harmful or beneficial to the children depends on number of factors. A distinction is, therefore, necessary to be made between “child labour” and “child work”. The former is defined as ‘work for wages’ and carries the implications of being detrimental to the growth and development of the children, whereas the later is thought to be as ‘work in the context of household’ and is positively evaluated (IPEC, 1995).

Child labour is not a new phenomenon in an agriculturally dominated country like Nepal. The pattern of child labour in Nepal is similar to other developing countries where children work in occupations undesirable to adults, wages are low, workers rights are not recognized and where there are no labour organizations. Children are engaged in various occupations such as manufacturing carpets, the construction of roads and building quarrying and mining as well as working as domestic servants in towns far from their homes. The other dimensions are the traditional areas of work such as agriculture; animal husbandry, the pottery and other family operated business and domestic work.

Developing countries are suffering from deep-rooted poverty, which is a main cause of child labour. When a family is poor, it cannot afford basic facilities like food, shelter, clothing and education to its children. If a family cannot afford to feed it's children, that is not a problem relating to a labour, but it may lead to a child being sent out, even sold to supplement a family income (Gomango, 2001).

Nepal is a developing country thus; minimum developmental facilities are not available for all regions. In Nepal, more than 86 percent populations live in rural area and 79.87 percent population subsistence on traditional agriculture (CBS, 2001).

In Nepal, about 38 percent people are living below poverty line (NPC, 2003). According to national census (2001), 39.55 percent of total population is children of aged 0-14. The census revealed that 18.8 percent male and 22.16 percent female children of aged 10-14 years are economically active (CBS,2002).

The problem of domestic child labour has become a crucial issue around the world. In many countries, the use of children as domestic servants is regarded as a socially acceptable traditional practice. Domestic services form also one of the most exploitative service areas for children. Children who work as domestic servants often suffer physical, mental, sexual abuse, many works for little or no pay. They endure deprived of opportunities to play with peers and attend school. Domestic child rarely receive proper medicine care. Some girls regularly face sexual abuse in the form of physical contact or verbal harassment.

Most domestic child workers have to work for more than 14 hours a day. Conversant, 53 percent of them do not get monthly salary and those who receive are least paid the average earning is Rs. 425. About 40 percent of domestic workers are girls between the ages of 7 to 16 years. GON has defined domestic child work as one of the worst forms of child labour. In convention No.182, it strictly prohibits any worst forms of child labour (HDRN, 2010).

1.2 Statement of the Problem

To survive in the ever-increasing financial pressures, more and more children are pushed into the visible and invisible labour market. Even though it is difficult to cite a current figure of the number of children engaged in child labour, about 1.7 million children in Nepal are estimated to be involved in economic activities (Sue, 1995). In the context of Nepal, it is the agriculture sector, where the majority of children have involvement, usually, in agriculture sector that comprises cattle grazing, crops plantation, harvesting, collection of firewood, grass cutting etc. Besides this, working in trade and commerce, transport, communications, working as paperseller on the street, rag picking, working in the house of the rich, working in the carpet industries are also common.

Childhood is the formative stage of human life. Children are the source of hope and inspiration. They are regarded as the future star and Pillar of the nation building movement and it is true that children are our tomorrow and without them we cannot hope for future.

Domestic child labour is one of the worst forms of child labour. They are more exploited by their house-owners. They work very hard for long hours in unhealthy working conditions. They do not have time for reading, playing and rest etc. They don't have enough expenditure on food, clothes etc. Many child workers are suffering from different diseases. Medical facilities are negligible to them; the working environment is very poor (CWIN, 2005). Child labour is directly related to their health. So it is essential to reduce the different factors leading to child labour. In this stage of child-hood they are suffering from different diseases such as communicable diseases, injury, infections etc. So, this study is based on the 'Health Problems of Domestic Child Labour and their Management'. Basically the study tried to search the answer of the following research questions:

1. What are the socio-economic backgrounds of child labours in Bhaisepati Area of Lalitpur Sub metropolitan City?
2. What is their working condition?
3. What is their health status?
4. What are their health problems?
5. What is the role of employer and organizations in addressing the health problems of the domestic child labour?

1.3 Objective of the Study

The main objectives of the study was to explore the health problems of domestic child labours and their management in Bhaisepati area of Lalitpur Sub Metropolitan area and the specific objectives of this study were as follows:

1. To identify the situation of the domestic child labour in Bhaisepati Area of Lalitpur Sub Metropolitan City.
2. To investigate the health problems of the domestic child labours in Bhaisepati Area of Lalitpur Sub metropolitan City.

1.4 Significance of the Study

This study identifies the health problems and their management of domestic child labours in Bhaisepati Area of Lalitpur Sub metropolitan City is the main study of this research. There are many children working as domestic child labours in this Municipality. Therefore, this study will help to explore the health problems of domestic child labour and their management.

This research will be significant to contribute of the following areas:

1. This study will help to explore the situation of domestic child labours.
2. This study will help to find the health problems of domestic child labour and their management.

1.5 Organization of the Study

The study was divided into six chapters. First chapter deals about General introduction which includes background, statement of the problems, objective and importance of the study has been described in this chapter. Likewise second chapter deals about relevant literature review, which is divided in to theoretical and empirical review. Similarly, Chapter three includes various types of research methods and tools applied in the study. From chapter four analysis and interpretation of data begins and Chapter four includes the demographic situation and causes of domestic child labour; described on the basis of primary data collected by the researcher. Chapter five includes existing situation, health practice and problems and their management regarding domestic child labour; described on the basis of primary data collected by the researcher and Chapter six include Summary, Conclusion and Recommendation of the research work.

1.6 Limitation of the Study

The main limitations of the study were as follows:

1. The study was confined to the health problems of domestic child labour and their management.
2. The study was conducted among the domestic child labours of below 16 years age.
3. Due to the purposive sampling and almost of the interview with DCLs were taken in school, the household number were not considered.
4. The study does not cover the complete economic and social aspects of domestic child labours.
5. Due to the confined of time, resource and rejection of DCLs only 112 DCLs were included in the study however he investigator had the plan to study at least 120 DCLs.

CHAPTER – II

LITERATURE REVIEW

2.1 Theoretical Literature

2.1.1 Child Labour in World

Child labour is economically unsound, psychologically disastrous and physically as well as morally dangerous and harmful. It involves the use of labour at its point of lowest productivity and is therefore an inefficient utilization of labour power. It deprives him/her of education, training and skills, which are the necessary prerequisites of earning power and economic development. Children are the most vulnerable group in any population and in the need of the greatest social care on account of their vulnerable channels by unscrupulous elements in the community. The state has the duty of according proper care and protection to children at all times, as it is on their physical and mental well being that the future of the nation depends (ILO, 1993).

The definition of childhood, work, labour, exploitation, hazard and developmentally damaging are need to be given serious attention in this context. Different societies may have different threshold for demarcating childhood and adulthood, but in the context of child labour the ILO has clearly stated that childhood is a period of life which should be dedicated not to work but to education and development; that child labour, by its nature or because of conditions in which it is undertaken, often, Jeopardizes children's possibilities. Child labour is a worldwide problem of today. About 250 million children in the world are living under the exploitative and hazardous working condition. They are deprived of their rights of physical, social, emotional and spiritual development. They are deprived of their rights to education if no immediate measures are taken into account at present, there will be rather difficult situation in the future (Voice of Child Workers, 1989).

Although, child work is a social and economic function, it has no social recognition. The children's wages generally varies and they hardly receive the minimum wage. Their earnings are consistently lower than those of adults, even if they are appointed for the same tasks. They receive no fringe benefits, insurance or social security payments, an added saving for the employer. Moreover, child workers are among the lowest paid but work the longest hours (Boyden, 1988).

Aries had a major debate among historians and sociologists. But he also pointed out to a new way of thinking about children that is important for modern program planning; it is only recently that children have been regarded as a problem group that needs its own professionals, such as pediatrician, child psychologists and institution like guidance, clinics. Children are now the main focus of family life, Aries says, whereas they used to be simply part of the family workforce. The value of children has shifted from importance as an emotional benefit to their parents, even though they are costly in financial term (Scheper, 1987).

The United Nation Children's Fund (UNICEF) has declared that the child shall have the right to be protected from work that threatens his/her health, education and development. Each state shall set minimum working ages along with regulating the conditions that children must work under. The problem with UNICEF's declaration is that time to time the governments of the countries who have problems with child labour exploitation are not able to give adequate funding for watching over the places where children work. Even if they the main exploiters of child labour are often large companies that not only give a lot of money to the country's economy, but they are also foreign owned. No lesser-developed country wants to scare off any further industrialization, no matter how negative of effects it may have on its citizens, just because of a problem with foreign companies exploiting their children (McCarthy, 1998).

According to ILO – IPEC, (Geneva, 2001) has revealed that the worst forms of child labour include:

- Slavery or practices similar to slavery including debt bondage, sale of children, serfdom, and forced or compulsory recruitment of children for use in armed conflicts.
- The use, procuring or offering of a child for prostitution or for pornography.
- The use of children for illicit activities-particularly within the drug trade.
- Work that is likely to endanger the health, safety or morals of children.

According to the spirit of the UN convention on the rights of the child as well as to ILO conventions Nos. 29, 138 and 182, the worst from the DCLs employment is said to exist if the child is sold, Is bonded, Works without pay, Works excessive hours, Works in isolation or during the night, is exposed to grave safety or health hazards, is abused, is at risk of physical violence or sexual harassment and works at a very young age (UNICEF). The presence of any or a combination of these elements would render domestic child labour a worst form of child labour.

2.1.2 Child Labour in Nepalese Scenario

Information with regards to the magnitude and nature of child labour in Nepal is relatively scarce. This is mainly because of lack of reliable information about the overall distribution of economically active population by age, and the concentration of child workers in the informal sector. And there is general tendency to conceal the existence of child labour in rural and urban areas because work by a child under 14 is legally prohibited in Nepal. Therefore, it is not quite possible to present an estimate of child labour nationally (Gurung, 1992).

They can learn the skills of their parents and neighbors. Work can, therefore, build their confidence and self-esteem, and can be a painless and initiation into adult life. In practice, many children begin their work from the age of 6-7 in agricultural county like Nepal, on a family farm or household works. Work can clearly be a positive influence on child development (Fyfe, 1993). Work experience of right kind can be a means of acquiring skills, of learning responsibility of becoming a full member of a community in short, a valuable part of growing (ILO,1983).

ILO (2001) estimates the worst forms of child labour as: About 4,000 rag pickers in Nepal which 88 percent boys and 12 percent girls. The rag pickers work 6 hours on average and the average earning is NRs 87 per-day. Likewise, a total of 55,000 domestic child workers were found in Nepal. Similarly, about 46,029 children were engaged in porters. In the context of age, about 57,000 bonded child labours were between the ages of 5-18. And in trafficking case a total of 12,000 girls are trafficked every year and 20 percent of the sex workers in Nepal are under age of 16.

UNICEF, (1996) revealed that, in Nepal, child labour is often directly linked to the poverty of the family. It has also been mentioned that the necessity of having food and shelter, and factors such as unemployment or underemployment of adult family members, or death of the breadwinner, compels children to work at an early age. Many children have migrated to cities in search of better living conditions, and have few choices regarding the type, condition or quality of their employment.

Child Labour is a source of income for poor families. In developing countries like Nepal, childrens work has been considered essential to maintain the economic level of households, either in the form of work for wages, or help in households, in order to free adult household members for economic activities elsewhere (Mehra, 1996).

2.2 Empirical Review

2.2.1 Child Labour in World Scenario

Labour force participation, rates of children in Asia is close to 20 percent, of one child in every five and may approach to 40-50 percent in some Asian countries. It is estimated that participation rates are 30.2 percent in Bangladesh, 55.10 percent in Bhutan, 14.37 percent in India, 45.18 percent in Nepal and 17.67 percent in Pakistan, economically active children (between 10-14 years of age) respectively (ILO,1995). South Asian Human Development Report 1997 estimates that there are 134-250 million children are employed as child labour in South Asia alone (Haq, 1997).

According to ILO report, about 250 million children, between the ages of 5-14 is working full time or part time in developing countries. Among them, 61 percent are found in Asia. Although Asia has the highest number of child workers, Africa has the highest incidence at around 41 percent of children between 5-14 years old and highest participation rate of girls are often represented as statistical surveys usually do not take into account unpaid activities carried out in and around households, including household enterprises (ILO/UNICEF,1996).

2.2.2 Child Labour in Nepalese Scenario

CWIN, (1994) stated that more than 1, 00,000 children's are migrated from surroundings remote areas to Kathmandu. The study has mentioned that the children in Nepal are involved in more than 65 different labour sectors such as carpet factories, domestic services, restaurants etc.

Save the children Norway (2002) had suggested that In Nepal, there are 77,000 domestic child workers, 60 percentage are domestic child workers, 2100 domestic child workers in urban area, 45 percentage are female in domestic child work, average age group of domestic child work is 13 years, 10 percentage lies under 10 years and 70 percentage lies 10-14 years age group. Among totally domestic child workers have to work more than 14 hours, health situation of 51 percentage have badly. About 59 percentages are suffering from various types of abuse, 48 percentages cannot go their house even in feast and festival.

According to Human Development Report of Nepal (2010), in Nepal out of total labour force 26.7 percent is covered by child labour and in last decade (2001 to 2010) child labour is increased up to 28.83 percent from 22.9 percent and in number 26 lakhs children are involved in child labour in Nepal. Out of which children aged 5-9 found 39 percent and 61 percent children aged 10-14 years. The same report also reported that, of the total children, 14.1 percent were involved in non-agriculture related work, of those 2.0 percent in service sector, 2.1 percent were compelled to do trapped or bonded labour, 0.9 percent were working in foreign circus 0.4 percent were adopted by foreigners and remaining were involved in different announced and unannounced labour work in their own house and others house.

According to ILO-IPEC (2001) there are 21,191 DCLs in Kathmandu under the age of 18 years. It has also mentioned that the number of DCL in urban areas under the age 14 years is 42,674 and under the age of 18 years are 55,655

Maharajan, (2003) in his study found that the causes of poverty is an essential factor, which plays a vital role to increase domestic child workers and domestic child workers are more in rural area than urban in numbers. Then the findings show that there isn't knowledge of Child labour ACT with domestic labour.

The “Situation Analysis of child labour in Nepal”, a study undertaken by CWCD for the National Planning Commission has indicated that there are 50.3 percent children labourers in rural areas, while there are 16.07 percent in urban areas, and 26.3 percent children from bonded families are child labourers’ (CWIN, 1995).

2.2.3 Problems of Child Labours in Nepal

Kandel, (2003) in his thesis found that the employers tend to take maximum advantage of their labours domestic child for minimum pay. Domestic child labours have to carry out almost all activities in house. Most of children work for long hours for meal and insufficient shelter. They are depriving of basic facilities like education, entertainments and health care. Majority of domestic child labours are not taken to doctor at the time of illness/injury and some children are forced to work even at the time of illness/injury.

Karki, (2002) conducted a study in two urban wards of Kathmandu Metropolitan city. He estimated 57 percent Domestic Child labours are illiterate and 83.5 percent are born in rural area. The study also reveals that almost 40 percent are born in rural area. The study also reveals those almost 40 percent domestic child workers suffer from employer's mistreatment of punishment during work.

Sharma, (2004), found in this study that the poor educational background of parents was the determining factor to send their children to work. Employers took maximum advantages of their child labours for a minimum pay, giving them no level and exploiting them as much as possible. The health status of the child labours is largely affected by the behavior of their masters. They are deprived from fundamental rights. Furthermore, they suffered from health problem. In conclusion, it showed that the major sources of income of respondent's family were agriculture. But in their occupation they had to spend a lot of time but the earning isles. Thus, they were ready to send their children to others doors.

Bagale, (2004), found in his study that child worker are deprived from nutritious food materials, clothing, and education, health care and separated from their family. Furthermore, they suffer from humiliation, negligence and exploitation. Due to their young age they are not able to identify their problem and put forward their demand. They are not suppressed economically, but also are deprived from lovely environment of the childhood.

From the review of literature it can be generalized that all findings are shown that a person who can be child labours through the different ways and causes such as poverty uneducated, unemployment parents etc. Since almost half of the population of Nepal lives below the poverty line, children of such households have to contribute to supporting the family of look for better opportunities and are therefore pushed into various forms of labour. From the review it is found that, there is clear gap between review of literature and this study, almost of the previous study focused only to find out the causes and the situation of child labour none of the study look at health problem of domestic child worker. Hence, the study topic was picked up for the study. On the other hand from the review the investigator get the clear idea about the study frame work.

CHAPTER - III

RESEARCH METHODOLOGY

This chapter provides an overview of the research methods used for the study. It includes.

3.1 Research Design

The main objective of this study was to describe the health problems and their management of DCLs in Bhaisepati area of Lalitpur sub metropolitan city. Thus, this study was based on descriptive research design.

3.2 Rationale of Selection of Study Site

Bhaisepati Area of Lalitpur Sub metropolitan City is becoming a sporadically urbanization lies Just a few kilometers away from the Kathmandu. Bhaisepati has been developing as a high standard residential area because of its tranquil environment away from the crowded and hectic city life. Sophisticated life with busy schedules of such high standard people always seeks the cheap labour for them as a result child labour has been a first preference to them for the domestic works as children are easier to exploit. Low payment for heavy works, provision of low nutritional foods, unhygienic living, no access of quality education and many other restrictions which limits their rights and freedom are some of the major problems prevailed in this area. Thus, to study about the child labour this area has been selected.

3.3 Universe and Sampling Procedure

The study population was domestic child labours below 16 years. And key informants were: Local Organization, Association, Club, School Head, Leader of Political Parties, Ward Committee Head, Women, Representative and Health Persons.

The domestic child labours for this study have been taken from governmental or private sectors, so the actual number of domestic servants were unknown. In this

condition, determining the size of the respondents from this study area was a difficult task. For the sampling of this study researcher select the Bhaisepati area purposively, and then child labours were identified through snowball and purposive sampling technique by taking the help of already identified child labours. But the investigator could not success to find the targeted number of DCLs during the data collection time only 112 DCLs were identified and they were studied as the respondents of the study. Even the small number of this sample was not sufficient to represent the whole domestic child workers. For the management of health problem of domestic child labour, 10 key informants were interviewed from Local Organization, Association, Club, School Head, Political party, Ward committee head, Women representative and Health persons.

3.4 Data Collection Techniques and Tools

To collect the required data, interview schedule for domestic child labour; key person interview as well as checklist observation were used. The interview schedule for DCLs consist the structured and closed ended questions and at the end part of the schedule observation check list for observing the personal hygiene of DCLs is attached and the interview schedule for key informants consist open ended questions for knowing their views towards DCLs.

3.4.1 Interview

Most of the DCLs were found in school. Hence, the investigator visited the school and consult with the head teacher then the investigator explained the purpose of visit and her study after the permission of head teacher, investigator visit the already identified DCLs and convince them for interview and take their time for interview ant conduct the interview with them after that through the person to person approach 112 DCLs were interviewed and mainly the quantitative data were collected through their interview. On the other hand key persons were interviewed at their home, office and organization where they give the time. Mainly qualitative information's were collected through them to know their views and role towards DCLs.

3.4.2 Observation

Selected domestic child labours were directly observed by the investigator during the interview. The observation was done by following the observation checklist which is included in the interview schedule. Almost of the interview were taken in school and out of their owner house, so the living place food types they eat and their employers behave towards them were not able to observe. Hence, in this study only the personal hygiene and cleanliness are observed.

3.5 Data Analysis and Interpretation

After the collection of data, then data were rechecked and arranged as per objective, after that the data were tabulated on the master table manually. To analyze the data, they were arranged, with the help of tables, graphs and charts etc. After analysis, the data were interpreted according to the analysis. Both quantitative and qualitative data were collected and they were analyzed and interpreted in chapter 4 and 5 according to their nature.

CHAPTER-IV

SOCIOECONOMIC AND DEMOGRAPHIC BACKGROUNDS OF THE DOMESTIC CHILD LABOURERS

Those families who have better educational status, who have sufficient land ownership may earn sufficient money and maintain good economic status in the society. On the other hand families which are running in a planned way can manage good status in society. Economic status and demographic background of the family play crucial role in domestic child labour. So, this chapter deals with the general situation of domestic the making of child labourers. The analysis included here is family background and socio-demographic situation such as age and sex composition, caste/ethnicity socioeconomic status and family size and family status of the respondents.

4.1.1 Age and Sex of DCLs

In this study, children below the age of 16 and working as domestic servants have been considered as the respondents. Age and sex distribution table present the information that reveals the extent of domestic child labours under different age groups as well as by sex.

Table- 4.1: Percentage of DCLs Classified by their Age and Sex

Age Group (in year)	Boys		Girls		Total	
	No.	Percent	No	Percent	No	Percent
5-10	6	5.35	6	5.35	12	10.7
11-13	6	5.35	30	26.79	36	32.14
14-16	40	35.72	24	21.44	64	57.16
Total	52	46.42	60	53.58	112	100

Source: Field Survey, 2011

The table- 4.1 shows that more than half (57.14 percent) of the children are between 14-16 years as they are mature and experience enough to handle the work without any prior guidance. Out of 112 children, 53.58 percent were girls whereas 46.42 percent were boys. It is found that girls are preferred than boys for Domestic services because they are more quiet, tolerable and do not run away like the boys servants often do. And also girls are considered to be fit for the household work (Sattar, 1993).

4.1.2 Caste/Ethnic backgrounds of DCLs

Ethnicity is an important variable in such study. Table- 4.2 shows that the respondents coming from different caste/ethnic groups and have been doing the same types of jobs in every household.

Table- 4.2: DCLs Classified by Caste/Ethnicity

Caste/Ethnicity	Number	Percent
Brahaman	9	8.03
Chhetri	21	18.75
Sub Total	30	26.78
Janajati	Number	Percent
Tharu	20	17.85
Dalit	14	12.5
Magar	14	12.5
Tamang	10	8.92
Newar	8	7.14
Chepang	7	6.25
Kumal	5	4.46
Gurung	4	3.57
SubTotal	82	73.22
Total	112	100

Source: Field Survey, 2011

Table- 4.2 shows that 26.78 percent of the child labour was from Brahmin and Chhetri whereas 73.22 percent were from other Janajati groups among which Tharu children occupied the highest percentage (17.58%). The data indicates that the majority of DCLs were from Chhetri group. This finding is same to the findings of the study carried out in Kathmandu (Karki, 2002). From this finding it is concluded that Chhetri children are compelled to be involved in domestic child labour because of the high occupancy in terms of the total population and low economic condition. However Tharu children are involved more in child labour among the Janajati as they are economically and socially backward and moreover the tradition like unannounced Kamlari is still in practice among them.

4.1.3 Composition of Domestic Child Labours by their Place of Origin

Domestic child labours come from different places. They are coming from different places of Lalitpur District and other neighboring districts. The following table-3 shows the DCLs place of origin.

Table-4.3: DCLs Classified by Place of Origin

Caste/Ethnicity	Number	Percent
Neighboring District	54	48.21
Village area of Lalitpur	32	28.57
Other Districts	26	23.21
Total	112	100

Note: - Neighboring districts are: Nuwakot, Makawanpur, Dhading, Kavre, and Nawalparasi.

Source: Field Survey, 2011

According to table no. 4.3, nearly half (48.21 %) of the respondents were from the neighboring district of Lalitpur (Nuwakot, Makawanpur, Dhading, Kavre, and Nawalparasi) and 28.57 percent respondents were from Village area of Lalitpur (Chapagaun, Lele, Lubu). The remaining 23.21 percent of the respondents were from other districts like Dang and Udayapur. From the analysis it is found that most of DCLs were from neighboring districts. It is due to the easy accessibility.

4.1.4 DCLs with or without Parents

Parent status is the most important factor for DCLs. It determines the future of children. Children do not want to leave their home without any compelling reason. The following table shows the situation of parents.

Table- 4.4: Percentage of DCLs with or without Parents

Parental Status	Number	Percent
Yes	102	91.08
No	10	8.92
Total	112	100

Source: Field Survey, 2011

The table-4.4 indicates that most of the domestic child labours (91.08%) have parents whereas only 8.92 percentages don't have. This study shows that most of the Domestic Child Labours have parents however they became domestic child labour this might be due to the poverty, negligence and the trend of being domestic child labour.

4.1.5 Landholding Situation of DCLs Family

To an extent, landholding shows the economic status of the people. Therefore, respondents were asked to report whether their family have land possession or not and the response reported by them can be seen in table no. 4.5 below:

Table- 4.5: Percentage of DCLs according to Landholding

Parental Status	Number	Percent
Yes	78	69.64
No	34	30.36
Total	112	100

Source: Field Survey, 2011

The table- 4.5, shows that the land holding situation of respondents family. In this study, 69.64 percent of the respondents had their own land and 30.36 percent of the respondents did not have their own land. Data shown in table indicates that more than two third of the respondents family had their own land however their children become domestic child labour which might be due to the insufficiency of their land, their trend, poverty and their illiteracy.

4.1.5.1 Food Sufficiency Status of DCLs Family

Further, the respondents who responded that their parents were holding land were asked to specify the status of land holding and the response given by them can be seen in table no. 4.6.

Table- 4.6: Food Sufficiency Status of DCLs Family

Sufficiency of Landholding	Number	Percent
Sufficient	2	2.56
Insufficient	55	70.52
Don't know	21	26.92
Total	78	100

Source: Field Survey, 2011

It is found that 78 children reported they have their families and own land. Out of them only 2.56 percent reported that their land is sufficient for survival, it can be noted that 70.52 percent of the DCLs reported that their families had a small piece and which is insufficient and remaining 26.92 percent respondents didn't know about their land. Thus; most of the DCLs family had insufficient land. So, it can be said that poverty and insufficient landholding were major reasons for children being DCLs in employer's house.

4.1.6 Educational Background of Parents of DCLs

Education condition of a family reflects the socio economic condition of that family. If parents are educated they naturally become more conscious about their children's education. But illiterate families' due to lack of awareness towards education may be irresponsible towards children. Those parents who aren't educated will not have any idea about training skills and other necessary skills-opportunities for their children. Educational background of the domestic child workers parents is given in table no-7. In this table educational background of the parents are categorized as literate and illiterate.

Table -4.7: DCLs Classified according to Educational Background of Parents

Educational Background	Father		Mother		Total	
	No	Percent	No	percent	No	Percent
Illiterate	104	92.85	108	96.42	212	94.65
Literate	8	7.15	4	3.58	12	5.35
Total	112	100	112	100	224	100

Source: Field Survey, 2011

Table-7 shows that 92.85 percent fathers and 96.42 percent mothers are illiterate where as only 3.58 percent mothers and 7.15 percent fathers are literate and in aggregate 94.65 percent DCLs parents were illiterate and very few DCLs parents were literate. It is obvious that, the poor educational background of parents can be one of the factors to send their children to work instead of school.

4.1.7 Reasons for Leaving their Home

DCLs left their home due to the different reasons. They are compelled by their pathetic situation. Low economic status of the family may be another cause of leaving home. The study tries to explore the reasons for leaving their own home which is presented in table no.4.8.

Table 4.8 shows that, more than one third of the children (34%) had left their home due to their parents' suggestion. About 32 percent respondents had left their home influenced by their friends, 20 percent respondents had left their home for the study and 14 percent of the respondents had left their home due to poor economic situation of the their family. Therefore, the study indicates that the most of the DCLs left their home by their parent's suggestion. So, it cannot be concluded that most of the parents took their children for domestic work of other due to their own problem. It is due to economic situation and poverty different problems are created in their family i.e. quarreling, conflict deprived from education and sufficient foods and clothing etc. which might be compelled them to be DCLs.

Table -4.8: DCLs Classified by Reason for Leaving their Home

Reason for Leaving Home	Number	Percent
Poverty	16	14.28
Parent's suggestion	39	34.82
Advise of friend	36	31.15
To study	21	18.75
Total	112	100

Source: Field Survey, 2011

4.1.8 Occupation of Head of the Domestic Child Labourer's Family

Every Person is engaged in different occupation because it is the base of livelihood and generating income. Occupation is an important factor, which also indicates the economic status and life style of the family. Therefore, this study tries to reveals the occupations of respondents' parents and table 4.9 presents the occupation of DCLs family head.

Table -4.9: Occupation of Head of the DCLs Family

Occupation	Number	Percent
Agriculture	64	57.15
Labour and wage	26	23.21
Domestic labour	22	19.64
Total	112	100

Source: Field Survey, 2011

From table 4.9, it is observed that the main occupation of household head of the children's family was agriculture. Out of total 112 families, 56.86 percent were engaged in agriculture followed by 23.52 percent families involved in wage labour. Rest of others was domestic labour.

The study found that most of the family heads who, were in agriculture were fully dependent upon the landlord's fields. On the other hand, some of them had a small piece of land which was not sufficient to feed their families. It is clear that all there occupations were not strong sources of income. In their occupation they had to spend lot of time but the earning was less. Thus they were ready to send their children to others' doors. It also indicates that poor economic status is the main factor associated with the creation of domestic child labour.

4.1.9 Income of Domestic Child Labours

Children are the cheap sources of labour and they are compelled to work more than they are supposed to do, but in return the payment is found to be very low.

Table -4.10: Income of DCLs (Monthly)

Income/Salary	Number	Percent
Rs 500 to 1000	46	41.07
Rs 1000 to 1500	40	35.71
Only lodging fooding	4	3.58
Lodging, fooding and study	22	19.64
Total	112	100

Source: Field Survey, 2011

Table -4.10, shows that, 76.78 percent of DCLs reported that they worked and their salary is received by their parents and remaining worked as just a compensation of their fooding and lodging. Out of the salary receiver DCLs, 41.07 percent respondents report that their salary ranges between Rs. 500 to 1000 and remaining 35.71 percent receive salary ranging between Rs. 1000 to 1500 per month which shows children are highly exploited in regard to their work load.

4.1.10 Distribution of DCLs by their Level of Satisfaction with their Work

Domestic child labours are formed by their own compulsion for fulfilling the basic needs. They are coming from their own home to work for achieving the basic things. So this study has attempted to find the satisfaction level of them.

Table -4.11: Distribution of DCLs by their Level of Satisfaction with their Work as Domestic Worker

Level	Number	Percent
Satisfied	56	50.00
Indifferent	20	17.85
Not satisfied	36	32.15
Total	112	100

Source: Field Survey, 2011

Table-4.11 reveals that there were 50 percent respondents who were satisfied with their jobs and 17.85 percent respondents indifferent with their job and 32.15 percent were not satisfied with their jobs. The result indicates that the majority of the domestic child labours were yet happy with their jobs because the food and stay in city despite of their deprived condition was beyond their expectation.

4.1.11 Future Plan of DCLs

Planning of future is essential for better life. When the children remain illiterate it will be burden to the family as well as the country. So, the details study of child problem is essential to be done for the sake of their welfare as well as for the nation as a whole. Table 4.12 shows the future perspective of DCLs.

Table 4.12, presents that few of the respondents (5.35%) reported that they wanted to continue the same types of job 35.71 percent wanted to earn money , 17.85 percent respondents wanted to study in future and left 41.07 percent respondents were not clear about their future plan. The data reflects that the majority number of domestic child labours were not clear about their future.

Table -4.12: Future Plan of DCLs

Future Perspectives	Number	Percent
To study	20	17.85
Earn money	46	41.09
Continue the job	6	5.35
Do not know	40	35.71
Total	112	100

Source: Field Survey, 2011

From the analysis and interpretation of the data it is found that DCLs were being DCLs due to the miserable socio-economic and demographic conditions of their family. In this context, the literacy status, land holding status, family income status, and occupational status are found very poor. On the other hand most of the DCLs were found satisfied to be a DCL and to work in low remunerations which are the supportive factors to be DCLs. Most of the DCLs are living in their relative people's house and they were compelled to stay and work there due to their poverty and to complete their study. According to them, Most of the DCLs were satisfied. In an informal talk they said that if they stay at their own home in village they cannot get the chances of study and other facilities that they used in city. However they are still exploited from their right which should be provided by the employer.

CHAPTER-V

HEALTH STATUS OF DOMESTIC CHILD LABOURERS

The health problem of domestic child of different places may vary according to their living and working environment. Child labour is directly related to their health. Domestic child encountered health hazards associated with various toxics surrounding environments such as lack of sanitation hygienic facilities and clean water, occupational accidents and health hazards, sexual exposure and STD, HIV/AIDS, Drug Addiction and other factors adversely affect their psychological development.

The health status of the DCLs is depending on their daily hygiene practice. If they are following health habits properly they may live healthy life otherwise they have to face different health problems. But in the case of DCLs the health problems appeared not only by their own reason but also the employer is equally responsible. Hence, to identify the health problems of DCLs and their management practice, health behavior of DCLs, food behavior living place of DCLs, health facilities for DCLs are discussed in this chapter in separate headings below:

5.1.1 Bathing Behavior of Domestic Child Labours

Health is a fundamental thing for human beings. Achievement of positive health depends upon the different behavior of person such as bathing, brushing, clothing, habit etc. So, in this study, the bathing behavior of DCLs was discussed.

Table- 5.1: Bathing Practice/Behavior of DCLs

Activities	Number	Percent
One times in a week	86	76.79
Two times in a week	16	14.29
Two times in a month	10	8.92
Total	112	100

Source: Field Survey, 2011

Table 5.1 shows that the 76.78 percent had taken bath two times in a week. 14.28 percent of respondents took bath once a week and 8.92 percent of respondents had taken bath twice a month. The study indicates that the most of the DCLs had taken bath once in a week. They had cared their personal hygiene by themselves. So, they were seemed to be neat and clean.

5.1.2 Frequency of Teeth Brushing of DCLs

Teeth's brushing is one of good behavior for the healthy body. Many communicable diseases are caused by contaminated food and water. Teeth are the gateway for these things. So, it is important to find the condition of teeth. The brushing behavior shows the condition of their teeth.

Table- 5.2: DCLs Classified by Frequency of Teeth Brushing

Teeth Brushing	Number	Percent
Yes	88	78.57
No	24	21.43
Total	112	100
If yes, frequency of teeth brushing,		
Daily	16	18.19
Twice a day	18	20.45
Occasionally	54	61.36
Total	88	100

Source: Field Survey, 2011

The above table-5.2 shows that, 78.57 percent respondents have brushed their teeth and the left 21.42 percent respondents haven't brushed their teeth. Out of the total respondents who use brushing 18.18 percent respondents brushed their teeth daily 20.45 percent brushed their teeth twice a day and 61.30 percent respondents brushed their teeth occasionally. The result indicates that the large number of the DCLs have brush their teeth occasionally.

5.1.3 Clothes of DCLs

Cloths show the personality of a person. It helps the body by protecting from heat and cold. Clothes are the basic needs for every individual. Here, DCLs were asked the question, "Do you have enough clothes?" regarding this question they gave their different views which is shown in table below:

Table- 5.3: Clothes of DCLS

Clothes	Number	Percent
Yes	100	89.28
No	12	10.72
Total	112	100

Source: Field Survey, 2011

The table-5.3 indicates that the only few number of respondents 10.7 percent had not enough clothes while 89.28 percent respondents had enough clothes. It is noted that most of the domestic child labours had enough clothes. Having sufficient clothes is good because sufficient clothes help to maintain the personal hygiene to some extent.

5.1.4 Alcohol/Tobacco/Smoking Behavior of DCLs

Smoking is directly related to health hazards. It has an adverse effect on human health. Tobacco, smoking and alcohol are more delicate. Besides alcoholic behavior it is considered as a moral problem resulting in moral damage and weak willing capacity. Table no.5.4 shows the substance abuse behavior of respondents.

Table- 5.4: DCLs Classified by Alcohol/Tobacco/Smoking Behavior

Description	Number	Percent
Yes	66	58.92
No	46	41.08
Total	112	100

Source: Field Survey, 2011

The table-5.4 shows that 58.91 percentages of the children had used alcohol/tobacco/smoking. It is a highly significant percentage and matter of great concern. It may lead to big health problems among the DCLs.

5.1.5 Respondents Taking Alcohol/Tobacco/Smoking

Respondents who were reported that they were taking the substances, they were further asked to specify the substances that they used and the response reported by them can be seen in table- 5.5:

Table- 5.5: Respondents Taking Alcohol/Tobacco/Smoking

Description	Number	Percent
Chewing Tobacco	30	45.45
Smoking	2	3.30
Alcohol	6	9.09
Chewing Tobacco and smoking	14	21.21
All	14	21.21
Total	66	100

Source: Field Survey, 2011

Table 5.5 reveals that, the commonly used substance is chewing tobacco. Of the total 66 children, 45 of them reported that they chewed tobacco. This may be because chewing tobacco is cheap and easy to use. Children are also smoking and consuming alcohol. This might be due to the care free environment for them.

5.1.6 Sleeping Place, Time of Sleeping and Get up of the DCLs

Sleep is a basic need for human being though the time of sleeping is varies in different age group people. To be a healthy person, Proper sleep is essential for all. There is a proverb ‘Early to bed, early to rise, makes a man healthy, wealthy and wise’ prove the importance of sleeping in human life. Hence, under this topic the place of sleeping and the time of sleeping and get up are discussed in separate headings below:

5.1.6.1 Sleeping Places of the DCLs

Sleep is the natural stage of rest. It is an essential for every individual. For the children the time and duration of sleeping is an important aspect. Children need more time to sleep than young people, sleeping places determines the health of person. So, sleeping place and duration of sleep has been found on the basis of collected information.

Table- 5.6: DCLs Classified by Sleeping Places

Sleeping Places	Number	Percent
Have separate room	60	53.58
Store room	46	41.07
Kitchen	6	5.35
Total	112	100

Source: Field Survey, 2011

Table no 5.6, presents that 53.57 percentage respondents had their own separate room to sleep, 41.07 percentage respondents used store room to sleep and 5.35 percentage respondents used kitchen to sleep. Thus, majority of the DCLs had separate room to sleep. It indicates that they got the opportunities of good sleeping.

5.1.6.2 Sleeping Time of the DCLs

To identify the sleeping time of the respondents, they were asked to report their bed time and the time reported by them can be seen in table 5.7 below.

Table- 5.7: DCLs Classified by Sleeping Time

Sleeping Time	Number	Percent
8 o'clock	6	5.35
9 o'clock	80	71.42
10 o'clock`	18	16.07
Above 10 o'clock	8	7.14
Total	112	100

Source: Field Survey, 2011

Table -5.7 shows that out of total children interviewed, 71.42 percentages reported that, they had slept at 9 o'clock then, 16.07 percentage children responded that they had slept at 10 o'clock. This is followed by 7.14 percentage children who used to sleep at above 10 o'clock. At last, only 5.35 percentage respondents used to sleep at 8 o'clock. So, the data indicates that the most of the respondent slept at 9 o'clock. It showed that they had got enough time for sleeping.

5.1.6.3 Time of Get up for DCLs

Together with the sleeping time, respondents were asked to report the get up time at morning, and the time reported by them can be seen in table 5.8.

Table- 5.8: Time of Get up for DCLs

Time of getting up	Number	Percent
Before 6 o'clock	10	8.93
After 6 o'clock	102	91.07
Total	112	100

Source: Field Survey, 2011

Table 5.8 reveal that out of the total respondents, 91.07 percentage respondents reported that they had got up at 5 o'clock early in the morning and 8.92 percentage respondents had got up at 6 o'clock. It means they are not having sound sleep which the normal children should have.

5.1.7 Food Intake by Domestic Child Labours

Foods are the essential things for living beings and food is the basis of health. In this study, the DCLs were asked questions as, "Are you satisfied by having your meal?" This is an issue for study. And the response of them can be seen in table 5.9.

Table-5.9: DCLs Classified by Food Intake

Response	Number	Percent
Fully satisfied	38	33.92
Satisfactory	44	39.28
Not satisfied	30	26.78
Total	112	100

Source: Field Survey, 2011

Table-5.9, indicates that 39.28 percent satisfactory with their meal. At the same time 26.78 percent of DCLs were not satisfied with the provided food and 33.92 percent reported that they were fully satisfied with the provided meal. The study found that most of the DCLs response for their meal was satisfactory.

5.1.8 DCLs Suffered From Injury/Illness during Works

Illness or injuries are the obstacles for good health. That might be determined by the behavior of persons. In this study, the DCLs were asked the questions as, "have you ever been suffered from illness/injury while you were working?" The table below shows information about their illness or injuries.

Table-5.10: DCLs Classified according to Injury/Illness

Response	Number	Percent
Yes	86	76.78
No	26	23.21
Total	112	100

Source: Field Survey, 2011

Table-5.10 shows that the larger number of DCLs 76.78 percent suffered from injury/illness during their work. The injury and illness shown in the table represent the illness and injury throughout their working period. Hence, the data might appear large.

5.1.8.1 Types of Injury/Illness Faced by DCLs during Work

Respondents who were reported that they faced injury or illness during work were further asked to specify their problems and the specified injury and illness reported by the respondents are presented in table-5.11.

Table 5.11 reveals that, 16.07 percent of the children suffered from Cut and Burn. Similarly, 5.35 percent of the children suffered from Ear problem. About 10.71 percent of the children suffered from Typhoid. Likewise, 5.35 percent of the children stated that they got Pneumonia and 17.35 percent of the children stated that they got Diarrhea, 10.71 percent of the children stated that they got Jaundice and 7.14 percent of the children suffered from Skin Problem. The collected data showed that the large number of domestic child labours was affected by Diarrhea. Illness presented above may happen due to the use of polluted water and the contaminated food. From this fact it can be concluded that DCLs were compelled to eat and drink polluted food and water.

Table -5.11: Types of Injury/Illness Faced by DCLs during Work

Response	Number	Percent
Cut & burn	18	16.07
Ear problem	6	5.35
Typhoid	12	10.71
Eye problem	6	5.35
Pneumonia	4	3.57
Diarrhea	20	17.85
Jaundice	12	10.71
Skin problem	8	7.14
Total	86	100

Source: Field Survey, 2011

5.1.9 Different Types of Health Facilities Taken by DCLs

Health is a crucial part of the human life. Health is physical, mental and social well-being is not a merely the absence of diseases. Illness can be prevented by keeping body clean. Many diseases will create due to uncleanness of the body. Child health is the most important factor because child is the pillar of the nation. Nowadays child suffering from many diseases like typhoid, injury, common-cold and others related diseases, the child mortality rate in Nepal is still high. Government of Nepal provides different type of health facilities like Hospital, PHC, HP and SHP. They provided free health check up and the distribution of medicine. During survey, children were asked the question that did you take your health facilities. Table -5.12, presents the reports of health facilities expressed by children of different ward of Lalitpur Municipality of Bhaisepati area Lalitpur.

Table-5.12: Health Facilities Taken by DCLs

Health facilities	Number	Percent
Yes	102	91.07
No	10	9.93
Total	112	100
If yes, following facilities,		
Health facilities	Number	Percent
General Treatment	80	78.43
Worms medicine	22	21.57
Total	102	100

Source: Field Survey, 2011

Table-5.12 reveals that 91.07 percent DCLs took health facilities and remaining 8.92 percent DCLs didn't take any health facilities. On the same, the researcher asked the DCLs to specify the health facilities that they took and out of 102 DCLs, 78.43 percent took General treatment and 21.57 percent children take worms' medicine. The above fact shows that highest number (78.43 %) of DCLs got general treatment only.

5.1.10 Place of Treatment for DCLs

There are different types of health center or health clinic. It may be private or government. The charge of private one is higher than that of government. In Lalitpur Municipality of Bhaisepati area, there are available government hospital health posts and sub health posts.

This study found that 76.78 percent of the respondents suffered from injuries/illness. But out of them, only 44 (39.28%) were treated at government hospital, 48 (42.85) in private hospital/clinic 10 (8.92%) were not treated and 10 (8.92%) were provided home treatment. The data indicates that the majority of domestic child labours got private hospital/clinic for the treatment.

Table- 5.13: Place of Treatment

Place of Treatment	Number	Percent
Govt. Hospital	44	39.28
Private Hospital/Clinic	48	42.85
No Treatment	10	8.92
Home Treatment	10	8.92
Total	112	100

Source: Field Survey, 2011

5.1.11 Persons Took the DCLs for Treatment and Pay the Bill

If a person suffers from injuries and illness, he needs others help to take him to the hospital or to go for treatment. In this context, respondents were asked that while they get an injury and illness, who take them for treatment and pay the bill of treatment and the response reported by the respondents can be seen in table -5.14.

Table- 5.14: Persons Took the DCLs for Treatment and Pay the Bill

Payment of Bill	Number	Percent
Employer	92	91.19
Self	6	5.88
Friends	4	3.93
Total	102	100

Source: Field Survey, 2011

Table 5.14 shows that majority of the respondents 92 (82.14%) reported that their employer took them for treatment Thus; the majority of the domestic child labour's employee took them for treatment in hospital. It indicates that the employee have positive attitude towards the DCLs health.

5.1.12 Personal Hygiene of DCLs

Personal hygiene is the foundation of good health. It is the most important aspect of health behavior. It maintains the personality of an individual. Hence, during the time of interview the investigator observed the out appearance of DCLs on the basis of the observation check list which is attached with interview schedule. The data shown in the table no. 5.15 indicates the personal hygiene of the domestic child labour.

Table- 5.15: Personal Hygiene of DCLs

Cleanliness and Care	Best		Normal		Poor		Total	
	No	%	No	%	No	%	No	%
Teeth	8	7.14	30	26.78	74	66.07	112	100
Nail	4	3.57	36	32.14	72	64.28	112	100
Cloth	10	8.92	60	53.57	42	37.5	112	100
Nose	14	12.5	72	64.28	26	23.21	112	100
Eye	40	35.71	66	58.92	6	5.35	112	100
Ear	30	26.78	76	67.85	6	5.35	112	100
Face	16	14.28	90	80.35	6	5.35	112	100
Skin	24	21.42	80	71.42	8	7.14	112	100
Hair	8	7.14	32	28.57	72	64.28	112	100

Source: Field Survey, 2011

Table-5.15, shows that most of the respondents had poor level of cleanness and care of Teeth, Nail, Hair and but other hygiene behaviors like cleanness and care of Cloth, Nose, Eye, Ear, Face, Skin is seen at normal range. It indicates that the overall hygiene status of domestic child labour was not satisfactory due to lack of awareness.

From the analysis and the interpretation of the data and on the basis of the response of the key informants, it can be concluded that children's from poor family, deprived from education due to poverty and those who want to study were sitting as domestic child labour and the facilities and monthly remuneration providing by house owner to the domestic child labour is found satisfactory except some children which might be due to the pre agreement of house owner with children parents and most of the children were relatives and the villagers of house owner. On the other hand in the study area, different child right related organizations are working and they are monitoring regularly. Hence, the DCLs were getting the facilities related to lodging, fooding, health check up and treatment and remunerations satisfactorily except some DCLs.

CHAPTER-VI

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary

Domestic child labour problem has become a crucial issue around the world. Child labour is not the phenomenon in an agriculturally dominated country like Nepal. The pattern of child labour in Nepal is similar to other developing countries. Childs' occupation in comparison with adults' wages and workers' rights are low.

The present research is an attempt to study the Health problem of domestic child labour and their management and the specific objectives of the study were; to identify the situation of the domestic child labour in Bhaisepati Area of Lalitpur Sub metropolitan City, to investigate the health problems of the domestic child labours in Bhaisepati Area of Lalitpur Sub metropolitan City and to identify the health problem of domestic child labours. To achieve the objectives and to make the study meaningful and sequential some research questions were taken in considerations which were: What are the factors that affect in domestic child labours in Lalitpur Municipality of Bhaisepati area? What are the health problems that related to domestic child labours? and What are the affecting factors to the management of DCLs health problem?

The present study was undertaken mainly to study the health problem of domestic child labour and their management in Lalitpur Municipality of Bhaisepati area. The study is descriptive cum-explorative in nature. Mainly primary data have been used and various techniques were applied to collect the required data for the present study. The major techniques employed for data collection were interview the respondents were selected on the basis of purposive sampling.

The available data were managed by using MS-Word and MS-excel software programs. Finally data were analyzed and interpreted accordingly and findings, conclusions and appropriate recommendations were made. The major findings of the study are as follows:

Situation of DCLs

-) Out of 112 DCLs interview 53.57 percent are females and 46.42 percent are male. Data show DCLs is age and sex selective with more girls than boys.
-) Most of DCLs (57.14 percent) were from the age group between 14 to 16 years.
-) About 33.92 percent DCLs left their home by their parents' suggestion,
-) The study showed that the larger number of DCLs (91.07%) had their parents.
-) Literacy rate of the DCLs family was very low. Data also shows that only 7.15 percent fathers and 3.57 percent mother were literate.
-) It was found that occupation of respondents' parents engaged on farming, which was 56.86 percent. Second, main source of income was found labour/wage which was 23.53 percent and 19.60 percent were domestic labour.
-) The result shows that 60.7 percent DCLs main reasons for working is poverty whereas the received salary by the DCLs is very low.
-) The research concluded that about 41.07 percent DCLs were not clear about their future perspective.

Health Practice and Problem of DCLs

-) The study indicates that about 76.78 percent DCLs had taken bath one time in a week.
-) The research shows that most of the 61.36 percent DCLs had brushed their teeth twice a day.
-) This research found that 53.57 percent DCLs had their own separate room to sleep.
-) Most of the DCLs slept at 9 O'clock, and they got enough time for sleep.
-) The study found that about 39.28 percent DCLs got their meal at the same time with their employee's family members.
-) The study shows that 17.85 percent DCLs had affected by diarrhea.

) A total of 42.85 DCLs percent treated on the public hospital and health post.

) A total of 82.14 percent house owner paid the bill for treatment of DCLs.

6.2 Conclusion

This study shows that the poor socio-economic status of parents was one of the prime factors to send their children to work. Majority of them were from Chhetri group in comparison to other castes. The large numbers of DCLs left their home by their parents' suggestion which is probably of the very low literacy rate of their family and live under poverty. Sole dependency on agriculture which hardly fulfills their basic needs made them work as DCLs.

In the context of the situation of the health status of the child labour, most of the DCLs met different injuries and illness. DCLs were compelled to eat the leftover food, sleep under ladder and the floor of the kitchen in an unhygienic way; they do not have sufficient clothes as per the season which might be the reason of their illness and injury.

However, their dependency on public hospital for the treatment of the illness and injuries has been found satisfactory and the house owners seems to be providing basic health facilities and treatment, nutritional food, education, separate sleeping room and monthly remuneration for DCLs gradually which might be due to the DCLs were the relative of owner. On the other hand most of DCLs were not getting the health facilities in an appropriately.

6.3 Recommendation

On the basis of the analysis of this study, following recommendations are drawn to formulate and adopt the policies by the Government, Non government, Agencies and Individuals if health problem of domestic child labours is to be improved or to be protected from hazardous conditions.

) Since, poverty and domestic child labours are highly correlated with each other, the government should develop well plan and should implement

poverty alleviation, income generation and skill development programmes in rural areas.

-) The employers should be educated on the rights of the children and should be encouraged to send domestic child labours to school, to give them proper wages. They should be educated how to treat them as human being.
-) Employer should consider about domestic child labours health problems.
-) The programs related to child rights and development should be carried out in community based approach.

-) The results of this study may not cover the situation of DCLS in all urban centers in Nepal. The DCLs study should therefore be conducted in additional urban centers with different characteristics to help understand overall attributes and incidence of domestic child labour in urban Nepal. In addition, as DCL is not confined to urban areas only, studies of the phenomenon in rural areas should be studied.

-) In the study area, the information from the side of the parents of DCL has not been explored. Detailed information like attitudes and perceptions of parents and employers are necessary to invoke the reality behind the causes of being domestic child labour.

-) Domestic child labour is the growing problem in Nepal. Hence, to mitigate this problem, government should fulfill the basic need of every citizen, and also take the responsibility of aware people about child labour and band the child labour in any cost. For this, different NGOs and INGOs working in child right sector will play the supportive role.

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APPENDICES

APPENDIX-A

Health Problems of Domestic Child Labour and Their Management

(A Study on Bhaisepati Area of Lalitpur Sub Metropolitan City)

Owner Name: -

Occupation:-

Family Members:-

Name of Respondents: -

Age:-

Sex:

Caste/Ethnicity:-

A. Family Background

1. Where is your home?

- a. District.....
- b. VDC/Municipality
- c. No. Home

2. When did you come here?

- a. Below 1 year ago b. 1 year ago c. 2 years ago

3. How many members are there in your family?

- a. 3 b. 4 . c. 5 d. More

4. Why did you leave your home?

- a. Poverty b. Advice of Friends
- c. Parent's Suggestion d. To study e. Others.....

5. Do you have your parents?

- a. Yes b. No.

6. Do you have your own land in your village?

- a. Yes
- b. No

If yes, how much land do you have?

- a. Sufficient
- b. Insufficient
- c. Don't know

7. Are your parents literate?

- a. Yes
- b. No

If Yes How many

- a. Male
- b. Female

8. What is the occupation of your parents?

- a. Agriculture
- b. Serviced
- c. Labour/wages
- d. Domestic labour

9. How many members in your family?

.....

10. How many members are there in your family?

- a. Male
- b. Female.....

11. Why are you are doing this job?

- a. Poverty
- b. Forced by parents
- c. To pay loan

12. How much salary do you get (Per-month)?

- a. Nrs...
- b. Only foods
- c. Employer support to study

13. Are you satisfied with this job?

- a. Satisfied
- b. Indifferent
- c. Not satisfied

14. What would you like to do in future?

- a. Study
- b. Earn money
- c. Continue the same type of job
- d. Don't know

B. Health Problems

1. How often do you wash your hands?

- a. Before eating
- b. After eating
- c. After playing with dirt
- d. After defecating
- e. Other times, if any.....

2. How often do you take bath?

- a. One time in a week
- b. Twice a month
- c. One time in a month

3. Do you brush your teeth daily?

- a. Yes
- b. No

4. If, yes how many times do you brush your teeth in a day?

- a. Once a day
- b. Twice a day
- c. Occasionally

5. Do you have enough clothes?

- a. Yes
- b. No.

6. Have you ever taken drugs?

- a. Yes
- b. No.

7. Do you take alcohol/tobacco/smoking?

- a. Yes
- b. No.

8. If yes, what do you take?

- a) Alcohol
- b. Tobacco
- c. Smoking

9. At what time do you go to bed?

- a. 8 O'clock
- b. 9 O'clock
- c. 10 O'clock

10. Where do you usually sleep?

- a. Have separate room
- b. Kitchen
- c. Under the ladder

11. At what time do you get up?

.....

12. What type of food do you eat?

- a. Same as employer
- b. Different as employer
- c. Left over

13. When do you have your meal?

- a. At first
- b. With family
- c. At last

14. Have you been suffered from illness/injury while you were working?

- a. Yes
- b. No

15. Can you lost your major previous sickness?

of sickness	When	Duration	Treatment

16. Do you take Health facilities?

- a. Yes
- b. No

If yes, which types.....

- a. General Treatment
- b. Immunization
- c. Worms Medicine
- d. Regular check up

17. Where do you go if you need medical treatment?

- a. Government – Hospital
- b. Private hospital/clinic
- c. No treatment

18. Who pay your medicine expenses?

- a. Free of cost b. Self c. Employer

19. Who take you to the doctor?

- a. Employer b. Friends c. Self

20. Have you ever faced any sexual treatment since working here?

- a. Yes b. No

If yes, by whom?

- a. Local boys b. House owner c. Son

C. Observation Check-list

Personal Hygiene of DCLs

S.No.	Particular	Best	Normal	Poor	Remarks
1	Cleanness and care of Teeth				
2	Cleanness and care of Nail				
3	Cleanness and care of Cloth				
4	Cleanness and care of Nose				
5	Cleanness and care of Eye				
6	Cleanness and care of Ear				
7	Cleanness and care of Face				
8	Cleanness and care of Skin				
9.	Cleanness and care of Hair				

APPENDIX-B

Health Problems of Domestic Child Labours and their Management (A Study on Bhaisepati Area of Lalitpur Sub metropolitan City)

Key Person Interview

Key Persons:

Local, Organization, Association,
Club
School Head
Political Party's
Ward Committee Head
Women representative
Health Persons

Name of Organization:

Date:

Name of Interviewee:

Position:

Address:-

1. What is your attitude about domestic child labour?

.....

2. What is the nature of the work and time for the domestic child labour?

.....

3. What are the efforts to be done for the domestic child labour for the deprived group?

.....

4. Who take care for the domestic child labour?

.....

5. What type of health problems do the domestic child labour face?

.....

6. Who should take the major responsibility for the problem of domestic child labour?

.....

7. What role should play for the health who keeps domestic child labour?

.....

8. What is your role from your organization to promote the health condition of the domestic child labour?

.....

9. How do you suggest for the management of the health problem for domestic child labour?

.....