

Impact of illness in terms of loss of activities among children of migrant indigenous community in an Eastern Indian city

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ABSTRACT

Introduction:

The child's inability due to illness and time for seeking treatment leads to depriving children of opportunity to play, schooling and work. The present study provide data on impact of childhood illnesses on loss of schooling, play and work among an indigenous migrant community living in an Eastern Indian city.

Materials and methods:

With selection criteria of (i) the family should have migrated within last 12 years, and (ii) having a child aged 0-14 years; 175 households were selected from indigenous people dominated slums. Data were collected through interviewing mothers.

Results:

About 37% of children deprived of play and 69% of children were absent to school during illness. About 12% children are engaged in paid labour. More of female children engaged in both paid and domestic work than male children. Thus a substantial proportion of children with illnesses have disability in terms of losing time for school, play and work. As these children belong to poor indigenous migrant community, there was substantial loss of income too due to loss of paid working days.

Conclusion:

With the goal of ameliorating the adverse outcome of ill-health, larger studies are needed to prevent the illness related disability and to improve the quality of life of children.

Introduction

Illness, even mild, can provoke a great deal of anxiety for children and their families.

Illness of children disturbs regular activities of parents such as work and of children like schooling and play.

These changes may be a form of coping mechanism.

These changes are required for coping with pain, seeking treatment, facing troubles in seeking care, arranging expenditures and changes in dietary and lifestyle. In addition, the child's inability due to illness and time for seeking treatment leads to depriving children of opportunity to play and schooling.

Sometimes playmates and schools reject the ill child because of physical differences, limited activities and threat of spreading of infections. Sometimes the overprotection of parents also deprive the children's time of work, play and learning. Though large number of children are afflicted with various illnesses, only a small proportion of

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children are severely affected that they experience limitations in ability to attend school and engage in play.^{1,2} The impact of childhood illnesses can be measured as by aggregate effects of disability on educational system and other activity patterns.³ Adverse outcomes for child development have been demonstrated, as have long-term detrimental impact on social and economic status in adulthood.⁴ Though the disability due to childhood illnesses was well studied in developed nations,^{2,5-7} very little is known from India.⁸⁻¹⁰ And these studies are disease-specific. Given the substantial lack of evidence on impact of childhood illness on children's developmental activities, we sought to provide data on impact of childhood illnesses on loss of schooling, play and work among children of a tribal migrant community living in an Eastern Indian city.

Methodology:

Study area and people

The present study was undertaken in Bhubaneswar, the capital city of Odisha, an Eastern Indian State. The population of this city is 837,737.¹¹ There are 436 slums in the city. About 37% of city's population lives in these slums, and 67% of these slum dwellers are migrants.¹² Tribal dominated slums were first identified after a pilot study and four slums were selected on the basis of predominance of a tribal community. Most of these people belong to Santal tribe and have migrated from hilly forest areas of the Mayurbhanj district of Odisha state, and a few are from its neighbouring districts and have been staying here for the past 20 years.

Study participants and research methods:

From four selected slums, households were selected based on the criteria - the family should have migrated within the last 12 years, and having a child aged 0-14 years. There were 175 households, who met these criteria in these four slums during the time of survey. Data were collected through interviews with mothers of the children, by using a pretested questionnaire. The mother tongue of this community is Santali, however, a majority

knew Odiya, the local language of the state. If the participant could not understand Odiya, another family member or neighbour who could speak both languages helped as translator. The questionnaire consisted of both closed-ended and open-ended questions about socio-economic and demographic characteristics, details of illnesses their child experienced, and impact of illness. The questionnaire was initially developed in English and translated into Odiya. It was pretested in a slum where some tribal households were available, but was not included in this study. The details of illnesses and its impact were taken for the youngest child. The impact was assessed in terms of absenteeism from school, play, domestic work and outside paid work loss during illness episode. Data were collected by one of the authors (SM) during 2007-08. Data obtained in quantitative surveys were entered into a computer through Microsoft Excel and analyses were done using SPSS for windows v.16.0. The study protocol was approved by the Doctoral Committee of Sambalpur University, Sambalpur, India, which reviewed ethical issues while approving the research programme.

Results

The study covered 94 male and 81 female children and out of them 77 male children and 61 female children experienced at least one episode of illness during last one year. It was probed whether children engaged in playing during illness by gender of the child (Table 1). Of the 138 sick children, 68 (49.3%) children played during illness and 51 (37%) children deprived of play. More of female children are allowed to play during illness than male children. This data revealed that more care and attention is given to male children during illness. Loss of schooling is a major impact of illness among children, and for the present study the children above 5 years old were taken (Table 2). Of the 32 sick children of above 5 years age, 22 (68.7%) children did not attend the school. More proportion of girls than boys (73.3% vs. 64.7%) didn't attend the school during illness.

The mothers reporting on their children's involvement in productive work outside the home during their illness was shown in Table 3. It is noted that 7 boys and 10 girls engaged in the paid work. This means higher proportion of female children (16%) than male children (9%) were involved in paid work. Except one boy and one girl, none of the children attended the paid work during illness. Table 4 shows the participation of

children in domestic work during illness. Female children are more engaged in domestic work than male children. During illness, more girl children (13.1%) did domestic work as compared to male children (1.3%). If the work done outside the home and domestic work combined, more of female children are involved in work during illness than male children.

Table 1. Playing status of child during the illness

	Male Children	Female Children	Total Children
Total children	94	81	175
Number of children experienced illness	77	61	138
Number of children played during illness	34 (44.2)	34 (55.7)	68 (49.3)
Number of children not played during illness	32 (41.5)	19 (31.1)	51 (37.0)
Number of children never play	11 (14.3)	8 (13.1)	19 (13.8)

Figures in parentheses are percentages.

Table 2. School attendance of children (of above 5 years age) during the illness

	Male Children	Female Children	Total Children
Total children (of 5 years and above)	27	25	52
Number of children (of 5 years and above) experienced illness	17	15	32
Number of children (of 5 years and above) went to school during illness	1 (5.9)	3 (20.0)	4 (12.5)
Number of children (of 5 years and above) absent to school during illness	11 (64.7)	11 (73.3)	22 (68.7)
Number of children (of 5 years and above) never go to school	5 (29.4)	1 (6.7)	6 (18.7)

Figures in parentheses are percentages.

Table 3. Working status (productive work) of the children during the illness

	Male Children	Female Children	Total Children
Total children	94	81	175
Number of children experienced illness	77	61	138
Number of children did any outside work during illness	1 (1.3)	1 (1.6)	2 (1.4)
Number of children did not do any outside work during illness	6 (7.8)	9 (14.7)	15 (10.9)
Number of children never do any outside work	70 (90.9)	51 (83.6)	121 (87.7)

Figures in parentheses are percentages.

Table 4. Participation of child in domestic work during the illness

	Male Children	Female Children	Total Children
Total children	94	81	175
Number of children experienced illness	77	61	138
Number of children did any domestic work during illness	1 (1.3)	8 (13.1)	9 (6.5)
Number of children not done any domestic work during illness	6 (7.8)	7 (11.5)	13 (9.4)
Number of children never do any domestic work	70 (90.9)	46 (75.4)	116 (84.1)

Figures in parentheses are percentages.

Discussion:

The study findings provide information on impact of illness on children's developmental activities, particularly on schooling and play. It is remarkable to note that 12% of children are engaged in pay work to support their families. Though, it is illegal in India to engage children of 14 years of age and below, it exist everywhere in India.^{13,14} The present studies community is a poor tribal migrant community. About 95% of the present studied households have monthly income of less than INR 4000 (US\$ 100) and the average household income was INR 2594 (US\$ 65). Hence, children also contribute to the livelihood of the family.

Parents are more conscious in providing care to their children during illness and this migrant tribal community is no exception. Usually more rest is provided to children during illness. Other favours are also provided to the sick children to recover early.

However, bias existed again girl children to some extent in providing the care during illness. Parents don't let their children to go outside during illness, and restriction on playing is observed. Boys are free to play as much time as they like and it is not permitted for girls. Overt gender bias favouring boys is found in tribal communities also, since the childhood, as part of socialization.¹⁵ It indicated the trend of overburdening the girl child with the household work by cutting the playing hours.¹⁶ It was found that the female children do more

work and at a tender age, even during illness, as compared to their male counterparts. Female children have to do their daily household chores even during illness which reveals their inferior position in the household. Parent's favourable behaviour towards their sons is the genesis of discrimination against daughters in care during illness. The literature across number of countries reveals that the household works still belongs largely to women.^{17,18}

Thus, the effects of illness on children and their education, play and work are profound. Though our study highlighted the loss of days of schooling, play and work among children, it has not quantified the loss in terms days and hours of time of loss. As it is a cross-sectional analysis of data at a point of time, the longitudinal impact is not known. Also, there may be wide variation in the impact by socio-economic characteristics of parents and this study could not capture these variations. Hence additional research is required to elucidate how the households' characteristics contribute to the disabling effect of illness among children. These findings have implications during developing health and social policies targeting welfare of the children. School attendance is relatively easy to quantify as it is part of every child's normal activity, and is regarded as important for normal development.¹⁹ In addition, it is comparable across populations and illness conditions, as an indicator of impact of ill-health.

Conclusion

This analysis indicates that a substantial proportion of children with illnesses have disability in terms of losing time for school, play and work. Gender bias exist in the impact, as well as in the care by the parents. As these children are of poor tribal migrant community, there was substantial loss of income too due to loss of paid working days. Hence, with the goal of ameliorating the adverse outcome of ill-health, larger studies are needed to prevent the illness related disability and to improve the quality of life of children.

References

- Newacheck, P. W.; Taylor, W. R. Childhood chronic illness: prevalence, severity, and impact. *Am. J. Public Health*, 1992, 82 (3), 364-371.
- Bethell, C.D.; Newacheck, P.; Hawes, E.; Halfon, N. Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. *Health Aff. (Millwood)*, 2004, 33 (12), 2106-2115.
- Newacheck, P. W.; Halfon, N. Prevalence and impact of disabling chronic conditions in childhood. *Am. J. Public Health*, 1998, 88 (4), 610-617.
- Gortmaker, S. L.; Perrin, J. M.; Weitzman, M.; Homer, C. J.; Sobol, A. M. An unexpected success story: transition to adulthood in youth with chronic physical health conditions. *J. Res. Adolesc.* 1993, 3(3), 317-336.
- Power, P. W.; Dell Orto, A. E. Impact of disability/illness on the child. In: *Role of the Family in the Rehabilitation of the Physically Disabled*. University Park Press, Baltimore, 1980, pp. 111-116.
- Wendland, M.; Jackson, Y.; Stokes, L. D. Functional disability in paediatric patients with recurrent abdominal pain. *Child Care Health Dev.* 2010, 36 (4), 516-523.
- Stabile, M.; Allin, S. The economic costs of childhood disability. *Future Child.* 2012, 22 (1), 65-96.
- Ramaiah, K.D.; Vijay Kumar, K.N. Effect of lymphatic filariasis on school children. *Acta Trop.* 2000, 76 (2), 197-199.
- Lodha, R.; Puranik, M.; Kattal, N.; Kabra, S.K. (2003). Social and Economic Impact of Childhood Asthma and Economic Impact of Childhood Asthma. *Indian Pediatr.* 2003, 40, 874-879.
- Singh, H., Aneja, S., Unni, K. E. S., Seth, A., & Kumar, V. A study of educational underachievement in Indian children with epilepsy. *Brain Dev.* 2012, 34 (6), 504-510.
- Government of India. Census of India - Provisional Population Tables. Registrar General and Census Commissioner of India, Government of India, New Delhi, India, 2011.
- PRIA. 2014. Government Led Exclusion of Urban Poor Greater Contribution and Lesser Recipient-Bhubaneswar Study Report. Participatory Research in Asia (PRIA), New Delhi. Available online: https://terraurban.files.wordpress.com/2014/01/bhubaneswar_study_report_12march.pdf (accessed on 7 May 2015).
- Mangla, A. Understanding Child Labor in India. *Perspectives on Work* 2009, 13 (1): 13-16. Available online: <http://50.87.169.168/OJS/ojs-2.4.4-1/index.php/LERAMR/article/view/1609/1602> (accessed on 15th June 2015).
- Sasmal, J.; Guillen, J. Poverty, Educational Failure and the Child-Labour Trap: The Indian Experience. *Global Business Review*, 2015, 16 (2), 270-280.
- Mishra, S.; Behera, D. K.; Babu, B. V. Socialisation and gender bias at the household level among school-attending girls in a tribal community of the Kalahandi district of Eastern India. *Anthropol. Notebooks* 2012, 18 (2), 45-53.
- Tewari, S. Gender discrimination among children in urban slums. *Anthropologist* 2005, 7 (4), 247-252.
- Berardo, D.H.; Shehan, C.; Leslie, G.R. A residue of tradition: Jobs, careers and spouses' time in housework. *J. Marriage Family*, 1987, 49, 381-390.
- Doucet, A. Gender equality and gender differences in household work and parenting. *Women's Studies International Forum* 1995, 18 (3), 271-284.
- Anderson, H. R.; Bailey, P. A.; Cooper, J. S.; Palmer, J. C.; West, S. Morbidity and school absence caused by asthma and wheezing illness. *Arch. Dis. Child.* 1983, 58 (10), 777-784.