

# Effectiveness of Video Assisted Teaching Module Regarding Hazards of Child Labour on the Knowledge among Parents of Working Children in Selected Slum Area, Jaipur, Rajasthan

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**Abstract:** A quasi experimental study with pre and post test without control group was undertaken in the slum area, Jagathpura, Jaipur. Data were collected from 94 Parents of working children to assess the effectiveness of video assisted teaching module regarding hazards of child labour on the knowledge of parents of working children and analyzed by using descriptive and inferential statistics.

Findings revealed that highest percentage (55%) of parents was in the age group of 35-44 years and majority (72%) of them were fathers, 44% of them had primary school education and more or less similar percentage (51% and 49%) of them were from nuclear and joint family, most (80%) of them were hindus, 36% of them were doing small business and 44% of them had three children, majority (72%) of them had one working child and 42% of working children were between 11-12 years and most (88%) of the working children were male.

Overall pre test mean Knowledge score was (9.09+1.96) which is 36.36% of the total reveals that the parents of working children had poor knowledge on "Hazards of child labour post test mean knowledge score was (17.15+2.05) which is 68.6% of the total score, reveals good knowledge of the parents of working children. The difference in mean percentage between pre and post test was around 32.24% shows that the video assisted teaching module was effective in improving the knowledge of parents of working children regarding Hazards of child labour.

Highly significant difference was found between pre and posttest knowledge score ( $P < 0.001$ ) and No significant association was found between the posttest knowledge scores when compared to the demographic variables of parents of working children ( $P > 0.05$ ) except of education.

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## 1. INTRODUCTION

The complex issue of child labour is a developmental issue worth investigating. The notion that children are being exploited and forced into labour, while not receiving education crucial to development, concerns many people. India is the largest example of a nation plagued by the problem of child labour. Estimates cite figures of between 60 and 115 million working children in India -the highest number in the world [1]

Child labour, however, is the opposite of child work. Child labour hampers the normal physical, intellectual, emotional and moral development of a child. Children who are in the growing process can permanently distort or disable their bodies when they carry heavy loads or are forced to adopt unnatural positions at work for long hours. Children are less resistant to diseases and suffer more readily from chemical hazards and radiation than adults [2]

## **NEED FOR THE STUDY**

Improving the health of children is one of the responsibilities among many in the fight against poverty. Healthy children become healthy adults: people who create better lives for themselves, their communities and their countries. Improving the health of the world's children is a core UNICEF objective. [3]

Many children younger than 5 years in developing countries are exposed to multiple risks, including poverty, malnutrition, poor health, and unstimulating home environments, which detrimentally affect their cognitive, motor, and social-emotional development. [4]

The International Labor Organization (ILO) estimates that 250 million children between the ages of five and fourteen work in developing countries – at least 120 million full time. Sixty-one percent of these are in Asia, 32 percent in Africa, and 7 percent in Latin America. Most working children in rural areas are found in agriculture; urban children work in trade and services, with fewer in manufacturing, construction and domestic services. Only an estimated 5 percent of child laborers work in export industries. [5]

India has 375 million children more than any other country in the world. The government admits that about 2 million children are employed in hazardous industries, occupations and processes. [6]

In India child labour is not only found in factories , but also in many other places as Agricultural labour (42.1%), Cultivators(34.8%), Mining quarrying (6.5%), Manufacturing industry (5.4%), Trade and commerce(2.5%), Household industry(4%)and Others (4.6%) [7]

India occupies the top rank in child labour among neighbouring countries in the south Asian region. According to census of India 2001 there was 11.29 million child labours in that .77 million child labour belong to Rajasthan.

## **OBJECTIVES**

1. To assess the knowledge of parents of working children regarding hazards of child labour before the implementing of video assisted teaching module.
2. To assess the effectiveness of video assisted teaching module regarding hazards of child labour.
3. To compare the effectiveness of video assisted teaching module with demographic variables of parents of working children.
4. To find out significant difference between pretest and posttest knowledge scores of parents of working children.
5. To find out the association between the posttest knowledge scores of parents of working children with their demographic variables.

## **2. REVIEW OF LITERATURE**

### **Meaning of child labour**

Child labor is generally speaking, work for children that harms them or exploits them in some way (physically, mentally, morally, or by blocking access to education).[8]

Child labour is making children do extremely hazardous work in harmful conditions, putting their health, education, personal and social development, and even their life into risk sometimes. Child labour is also any work within or outside the family that involves a time and energy commitment which affects the ability of the child to participate in leisure, play and educational activities.[9]

### **Incidence of child labour**

Child labour is a universal phenomenon that needs concern of all countries. The planning commission reports around 17 million children working in the country. It is estimated that child labor contributes to 20% of India's GNP. An ILO study in 2002 puts the number of working children at 246 million and 60% of them belong to Asia-Pacific region. According to the estimates 80% of them are exposed to work that is hazardous for their health and safety and eradicating child labor is a rationalist approach.[10]

International labor organization in 1990 found that over 79 million children under the age of 15 years were obliged to work. India fosters the largest number of child labor in the world. Child labor contributes about 20 percent of India's GNB. Child workers work for 12 hours at an average everyday. Jammu and Kashmir has the largest percentage of child labour, where children are mainly engaged in carpet weaving industry. The other field where child labor is used is in making, garbage picking [11]

In India it is estimated that 44 million child labour in the age group of 5-14 years. Moreover 80% of child labour in India are employed in agriculture and non formal sector and many are bonded labourers [12]

### Factors and Causes of child labour

Poor parental income is the main force driving the child to start working from the early age, parental illiteracy and ignorance, large family and loss or demise of the bread winner in the family are some of the factors forcing the children to child labour.[13]

The causes for the persistence and ubiquity of child labour are many and diverse. The main cause of child labour in the developing countries is poverty. Poor parents being unable to maintain their children, compel them to join the labour market for small pittance.[14]

Health hazards of working children include environmental hazards such as dust, smoke, unsafe and unhygienic conditions, drug abuse, exposed to smoking, boozing and drugs eventually lead to addiction, accidents and injuries, communicable disease was higher in incidence and psychosocial development affected due to restricted social interaction with denial of leisure, play and recreation and long hours of work daily leave crippling affect on child's emotional development. More than the work the working conditions are harmful to health of labourer.[15]

Nair (2004) stated that carrying heavy load and working in cramped spaces in factories causes deformity of bones and hinders general growth during the working hours. Crime against children including sexual abuse and trafficking in children appear to be increased. [15]

## 3. METHODOLOGY

**Research Design and approach:** A quasi-experimental research design pre and post test without control group with experimental approach was used.

**Setting of the Study:** This study was conducted in Jagathpura slum area.

**Population:** Parents of working children of Jagathpura slum area.

**Sample :** All the parents of working children those residing in the slum area, Jagathpura, Jaipur

**Sample size:** The sample size consisted of 94 parents of working children those residing in the slum area Jagathpura, Jaipur

**Sampling Technique:** Purposive sampling technique was used for selecting the sample for the study.

**Validity:** Content validity of the structured interview schedule and the video assisted teaching module was established in consultation with the guide and experts in field of child health nursing, social preventive medicine and Bio- statistics.

**Reliability:** Reliability of the structured interview schedule was tested by implementing them on 10 Parents of working children those residing in the slum area New Bus stand, Salem. Split half method (Spearman's Brown correlation coefficient formula) was used to find out the reliability of the structured interview schedule. ( $r=0.89$ )

## 4. RESULTS/ FINDING

Highest percentage (55%) of parents was in the age group of 35-44 years, majority (72%) of parents were fathers, 44% of them had primary school education and more or less similar percentage (51% and 49%) of them were from nuclear and joint family, most (80%) of them were hindus, 36% of them were doing small business, 44% of them had three children, majority (72%) of them had one working child and 42% of working children were between 11-12 years and most (88%) of the working children were male.

**Table: 4.2: Area wise comparison of mean, SD and mean percentage of pre and post test Knowledge scores of the parents of working children regarding hazard of child labour.**

Area	Max Score	Pre test			Post test			Difference in Mean %
		Mean	SD	Mean%	Mean	SD	Mean %	
<b>Introduction and meaning</b>	<b>4</b>	<b>1.23</b>	<b>0.80</b>	<b>30.75</b>	<b>2.97</b>	<b>0.71</b>	<b>74.25</b>	<b>43.5</b>
<b>Physical Hazards</b>	<b>12</b>	<b>4.74</b>	<b>1.31</b>	<b>39.5</b>	<b>8.25</b>	<b>1.27</b>	<b>68.75</b>	<b>29.25</b>
<b>Social Hazards</b>	<b>7</b>	<b>2.57</b>	<b>0.99</b>	<b>36.7</b>	<b>4.86</b>	<b>0.75</b>	<b>69.42</b>	<b>32.72</b>
<b>Mental Hazards</b>	<b>2</b>	<b>0.55</b>	<b>0.63</b>	<b>27.5</b>	<b>1.06</b>	<b>0.52</b>	<b>55</b>	<b>25.5</b>
<b>Overall</b>	<b>25</b>	<b>9.09</b>	<b>1.96</b>	<b>36.36</b>	<b>17.15</b>	<b>2.05</b>	<b>68.6</b>	<b>32.24</b>

- Prior to the implementation of VATM the parents of working children had poor knowledge (36.36%) whereas after the implementation of VATM the parents had good knowledge (68.6%) with the mean difference of 32.24%.
- Highly significant difference was found between pre and post test knowledge score ( $P < 0.001$ ).
- No significant association was found between the post test knowledge scores when compared to the demographic variables of parents of working children ( $P > 0.05$ ) except of education, where significant association was found ( $P < 0.05$ ).

## 5. IMPLICATIONS

- Nursing professionals working in community to educate the parents regarding hazards of child labour.
- Parents can be informed of child right and consequence of child labour on health.
- Nursing personnel participate and provide services in rehabilitation programme for the children who are affected.
- Workshops, seminar can be conducted at national, state and district level for health personnel to rule out cause of child labour and management of their family.
- The findings can be utilized for conducting research on the effectiveness of video assisted teaching module on various aspects of nursing by using large sample.

## 6. RECOMMENDATIONS

- A large scale study can be conducted for replication to standardize the video assisted teaching module on hazards of child labour.
- An experimental study can be undertaken with control group.
- A comparative study can be conducted on knowledge of parents of working children in other slum area
- A self instruction module can be prepared and tested for its effectiveness

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