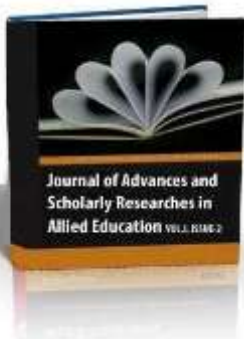


An Analysis upon Effect of Physical and Psychological Implications on the Health of Child Labor



Neeta Kumari

Research Scholar

ABSTRACT

Child labour is a worldwide phenomenon but more focus is required on developing countries. The policy framework of International Labour Organization (ILO) to eliminate child labour is based on United Nations (UN) Declaration of Fundamental Principles and Rights at work (1998). Over 170 million children worldwide still work in order to sustain their basic needs. About 22000 working children die due to occupational hazards every year, as per ILO estimates. Indian population has more than 17.5 million working children in different industries, and maximum are in agricultural sector, leather industry, mining and match making industries etc. As per provisions in the Constitution of India, “the State shall direct its policy towards protection of childhood and youth against exploitation and they shall not be employed to work in any factory or mine or engaged in any hazardous employment”; but unfortunately India has the largest number of urban and rural child workers in the world India being a developing nation is faced with traditional public health problems like communicable diseases, malnutrition, poor environmental sanitation and inadequate medical care. However,

globalization and rapid industrial growth in the last few years has resulted in emergence of occupational health related issues. The major occupational diseases/morbidity of concern in India are silicosis, musculo-skeletal injuries, coal workers' pneumoconiosis, chronic obstructive lung diseases, asbestosis, by sinuses, pesticide poisoning and noise induced hearing loss. There are many agencies like National Institute of Occupational Health, Industrial Toxicology Research Centre, Central Labour Institute, etc. are working on researchable issues like Asbestos and asbestos related diseases, Pesticide poisoning, Silica related diseases other than silicosis and Musculoskeletal disorders. Still much more is to be done for improving the occupational health research. The measures such as creation of advanced research facilities, human resources development, creation of environmental and occupational health cells and development of database and information system should be taken.

INTRODUCTION

The phenomenon of child labor raises the concern of many human rights activists in the world, given the negative effects of child labor on society in general and on children in particular. However, fight against this unacceptable phenomenon remains a real challenge for all societies in light of the increasing incidence of poverty and lack of awareness of its adverse effects on the development of children. Children who work at an early age constitute a direct threat to their safety, health and welfare. Child labor standing as stumbling block to child' school education, which would in certain provide children with better future and opportunities.

in order to investigate the physical and psychosocial health impact of child labor, and to provide an evidenced-based knowledge and scientific information for the researchers and policy and decision makers, the Combating Exploitive Child Labor through Education Project decided to have a field study to investigate the impacts in scientific way. Therefore, this study came to examine the psychological, social, and physical health problems of child labor, and to identify forms of child abuse that have negative impact on child health and endangers child's life.

The work of children is considered as one of the most important issues that were addressed in the social context. In the past, this issue was seen as an evidence of fertility in the community or as a natural effect of the industrial revolution. The presence of the machine gave the rationale to the employment of children as they can deal with such instruments as the adults. This was a clear evidence of the exploitation of children for profit-making in the hands of cheap labor. The ILO (2008) estimated that there are at least 351.7 million working children around the world.

Children are the wealth of tomorrow. A child is unique individual; he or she is not miniature adult, not a little man or woman. The childhood period is vital because of socialization process by the transmission of attitude, custom, and behaviour through the influence of the family and community, children are vulnerable to disease, death, and disability owing to their age, sex, place of living, social economic status and a host of other variables. They need appropriate care for survival and healthy development. The term “child labour” refers to the engagement of children in prohibited work and activities; that is, work and activities by children that are socially and morally undesirable. The “worst form of child labour” is an appalling category of child labour which has been defined to include all forms of slavery, child trafficking, and child soldier, and commercial sexual exploitation, hazardous child labour and using children in illicit activities. Eliminating these worst forms of child labour should receive the most urgent attention, according to the 171 countries that have ratified ILO Convention 182. Recent figures from the International Labour Organisation (ILO) show that; globally, 1 in 6 children work, 218 million children aged 5-17 are involved in child labour worldwide, 126 million children work in hazardous conditions. The highest number of child labourers in the Asia/Pacific region, where there are 122 million working children. The highest proportion of child is in Sub-Saharan Africa, where 26% of children (49 million) are involved in work. Rural working children, for example, are mainly engaged in agriculture activities and collecting water, fuel and fodder.

It is now difficult to abolish child labour in the present situation of our country, but these children can be protected from health hazards, abuse and exploitation. Working condition for these children can be improved and regulated. Regular health check- up and early detection of health problems with necessary treatment should be arranged for them. Elimination of child labour can only be possible with combine effort of parents, community, government, nongovernment and voluntary agencies.

Childhood is that phase of life where a child is free from all the tensions, fun-loving, play and learns new things, and is sweetheart of all the family members. The other side of the story is that the child has tensions and burdens. Here, the innocent child is not the sweetheart of the family members, instead he/she is an earning machine working the entire day in order to satisfy the needs and wants of his/her family. This is what is called 'Child Labour'. The term Child Labour is used for employment of children below a certain age, which is considered illegal by law and custom. The stipulated age varies from country to country and government to government. Child labour is a world phenomenon which is considered exploitative and inhuman by many international organizations.

According to statistics provided by UNICEF, there were an estimated 158 million children aged 5 to 14 years in child labour worldwide in the year 2006, and this figure is continuously increasing.

India is the largest example of a nation plagued by the problem of child labour. Estimates cite figures between 60 and 115 million working children in India - the highest number in the world¹. About 22000 working children die due to occupational hazards every year, as per ILO estimates. UNICEF (1997) considered a child as exploited if he/she is put to work². The declaration of the rights of child, Indian Constitution has laid down that child hood should be protected against exploitation.

As per provisions in the Constitution of India, "the State shall direct its policy towards protection of childhood and youth against exploitation and they shall not be employed to work

in any factory or mine or engaged in any hazardous employment”; but unfortunately India has the largest number of urban and rural child workers in the world. Engagement in economic activities at an early age and participation especially in hazardous and exploitative work could have a devastating effect on children's physical and mental development and might also cause irreversible damage leading to permanent disability.

Children engaged in such activities are deprived of their childhood and potential by the demands of long hours and exposure to physical, social or psychological stress. Inadequate pay, high responsibility and lack of access to education all contribute to undermining the dignity and self-esteem of children. Apart from being detrimental to the full social and cognitive development of children, child labor is also frequently a cause of physical and emotional abuse. A study done in Nairobi, Kenya, indicated that out of 500 domestic servants between the ages of 6 and 15 years, 90 % suffered from severe emotional distress, had symptoms of withdrawal and regression, were prematurely aging, as well as experiencing depression and low self esteem. Most of these children had sleep problems; exhibited phobic reactions to their employers, wetted their beds and, in some cases, exhibited behaviour not consistent with their chronological age.

LITERATURE REVIEW

As stated in Emerson and Knabb (2007), there has recently been renewed interest in this topic among economists, which has led to a series of theoretical studies with the aim of better understanding the causes and consequences of child labor and to help guide appropriate policy responses. The most relevant for our study is that of Kabeer (2001), who explores the geographical, economic and social dimensions of the twin problems of child labor and poor educational outcomes in India.

The recent child labor studies address a variety of socio-economic issues, trends and policy options. The following paragraphs provide an overview of the most important studies that have been published since 2006 in alphabetical order.

Ali (2006) examines the nature and extent of child labor, and contemplates the factors influencing participation in child labor, based on a comparison between the National Child Labour Survey 1995-96 and 2002-03. He observes that there have been significant changes in some important aspects of child population (e.g., gender differentials, occupational choice, rural urban differentials, schooling options, etc.) in the country and their participation in the workforce. He also observes that higher proportion of child labor comes from land poor and the poorest households and concludes that household's education and occupational choice also matter for child labor.

Emerson and Knabb (2007) show that the lack of access to capital markets gives rise to a Pareto-inferior outcome that is characterized by the presence of child labor and a low level of human capital. Based on a child labor model in a dynamic, general equilibrium setting, they show that a pay-as-you-go social security program can move the economy out of this inferior equilibrium by allowing families to redirect household income. They also show that the effectiveness of the intergenerational transfer program relies critically on its ability to change the behavior of households through their expectations.

Tariquzzaman and Hossain (2009) come to the conclusion that poor boys have been left behind by public policy efforts to expand school access— the same policies which have succeeded in attracting girls to school. They draw on original research to explore the failure to tackle the exclusion of poor boys from school, arguing that paid work has become more attractive in a context in which education is of poor quality and there are no social sanctions against child labor. They also states that poor boys may not necessarily inherit deeper poverty as long as there is steady economic growth, but that they are likely to inherit a position at the lower end of the social scale in the absence of state or social sanctions against child labor.

PHYSICAL EFFECT OF CHILD LABOR

The most important characteristic of child workers is the lack of personal experience and emotional maturity, cognitive and physical maturity appropriate to the type of works assigned

to them. Previous studies have shown that there are clear evidence of physical effects of child labor such as physical injuries and diseases caused by malnutrition, stress and direct exposure to harm as a result of non-use of appropriate clothing.

Hazard analysis is a process in which individual hazards of the workplace are identified, assessed and controlled as close to source as reasonable and possible. Thus hazard control is a dynamic program of prevention. Hazard-based programs also have the advantage of not assigning or implying the acceptable risks in the workplace.

Occupational health and safety has a greater scope in the heavy industry sector. Skills required to manage occupational health and safety are compatible with environmental protection and these responsibilities are bolted onto the workplace health and safety professionals like occupational health nurse. Occupational health nurse is accountable for occupational health programming and services, promoting workplace health and wellness within the guidelines and requirements of relevant Occupational Health and Safety legislation, consults with experts to provide the breadth and depth of programming necessary for a wide spectrum of occupational disease prevention, health promotion and education. Occupational health nurse frequently co-ordinates multi-disciplinary activities employing the knowledge, skill and experience of professionals from human resources, safety and services for persons with disabilities, mental health, infection control and public health. An effective awareness program about occupational hazards and first aid management helps to reduce the number of injuries and deaths, property damage, legal liability, illnesses, workers compensation claims, and missed time from work. It is important that new employees to be properly trained and embraces the importance of workplace safety as it is easy for seasoned workers to negatively influence the new hires. In India, occupational health is not simply a health issue, which includes child labor, poor industrial legislation, vast informal sector, less attention to industrial hygiene and poor surveillance data.

With increasing economic growth, the problem of occupational hazards and conditions at work

places is significantly increased apart from the health and safety. World Health Organization report has underscored that India could incur losses of \$237 billion by 2015 due to a sharp rise in lifestyle diseases such as diabetes, stroke, cancer due to increasing unhealthy work practices.

PSYCHOSOCIAL EFFECT OF CHILD LABOR

While most national and international studies focused on physical effects of child labor, studies neglected the psychosocial impact. Boyden, Leng and Mayers (1998) reported that working children are more vulnerable to psychological and social risks than of physical ones. The reason is that children lack the physical power and authority to do their jobs, their work is often not seen as productive, and they are at the lowest grades and levels of all workers.

Also the study found that psychological and behavioral problems are evident among working children compared to non-working children. The study recommended that the government and community institutions who are aware that work constitutes a danger to the childrens' development making them vulnerable to psychological problems more than others, should make an effort to reduce child labor as a priority on their agendas.

Ayyappan R, Sankar S, Rajkumar P, Balakrishnan K (2009) conducted a Cross-sectional study in Chennai among automotive industries to illustrate the prevalence of work-related heat stress in multiple processes of automotive industries and the efficacy of relatively simple controls in reducing prevalence of the risk through longitudinal assessments. 400 measurements of heat stress were made over a 4year period at more than 100 locations within 8 units involved with automotive manufacturing. The result shows that many processes in organized large-scale industries have to control heat stress-related hazards. 28% of workers employed in multiple processes were at risk of heat stress-related health impairment. The above finding shows that there is a need for recognizing heat stress as an important occupational health risk in both formal and informal sectors in India.

Children who are in risky job fields have no opportunity to build their natural psychosocial

health. Long working hours breed their feeling of frustration and inadequacy. Their involvement in risky work resists eventually in building their emotional cognitive skills and they become withdrawn, introvert and uncommunicative. A significant portion of the children working at construction and welding sector are suffering from psychological immaturity and overall 40 percent child laborers are affected by abnormal psychological growth. They are also deprived of the special care that would be required for their psychological effects. Child laborers are typically paid less than adults in all varieties of jobs even though they perform the same work and have to work beyond normal working hours.

OCCUPATIONAL HEALTH ISSUES OF CHILD LABOUR

Working children are from different age, race, income or health status groups. Some of the important aspects viz. short and long term effects of physical, mental and chemical work exposures and conditions on the health and development of child, the nature of work and its hazards and possible health effects, the situation in which children work etc. must be analyzed well. Anatomical, physiological and mental aspects in different socio-economic conditions are health components, which require urgent attention, particularly concerning growth and development, orthopaedic and musculo-skeletal disorders, poisoning, intoxication and premature deaths.

The children generally start to work at a very young age and usually work for long hours for little or no payment. They are exposed to dangerous farm machinery causing fatal and non-fatal injuries, while operating or working near them. Children are also exposed to strenuous labour, like carrying heavy loads and working in uncomfortable postures such as stooping in the same position or bending very frequently, which could affect the musculo-skeletal development of the children. Other hazards present in the fields are pesticides and the weather, especially the heat, which can be particularly dangerous for children. Poor field sanitation contributes by facilitating the transmission of communicable diseases, which is worsened by the pesticides and the heat.

Migrant workers are particularly at risk since their housing conditions are frequently inappropriate. Children are more vulnerable and susceptible than adults biologically due to many reasons. The brain of the child is not fully developed. The full number of neurons is reached at around two years of age and myelination of the brain is not completed until adolescence; exposure to certain toxins present in the workplace can hinder the process of maturation.

The gastro-intestinal, endocrine and reproductive systems and renal function are immature at birth and mature during childhood and adolescence. Exposure to certain toxins present in the workplace can hinder the process of maturation, and the elimination of hazardous agents is less efficient. Most of the cells of the organs and tissues in children are smaller than in adults, therefore they have a larger surface area; absorption of toxin through the skin is higher than in adults.

Children have greater energy consumption. Sweat glands are not fully developed, and the thermo-regulatory system is not fully developed during childhood leading to increased sensitivity to heat and cold. Children have greater energy and fluid requirements per unit body weight than adults. The reason is that they lose more water per kilogram body weight through the lungs, due to the greater passage of air through them, through the skin and through the kidneys. They are more likely to dehydrate. Children have thinner skin, again leading to an increased absorption through the skin.

Additionally, children are psychologically immature, they have risk-taking behaviour, they are not experienced at work, nor are they trained on hazards or on safety; often there is inadequate supervision. Children learn poor health and safety behaviour from adults, and in terms of organization and rights, they are virtually powerless. Children have a higher risk of injuries than adults. Heavy loads are more dangerous for children than adults. In a study by Parker et al⁵, back injuries were more common in smaller workers than in adult workers.

The inappropriate structure of work schedules (long hours, early/late hours with frequent

changes) and the lack of supervision increase the risk of work-related injuries and illnesses. Childhood and adolescence are periods of rapid growth in a young person's life; and thus, they could be at particularly high risk of injuring ligaments and damaging bone-growth plates.

Machines, tools, work furniture and personal protective equipment are not designed for children. Children using machines, tools and work furniture (seats, workbenches, etc.) designed for adults may develop musculoskeletal disorders such as chronic repetitive-strain injuries, repetitivemotion trauma, back problems, tenosynovitis, vibration-induced disorders and white-finger syndrome. Children often have to work without personal protective devices or use alternative devices that do not provide real protection. Since children respond differently than adults to physical and chemical exposures, the permissible exposure imits (PEL) established for adults might not be sufficiently protective for children.

Specific hazards vary according to the industry type. Thus, child workers will be exposed to high temperatures, high risk of accidents caused by cuts and burns at the brassware and glass-bangle industry, to silica dust at the earthenware and porcelain factories, and to chemical hazards and risk of fire and explosion at matches and firework workshops.

The psychosocial hazards arise from the child worker's failure to adapt to an alien psychosocial environment. Carelessness, inattentiveness, over-confidence, ignorance, inexperience, lack of job satisfaction, insecurity of job, stress due to salary problem, personal grievances, poor human relationships, poor service condition, wrong system of payment and degree of responsibility are some of the psychosocial factors which may under mine mental health of the workers.

CONCLUSION

Child labour is not only affecting under-developed and developing countries, but developed countries are also facing this though the rate is comparatively very less. The main causes of child labour include poverty, unemployment, excess population & urbanization. Child labour

not only causes damage to a child's physical and mental health but also keeps him/her deprived of his/her basic rights to education, development, and freedom.

Children are more prone to and are at more risk than adults because of rapid skeletal growth, organ and tissues development, greater risk of hearing loss, greater need for food and rest, higher chemical absorption rates, smaller size and lower heat tolerance due to their physiological and immunological countenance.

Children work at menial, unskilled and non-productive jobs like rickshaw pulling, welding industries, and the lifting of heavy loads. They are generally not given any medical services, many times not even in cases of workplace accidents. It is common for all children to fall ill frequently with skin diseases, heat strokes, physical pain, and eye-sight-related problems. Children, with the compulsion of taking up work at early age 12 do not get the proper developmental environment. Many working children, especially girls, are also subjected to sexual abuse and harassment. Risky child labor also creates an obstacle for their future growth. While it is difficult to pinpoint the issue of risky child labor to the children's physical and mental deteriorations, it is worth mentioning that most child laborers are illiterate and unskilled due to early joining the employment sector.

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