CHILD LABOR AND HEALTH

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Child labor is a problem that has likely been in existence since even before written history. Millions of children around the world work in a variety of settings under exploitative conditions and as a result are being exposed to health and safety hazards on a daily basis. These hazards may be detrimental to their health. Children work or beg to support themselves and their families. The International Labor Organization (ILO) estimates that 110 million children aged 5-14 years are engaged in labor that can be described as hazardous or intolerable. Much of this takes place in Asia and the Pacific, although the highest prevalence is in Africa, where children younger than 14 years make up a third of the total workforce. Often, children are forced to work in the worst conditions. These may cause irreversible damage to their growth, somatic and psychological development. Child labor is a contributor to inter-generational poverty, malnutrition and limited educational attainment. There is a very important connection between homelessness and the worst forms of child labor (child soldiers, sex work/slavery, trafficking of children). The education acquired by a child's parents, particularly a child's mother, has a strong impact on the development of a child's potential. The International Labor Organization (ILO) has made a series of policy recommendations for the abolition of child labor as a condition of human rights. We should focus on and accept ILO's initial policy today. If societies are to progress, the real work of children needs to be education.

Key words: Child • Work • School • Homelessness • Health

Introduction

Child labor started even before written history. During the industrial revolution in Britain there were very high levels of exploitation of the child workforce. The idea of exploitative child labor as a social evil has deep roots in European culture, as seen for example in the writings of Dostoevsky, Dickens, Hauptman and Zola (1). Child labor is notoriously difficult to measure or even define since many children work in family settings rather than in the formal labor pool. Nonetheless, an estimated over 250 million children worldwide still labor to sustain basic needs (Table 1).

However, there is no work without physical risk, and since work by definition implies energy consumption, working children may not receive sufficient food to sustain somatic and brain growth. In general, work conditions in developing nations, where child labor is often found, are far worse than those in developed nations (3). Health problems are compounded for children, who are more susceptible to occupational hazards than are adults (4). In recent years therefore the emphasis has shifted from the abolition of all forms of child labor to the elimination of intolerable and hazardous child labor (4, 5, 6, 7, 8, 9). Often, working children are out- of school and are also vulnerable to

violence including extra- judicial execution, hazardous and illegal activities, and dangers of drugs, juvenile delinquency, and prostitution (9, 10). Parents who send their children to work are »bad parents« (5, 6, 11). Work and school are often weither/or« options: a child is either in school or at work (5). But, in Brazil 80% of child urban workers combine work and school. In United States (US) almost all teen workers combine work and school (4). There is a very important connection between child labor and homelessness. A tiny proportion of the child workers are homeless, they are mainly concentrated on those in the unconditional worst forms of child labor and on street workers. Most street children work, and it is often not possible to distinguish between children who are living on the street and those who are simply working. Shoe-shining, selling food or newspapers, running odd jobs, entertaining, and directing traffic at intersections are common street jobs (9, 10, 12). According to the Christian Science Monitor, there are 35 000 homeless children in Central Amer-

Regions/Regioni	Age of children laborers (years)/ Dob djece- radnika (godine)	Number of child laborers/Broj djece radnika	Per cent children working in region/ Procenat djece koja rade u regionu
The Asian and Pacific/Azija i Tihi okean	5-14	127.3 million/ miliona	19%
Sub- Saharan Africa/Podsaharska Afrika	Below the age 15/ Oko 15 godina	48 million/ miliona	29%
Latin America and Caribbean/ Latino-Amerika i Karibi	5-14	17.4 million/ miliona	16%
Middle East and Africa/Srednji Istok i Afrika	5-14	-	15%
Working in industrialized and tran- sition economies/ Rad u industrija - liziranim i zemljama u ekonomskoj tranziciji	12-14	2.5 million/ miliona	-

Table 1 The estimations of number of child laborers around the World (2)

 Tabela 1 Distribucija djece radnika u svijetu (2)

ica (7). Millions of very young girls (5-10 years of age) work worldwide as domestic servants and unpaid household help and are especially vulnerable to exploitation and abuse. For this reason India has apparently outlawed the use of very young children (5-10 years of age) as domestic servants (8). One of the most commonly reported problems for street children is being forced to engage in trafficking and sexual activity (9). Child slavery exists today in the cotton fields in India, the fishing industry in Ghana, charcoal production in Brazil, gold mines in Peru, brick producing kilns in Nepal, stone quarries in south Asia (10, 10, 11). Most of the child workers are in agriculture (around 70%) and, almost none of them are homeless. The most common forms of agricultural labor pose risks to children (4, 8). In European countries existing forms of intolerable child labor include commercial sexual exploitation, sexual and physical abuse of child workers, exploitation of domestic workers, child trafficking, employment of children in hazardous conditions, and problems of street children. Europe is home to around six million Roma, scattered throughout the continent. Roma children are particularly vulnerable to economic exploitation, as the Roma economy tends to be based around extended family businesses in the field of metal work, scrap dealing, horse dealing, entertainment, agriculture and begging (13). Italy is considered to have one of the highest populations of working children in Western Europe, estimated at 1.5 million children. In Spain there are perhaps 1.5 million child workers, with an estimated 200 000 children under 14 years working in the informal sector, including family businesses and agriculture. Seasonal harvesting work in Spain, Portugal and in France frequently takes children out of school for months at a time (13, 14). Compulsory schooling in Turkey ends at 12 years, by which time many

children begin work in family businesses and in particular in agriculture (14). Worldwide, the condition of garbage pickers among child workers is very similar. Children in India, Indonesia, Nepal, Bangladesh, Ecuador, Mexico and Guatemala collect waste materials: waste paper, iron- scrap, bottles and many other allied things (10, 11).

What are the contributing factors for child labor?

The pre-natal environment, early childhood environment, and health status of children are strong determinants of a child's intellectual development, educational success and future health (4, 5, 8, 9). Basic causes of child labor are: homelessness, unfair and exploitative labor relations, exploitative socio-economic and cultural relations, conventional child development practice, lack of political commitment for better change (lack of living laws, inefficacy of the implementation of laws, and lack of systematic monitoring and follow-up. Unfortunately, children are a cheap source of labor supply. Other immediate causes of child labor are: large family size, lack of parental education, lack of a good, meaningful education, leaving school early (drop-outs, pull-outs) and domestic violence. It is often forgotten that child labor is part of a multi- generational problem due in part of the failure to educate girls (3, 5, 6, 9). Children work because their survival and their families depend on it, and in some cases, because unscrupulous adults take advantage of their vulnerability. This is true for most of child workers but not all of them. In US a large number of teen workers work for discretionary money. Poverty is not the only cause of child labor, and can present very different rates of child labor. Child labor is also due to weaknesses in education systems and is deeply rooted in cultural and social attitudes and traditions (6, 9).

What are the adverse effects of child labor on health?

Child labor can lead to nutritional deficiencies, poverty and poor health (7, 9). The association between child labor and nutrition is not clear, but it probably depends on the type of work. The cross- sectional design of most studies does not allow definition of the causal association due to the temporal ambiguity. Some authors believe that jobs that provide food could even improve child workers' nutrition (10, 11, 12). Some of the reasons cited were inadequate food intake and excessive energy expenditure. Most biological systems in the human body do not mature until about the age of 18. Although adolescents are more like adults than children, their bodies are still growing and maturing. Many differences in anatomy, physiology, and psychology distinguish them from adults. These differences may translate into unique risk factors for occupational injuries and illnesses. Adolescents are often physically weaker and mentally more vulnerable than adults only a few years older (15, 16). For example, among military recruits in Israel, data demonstrated a decreased risk for stress fractures with each year of age above 17 (17). These results suggest that adolescent bones may not have reached full structural maturity. Adolescence is characterized by a rapid growth rate, which is exceeded only by the growth rates during infancy and early childhood. Diminished co-ordination during periods of rapid growth could increase the risk for work injury. Body weight, surface area, and fat composition vary between children and older adolescents. These physiological differences may result in different degrees of susceptibility to occupational toxicological exposure during different periods of adolescence. Growth and maturation are not constant in the organ systems. The thymus grows most rapidly, exceeding adult size during most of childhood and decreasing to adult size beginning at about age 13. The brain approaches full adult size at about age 4, though behavioral development occurs through adolescence (15, 17). The kidneys, spleen, and ovaries all grow steadily from about 40% of adult organ weight at age 8 to 100% at age 17. The testes and uterus increase dramatically from about 10% of adult weight at age 8 to 100% at age 17. Damage to an immature organ or organ system may permanently prevent normal physical maturation, and organ systems may be more susceptible during rapid periods of growth (5, 15, 16). In addition to the physical and physiological changes noted above, children experience profound psychological changes as they mature. This psychological transition is often less visible than the physical one, requires more time to complete, and typically lags behind physical maturation. Thus psychological immaturity may be obscured by a relatively mature physical appearance in an adolescent. As a result, a child worker may be assigned to a task for which he or she is emotionally or cognitively unprepared. Stress is a very important factor which causes harm to child workers' health (4). Lack of work experience coupled with normal adolescent psychological development and stress in the workplace places adolescents at high risk of injury on the job, depression and other psychological disorders. In addition, a child worker will not have adequate experience to judge his or her ability to complete an assignment safely. However, the consequences of risky behavior during adolescence are generally severe (10, 14, 16). Children may also be exposed to agricultural chemicals, pesticides and fertilizers, noise, respiratory irritants, and toxic gas (16, 17, 18). Children exposed to pesticides may be more likely to show adverse neurobehavioral effects. Exposure to harmful chemicals may also occur in restaurants. In addition to allergies to materials or exposure to substances used to kill insects or mammalian pests, chemicals commonly used for cleaning may cause chlorine or ammonia gas release when mixed improperly. Depending on the

amount of gas inhaled, irritation of the eyes and respiratory tract, dizziness, a cough, and chest pain may occur. Severe exposure may lead to pulmonary edema, serious lung injury, or pneumonia. Chlorine gas inhalation has also been shown to cause longer-term, asthma-like symptom (16, 18). The association with work exposures may not be recognized. The growth and development of children in industry and agriculture are severely compromised. Musculoskeletal injuries, particularly back injuries, may cause permanent impairment, and traumatic injuries can have serious physical and emotional sequels (10, 16). Extreme psychological and emotional trauma, severe battle wounds, loss of hearing, loss of limbs, blindness, rejection by family and community, disease (including HIV/AIDS), violence/abuse, drug addiction, rape and unwanted pregnancy, malnutrition and death, are some of the consequences for child laborers (16, 19). It is a general statement, however, and several of these outcomes are restricted to specific occupations.

What we should be doing?

The most important efforts to eliminate child labor abuse throughout the world have come from the International Labor Organization (ILO), a special agency of the United Nations. The ILO has introduced several child labor conventions among its members, concluding that those younger than 16 years-old should not be working. ILO Convention No. 138 on Minimum age for employment (1973) said that the minimum age for work "shall not be less than the age for compulsory schooling (20). ILO Convention No. 182 on Elimination of the worst forms of child labor was unanimously approved in June 1999. The worst forms of child work are slavery, forced labor, use of children in illegal activities, and children working in hazardous activities. The countries ratifying the Convention No. 182

need to agree in tripartite discussion upon the hazardous work that they have in their countries. It is also possible to improve the working condition as the first immediate action on the way to eliminating the worst forms of child labor (21). ILO Convention No, 105 on Abolition of Forced Labor has also been ratified (20, 21). The ILO, however, does not have the power to enforce these conventions. Enforcement depends on voluntary compliance of member nations. Bosnia and Herzegovina has ratified all of the cited ILO Convention (21). Fortunately, the task of designating children at high risk usually turns out to be easier in practice than in theory. Since the Universal Declaration of Human rights was written in 1948, there have been over 30 international treaties. Article 28 of the 1989 Convention on the Rights of the Child recognizes "the right of the child to education on the basis of equal opportunity", and makes primary education compulsory and available to all (22, 23). But these and other reforms are not strong enough to stop child labor. The cited reforms did not aim to stop it. The reforms might not be sufficient to stop it, but the aim is to stop it.

Conclusion

Again it is important to recognize that there is no work without risks. There is also an international consensus that child labor under 16 years- old is a bad idea. But while the ILO continues to maintain that all child labor is potentially harmful, the child labor problems we are most concerned about today are child soldiers, sex work/ slavery, trafficking of children and dangerous workplaces. Child labor poses special risks to adequate education and to women's development. The education acquired by a child's mother has a strong impact on the development of a child's potential. Maternal education attainment impacts the successful development of future generations and assures that each generation is afforded a good start in life in order to reach its fullest potential. Children, who live in homes where the parents, particularly mothers, are educated, are more likely to go to school and stay in school longer (4, 5). Programs to reduce homelessness in general and of children in particular are inextricably linked to the challenge of child

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work. The action on homelessness would affect street workers who are in unconditionally the worst forms of child labor. Although, it is necessary to know that street workers present a small proportion of the child workers in general. The real work of children needs to be education.

Luxembourg not having done so, despite the fact that the deadline for transposition was 1996.

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Sažetak

RAD DJECE I ZDRAVLJE

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Rad djece je problem koji postoji još prije nego je pisana historija. Milioni djece se iskorištavaju širom svijeta, a u različitim uslovima rada su izloženi rizicima koji mogu ugroziti njihovo zdravlje i sigurnost. Naime, ti rizici mogu biti odrednica njihovog zdravlja. Rad je obično zasnovan na najamnom odnosu. Djeca rade da bi izdržavali sebe ili svoje porodice. Prema podacima Međunarodne organizacije rada (ILO), 110 miliona djece, dobi od 5-14 godina, radno je angažovano u uslovima koji se opisuju kao rizični i nedopustivi. Većina takvog rada djece je zastupljena u Aziji i Pacifiku, ali je ipak najveća prevalenca u Africi, gdje djeca mlađa od 14 godina čine trećinu ukupne radne snage tog kontinenta. Često su djeca primorana da rade u lošim uslovima, koji mogu uzrokovati ireverzibilna oštećenja u vezi sa njihovim rastom, tjelesnim i psihološkim razvojem. Rad djece doprinosi postojanju međugeneracijskog siromaštva, malnutricije i ograničenog obrazovanja djece. Veoma je važna veza između beskućništva i loših oblika rada djece (djeca-vojnici, prostiticija, ropstvo djece, prosjačenje/delikvencija). Obrazovanje roditelja, osobito majki, imaju veliki značaj u razvoju dječijih mogućnosti. Međunarodna organizacija rada je donijela niz konvencija i preporuka koje zabranjuju rad djece kao uslov za obezbjeđenje ljudskih prava. Danas, se mi moramo izboriti da ILO preporuke budu prihvaćene. Ako društvo želi progres, neophodno je da stvarni rad djece bude obrazovanje u školama.

Ključne riječi: Dijete • Rad • Škola • Beskućništvo • Zdravlje

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