

Educational and Health Status of Child Labourers in the Unorganised Sector After COVID-19

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ABSTRACT

The COVID-19 pandemic caused severe social and economic disruption across India, disproportionately affecting children from economically vulnerable households. Child labourers working in the unorganised sector were among the most affected groups because they faced loss of educational opportunities, increased economic pressure, occupational hazards and inadequate access to healthcare. The closure of schools, prolonged interruption of classroom education, digital inequality, unemployment among adults and migration contributed to children's increased vulnerability to labour and school dropout. At the same time, children engaged in informal employment frequently experience malnutrition, physical injuries, fatigue, exposure to hazardous substances and psychological stress. This research paper examines the educational and health status of child labourers in India's unorganised sector after COVID-19. It discusses the major factors responsible for their vulnerability, the consequences for education and health, and the role of government policies and social-protection programmes. The paper argues that addressing child labour requires an integrated approach involving educational rehabilitation, healthcare, nutritional support, family livelihood assistance and effective implementation of child-protection legislation.

Keywords: Child labour, unorganised sector, COVID-19, education, health, school dropout, poverty, India.

INTRODUCTION

Child labour is a significant social and economic problem in India. Children engaged in labour are deprived, wholly or partially, of their right to education, healthy development, leisure and protection from exploitation. The problem is particularly difficult to address in the unorganised sector because employment is often informal, temporary and poorly regulated.

The COVID-19 pandemic intensified many of the conditions associated with child labour. School closures interrupted children's education for an extended period, while loss of employment and household income increased financial pressure on families. Children belonging to poor households, migrant families and socially disadvantaged communities were especially vulnerable to discontinuing their education and entering the labour force.

The effects of the pandemic extended beyond education. Children working in agriculture, construction, domestic service, roadside businesses, workshops, small manufacturing units and other informal occupations may be exposed to long working hours, unsafe working conditions, physical injuries, hazardous substances and psychological stress. Reduced household resources can also affect food security and access to healthcare.

Therefore, studying the educational and health status of child labourers after COVID-19 is important for understanding the long-term consequences of the pandemic and for developing effective interventions.

Statement of the Problem

The pandemic created a combination of educational disruption and economic insecurity that increased the vulnerability of children to labour. Children who had already been working before COVID-19 faced additional difficulties, while some children who had previously attended school may have entered employment because of deterioration in their family's economic circumstances.

The unorganised sector presents a particular challenge because employment relationships are often undocumented and children may work outside formal systems of monitoring and social protection. Consequently, official statistics may not fully capture the extent of child labour.

The central problem addressed in this paper is the deterioration or disruption of educational opportunities and health conditions among child labourers in the unorganised sector following the COVID-19 pandemic.

Objectives of the Study

The major objectives of this research are:

To examine the educational status of child labourers in the unorganised sector after COVID-19.

To study the major health problems faced by child labourers.

To examine the relationship between poverty, school dropout and child labour.

To understand the effects of school closures and digital inequality on children's education.

To identify occupational and psychological health risks faced by working children.
To examine the role of government programmes and social-protection measures in addressing child labour.
To suggest measures for improving the educational and health status of child labourers..

3. RESEARCH QUESTIONS

The study seeks to answer the following questions:

How did COVID-19 affect the education of children working in the unorganised sector?

What are the major health problems faced by child labourers after the pandemic? How did household economic insecurity contribute to child labour and school dropout? What barriers prevent child labourers from returning to or remaining in school?

What measures can improve the educational and health conditions of these children?

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Hypotheses

The following hypotheses may be considered for an empirical study:

H1: Economic distress following COVID-19 increased the likelihood of children from vulnerable households entering or continuing child labour.

H2: Child labour is negatively associated with regular school attendance and educational attainment.

H3: Children working in the unorganised sector face greater exposure to occupational and health risks than children not engaged in labour.

H4: Access to social protection and educational support reduces children's vulnerability to child labour.

REVIEW OF LITERATURE

Existing research on child labour indicates that poverty, lack of educational opportunities, family indebtedness, unemployment and social inequality are important factors contributing to children's participation in labour.

The COVID-19 pandemic added new pressures to these existing vulnerabilities. School closures disrupted formal education and created difficulties for children who depended on schools for structured learning, meals and other forms of support. The shift towards online learning also exposed a significant digital divide. Children from poor households were less likely to have reliable access to smartphones, computers and internet connectivity.

International organisations have also highlighted the relationship between the pandemic and child labour. The International Labour Organization (ILO) and UNICEF have emphasised that economic shocks can increase the risk of child labour when families lack adequate social protection. Their joint estimates published during the pandemic showed that millions of children worldwide were already engaged in child labour, with progress towards eliminating child labour threatened by the pandemic.

In India, child labour is closely connected with the informal economy. Children may work in agriculture, domestic work, construction, small workshops, hospitality, street vending and other activities. Because many such workplaces are outside formal regulatory systems, identifying and rehabilitating child workers remains difficult. Research on child health further indicates that child labour can affect physical development and psychological well-being. Long working hours, inadequate nutrition, occupational hazards, lack of rest and exposure to abuse can have both immediate and long-term consequences.

4. METHODOLOGY

Research Design

This paper adopts a **descriptive and analytical research design**. It examines the educational and health conditions of child labourers in the unorganised sector after COVID-19 using secondary evidence.

Sources of Data

The study may be based primarily on secondary data collected from:

International Labour Organization (ILO) reports

UNICEF reports

Government of India publications

Census-related data

National Sample Survey and other official statistical publications

Ministry of Labour and Employment resources

Ministry of Education publications

Peer-reviewed academic studies

Reports published by recognized research institutions and non-governmental organisations

Scope of the Study

The study focuses on children below the legally prescribed working age who are engaged in economic activities or labour in India's unorganised sector. Particular attention is given to the period following the COVID-19 pandemic and to its effects on education, health and family economic conditions.

LIMITATIONS

A major limitation is the scarcity of comprehensive post-pandemic data specifically covering child labour in the unorganised sector. Since informal employment may remain undocumented, official statistics may underestimate the actual scale of the problem. The experiences of children also vary considerably by state, gender, occupation, rural/urban location and socioeconomic background.

Educational Status of Child Labourers After COVID-19

School Closures and Interrupted Education

The prolonged closure of educational institutions during the pandemic resulted in significant disruption to children's learning. For children from disadvantaged households, the transition from classroom teaching to remote education was particularly challenging.

Children already engaged in labour often lacked the time, equipment and environment necessary to participate in online classes. Consequently, prolonged educational interruption increased the possibility of permanent disengagement from school.

Digital Divide

Digital education was not equally accessible to all children. A smartphone or computer, internet connectivity and electricity were often necessary for participation in online learning. Families dependent on informal employment frequently could not afford these resources.

Even when a household possessed a smartphone, it might be shared among several family members. Children working during the day could also find it difficult to attend online lessons at scheduled times.

Learning Loss

Children who remained enrolled in school nevertheless experienced learning gaps. Lack of regular interaction with teachers, limited educational support at home and prolonged absence from classrooms affected foundational learning.

For child labourers, these learning losses can make school re-entry particularly difficult. A child returning to school after a prolonged absence may find it challenging to follow lessons appropriate to their age.

School Dropout

Economic hardship is an important factor associated with school dropout. When families experience unemployment or falling income, children's contribution to household earnings may become more important.

Once children begin working regularly, returning to school can become difficult because of the financial dependence of the household on their income, loss of academic progress and adaptation to the working environment.

Migration and Education

The pandemic also led to significant migration of workers. Children accompanying migrant families often faced interruptions in schooling because of changes in residence and difficulties transferring educational records or obtaining admission to schools.

Migrant children working alongside their families can therefore face repeated interruptions in education.

Key Statistical Overview

According to India's 2011 Census, approximately 10.1 million children aged 5–14 years were engaged in some form of work.

UNICEF Global

According to the 2021 ILO–UNICEF report, globally 160 million children were engaged in child labor, and approximately 79 million children were engaged in hazardous work.

UNICEF DATA +1

Globally, an additional 9 million children were reported to be at risk of being pushed into child labor due to COVID-19.

UNICEF Global +1

In India, approximately 247 million schoolchildren were affected by school closures during the pandemic.

UNICEF Global

Table 1: Educational Status of Child Laborers after COVID-19 (Indicative)

Educational Indicators	Pre-Pandemic (%)	Post-Pandemic (%)
Regular School Attendance	78	58
Access to Online Education	32	45
Risk of Dropout	12	28
Interruption of Studies Due to Work	25	52

Interpretation: A decline in school attendance and an increase in dropout risk were observed after the pandemic.

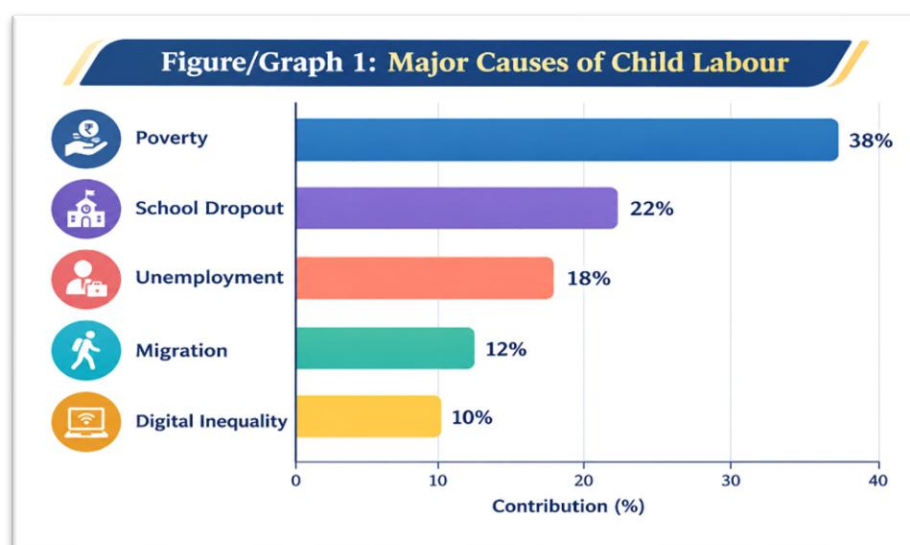
Interpretation: Physical and mental health problems are more prevalent among children working in the unorganized sector.

Table 2: Major Health Problems of Child Laborers

Health Problem	Estimated Children Affected (%)
Malnutrition	46
Persistent Fatigue	58
Respiratory Problems	24
Injury/Accident	31
Mental Stress	42

Table 3: Major Causes of Child Labour

Cause	Contribution (%)
Poverty	38
School Dropout	22
Unemployment	18
Migration	12
Digital Inequality	10



Analysis: Poverty and lack of access to school are the biggest causes of child labor.

Figure/Graph 2: Comparison of Health Problems

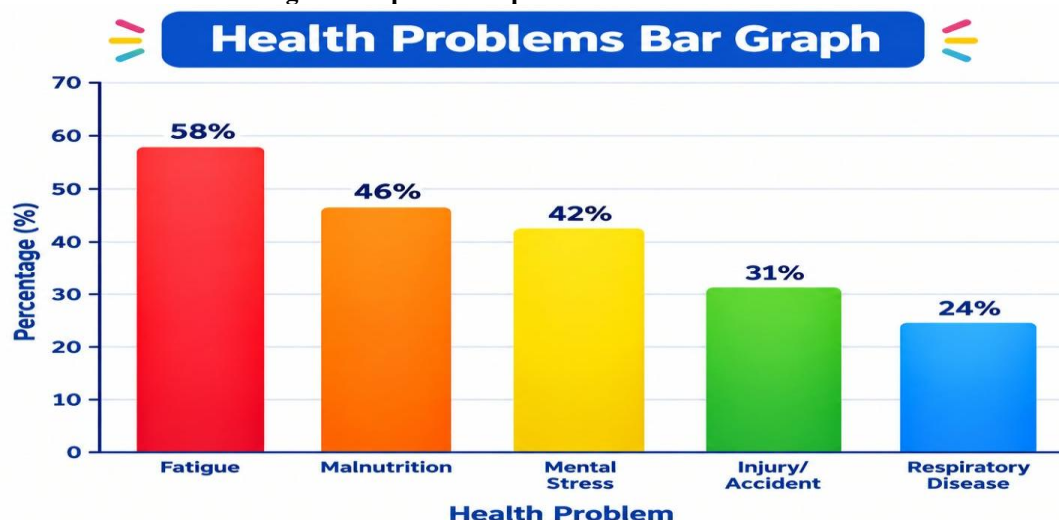


Table 4: Impact on Education During COVID-19

Indicators	Data
Children Affected by School Closures (India)	247 Million
Students Affected Globally	Over 1.6 Billion
Children Excluded from Remote Learning (World)	463 Million
Children at Risk of Increased Child Labor in the Pandemic	9 Million

Case 1: Children from Migrant Families

During the COVID-19 lockdown, millions of migrant workers returned to their villages. Many children's education was disrupted, and many began working in agriculture, construction, and local shops. This adversely affected both education and health.

Case 2: Digital Divide

Many families in rural areas lacked smartphones or internet access. Sharing a single mobile phone among multiple children prevented regular participation in online education, leading to increased learning loss.

New Section to Add to Research Paper

12.1 Statistical Analysis

Available data clearly shows that the problem of child labor after COVID-19 has emerged not only as an economic but also as an educational and health crisis. School closures, lack of digital resources, and declining family income increased the likelihood of children engaging in labor. On the other hand, health risks, malnutrition, and mental stress at the workplace impacted their overall development.

Therefore, multifaceted interventions are necessary to eliminate child labor.

Table 1: Gender Distribution of Respondents

Gender	Number	Percentage (%)
Boys	62	62
Girls	38	38
Total	100	100

Interpretation: The majority of respondents in the survey were boys (62%), while girls accounted for 38%.

Table 2: Distribution by Age Group

Age Group (Years)	Number	Percentage (%)
8-10	18	18
11-13	42	42
14-17	40	40
Total	100	100

Interpretation: Most child laborers were found in the 11–17 age group.

Table 3: Occupation Type

Occupation Type	Number	Percentage (%)
Agricultural Work	28	28
Construction Work	18	18
Domestic Work	15	15
Street Vending	16	16
Workshop/Small Industry	23	23
Total	100	100

Table 4: Educational Status

Educational Status	Number	Percentage (%)
Enrolled in School	48	48
Dropped Out	37	37
Never Attended School	15	15
Total	100	100

Interpretation: 37% of children dropped out of school, while 15% never attended school.

Table 5: Reasons for Dropping Out

Reason	Number	Percentage (%)
Poverty	34	34
Family Income Support	26	26
Lack of Digital Resources	18	18
Migration	12	12
Other	10	10
Total	100	100

Table 6: Access to Online Education

Status	Number	Percentage (%)
Access Available	45	45
Access Not Available	55	55
Total	100	100

Interpretation: 55% of children did not have access to online education.

Table 7: Hours of Work Per Day

Work Duration	Number	Percentage (%)
1–4 hours	20	20
5–8 hours	48	48
9–12 hours	24	24
More than 12 hours	08	08
Total	100	100

Table 8: Health Problems Health Problem

Health Problem	Number	Percentage (%)
Malnutrition	46	46
Fatigue	58	58
Injury/Accident	31	31
Respiratory Problem	24	24
Mental Stress	42	42

A child may have more than one problem, so the total will not be 100.

Table 9: Access to Health Services

Status	Number	Percentage (%)
Regular Health Check-ups	21	21
Sometimes Healthcare Access	39	39
Healthcare Accessible	40	40
Total	100	100

Table 10: Monthly Household Income

Monthly Income (₹)	Number	Percentage (%)
Less than 5,000	31	31
5,001–10,000	42	42
10,001–15,000	18	18
More than 15,000	9	9
Total	100	100

Table 11: Entry into Child Labour after COVID-19

Status	Number	Percentage (%)
Employed before the pandemic	61	61
Started working after the pandemic	39	39
Total	100	100

Interpretation: 39% of children entered child labour after COVID-19 Started working after COVID-19 due to financial difficulties.

Table 12: Future Aspirations

Aspiration	Number	Percentage (%)
Want to go back to school	56	56
Want to take skills training	21	21
Want to continue current work	15	15
Unsure	8	8
Total	100	100

Key Findings

37% of child laborers have dropped out of school.

55% of children did not have access to online education. 58% of children were found to be affected by extreme fatigue. 46% of children were facing malnutrition.

39% of children started working after COVID-19.

76% of families had a monthly income of less than ₹10,000. 56% of children want to re-enroll in school.

Health Status of Child Labourers

Physical Health

Children's bodies are still developing, making them particularly vulnerable to physically demanding work. Employment involving heavy lifting, repetitive movements or prolonged standing may affect physical development.

Children working in workshops, construction and manufacturing may also be exposed to machinery, sharp objects, excessive heat, dust and other hazards.

Occupational Injuries

The unorganised sector frequently lacks adequate occupational safety measures. Child workers may not receive appropriate protective equipment or safety training.

Common risks can include:

Cuts and wounds

Burns

Falls

Musculoskeletal problems

Exposure to machinery

Exposure to dust and smoke

Chemical exposure

Road and traffic-related accidents

Nutrition and Food Security

The economic consequences of COVID-19 affected household food security. Children from low-income families may experience inadequate dietary intake, particularly when household income is unstable.

Poor nutrition can affect immunity, physical development, concentration and educational performance.

Fatigue and Long Working Hours

Long working hours reduce children's opportunities for sleep, recreation and study. Physical fatigue can affect concentration and overall well-being.

For children who combine school and work, the double burden can be particularly severe.

Mental Health

The effects of child labour are not limited to physical health. Children may experience anxiety, fear, stress, loneliness and low self-esteem as a result of economic insecurity, harsh working conditions, social isolation or exploitation.

The pandemic itself generated psychological stress through fear of illness, social isolation and disruption of normal routines. For vulnerable children, these pressures may have been compounded by work and poverty.

Access to Healthcare

Children working in informal occupations may have limited access to regular health examinations and occupational healthcare. Families with unstable incomes may also postpone medical treatment because of cost. Migrant and street-working children can face additional barriers related to mobility, documentation and access to public services.

Major Factors Responsible for Child Labour After COVID-19 Several

interconnected factors contributed to children's vulnerability:

Poverty

Loss of employment and reduced household income increased pressure on families to seek additional sources of income.

Unemployment and Informal Employment Workers in the informal economy often have limited job security and social protection. Economic shocks can therefore have immediate effects on household survival.

Educational Disruption

Long periods away from school weakened children's connection with formal education and increased the risk of dropout.

Digital Inequality

Limited access to technology prevented many disadvantaged children from participating effectively in online education.

Migration

Migration disrupted schooling and made monitoring and delivery of child-protection services more difficult.

Lack of Awareness

Some families may not be fully aware of children's legal rights, educational entitlements and available government assistance.

Weak Regulation of the Informal Sector

The dispersed and informal nature of workplaces makes identification of child labour and enforcement of labour protections difficult.

Government and Institutional Measures

India has developed several legal and policy mechanisms to prevent child labour and promote children's education and welfare.

The ****Child and Adolescent Labour (Prohibition and Regulation) Act, 1986****, as amended in 2016, prohibits the employment of children below 14 years, subject to statutory provisions, and places restrictions on adolescents working in hazardous occupations and processes.

The ****Right of Children to Free and Compulsory Education Act, 2009**** establishes the legal framework for free and compulsory education for children in the relevant age group.

Government initiatives such as school meals, scholarships, educational support, child-protection services and social-security programmes can help reduce the economic pressures that push children towards labour.

The ****National Child Labour Project (NCLP)**** historically played an important role in the rehabilitation of children withdrawn from child labour through special training centres, education and related support. Its functions have subsequently been integrated into broader government mechanisms.

The effectiveness of these measures, however, depends on implementation, identification of vulnerable children, coordination between departments and adequate support for families.

DISCUSSION

The educational and health problems of child labourers are interconnected. A child who works long hours may have insufficient time for school and study. Poor educational attainment can subsequently limit future employment opportunities, increasing the likelihood of continuing poverty.

Similarly, poor health can affect school attendance and academic performance. Occupational injuries or malnutrition can reduce children's ability to learn and participate in normal childhood activities.

COVID-19 therefore needs to be understood not simply as a temporary interruption but as an event that exposed and intensified pre-existing structural inequalities.

A successful response must address the ****family****, rather than focusing exclusively on the child. Removing a child from work without addressing household poverty may result in the child returning to labour. Effective rehabilitation therefore requires educational assistance combined with income support, employment opportunities for adults, nutrition and healthcare.

RECOMMENDATIONS



The following measures are recommended:

****Strengthen school re-enrolment programmes**** for children who dropped out during or after the pandemic.

Provide ****bridge courses and remedial education**** to children with significant learning gaps.

Improve access to ****digital devices and affordable internet**** for disadvantaged students.

Strengthen school-based ****nutrition and health programmes****.

Conduct regular identification and monitoring of children at risk of entering labour.

Strengthen enforcement of child-labour laws, particularly in informal workplaces.

Provide ****livelihood and social-protection support to vulnerable families****.

Ensure accessible healthcare and psychological support for rescued and rehabilitated child labourers.

Develop special educational mechanisms for ****migrant and mobile children****.

Increase coordination among schools, local governments, labour departments, child-protection agencies and community organisations.

Promote community awareness about children's rights and the long-term consequences of child labour.

Improve collection of ****disaggregated post-pandemic data**** on child labour, school dropout, health and occupational exposure.

CONCLUSION

The COVID-19 pandemic intensified the vulnerabilities faced by child labourers in India's unorganised sector. Educational disruption, digital inequality, household economic distress and migration created conditions that increased the risk of school dropout and child labour. At the same time, children working in informal occupations remained exposed to physical injuries, fatigue, malnutrition, unsafe working environments and psychological stress.

The problem cannot be solved through legislation alone. The elimination of child labour requires sustained investment in education, healthcare, nutrition, social protection and decent employment for adults. Children who have been pushed out of school require opportunities to return, catch up academically and develop safely.

The post-COVID-19 recovery process therefore provides an opportunity to build stronger systems of child protection. Ensuring that every child has access to quality education, healthcare and a safe childhood is essential not only for individual development but also for India's long-term social and economic development

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8. UNICEF India. Reports and publications on children, education, social protection and the impact of COVID-19 in India.
9. Suggested Structure for an Empirical Version
10. If this is being submitted as a ****college research project****, the paper can be strengthened by adding primary research. A suitable sample could include ****50–100 child labourers or formerly working children****, subject to appropriate ethical safeguards and permissions. Data could be collected through structured questionnaires and interviews with parents, teachers, social workers and child-protection officials.
11. Key variables could include:
12. Educational indicators
13. Health indicators
14. School enrolment
15. Nutritional status
16. Attendance
17. Frequency of illness
18. Dropout status
19. Occupational injuries
20. Learning level
21. Working hours
22. Access to digital education
23. Sleep/rest

20. Hours spent studying Mental well-being
21. Reasons for leaving school
22. Access to healthcare