



Internal Migration and Children

Key Message

Children are the most unrecognized and vulnerable groups among internal migrants. Children migrate independently or as dependants when their families migrate. Migrant children often lose access to basic entitlements, miss out on schooling and are subject to health and security risks. Child migrants forgo critical inputs necessary for their physical, psychological and intellectual development during their formative years. This has an irreversible impact on their emotional and cognitive development.

Challenges

Migration has differential impacts on children of different age groups.

Infants

Migrant families find it difficult to obtain birth certificates for their children, because they lack proof of residence, which is essential for issuing birth certificates. Owing to their mobile status, infants often miss out on immunization, growth monitoring and regular health checkups. Risks of malnutrition, morbidity and mortality among migrant children remain high.

Preschool children

Limited access of migrants to anganwadis, public distribution services and public health services has a negative impact on the health of their children. Malnutrition in early childhood can cause frequent

illness and physical deficiencies, such as stunting, and may affect children's cognitive abilities as reflected in poor school performance. Poor access to safe drinking water, sanitation facilities and poor work and living conditions give rise to diseases such as malaria, water-borne and respiratory diseases and diseases causing diarrhoea. Migrant children remain deprived of essential elements of 'care' and 'early stimulation' whilst their mothers work, which leads to their neglect or at best inadequate care by their siblings. In the absence of crèches and early childcare services, children's transition to formal schooling remains incomplete.

Older children

Migration rates for boys and girls up to the age of 10 years are nearly equal, but as age increases, more girls are brought along to the destination to assist with household responsibilities and childcare (Smita 2008). Migration delays school entry, denies or interrupts schooling, increases the number of children dropping out and leads to child labour. Child migrants are found to be working in sectors such as construction, brick manufacture, salt making, sugar-cane harvesting, stone quarrying, plantations and fishing. In these sectors, they are an integral part of the labour processes, which benefit from their small hands and light bodies. Payment of wages at worksites on a piece-rate basis allows children to work for long hours as unregistered and invisible labour in family labour units. Being constantly on the move, migrant

children face disruption of friendships and lack a peer support network, which hamper their sense of security and familiarity, besides exposing them to risks of drug abuse and sexual exploitation. Early marriages (13–18 years), early pregnancies (15–17 years), child births in the absence of trained birth attendants, frequent childbirths, poor health due to successive childbirths that are without proper intervals or spacing, lack of exclusive breastfeeding of the newborn for the first six months and lack of complementary feeding thereafter leave mothers and children anaemic and weak.

Facts and Figures

- Available estimates suggest that there are approximately 15 million child migrants in India (Daniel 2011; Smita 2011).
- Limited evidence suggests that children accompanying their parents in the 0–14 year age group may constitute about one third of the total seasonal migrants (Smita 2008).

Policy Recommendations

Develop a child-sensitive focus in data and approaches to migration

- Collect sex-disaggregated and age-disaggregated data on migrant children with data on reasons of migration in the Census, National Family Health Surveys (NFHS), and National Sample Surveys by NSSO to enable proper planning and monitoring.
- Adopt the ‘continuum of care’ framework in designing migration interventions that consider age- and gender-specific risks and vulnerabilities of children and that increase essential services for mothers, newborns and children at critical life stages.

Provide a protective and enabling environment for child migrants

- Provide breastfeeding breaks for mothers in between work schedules at worksites.

- Undertake special extension and outreach strategies for migrant women and children under Integrated Child Development Services (ICDS), National Maternity Benefit Scheme and Rajiv Gandhi Creche Scheme, besides increasing financial and human resources for these schemes in migration-prone areas.
- Establish mobile health units to service health needs of migrant families and children.
- Ensure child migrants’ right to education by linking them to seasonal hostels or worksite schools.¹
- Issue strict action against contractors employing child labour or bonded labour.
- Constitute child protection and vigilance committees at the panchayat level to track child migration and prevent trafficking.

Improve implementation of existing government programmes benefiting child migrants

- Ensure that Accredited Social Health Activists (ASHAs) register all newborns in a village with the panchayat.
- Facilitate access of migrant women to Janani Suraksha Yojana to promote institutional delivery among pregnant poor women.
- Provide Mid Day Meals mandatorily for migrant children.
- Increase coverage of ICDS in migrant labour camps and worksites, and improve facilities for preschool education and growth monitoring.
- Enforce provisions for establishing crèches, as mandated under labour laws in the construction, mining and plantation sectors and at MGNREGA worksites.
- Establish mobile crèches, early childcare and daycare centres for children in the age group 0–14 years (for example, Mobile Creches, New Delhi).

¹ For a detailed discussion, refer to *Internal Migration and the Right to Education* policy brief in this series.