



CHILD LABOUR AND DISABILITY

ADVOCACY BRIEF

UNICEF Regional Office for South Asia

Two girls in Dhaka break used batteries to get pieces of metal out of them for recycling.

Child labour exacts a heavy toll on millions of children around the globe, stealing their future and often leaving them with significant physical and psychological scars. South Asia had over 21 million children engaged in child labour in 2020 and of these over 10.8 million were engaged in hazardous work, defined as work which by its nature “is likely to harm the health, safety or morals of children.”¹

Children with disabilities also frequently face economic and social hardships and are particularly vulnerable to exploitation. But while there have been substantial and important global efforts to both address child labour and protect children with disabilities, far less attention has been paid to the intersection of the two issues.

Too many children acquire physical, cognitive, and emotional disabilities from child labour, and too many children already with disabilities continue to be recruited into it. These violations of human rights often involve the worst forms of child labour, such as hazardous work, bonded labour, and child trafficking, and can lead to serious injury, sexual exploitation, and death.

It is imperative to understand the links between child labour and disability, to analyse their contributing factors, and to take coordinated action to address the root causes.

Child labour is typically considered work carried out by children too young to do it, work that is detrimental to a child’s development

and well-being, or work that compromises a child’s physical, mental, social or educational development. While global levels of child labour have been declining on average, this progress has been uneven. Between 2012 and 2016, the decline for girls was only half that of boys, and no progress at all was made for children ages 5-11 in hazardous work.²

Hazardous child labour can be seen across multiple sectors and involves working with dangerous machinery, toxic chemicals, extreme heat, and other elements that threaten a child’s well-being. Hazardous work can result in physical, cognitive, and psychological damage, including permanent disability.

Children engaged in child labour and children with disabilities are more likely to be denied their right to education. This creates a vicious cycle of disadvantage through an accumulation of vulnerabilities, which can persist over generations.³

The COVID-19 pandemic has exacerbated the problem of child labour as many more families have fallen into extreme poverty. Children in poor and disadvantaged households are now at a greater risk of dropping out of school and being forced into child labour, child marriage, or falling victim to trafficking. The Sustainable Development Goals Report 2020 warns that global progress on child labour may soon backtrack for the first time this century.⁴

An estimated
21 million
children are engaged in child
labour in South Asia.⁵

10.8 million
of children in child labour in
South Asia are engaged in
hazardous work.⁶

In Nepal,
twice as many girls
as boys are employed in
hazardous work.⁷

Worldwide
93 million
children under age 15 are
estimated to have a moderate
or severe disability.⁸

1 International Labour Organization and United Nations Children’s Fund, Child Labour: Global estimates 2020, trends and the road forward, ILO and UNICEF, New York, 2021.

2 International Labour Organization, Global Estimates of Child Labour: Results and trends, 2012-2016. International Labour Office, Geneva, 2017, pp.14, 39.

3 Beegle, Kathleen, Rajeev Dehejia and Roberta Gatti, ‘Why Should We Care about Child Labor? The education, labor market, and health consequences of child labor’, Journal of Human Resources, vol. 44, no. 4, Fall 2009, pp. 871-889.

4 United Nations, The Sustainable Development Goals Report 2020, United Nations, New York, 2020, p. 3.

5 Child Labour: Global estimates 2020.

6 Child Labour: Global estimates 2020.

7 United Nations Children’s Fund, Gender Counts: A quantitative assessment of gender inequality and its impact on girls and boys in South Asia. UNICEF, Bangkok, 2019, pp. 101 and

145. 8 World Health Organization and World Bank, World Report on Disability. World Health Organization, Malta, 2011, p. 29. As UNICEF has noted, this data point is speculative, and disability is contextual.

TOWARDS 2030: SUSTAINABLE DEVELOPMENT GOALS

The Sustainable Development Goals address both child labour and persons with disabilities.

Target 8.7 calls for the “prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms,” and Target 16.2 demands an end to “abuse, exploitation, trafficking and all forms of violence against and torture of children.” This covers some of the worst forms of child labour that result in disabilities.

Target 8.5 advocates “full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.” Asserting the right of “decent work” for persons with disabilities implies that they must be protected from exploitation, violence, abuse and neglect.



THE GLOBAL GOALS

KEY FACTS ON CHILD LABOUR AND DISABILITY

CHILD LABOUR CAN CAUSE DISABILITY

Children engaged in child labour could face exposure to toxic chemicals and heavy metals, often work in dusty or polluted conditions, and can be forced to use dangerous machinery and lift loads too heavy for a child to safely bear. In India, for example, children involved in informal recycling are two and a half times more likely to suffer injury and preventable disease than the national average.⁹

Some types of work-related injuries are acute while others are cumulative, sometimes not becoming fully apparent until adulthood.¹⁰ The younger the child and the longer his or her working hours, the greater the probability of having an accident and potentially suffering permanent disability.¹¹

Child labour of the worst form, such as trafficking and prostitution, can lead to both physical and psychological injury, and children engaged in labour in any sector are also at risk of injury from workplace violence and abuse, sexual or otherwise. While global numbers on children injured or made ill at work are unavailable, data show that about 22,000 die annually due to child labour.¹²

CHILDREN WITH DISABILITIES CAN BE INVOLVED IN CHILD LABOUR

Children with intellectual, psychological, emotional and developmental disabilities are especially vulnerable to being forced into child labour, and are more likely to face threats of violence, neglect and abuse. These children—especially girls—are too often victims of trafficking, prostitution, domestic enslavement, forced marriage and other forms of abuse. Children with disabilities living in institutions are particularly susceptible to falling victim to trafficking, given their vulnerabilities.¹³

Some children who have physical and visual disabilities or serious visible birth defects or disfigurement are forced by traffickers to beg. In the most extreme cases, traffickers will intentionally disfigure children in order to exploit them through forced begging.

CHILDREN FROM FAMILIES AFFECTED BY DISABILITY CAN ALSO BECOME ENGAGED IN CHILD LABOUR

The need to support a family member with a disability can lead to a child facing pressure to enter the workforce or take on substantial domestic tasks, which can be detrimental to the development, health and education of the child. One study in Pakistan found that children are often forced to work in order to cover daily household expenses due to the disability, illness or injury and death of a parent or other adult relative.¹⁴

STOPPING THE CHILD LABOUR THAT FOLLOWED A TRAGEDY

Fourteen-year-old Salman's* life changed forever in December 2019 when a horrible traffic accident left his mother dead, and his father and three younger siblings disabled. He had grown up in poverty in Uttar Pradesh, but was now the sole provider for his surviving family members, and responsible for their extensive medical needs. With no other option, he dropped out of school to work in a factory 8-10 hours a day, along with additional jobs in order to support his family.

UNICEF's local partners visited Salman's family in the hospital and notified the district administration, which granted them medical support. Salman was rescued from the factory in September 2020 as part of the Naya Savera initiative of the Government of Uttar Pradesh, and was referred to the Child Welfare Committee. Thanks in part to UNICEF's capacity-building efforts, the Committee decided against institutionalization for Salman. Instead, he remains with his family, supported by caseworkers. Salman's family received cash assistance from a workers' welfare fund, as well as housing assistance from the district. Regular psychosocial support was provided to the whole family, and Salman was admitted to a special course to help him catch up on schooling and then re-enroll. Happily, all three of his siblings have been admitted to school, and social workers continue to ensure that Salman remains free from child labour.

*Name changed

9 Cointreau, Sandra, 'Occupational and Environmental Health Issues of Solid Waste Management: Special emphasis on middle- and lower-income countries', Urban Papers UP-2, World Bank, Washington, July 2006, p. 14.

10 David L. Parker, Anaclaudia G. Fassa, and Thomas J. Scanlon, 'Understanding the Health Effects of Child Labour', ch. 9 in Child Labour: A public health perspective, edited by Anaclaudia G. Fassa, David L. Parker, and Thomas J. Scanlon, Oxford University Press, Oxford, 2010, p. 110; International Labour Organization, 'Hazardous Child Labour', ILO, Geneva, <<https://www.ilo.org/ipec/facts/WorstFormsofChildLabour/Hazardouschildlabour/lang-en/index.htm>>, accessed 1 December 2020.

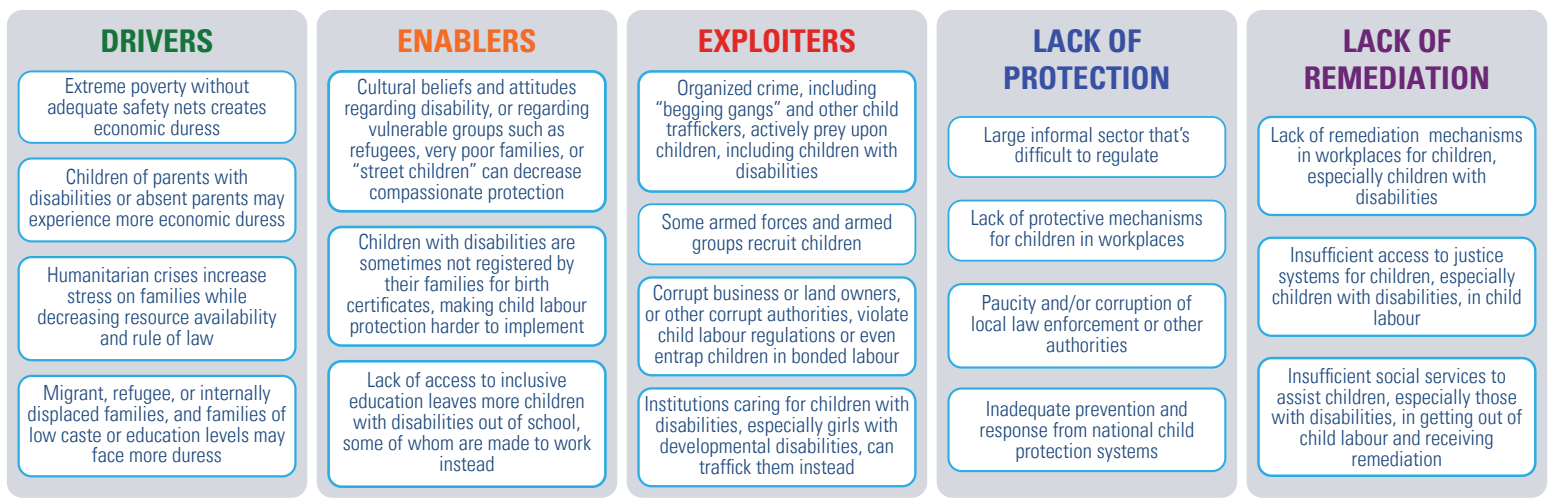
11 Ibrahim, Abdalla et al., 'Child Labor and Health: A systematic literature review of the impacts of child labor on child's health in low- and middle-income countries', Journal of Public Health, vol. 41, no. 1, March 2019, pp. 18-26.

12 'Hazardous Child Labour'

13 Cancedda, Alessandra et al., Study on High-Risk Groups for Trafficking in Human Beings: Final report, European Communities, Luxembourg, 2015.

14 Khan, Rana E. A., The Determinants of Child Labour: A case study of Pakistan and Faisalabad (Pakistan). A PhD thesis, Department of Economics, Bahauddin Zakariya University, Multan, 2003.

FIGURE 1: FACTORS INVOLVED IN INTERFACES OF CHILD LABOUR AND DISABILITY



ADDRESSING THE WORST INTERFACES OF CHILD LABOUR AND DISABILITY

Child traffickers take advantage of physical, cognitive, emotional, and social vulnerabilities of children with disabilities:

- Children with disabilities can be **forced into begging**, where they face physical, emotional, and sexual abuse, as well as disease and malnutrition.^a Girls in particular are subject to pervasive rates of sexual assault and harassment.^b Many of these children have been forced into begging by their families.^c Others are forced by "begging gangs," which select children with disabilities from villages, take them away and force them to beg on the streets of cities.^d Sometimes this is done with the consent of the child's family and sometimes without. In a number of cases, traffickers deliberately mutilate the children in order to generate more income; this practice has been documented in Bangladesh, India and Pakistan.^e
- Girls with disabilities are particularly at risk of being trafficked for **sexual exploitation** within or outside of institutions.^f
- Impoverished children with cognitive and psychosocial disabilities can be hired by **criminal organizations** to carry out activities related to drugs, extortion, or violence.^g These children may have few other options for survival, and they are targeted because they are seen as more vulnerable than adults.^h

Social safety nets continue to fail trafficked children with disabilities, at both national and local levels. Many of these children have no legal identity or access to adequate and appropriate rehabilitation services. Many police and other local adults not only fail to protect them, but contribute to their mistreatment. Police order them to leave the area where they beg or sleep at night, rather than offering them protection, while local shopkeepers and criminal leaders abuse them physically and emotionally.ⁱ

Some of the worst forms of child labour that can result in physical and/or emotional disability also include:

- **Armed conflict** — children in armed conflict situations are vulnerable to recruitment and exploitation by armed forces and groups, who may exploit them sexually or force them to work as child soldiers, porters, cooks, or messengers.^j
- **Full-time domestic labour** — primarily girls, these children are often abused and suffer from disease and malnutrition. There are no regulatory mechanisms for this group of children in child labour. A study in Kolkata found that the majority came from migrant families driven by economic need, with a high rate of parental illiteracy.^k
- **Bonded labour** — in many situations, a child may be entered into bonded labour to provide income for their family, but is unable to exit, resulting in entrapment. Bonded labour may be tied to economic obligations such as debt or social obligations such as marriage.^l Bonded labour can often involve hazardous work.
- **Devadasis** — to avoid paying dowry and instead gain income, some Dalit families in India dedicate their young daughters as temple servants and in some cases prostitutes. Devadasis face lifelong economic insecurity and social exclusion as well as sexual exploitation.^m

The pattern revealed from these worst forms of abusive child labour involves a combination of factors, as Figure 1 illustrates. Many of these factors may also be present in less egregious interfaces of child labour and disability. They must be addressed aggressively and in combination in order to help these children effectively. For example, while extreme poverty may be a primary driver, economic solutions such as cash transfers to poor families would not be fully effective unless exploitative actors — whether begging gangs or local authorities themselves — are addressed as well.

a Sarker, Tanwne, et al., 'Education and Health Status of Child Beggars in Sylhet City, Bangladesh', *American Journal of Social Sciences*, vol. 4, no. 5, October 2016, pp. 58-66.

b Anam, Nirafat, Nazmul Bari and Khandaker J. Alam, 'Street Children with Disabilities: Situation analysis and need assessment on the street children with disabilities in Dhaka city', Centre for Services and Information on Disability, Dhaka, 1999, p. 37.

c Chaudhry, Hafeez-ur-Rehman, and Anwaar Mohyuddin, 'Begging and Human Trafficking for Sexual Exploitation in Pakistan', *University of Sargodha Journal of Social Sciences & Humanities*, 2014, pp. 63-88.

d Apetroaie, Vladiana, 'Making Disability Marketable: Violence, abuse, exploitation and mutilation of child beggars,' Faculty of Social Sciences, Katholieke Universiteit Leuven, Belgium, 11 June 2012.

e Groce, Nora, Marie Loeb and Barbara Murray, 'The Disabled Beggar Literature Review: Begging as an overlooked issue of disability and poverty', ILO Working Papers 994861433402676, International Labour Organization, Geneva, 2014; Tiwari, Pradhant, 'Begging: A peril to society, a study of child beggars in major cities (Bhopal, Indore & Ujjain) of Madhya Pradesh', Draft document, n.d.; Varghese, Manoj, 'Dynamics of Child Trafficking in Madhepura District', 2013.

f Cancedda et al., Study on High-Risk Groups for Trafficking in Human Beings: Final report, pp. 31-32.

g Atkinson-Sheppard, Sally, *The Gangs of Bangladesh: Mastaans, Street Gangs and 'Illicit Child Labourers' in Dhaka*, Palgrave Macmillan, Cham, Switzerland, 2019.

h Varghese, 'Dynamics of Child Trafficking'.

i Anam et al., 'Street Children with Disabilities'.

j Child Soldiers International, 'Briefing on the Situation of Underage Recruitment and Use of Children by Armed Forces and Insurgent Groups in Afghanistan to the UN Security Council Working Group on Children and Armed Conflict', June 2015, p. 8.

k Banerjee, S. R. et al., 'Whole Time Domestic Child Labor in Metropolitan City of Kolkata', *Indian Pediatrics* vol. 45, no. 7, July 2008, pp. 579-82.

l Haythornthwaite, Shavana, and Wendy Olsen, *Bonded Child Labour in South Asia: Building the evidence base for DFID programming and policy engagement*. UK Foreign, Commonwealth & Development Office and University of Manchester, 5 March 2018, p. 8.

m Dasgupta, Pritha, 'Listening to Devadasis: A story of exploitation and vulnerability', *International Journal of Humanities and Social Sciences*, vol. 6, no. 6, October-November 2017, pp. 69-78.



Aamir, 12, joins friends for a study session. Thanks to targeted financial education and assistance for his parents, Aamir was able to stop working in the fields and attend school. No longer falling ill from pesticide exposure, Aamir is now thriving in his studies and tutoring other children in his neighborhood.

KEY ASKS

UNICEF CALLS FOR ACTION TO PROTECT ALL CHILDREN FROM CHILD LABOUR AND BREAK THE LINKS TO DISABILITY

1 Build a fuller understanding of child labour and disability.

Strengthen the evidence base on the intersections between child labour and disability, including in-depth qualitative studies focusing on specific industries, geographic areas, and vulnerable groups. Child labour surveys and other sociodemographic surveys on child well-being should gather information about children with disabilities, including their educational status, work status and participation in household activities. Care should always be taken to collect data in ways that protect the children involved.

2 Ensure that no one is left behind.

Increase the visibility of children with disabilities in child labour advocacy, and of children in child labour in advocacy for children with disabilities. Ensure that efforts to help these children include the most vulnerable, such as refugees, unaccompanied or abandoned children, children living in extreme poverty, children living through armed conflict or humanitarian crises, and trafficked children. Advocate for children’s own voices and perspectives to be heard, and for the same rights and long-term protective solutions to be equally available to all.

3 Strengthen implementation of existing frameworks.

Monitor and strengthen the implementation and enforcement of existing legal and policy frameworks to prevent child labour, prioritizing children affected by disability engaged in child labour. National governments should establish a multi-stakeholder national leadership group to coordinate efforts to strengthen the social service workforce for child protection. Where funding and capacity shortfalls present constraints, the donor community should increase funding for implementation as well as for capacity building. Civil society could engage in awareness and accountability campaigns targeted at both the public and private sectors.

4 Address root causes through joined-up interventions.

Ensure that interventions are holistic, multi-sectoral, and target the multiple root causes of the intersections of child labour and disability. They should address economic drivers, social norms and exploitative actors, and strengthen protection and remediation systems. The INSPIRE framework for eliminating violence against children can be a

useful model here, comprising the implementation and enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services, and education and life skills.¹⁵ All dimensions of this model should be considered from a disability-inclusive perspective. Interventions should be carefully monitored for any unintended impacts on children and families. Multi-stakeholder networks that bring together government agencies, NGOs, organizations of persons with disabilities, other civil society organizations, and community organizations in order to share knowledge and coordinate systematic approaches are especially valuable.¹⁶

5 Steps for prioritizing targeted assistance for the most vulnerable children.

First, ensure that unaccompanied, migrant, refugee or internally displaced children — including with disabilities — enjoy the same rights as other children. Also ensure they are never criminalized or detained, and that child protection systems and services are accessible to them physically, technologically, linguistically, and in every other regard.

Second, focus on developing sustainable long-term protective solutions for victims of child trafficking, including appropriate care arrangements, access to child-friendly and disability-accessible education and justice systems, and consistent monitoring to prevent re-victimization.

Third, develop preventive and rehabilitative interventions for children with physical and visual impairments who are begging or who are made impaired in order to beg.

Finally, develop proactive measures that prevent the trafficking of children, especially girls with developmental disabilities. Where such children are engaged in prostitution, pornography or other illicit activities, free them and offer rehabilitative interventions.

**FOR MORE INFORMATION,
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Supported by the UK Government’s Foreign, Commonwealth & Development Office



¹⁵ The INSPIRE framework was launched in 2016 by a collaboration among the World Health Organization and nine other agencies. Details are available in the Global Status Report on Preventing Violence Against Children 2020, World Health Organization, Geneva, 2020.

¹⁶ For example, the Child Protection Action Network (CPAN) in Afghanistan is recognized as a pioneering model. See Zar, ‘A Study on Functionality and Effectiveness of Child Protection Action Network at National, Provincial and District Levels In Afghanistan’, Zar and UNICEF Afghanistan, Kabul, 2012.