Impact of Drought-Induced Migration on Children

Research Report

Strategy & Research Management, World Vision India
ACKNOWLEDGEMENTS

AUTHORS:
Bestin Samuel & Sarojitha Arokiaraj

TECHNICAL GUIDANCE:
Franklin Jones
Head, Disaster Management
Praveen Kumar
Strategic Evaluations
Joy Christina
Head, Media & Communications
Sasmita Lalit
Associate Director, Programmes
Prasad Talluri
Head, Strategy & Research Management
Richard Wurmbrand
Head, Programme Quality
Subramania Siva
Strategy & Research Management

FIELD GUIDANCE:
We would like to extend a special thanks to the following for their contributions and support

Staff of World Vision India programmes based in
Pratapgarh district in Rajasthan
(Pratapgarh ADP)
Lalitpur district in Uttar Pradesh
(Aparajita ADP)
Prakasam district in Andhra Pradesh
(Kandukur ADP)

ABOUT THE REPORT:
This study looks at the impact of drought on children in India, focusing on the issue of drought-induced migration. It had been prompted by the continuously increasing drought severity in India along with consistently reduced rainfall. This has led to a collapse of rural livelihoods which are mostly dependent on agriculture and allied activities. One of the most significant consequences of this economic shock has been migration in search of income. Drought-induced migration affects children on multiple levels, most critically in the areas of health, education and protection.
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According to the data this year from the Drought Early Warning System (DEWS), about 42% of India’s land area is facing drought, with 6% exceptionally dry. Andhra Pradesh, Bihar, Gujarat, Jharkhand, Karnataka, Maharashtra, parts of the Northeast, Rajasthan, Tamil Nadu and Telangana are the worst hit. These states are home to almost 40% of the country’s population.

A drought is an extended period - a season, a year, or several years - of deficient rainfall relative to the statistical multi-year average for a region, according to the United Nations. It is very different from other disasters since its onset is slow and visual damage, less. Nonetheless, the damage done by drought is huge to the tune of widening inequalities, perpetuating poverty and leaving lasting impact on the lives of children. Drought is not just less rainfall, it also is inefficient use of water resources. The immediate effect that drought can have on people are crop failure, lack of employment opportunities in agricultural and allied sectors, losing livestock and migrating to other places to look for livelihood. The most obvious effect that drought has on the life people is lack of adequate access to food and water.

According to the Ministry of Water Resources, around 68% of India is prone to drought in varying degrees. 35% which receives rainfall between 750 mm and 1125 mm is considered drought prone while 33% receiving less than 750 mm is chronically drought prone. IPCC has been warning categorically in their reports over the past few years, the impending disaster looming large over the lives of those dependent on agriculture. Their most recent report in 2014, said that the lives of 200 million Indians from the Indo Gangetic plain will face adverse impact because of the 51% reduction in the yield due to heat stress. The predictions were not wrong.

Over 600 million of India’s 1.2 billion people are dependent on agriculture and related means for livelihood. The agriculture sector has been performing at a chilling low for the past few years, with 41 farmers reportedly committing suicides every day on an average since 1995. Migration of the socio-economically deprived, from the largely-agrarian rural India to urban locations for survival had already touched 15 million eight years ago.

A report by NITI Aayog mentions that 600 million Indians face high to extreme water stress and about two lakh people die every year due to inadequate access to safe water. The report also says that by 2030, the country’s water demand is projected to be twice the available supply, implying severe water scarcity for hundreds of millions of people and an eventual 6% loss in the country’s GDP.

**How does the drought affect children?**

Children are the most vulnerable to the effects of a slow-onset disaster like drought. In October 2002, the UN general assembly called for a special session on children where the members reaffirmed their commitment to create a world fit for Children. One of the commitments very clearly articulates, “Protect the Earth for children. We must safeguard our natural environment, with its diversity of life, its beauty and its resources, all of which enhance the quality of life, for present and future generations. We will give every assistance to protect children and minimize the impact of natural disasters and environmental degradation on them.”

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1. There are different indicators and measured impacts for droughts, so there is scarcely a single universal definition for drought. The UN – SPIDER Knowledge Portal gives this general definition. http://www.un-spider.org/risks-and-disasters/natural-hazards/drought

2. Classification of drought. The National Commission on Agriculture in India classified three types of drought; meteorological, agricultural and hydrological. Meteorological drought is defined as a situation when there is significant decrease from normal precipitation over an area (i.e. more than 15%). Hydrological drought results from prolonged meteorological drought resulting in depletion of surface and sub-surface water resources. Agricultural drought is a situation when soil moisture and rainfall are inadequate to support healthy crop growth.
The NDMA guidelines on management of drought (2010), Manual of Drought Management by Ministry of Agriculture (2009) and the Drought crisis Management plan have set clear plans on what has to be done during times like these, especially to meet the food, nutrition and protection needs of the people, the vulnerable, especially children. However, one cannot but question the scale and quality of implementation of these provisions set out.

The loss of livelihood has resulted in immediate financial strain and subsequent migration in search of alternative income results in the breakdown of family as a unit. Communities are forced to migrate for their survival – it is by no means a guaranteed way out of poverty. The communities witness conflicts over minimal resources, and even basic essentials like nutritious food becomes a challenge.

Though drought is a slow onset disaster; its impact on children’s life could be both immediate and prolonged. Studies have shown that early life exposure to droughts have negative impacts on health, education, safety of children and livelihood opportunities.

The 2015 Lancet Commission on Health and Climate Change says some population groups are particularly vulnerable to the health effects of climate change, because of existing socio-economic inequalities, cultural norms, or intrinsic physiological factors. These groups include women, young children and older people, people with existing health problems or disabilities, and poor and marginalised communities.

Children are much more susceptible to heat strokes during droughts, as dehydration plays a key role in causing fatigue. Malnutrition is the underlying cause of around 50% of child deaths in the country. Drought conditions and extreme heat increase the risk that these children already face.

Distress migration due to drought situation is one of the biggest threats to children’s safety in both rural and urban India. While seasonal migration provides temporary income relief, it also makes them more vulnerable. Most often, younger children migrate along with the parents. It is estimated that 4 – 6 million children are involved in seasonal migration in India.

Children’s safety during migration is of critical importance, with their protection in the drought-affected site, during transit, and destination – in the context of migration – all peppered with potential dangers to their well-being.

The May 2009 report of the Special Rapporteur on the human rights of migrants declares that “States should recognize that migrant children, especially those unaccompanied, are most exposed to the worst forms of child labour.” According to the report, most child migrants work in domestic work, construction labour and other urban informal economy and are often exposed to severe exploitation.

The most obvious impact of drought on the lives of children is on their education. Education is one of the main routes to get out of the cycle of poverty but is unfortunately one of the most-affected during a drought. Adolescent children are withdrawn from school to move out of their village to work in other places to supplement family income. In a report by IRRI titled ‘Economic costs of drought and rice farmers’ coping mechanisms: a cross-country comparative analysis’ which included India reported that more than 50% of farmers had to pull out their children out of school due to three reasons – inability to meet the cost of schooling, supplement family income or migrate along with parents.
Droughts create severe economic shocks that often force vulnerable agriculture-dependent households into poverty. To sustain their income and meet their needs, adults and sometimes children migrate to locations which offer them livelihood during the drought months. This research assumes that such migration has a significant impact on children, and is what it explores. The assumption is based on World Vision India’s Rapid Assessment on Drought, conducted in May 2016, which produced strong evidence of widespread migration in the drought-affected communities. Additionally, one of the prior field studies undertaken in April 2015 by the researchers had brought to light children’s health, education and protection being severely affected by drought.

The study looks at drought-affected areas in 3 ADPs (Area Development Programmes) of World Vision India in the states of Rajasthan, Uttar Pradesh and Andhra Pradesh. The ADPs were selected on the basis of World Vision India’s Rapid Assessment for drought response carried out in May 2017. Within the ADP locations, FGDs were conducted with specific tools. Cases were identified following brief filter interviews based on pre-decided criteria aimed to bring out the issues. The cases were further explored with in-depth interviews, with related stake holders also interviewed at bring out a comprehensive narrative.

OBJECTIVES/RESEARCH QUESTIONS

The objective of the research is to understand the impacts of drought-induced migration on children’s health, education and protection in select locations where World Vision India works. The following are the broad research questions:

a. What is the relationship between drought-induced migration and child labour?

b. What is the impact of migration on children whose parents have migrated?

c. How are children below 5 years affected when they migrate along with their parents to a different location?

METHODOLOGY

The research is qualitative and tends to be a phenomenological study, whereby the effects of drought-induced migration are traced through the experiences of children, parents, community members and government representatives. The methods used broadly focus on the themes of health, education and child protection, capturing as much descriptive information as possible along these domains. The research addresses the lack of knowledge on the impact of drought-induced migration on children. It used a case-study research design and will use qualitative methods to collect data. Case Study 1 is on children who are working in destination location; Case Study 2 is on children who are left behind; Case Study 3 is on mothers with children under 5 who had migrated.

Using prepared tools for qualitative research, data was collected through FGDs, in-depth interviews and observation. Data was also drawn from findings of World Vision India’s Rapid Assessment and secondary research. The data was analyzed against the backdrop...
of relevant secondary research from existing literature and government resources. The sampling was purposive, as the research narrative aims to be built on three in-depth descriptive case studies. The data collected was analysed through free-listing.

Two FGDs were conducted in one location and KII were held with 3-4 persons. The participants for FGD (8-10 adults) were from families which had at least one migrant or have had members migrate in the last two years. Children FGD had 8-10 participants in the age group of 12-18 years. Interviews were held with school teachers, anganwadi worker, ANM / ASHA, PRI Leader / CBO Leader, contractors, Block Development Officer / Labour Inspector, WV staff member / volunteer. IDIs were conducted with the participants and families of the selected case studies. Data was collected in 2018.

The selection of locations for this study is based on the analysis of the rapid assessment report conducted in 21 ADPs. The locations are as follows:

- Rajasthan - Pratapgarh ADP
- Uttar Pradesh - Aparajita ADP
- Andhra Pradesh - Kandukur ADP

Purposive sampling was used in order to identify and narrate the most descriptive and explanatory stories, and these were used to highlight how drought-induced migration affects children a) who were left at home, b) who migrated to work, and c) who were taken along by their parents (under 5). After detailed interviews with children in all three locations, three of the most significant cases were identified and used in this report - incidentally all of them were from Pratapgarh, Rajasthan.

LIMITATIONS

Lack of extensive quantitative data from the field as the source is from a rapid assessment which was done in a quick span of time. The short period of study could also be a limitation. The fact that the research findings cannot be generalized to apply to the whole country could also be a limitation. The study also drew upon retrospective recollections of subject experiences, which might have caused some variance.

ETHICAL CONSIDERATIONS

The research involved interaction with and collection of data from human subjects, including children. The following were the steps taken to address the ethical considerations:

Informed consent: Voluntary, first-person
Informed Consent of key informants and FGD participants were taken with the help of the field staff of World Vision India working in the specific location. The respondents and participants were made aware of the key aspects of the research project like objectives, methods, use of findings and dissemination plans. Since the case stories were in-depth and descriptive in nature of individuals/families, consent was obtained prior to interaction and was documented in a consent form duly filled up by the respondents/participants. Privacy concerns were also addressed as per the preferences of the respondents.

Consent was obtained from all children who participated in this research. They were informed about the objectives of the research and their right to participate was respected. Their right to dissent was communicated to them. Locally appropriate means were followed to obtain the consent of the participants. Verbal consent was also used, especially in the context of children and families who have migrated to other locations. In such cases the participants were fully informed of the research and the process using an information sheet. The consent / assent forms will be used to document consent.

Confidentiality was maintained as per respondent preference and the information was sensitively shared with the field office (ADP) and during broader dissemination. Individuals were also assured of confidentiality.
CASE STUDY 1:
CHILD LABOURERS

Rajasthan, which literally means ‘Land of Kings’ or ‘Land of Kingdom,’ is India’s largest state by area. It is one of the Indian states located in the northwestern part of the subcontinent. The state has an area of 132,140 square miles (342,239 square kilometres), and its capital city is Jaipur. The State was formed on 30th March 1949 when Rajputana – name as adopted by British Crown was merged into the Dominion of India. Jaipur, being the largest city was declared as the capital of the state.

In the west, Rajasthan is relatively dry and infertile; this area includes some of the Thar Desert, also known as the Great Indian Desert. In the southwestern part of the state, the land is wetter, hilly, and more fertile. Average rainfall also varies; the western deserts accumulate about 100 mm (about 4 in) annually, while the southeaster part of the state receives 650 mm (26 in) annually, most of which falls from July through September during the monsoon season. It has a total population of 6,85,48,437 of which 31.3% comprises Scheduled Castes and Scheduled Tribes, and relatively low literacy rate and sex ratio of 66.1% and 928 respectively. The population of children is 1,06,49,504 and the child sex ratio is 888.

Pratapgarh district is one of the relatively new districts to be established in the state of Rajasthan. It has a population of 867,848, and a literacy rate of 55.97% which is lower than the state average. 19 out of the 33 districts in Rajasthan were declared drought-hit by the government in 2016, and Pratapgarh was one of the worst affected. The district was also one of the nine which experienced a rainfall deficit in the year. In a bid to address water scarcity, the government had resorted to water trains to these locations, as well as deployed tanker trucks to provide water to these locations.

Sankar Lal is a 17-year-old boy hailing from one of the far-flung villages called Tila in Rajasthan’s Pratapgarh district. He had dropped out of school after Class 2 due to poverty. “My father was sick and unable to work. My mother left us and got married to someone else,” he says. Conditions at home forced him to work as an agricultural labourer, well before the legal age of 18 – in fact from the age of 12 onwards. The yield from his small piece of agricultural land was 3 quintals of maize. He suffered losses both in 2016 and once in a previous year. The drought has made water scarce, and he manually carries 3 big pots of water from a well that is one kilometer away every day, making three trips. He lives with his grandmother now.

Working was not a choice that young Sankar Lal made for himself; it was something that circumstances forced him to do. As jobs dried up in his native village, he was forced to migrate for work. In his own words:

> It was my friend Raju who suggested that I go to Jamnagar (Gujarat) with him. I joined him in the work, which was digging bore wells. We used to live in tents at the digging site. The work happened throughout the day and throughout the night, with workers getting a maximum of 3-4 hours of sleep every day. When I started working at 12 years of age, my work at the bore well site was cutting pipes. The last two years I have been involved in carrying of the pipes in the site.

The work involved digging borewells, and the company would complete digging one borewell in two days. They used to complete 20 borewells in a month, thanks to the labourers who worked without rest. Even during free time, Sankar Lal...
and others were required to wash the drilling machines. The environment featured lack of basic amenities, harassment and oppressive rules. These had direct effects on those who worked. Sankar Lal says:

_The supervisors at the site verbally abuse us sometimes. When we fall asleep after continuously working day and night, they will shout, “Work is going on; how can you fall asleep?” We run away from them when they start shouting._

Sankar Lal’s nutrition levels and health were also severely affected in these harsh conditions.

_In Jamnagar, eight people used to live in one tent. There were no toilets; we used to defecate in the open. The language, the food and the people there are bad. People quarrel a lot and abuse a lot. While I earned around 2 lakhs a year working in Pratapgarh, I got little money and more beatings in Jamnagar. Food was given by the supervisor. On a normal day, I usually got 3-4 rotis and aalu (potato) in the morning. This was the main meal. We used to get small snacks for lunch as well as with the evening tea. I did not get good water to drink at the place where I work. Till the borewell work is completed, we had no rest. If we fall sick we had to take treatment by ourselves because we have no medicines and no one to help._

The salary that child labourers like Sankar Lal received was also meagre. He received 6000-7000 INR per month for working around 20 hours per day. He would give to his grandmother at home all the money he earned, every time he went home – which was once every month. However, each visit incurred a pay loss for the boy, as he was not allowed to take leave from work.

Sankar Lal is tired of working, though he says he understands Gujarati now – the language of his new workplace. His friend Raju who got him the job still works in Jamnagar, after getting married. Sankar Lal wants to get married soon as well, though he is well below the legal age of 21. His grandmother is ageing and just underwent an eye operation, and needs help at home, he says. He is tired of the job, and wants to quit and settle down in Pratapgarh cultivating his little piece of land. The work has affected his morale, confidence and self-esteem. Working as a labourer hundreds of kilometers away from home has dashed his hopes for a good future.

_I do not like working – but I do not have a choice, I have to work. Nobody wants me to be educated, no one cares for me. I have no one. I have to work. Had there been someone to help me, I would have studied. Had I studied, I would have become a doctor. Now that I am not, what can I be? Maybe God wished me to be like this._

“There were no toilets; we used to defecate in the open,„„ I did not get good water to drink at the place where I work. Till the borewell work is completed, we had no rest. If we fall sick we had to take treatment by ourselves because we have no medicines and no one to help.”
While the experience of having to migrate to work as child labourers is harrowing for children, the children of migrating parents face an entirely different set of difficulties. In many cases, children stay alone at home with their grandparents or older siblings while their parents migrate in search of work. Bimala is a 12-year-old girl from Choudharghat in Pratapgarh district, studying in Class 7. Bimala is in the right age for her class - unlike many school-going children in her village who are much older than they ought to be. She has not had a break in her education, and has been regular to school despite her village being severely affected by the drought. Bimala’s father and mother are agricultural labourers, and she is the eldest of four children, including her brothers Ravi (9) and Abhishek (4), and her little sister Radha (3).

Bimala’s parents lost their jobs due to the drought, and they migrated to Mumbai, the closest big city, in search of work. They found work as manual labourers, involved in the laying of railway tracks. They have been doing it every year for the last few years – migrating during the drought months and returning after the summer has passed. Being the eldest child, Bimala stays back home with their grandmother, taking care of Ravi and Abhishek. Her parents take the youngest child Radha along with them to Mumbai. Bimala’s companion is her grandmother, who she says is “very old.” She calls her grandmother ‘Guddi,’ a term of endearment in her language. Guddi stays home, and does most of the domestic work.

With the drought drying up nearby water sources, Bimala is involved in bringing water to the house. She brings water to the house in the mornings before she goes to school, and then gets ready for school. She comes back and plays for some time, and then washes the utensils in her kitchen. She has to do much more work when her parents are not at home, as she has to wash utensils and bring water alone, she says. The 12-year-old girl also washes clothes. She says she can fully take care of herself; “I can shower and comb my hair by myself,” she says.

The girl has become used to a life without her parents, and finds solace in being with the only available adult in the house, her grandmother. In her own words,

_"I like to be with my Grandma. She tells me stories and puts me to sleep. Stories about Kings and Queens. I listen to her stories every day. All of us children will go to grandmother’s bed, listen to the story and then go to sleep._

With her parents away, her grandmother takes care of Bimala when she is sick. She goes down with fever frequently – often once a month. Sometimes she gets sunstrokes and headaches too, walking long distances to get water and to school as well. In such situations, her grandmother takes her to the government hospital for treatment. Her grandmother also helps her buy clothes – they go shopping together. Bimala’s parents give her money when they come back, and the girl gives it to her grandmother whenever she asks.

School is another aspect of her life that keeps her engaged. Despite all the hardships, she has not dropped out of school unlike many other girl children in her community. “I have not dropped out of school,” she says proudly, wearing her school uniform. Bimala’s school in 2 kilometers away from her home, and she walks to school every day; it takes her 20 minutes to reach school from home. She hangs out with her best friend Sarada at school, who is her classmate.

Bimala loves school, and her favourite subject is Hindi. She really likes her Hindi teacher as he teaches well, she says. “He disciplines us too, but I really like him,” Bimala adds. Professing her love for the language, she sings out her favourite rhyme that she learned from the Hindi teacher:
Machili jal ki rani hai (Fish is the queen of water)
Jeevan uska pani hai (Water is her life)
Haath lagao dar jathi hai (If you touch her, she’s scared)
Bahar nikalo mar jathi hai (If you take her out of water, she’s dead)

In the steps of her favourite teacher, Bimala hopes to be a Hindi teacher when she grows up. She prefers teaching older students (10-16 years), as she feels the younger ones are very naughty. As for now, Bimala works harder at home when her parents are away, taking care of both her brothers. She feels lonely, and dislikes being in charge of the house. In her own words:

“I feel good when my parents are here, and I feel bad when they are not. If I am sick, my father and mother will take me to the hospital if they are here. I love going for clothes shopping with my parents more, because they will buy more clothes for me. When I go with grandmother, I have to tell her what to buy for me. When I go with my parents, I don’t have to tell. They will buy everything I need without me asking. I miss my little sister when they go away. I want to play with her. When my parents are here, I am happy, and I get clothes and snacks. I do not like it when nobody is home. I feel alone.”

CASE STUDY 3:
MOTHERS WHO MIGRATED WITH THEIR CHILDREN

While many children are left alone at their homes as parents migrate in many of India’s drought-affected villages, the parents are sometimes left with no choice but to take along younger children – mostly under 5 – to the locations where they work. This kind of migration brings with it its own unique challenges, as young children are exposed to often-hazardous work environments, with no recourse to adequate health, education or safety measures.

Rasoi Bai is a 40-year old mother hailing from Balaveet in Pratapgarh, Rajasthan. She has four boys and five girls, and four of them have got married. The mother of nine has not had formal education, and currently attends adult education classes. My husband gathers forest produce, and sometimes works as an agricultural labourer. Rasoi Bai has 0.3 bigha of agricultural land, in which she cultivates wheat and groundnut. During the drought, all her crops were destroyed and could not even keep enough seeds for sowing in the next season. To obtain seeds, Rasoi (who belongs to a lower caste) had to approach the upper-caste sellers in the market – the Thakurs and the Pandits – who sold seeds. Rasoi Bai borrowed five kilos of seeds from them, on the condition that she pays back 10 kilos after the harvest. With the country in general and Rajasthan in particular facing increasingly severe drought, agriculture is often a gamble, more so for small and marginal farmers like Rasoi. In three of the past five years, she did not make enough money to pay the lenders back. This resulted in her having to work elsewhere, and often migrate, in order to repay her debt.

When her yields are low and she suffers losses, she also works as agricultural labour in other farms. This includes work like cleaning the feed and weeding the farm, for which she gets paid around 100-120 INR per day, for working 10 hours a day. She also explored other possibilities to supplement her income, like gathering firewood. In her own words:

I would also go to the jungle, collect firewood and sell it. I usually go with other women in the community to collect firewood – if they do not join, I go with my husband. One bundle gets me INR 50 when I sell it in the village. If the twigs are small, then the bundle will have around 50 twigs. If the twigs are big, it will have around 25. To collect firewood, I go around 20-22 kms into the deep jungle. I start early, at 6 AM, and work till 6 PM.

When the drought gets severe, there is no other option but to migrate in search of better-paying work. Rasoi Bai and her husband keep going to Bhopal or Indore – big cities nearby – to work in brick kilns. They go during the drought, usually for a period of nine months. In 2016, Rasoi Bai and her husband went to Bhopal, and in 2017 they went to Khuroi in Madhya Pradesh. When the parents go, Rasoi’s elder sons Ramdayal (22) and Nandilal (20) take care of the younger children Malati (2) and Brijend (4).

The brick kilns are a common destination for many of the agriculture-dependent households in these rural communities, as the pay is marginally higher. India is the second-largest brick producer in the world. The annual demand for clay bricks in India was over 200 billion units in 2016, putting the market size at around $25 billion. However, the largest supplier of industrially produced bricks in India has a market share of less than 0.1 per cent. This reveals the highly unorganised and fragmented status of the brick industry. This is also true for many other developing countries.

The highly unorganized nature of the brick industry means that the work environment in most of these brick kilns in India – which is unofficially estimated to be around 1,25,000 in number – is hazardous in different dimensions. Rasoi Bai explains the crude nature of work in the kiln:

In the brick kiln the men makes the bricks by mixing the mud and water. The women carry the bricks around. My husband used to make bricks and I used to carry. At the brick kilns, I would carry 12 bricks.
on my head. I would put a cloth on my head, and a small board that will carry the 12 bricks.

In one day, Rasoi Bai would carry around 2000 bricks on her head, and was paid 400-500 INR per day. Work used to go on every day of the month, but Rasoi and her husband worked only for 20 days, and spent the rest of the days shopping for essentials and seeking treatment for health issues.

Health care was an ordeal for poor families like Rasoi’s. Once when her 4-year-old son Brijend contracted diarrhea, the parents went to the nearest government hospital (which was 30 minutes away by road) taking a share auto. The treatment cost 400-500 INR, which was given to them by their contractor from work. Later, that amount was deducted from their salaries. The first time the boy fell sick, the contractor had taken Rasoi and the boy on his motorbike to the hospital. The second time, however, they had to go by share auto. According to her, the contractor was kind enough to allow them to seek treatment every time Brijend fell sick. Though there were no PHCs in the vicinity, Rasoi was satisfied with the treatment received at the government hospital. She was also able to avail immunization and nutrition supplements for her child from the nearest anganwadi.

There were other issues that the mother faced in the brick kilns. Working with an infant, she found it difficult to breastfeed her child. “I had to go far away and turn around and breastfeed my child,” says Rasoi Bai. Providing good food and water for her son was also a challenge, and she gave him rice, dal (lentils), tea, biscuits and rusk (twice-baked bread). The main source of water was the roadside well and a hand pump. The migrant labourers did not have access to toilets, and all of them used to defecate in the open.

The hazardous work environment meant that the children who were taken along by the parents were exposed to multiple threats. In Bhopal and Khuroi, Rasoi Bai made makeshift tents inside the brick kiln compound, by erecting four sticks on the ground and putting up a tarpaulin sheet above it. She took bedsheets from home, to spread on the ground inside the tent, for her children to sleep on. When the children were awake, Rasoi bai would give them something to eat, and stay close by. If they were sleeping, she would work a little way off. But there were potent dangers all around for little children. Rasoi Bai narrates:

Once an incident happened in Bhopal in 2014. One of the boys, around 2-3 years old, was playing near a pit inside the kiln. The pit was 4 m long, 2 m wide and 2 m deep, and was used to mix water and clay. After a while, the child went missing, and his parents – who were migrant labourers working in the kiln – were searching for the child. Finally they searched the pit, and found the drowned boy’s body in the water. There are so many children in the camp. My son Brijender was just one old then, and I was very afraid for him. I was so afraid that I stopped going to Bhopal for work. Despite getting more money at Bhopal, we stopped going there.

Rasoi Bai worries about the health and safety of her children every time she is forced to take them along as she migrates for work. The children are also exposed to dust inhalation – many of the particles known to be carcinogenic and lung irritants, apart from severe noise pollution, and excessive heat in the kilns, as studies have shown13. Other dangers of physical nature are also ever present, both in the brick kilns and in the deep forests where she works – and it grips the mother’s mind:

I am constantly in fear for my children. While collecting firewood, I am scared if some wood might fall on them. If some insects will bite them. If they fall in the small rivulets in the forest and drown. I am also scared if they will fall off my hands while I am cutting wood. I am afraid of insects and afraid if my child will wander and get lost or fall into the water-clay pits. I am also scared if they will suffer sunstroke or dehydration.
The study highlighted several key concerns regarding the health, education and protection of children in the context of drought-induced migration. Regardless of whether the children themselves migrated for work, or their parents migrated and they were left back home, or they were taken along to parents’ workplaces, children remained vulnerable to different types and severity of threats to their wellbeing.

I. RELATIONSHIP BETWEEN DROUGHT-INDUCED MIGRATION AND CHILD LABOUR

Droughts primarily act as a severe economic shock on vulnerable communities who are already grappling with dwindling agricultural yields. Since child labour translates as additional income for the struggling family, it becomes an easy go-to option for families. The reasons behind children working include

- Repayment of debts
- Adult family members falling ill
- Absconding adult family members
- Physical disability of parents
- Family needs like marriage/education of sisters

Children who worked comprised more boys than girls, and were usually above the age of 12. Generally, they travelled to the nearest urban centre which offered employment opportunities in the manufacturing and tertiary sectors. Subjects interviewed in the study worked in locations including New Delhi, Chittor, Jodhpur, Bhilwada, Bangalore, Ahmedabad, Jamnagar, Hyderabad, Vizag, Vijayawada and Chennai. The duration of work ranged from 2-3 months to 8-10 months, and usually started prior to the drought months and ended ahead of the monsoons. Festivals like Diwali and Raksha Bandhan were occasions that saw working children return home to be reunited with their families for a few weeks. It was observed that most of the children worked in the unorganized sectors including cottage industries. They were not necessarily skilled for these jobs, but picked these up on-site, mostly from family members or relatives, or friends. The occupations included

- Brick kilns
- Agricultural labour
- Construction labour
- Catering
- Digging borewells
- Textile shops
- Eateries/ juice shops/ restaurants
- Cloth dyeing
- Tile factories
- Tire manufacturing
- Beedi/cigarette making

The working environments in most cases were hazardous and far from child-friendly. The living conditions were deplorable, with most places offering plastic tents, rooftops/terraces or large rooms. The living spaces were cramped with people, with reports of having 8-10 people sleeping in a small tent. There were no toilets in most of these spaces, which meant the children had to defecate in the open every day for months. The employers and contractors were severe in their behavior towards children who worked, and exploitative conditions prevailed. Apart from inhuman working hours (16-20 hours a day with little to no sleep), the pay was also much lesser than what adults would receive for the same amount of work. Additionally, most children reported abuse by supervisors, who often physically assaulted, threatened, verbally abused and harassed children who worked. There were occupational hazards as well, with reports of forearm fracture while working with machines in tile factories, and TB while working in brick kilns and tile factories.
Health was one of the most affected areas as children migrated for work. Access to healthcare was minimal, and many children suffered numerous infections/diseases as they worked during the hot summer. The main health issues that were reported include:

a) Heat stroke  
b) Indigestion  
c) Diarrhoea  
d) Sleep deprivation  
e) Pneumonia  
f) Measles  
g) Skin infections  
h) Malaria

Children who were working were also observed to have picked up unhealthy habits like drinking alcohol, smoking beedis, and chewing tobacco/ghutka.

Education was another important area that suffered, as every single child who worked had dropped out of school. It was ironical that most of the children regretted dropping out of school, and would have certainly continued to study had there been a choice. Many of them reported feeling jealous or sad when they see their peers attend school, and said they missed studies. It was also observed that children forget to read and write after prolonged absence from school, undoing the benefits of the previous years of schooling.

The Village Development Committee in a village tried to counsel the children to not work and stay at school, but the children had no choice but to work and supplement the family income.

Most of the children who worked expressed a sense of hopelessness and despair about their predicament. It was commonly observed that children want to stay home and continue their schooling, but were pushed to child labour due to failed agriculture in most cases. Working children disliked their prolonged absence from home, and said they missed their families. They were keen to return home, and settle in their home villages in the future.

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2. IMPACT OF DROUGHT-INDUCED MIGRATION BY PARENTS ON CHILDREN LEFT AT HOME

In many drought-prone communities, parents left a certain section of children at homes as they migrated. This largely included girl children, between the ages of 8-18. In most cases the parents and older siblings would migrate, leaving these children at home along with younger siblings, grandparents or unwell/disabled family members.

Children who were left at home had to manage the whole household in most cases, and were functionally ‘adults’ of the house. They were commonly in charge of most of the household chores, including the following:

a) Collecting water for the household  
b) Cooking three meals a day  
c) Cleaning the house  
d) Grazing cows/goats/buffaloes  
e) Washing clothes  
f) Washing utensils

Collecting water for the household during the drought months was often a strenuous task, involving long trips to water sources (2-6 kilometers) by foot or bicycle, carrying water in large pots (1-2 pots on the head). This was usually done in two trips, once early in the morning and once in the afternoon. Contrary to expectations, apart from such activities, children at home were also involved in activities that supplemented family income. This included making and selling of local liquor, preparation of locally consumed medicines (aryurvedic) made from forest produce, firewood gathering, cattle grazing and basket weaving.

With parents and able-bodied adults in the family having migrated, children faced difficulties in multiple aspects of day-to-day life. In the absence of a caregiver, most children felt lonely and
neglected. Grandparents were weak and did not have the power of influence as much as parents did. Parents would ask neighbours and relatives to take care of the children in their absence, but this had usually poor outcomes.

Going to school was one of the biggest positives in the lives of children who stayed back at home, and it was observed that despite the high risk of dropping out, they made deliberate efforts to stay in school. Most of the children loved going to school, and have seen many of their friends drop out to work. However, the harsh living conditions and demands on their time and energy had implications on children’s education. Involvement in supplementary income-generating activities resulted in underperformance at school. It was also reported by school teachers and anganwadi workers that there were observable differences in children when parents were present at home and when parents had migrated. The differences appeared in the areas of cleanliness, weight and social behavior. According to schools, children left alone were more involved in instances of indiscipline, and fared relatively lower in terms of school attendance and academic performance. Lack of parental control also resulted in a negligent attitude about studies, with children emboldened by ‘weak’ grandparents who were not valued or taken seriously by children.

Lack of an active parental presence in their lives also had other impacts on children’s lives. For instance, access to healthcare suffered significantly, as there was nobody to take them to the hospital or healthcare provider. It was usually the neighbours and relatives who were assigned the responsibility for children by their parents, but this was rarely the case. One of the ANMs also suggested that medical teams from the local government do visit the villages, but the remote tribal villages run a risk of being neglected. This also applied to nutrition, as eating patterns changed significantly once parents had left the house. Some of the anganwadis and primary schools (where the Mid Day Meal scheme was running) were running short of funds, and had stopped distribution of food to children. On the other hand, some anganwadis reported a proactive approach towards addressing these issues. For instance, in Machavaram village in Andhra Pradesh’s Kandukur district, anganwadis were regularly providing ‘Balamritam’ a nutrition supplement made of sugar, oil, rice, wheat, corn and soya. The anganwadi also reported regular supply of filtered water to all children, and regular meals that comprised rice, lentils, oil, eggs and vegetables. The Health Department had also been involved in providing ORS in the villages and training anganwadi workers to manage drought-related health issues.

Protection was also observed to be an issue, with multiple children reporting arguments by neighbours and relatives, as well as abuse by older kids and other adults in the village. Since the grandparents were perceived as ‘weak’ by others, it opened up possibilities of fights and abuse. Even though they did not migrate, children of disabled people suffered the same experience as there was a lack of active parental presence/protection for such children. The Village Development Committees in certain villages were keenly working with such neighbourhoods to ensure safety and wellbeing of children. Child marriages were also reported in certain locations, as parents feel secure if their girl children are married off prior to their migration. One of the anganwadi workers reported that there have been 3-4 instances of child marriage in her community, and that they try their best to stop it if they get to know about it beforehand. It was found that this is more common in the SC/ST villages, where the effects of drought are severe and migration is a regular affair.
3. IMPACT OF DROUGHT-INDUCED MIGRATION ON UNDER-5 CHILDREN

Children who are too young to be left at home were observed to be taken along by their parents to the locations they migrated for work. These were often children below the age of five, as they were highly dependent on parents. Spending their early childhood in harsh conditions took a toll on the health and safety aspects of these children.

Many of the parents reported travelling 1-3 hours to reach a health facility usually by foot and sometimes by motorcycle/auto rickshaw. If the travel was by foot, children were usually carried on the back of their mothers – tied with a saree – as the distance was covered. Usually, children fell sick 4-10 times a month, usually with cough, fever, dehydration or diarrhea. Parents borrowed money for treatment from the employer or the contractor, and repaid it in instalments either in cash or as labour. There were no opportunities for immunization or institutional deliveries, as public health facilities were unavailable or dysfunctional in most of the work locations. Breastfeeding was also a challenge reported by mothers, which had a direct impact on nutrition levels of the children. Additionally, there were no toilets in the working sites, so open defecation was the norm.

The parents of children under the age of five reported multiple child safety issues, including:

a) Attack by stray dogs
b) Snake/insect bites
c) Drowning in rivers/streams
d) Children getting lost as they wander
e) Children falling off mothers’ hands/back as they gather forest produce
f) Wood/material falling on children at the work place
g) Other workplace hazards

Many of the children who were taken along by the parents could not receive their share of meals from the anganwadis and primary schools. There were multiple instances of children being on the school rolls both at the source and at the destination locations, as far as migrating families were concerned. Teachers attempted to bring the children back to school but often parents decided otherwise.
The study generated ample evidences to suggest that children experience multiple physical, social, and psychological effects due to drought-induced migration. These effects vary in terms of type, severity, and duration, and can significantly affect the child’s health, education, and safety. Additionally, the study has shown that the experience – direct or indirect – influences the outlook of the child towards the future; limited ambitions, desperation for basic needs and a sense of helplessness and resignation frequently feature in the responses of children. Overall, certain outcomes of distress migration demand focused attention from policymakers – both to prevent and to address.

In terms of prevention of migration, the broad areas that require attention are largely straightforward and familiar. While some of these require stronger implementation, some require fresh approaches.

a) Mechanisms to ensure water security – for both domestic and irrigation purposes: These include a more effective rainwater harvesting system, as well as efficient water management.

b) Support for small and landless farmers: This includes building canals for irrigation, assistance for improved agricultural practices like multi-crop farming, minimum supporting price for all crops, economic assistance and access to emergency credit in order to avoid borrowing from local money lenders.

c) Opportunities for alternative employment: This involves skill and capacity building, vocational trainings, loans and economic assistance for setting up small businesses, as well as regularization of MNREGA pay.

In terms of addressing migration, the areas requiring attention are spread across three of the in-depth case studies that were discussed earlier in this study. When it comes to children left behind, there exist papers suggesting remittances sent home by parents could increase consumption, finance schooling, buy health care and fund better housing. However, whether children benefit depends on their access to those extra resources, and could heavily depend on sex, age and the context of care when left behind. This study confirms that in the general rural agriculture-dependent Indian village in drought-affected areas, sex, age and context of care is critical to how children cope. Regardless, in the context of an ailing local economy the positive impact of these aspects is limited, and often make little difference to the health, education and safety experience of the child. Specific assistance for health and educational needs of such children is a priority – the children themselves called for a reduction in educational costs for higher education. Other demands included play spaces and equipment, school uniforms, counselling and value education for adolescents. The Mid Day Meal scheme is a big incentive for children in a food-insecure context, and remains critical in keeping children at school.

Children who migrate with their parents, as the study has observed, are often the youngest of the children in the family. It does resonate with earlier studies that have shown that marginalization and discrimination in the region of settlement, barriers to accessing social services, challenges to the rights to citizenship and identity, parents’ economic insecurity, and social and cultural dislocation are some of the factors that affect these children and their quality of life. Governments will need to introduce low-cost, well-designed policies to assist.

children of labour migrants. One of the promising examples, already implemented in the Philippines, is the provision of parenting advice through migrant networks\(^\text{16}\). As peer group networks are gaining momentum as an effective vehicle for communication, these could significantly help migrant parents who have little access to right health/education/safety information regarding their children, thus aiding improved decision-making.

Health suffers in all three of the cases, and Mental health of children is an area that requires key attention, and this dimension applies to children who have migrated for work, children left behind, and children who have been taken along by parents – though the severity and type of effect on mental health might vary. Existing studies in psychiatry have extensively discussed the association between trauma and child psychopathology. A number of measures have been developed, validated and documented. Evaluated interventions mainly consist of group cognitive-behavioural therapy, targeting child populations exposed to trauma (universal), and linked to local non-statutory services\(^\text{17}\).