



# WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiological Unit,

Ministry of Healthcare & Nutrition

231, de Saram Place, Colombo 01000, Sri Lanka

Tele: (+94-011) 2695112, Fax: (+94,011) 2696583, E-Mail: epidunit@sltnet.lk

Epidemiologist: (+94-011) 2681548, E-mail: chepid@sltnet.lk

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## Child Labour: The Saga Continues

### What is child labour?

Some types of work make useful, positive contributions to a child's development. Work can help children learn about responsibility and develop particular skills that will benefit them and the rest of society. Often, work is a vital source of income that helps to sustain children and their families.

However, across the world, millions of children do extremely hazardous work in harmful conditions, putting their health, education, personal and social development, and even their lives at risk. They face full-time work at a very early age, sometimes in dangerous workplaces, working for excessive working hours. They are subjected to psychological, verbal, physical and sexual abuse, and sometimes work for limited or no pay. Their inability to escape from the poverty cycle with no access to education entangles them in this vicious cycle further.

### How big is the problem?

- The International Labour Organization (ILO) estimates there are 218 million working children aged between 5 and 17 (2006).
- 126 million are estimated to work in the worst forms of child labour -- one in every 12 of the world's 5 to 17 years olds (2006).
- 74 million children under the age 15 are in hazardous work and should be "immediately withdrawn from this work" (2006).

- 8.4 million children are in slavery, trafficking, debt bondage and other forms of forced labour, forced recruitment for armed conflict, prostitution, pornography and other illicit activities (2002).
- Girls are particularly in demand for domestic work.
- Around 70 per cent of child workers carry out unpaid work for their families..

### Why do children work?

Most children work because their families are poor and their labour is necessary for their survival. Discrimination on grounds including gender, race or religion also plays its part in why some children work.

Children are often employed and exploited because compared to adults, they are more vulnerable, cheaper to hire and are less likely to demand higher wages or better working conditions. Some employers falsely argue that children are particularly suited to certain types of work because of their small size and "nimble fingers".

For many children, school is not an option. Education can be expensive and some parents feel that what their children will learn is irrelevant to the realities of their everyday lives and futures. In many cases, school is also physically inaccessible.

As well as being a result of poverty, child labour also perpetuates poverty. Many working children do not have the opportunity to go to school and often grow up to be unskilled adults trapped in poorly paid jobs, and in turn will

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family's income.

### Where do children work?

- On the land
- In households - as domestic workers
- In factories - making products such as matches, fire-works and glassware
- On the street - as beggars
- Outdoor industry: brick kilns, mines, construction
- In bars, restaurants and tourist establishments
- In sexual exploitation
- As soldiers in militant organizations

The majority of working children worldwide are in agriculture – an estimated 70 per cent. Child domestic work in the houses of others is thought to be the single largest employer of girls worldwide.

### Child trafficking

Trafficking involves transporting people away from the communities in which they live, by the threat or use of violence, deception, or coercion so they can be exploited as forced or enslaved workers for sex or labour. When children are trafficked, no violence, deception or coercion needs to be involved; it is merely the act of transporting them into exploitative work which constitutes trafficking.

Increasingly, children are also bought and sold within and across national borders. They are trafficked for sexual exploitation, for begging, and for work on construction sites, plantations and into domestic work. The vulnerability of these children is even greater when they arrive in another country. Often they do not have contact with their families and are at the mercy of their employers.

### Child soldiers

There are about 300,000 child soldiers involved in over 30 areas of conflict worldwide, some even younger than 10 years old. Child soldiers fight on the front line, and also work in support roles; girls are often obliged to be sex slaves or "soldiers' wives". Children involved in conflict are severely affected by their experiences and can suffer from long-term trauma. The *Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict* entered into force on 12 February 2002, which encourages governments to raise the age of voluntary recruitment into the armed forces and explicitly states that no person under the age of 18 should be sent into

### What do children want - child domestic workers speak out

Detailed interviews were conducted with more than 450 current and former child domestic workers in nine countries in Africa, Asia and Latin America from May to October 2004. Consultations took place in Benin, Costa Rica, India, Nepal,

Peru, Philippines, Sri Lanka, Tanzania and Togo reflecting the reality of child domestic labour in many countries. The majority of those who participated were female – but more than 100 boys also took part.

Cutting across cultural and language divides, the child domestic workers who were consulted had some clear messages about the best kinds of assistance to protect them from the daily abuse and exploitation that many of them endure. Their common appeal for those who seek to help them are:

- To provide opportunities for education and training which allow them to move on from domestic work;
- To assist them in seeking redress from abusive and/or exploitative employers;
- Not to alienate employers, but to make them part of the solution to their problems;
- To provide more services which cater specifically to the needs of child domestic workers (since their needs are often quite different from those of other child workers);
- To develop longer-term interventions, i.e. not to develop services for them and then pull-out after just one or two years;
- To develop interventions which take into consideration some of the issues which most affect child domestic workers, for example, early pregnancy and the effect of HIV/AIDS;
- More awareness raising about their situation, and to ensure that this awareness raising goes hand-in-hand with concrete services for child domestic workers;
- Assistance in accessing government and state infrastructure that can help them; for example, in obtaining birth certificates, enrolling in school, in accessing health care, in locating families and returning home.

Perhaps the strongest message to emerge from the consultations was the importance of those providing assistance to talk to the children themselves about what they need. It has been shown that the most effective interventions are those which systematically involve child domestic workers themselves in the planning and implementation of their projects and programmes.

### International law on child labour

The Convention 182 of the ILO (1999) aims to eliminate the worst forms of child labour. It stresses that immediate action is needed to tackle the worst exploitation of children.

Article 32 of the *UN Convention on the Rights of the Child* (1989) states "*State Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education or to be harmful to the child's health or physical, mental, spiritual, moral or social development.*"

Table 1: Vaccine-preventable Diseases &amp; AFP

23<sup>rd</sup> - 29<sup>th</sup> June 2007 (26<sup>th</sup> Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
Acute Flaccid Paralysis	01 GM=1	01 NE=1	00	00	00	00	00	00	02	05	48	66	-27.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	02 NE=2	00	00	01 KR=1	00	00	00	03	02	41	17	+141.8%
Tetanus	00	00	00	00	00	00	00	01 KG=1	01	00	18	31	-41.9%
Whooping Cough	00	00	00	00	00	00	00	00	00	02	22	53	-58.5%
Tuberculosis	09	22	09	14	00	05	07	85	151	163	4978	5220	-4.6%

Table 2: Diseases under Special Surveillance

23<sup>rd</sup> - 29<sup>th</sup> June 2007 (26<sup>th</sup> Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
DF/DHF*	33	04	06	02	18	07	01	10	81	177	2386	4844	-50.7%
Encephalitis	00	01 ML=1	00	00	00	00	01 BD=1	01 RP=1	03	04	117	75	+56.0%
Human Rabies	00	00	00	00	00	00	00	00	00	01	32	32	00.0%

Table 3: Newly Introduced Notifiable Diseases

23<sup>rd</sup> - 29<sup>th</sup> June 2007 (26<sup>th</sup> Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Total number of cases to date in 2007	*DF / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever. NA= Not Available. Sources: Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies, Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox, Meningitis, Mumps. Special Surveillance: Acute Flaccid Paralysis. National Control Program for Tuberculosis and Chest Diseases: Tuberculosis. Details by districts are given in Table 5.
	W	C	S	NE	NW	NC	U	Sab			
Chickenpox	18	00	17	01	05	00	03	11	55	1859	
Meningitis	05 CB=2 KL=3	00	03 GL=3	01 TR=1	04 KR=1 PU=3	00	03 BD=3	02 KG=2	18	145	
Mumps	12	01	02	01	09	00	03	07	35	756	

## Provinces:

W=Western, C=Central, S=Southern, NE=North &amp; East, NC=North Central, NW=North Western, U=Uva, Sab=Sabaragamuwa.

## DPDHS Divisions:

CB=Colombo, GM=Gampaha, KL=Kalutara, KD=Kandy, ML=Matale, NE=Nuwara Eliya, GL=Galle, HB=Hambantota, MT=Matara, JF=Jaffna, KN=Killinochchi, MN=Mannar, VA=Vavuniya, MU=Mullaitivu, BT=Batticaloa, AM=Ampara, TR=Trincomalee, KM=Kalmunai, KR=Kurunegala, PU=Puttalam, AP=Anuradhapura, PO=Polonnaruwa, BD=Badulla, MO=Moneragala, RP=Ratnapura, KG=Kegalle.

Table 4: Laboratory Surveillance of Dengue Fever

23<sup>rd</sup> - 29<sup>th</sup> June 2007 (26<sup>th</sup> Week)

Samples	Number tested	Number positive *	Serotypes				
			D <sub>1</sub>	D <sub>2</sub>	D <sub>3</sub>	D <sub>4</sub>	Negative
Number for current week	05	01	00	00	01	00	00
Total number to date in 2007	314	20	00	08	05	00	06

Source: Genetech Molecular Diagnostics &amp; School of Gene Technology, Colombo.

\* Not all positives are subjected to serotyping.

**Table 5: Selected notifiable diseases reported by Medical Officers of Health**  
23<sup>rd</sup> - 29<sup>th</sup> June 2007 (26<sup>th</sup> Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	26	644	15	204	00	06	01	40	00	43	01	68	00	01	01	52	77
Gampaha	03	263	10	201	00	14	01	41	00	28	04	133	00	09	01	61	71
Kalutara	04	164	16	285	00	01	01	31	01	18	04	66	00	01	01	34	100
Kandy	03	235	01	154	00	03	03	39	00	07	02	44	01	42	178	1331	73
Matale	01	59	07	115	01	06	00	09	00	03	04	26	00	03	02	85	50
Nuwara Eliya	00	26	04	157	00	02	07	77	00	366	00	08	00	27	43	263	86
Galle	02	53	02	83	00	07	00	08	00	04	01	31	00	18	01	14	69
Hambantota	00	29	06	43	00	05	01	17	00	15	00	30	03	31	00	09	82
Matara	04	85	09	165	00	08	01	24	00	10	01	109	02	129	00	20	75
Jaffna	00	18	00	72	00	02	00	297	00	05	00	00	00	80	00	14	00
Kilinochchi	00	01	00	00	00	00	00	03	00	00	00	00	00	02	00	02	00
Mannar	00	07	00	11	00	00	00	42	00	00	00	00	00	00	00	05	00
Vavuniya	01	11	02	31	00	04	00	11	00	15	00	02	00	00	00	05	100
Mullaitivu	00	00	00	09	00	06	00	14	00	00	00	00	00	00	01	04	40
Batticaloa	00	61	03	336	00	08	00	14	00	10	00	00	00	22	06	433	64
Ampara	00	03	00	59	00	00	00	03	00	00	00	00	00	00	00	15	14
Trincomalee	01	43	06	140	00	03	00	14	00	23	00	05	00	04	04	72	67
Kurunegala	18	221	09	252	00	02	02	40	01	17	00	16	01	27	04	31	100
Puttalam	00	75	02	63	00	10	00	44	00	03	00	15	00	04	00	60	78
Anuradhapura	07	72	01	55	00	07	00	17	00	13	01	17	01	18	00	29	63
Polonnaruwa	00	41	02	52	00	02	01	06	00	03	00	19	00	00	00	14	71
Badulla	00	19	13	331	01	01	01	58	00	08	00	28	07	89	06	157	73
Monaragala	01	11	07	186	00	02	00	34	00	10	01	33	01	35	01	21	100
Ratnapura	05	123	08	333	01	11	00	39	00	08	00	34	03	13	01	50	75
Kegalle	05	119	05	161	00	06	01	30	00	04	03	60	01	16	14	78	100
Kalmunai	00	03	01	97	00	01	00	07	00	00	00	00	00	02	01	85	69
<b>SRI LANKA</b>	<b>81</b>	<b>2386</b>	<b>129</b>	<b>3595</b>	<b>03</b>	<b>117</b>	<b>20</b>	<b>959</b>	<b>02</b>	<b>613</b>	<b>22</b>	<b>744</b>	<b>20</b>	<b>573</b>	<b>265</b>	<b>2944</b>	<b>71</b>

Source: Weekly Returns of Communicable Diseases (WRCD).

\*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

\*\*Timely refers to returns received on or before 7 July 2007. Total number of reporting units = 290. Number of reporting units data provided for the current week: 206

A = Cases reported during the current week. B = Cumulative cases for the year.

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**ON STATE SERVICE**

**Dr. M. R. N. ABEYSINGHE**  
 EPIDEMIOLOGIST  
 EPIDEMIOLOGICAL UNIT  
 231, DE SARAM PLACE  
 COLOMBO 10