



Psychological Health of the Working Children in Hazardous Conditions: Challenges to Children Rights

Bushra Yasmeen¹, Amir Hayat², Sidra Noureen³

Abstract

Children are the asset of any nation. Pakistan an under developing country is facing multidimensional and multilayered issues: growing population, poverty, unemployment, health etc. Children are 35% of the total population. Among them, 20% children 13-17 years of age are involved in the child labor. Hazardous working conditions affecting children physical, social, and psychological health. This study explores the psychological health of the working children who are working in hazardous conditions. Quantitative cross sectional study was conducted in Lahore city. Multistage sampling method was used. Out of nine towns, Samanabad Town was selected. Out of 35 Union Councils, Babu Sabu Shera Kot (Union Council 100) was selected. A sample of 351 children aged 5-14 years, working in different factory units, workshops, tea stalls, stores etc. was taken. Psychological health was measured by a Self-Reporting Questionnaire (SQR-20) developed by WHO. The data were analyzed by using descriptive (frequency, percentage) and inferential statistics (one way ANOVA). Findings of the study reflected that highest proportion of the children belonged to 12-14 years, educational level of children under primary, belonged to large family where father education and income level was at the lowest. These children were working from the last 2-3 years forced by the family to get financial support. Those who never goes to school experienced more psychological pressures ($p=.009$) as compared to those who ever goes to school ($p=.000$). Results showed that the intensity of psychological pressure decreased as the education increase. Family pressure and the hazardous working environment both significantly influence the psychological health of the working children. Hazardous and stressful working conditions, pressure of family to provide financial support to meet the livelihood in poor socio-economic conditions dismantling the psychological health of the working children. Child labor is not only destroying the social fabric but also creating unhealthy social environment for the children and for the communities.

Key Words: Psychological health, Working Children, Hazardous working conditions, Illiteracy, Poverty

1. Introduction

Children (0-14 years) are the 35% of the total population in Pakistan (<http://www.statista.com>). According to “The Express Tribune” published in 24th June 2016 indicates that in Pakistan “15,566 children are working in 10 districts at auto workshops, service stations, petrol pumps, hotels and restaurants. Of the 15,566 children, 4,683 children under the age of 14 years are employed at hotels and restaurants and 289 children at petrol pumps and service stations” (Labour and Human Resource Department 2018). “The Nation” published in 2021 that “more than 20% of children are involved in the child labor”. According to the “Pakistan Labor Force Survey” (2017-18) it is reported that 13.7% of children aged from 10-17 years are engaged in child labor. Out of these, 5.4% were engaged in hazardous child labor and 11 million children aged 4-14 years are working in brutal and squalid conditions. Keeping in view of the nation future, alarming situation needs immediate practical measures to be taken.

By using the lens of “Rights of the Children”, these children are vulnerable to all sorts of rights: survival, education, health, protection, participation, and development. The Government of Pakistan is trying to uplift adequately the welfare, protection, and development of the children to meet the needs of physical, social, emotional, psychological, and mental growth so that to reduce their vulnerability by protecting them from harm and harmful situations.

The National Commission for the Child Welfare and Development (NCCWD) established on 16th December 1979 by the Government through a resolution (effective from 1st January 1980). The National Commission is responsible to coordinate, monitor and facilitate implementation of the United Nations’ Convention on the Rights of the Child (UNCRC) and other national/international obligations. Under the constitution of Pakistan, Article 25(1), 37(a), 11(3) and Section 82 are the recognition of the rights of the children to facilitate the implementation of the United Nations Convention on the Rights of the Child (UNCRC) and other national and international obligations.

Despite the realization of the children rights, there are several factors that slow down the implementation process. The laborer children are the most neglected segment of the population. These children are facing occupational hazards, potential health risks, and public and co-workers harassment. Due to pro-environmental unsystematic activities and economic freedom at early ages spoil children into anti-social activities; especially boys encourage developing bad habits such as tobacco, consumption of alcohol, pick pocketing, gambling and theft. Studies show that in families various factors play an important role for child labor such as low literacy level, low socio-economic status, unskillful father's occupation and migration (Nadeem et al., 2021).

¹ Associate Professor, School of Sociology, Minhaj University, Lahore

² Head/Assistant Professor, School of Sociology, Minhaj University, Lahore

³ Assistant Professor, School of Sociology, Minhaj University, Lahore

Pakistan is a developing country facing lot of social problems like unemployment, illiteracy, poverty, low economic growth, poor health facilities and poor quality of life. Poor economic conditions and rapid growth of population along with the existing social issues compelled deprived segment to work in hazardous and unfavorable conditions/environment.

2. Literature Review

With the growing industrialization and urbanization, population is at the increase. Poverty, unemployment, illiteracy still exists as significant problem in the developing countries. Due to the large family size, every member of the household has to contribute to meet the needs of the livelihood. This livelihood cycle is embraced with lots of physical, psychological and social complications in the marginalized groups/deprived segment of the population. This section explored previous studies those found a strong relationship between psychological and mental disorders of the working children.

Study of (Matandika et al., 2022) found correlation between the prevalence of psychopathological symptoms: mental disorder among teenage child workers and poor socio-economic conditions. Increasing inflation is rising up the psychological stress, depression, and anxiety among varied age groups.

Studies indicated that there is a high risk of emotional and behavioral disorder among teenage groups (Daniel Fekadu et al., 2006). Most of the children wantedly or unwantedly involved in unwanted economical activities which not only harmful for the physical health but also mental and social.

Multiple psychological problems specially emotional and behavioral disorders were very common among child laborers (Aransiola & Justus 2018). Other than psychological disorders, social phobia is also reported in a study (Mohammadi et al., 2016) conducted in Iran. For child development, a lot of efforts from all levels are required to control the risk of psychosocial issues. This study results indicated that the children who started work between the age group of 10-14 years presented high risk of depression. Mother's chronic illness further increased the risk of depression by 0.3% point.

Hazardous working conditions are significant challenge for the laboring children. Working children are vulnerable and have to work in unprotected environment. Chemicals and toxic exposures caused injuries, disabilities, and respiratory issues. Poor nutritional conditions make children more susceptible to the effects of chemicals and toxic substances (Lisa et al., 2005).

Belfer, et al (2011) mentioned an evidence for the action about the "Child and adolescent mental health" that required worldwide attention so that to reduce the burden of mental health problems of future generations. Otherwise it looks difficult around the globe to manage these vulnerable children and adolescents in the provision of complete health for development.

Objective: To assess the psychological health of the working children in hazardous conditions

3. Methods and Materials

This study was conducted in Lahore. Lahore is a metropolitan city of Punjab and the second biggest city of Pakistan. There are nine towns in Lahore having population of 1.13 lacs. According to the National Report of Pakistan for Habitat (2015) there are approximately 308 informal settlements in Lahore where majority of the population resides in very poor and miserable conditions.

Out of nine towns in Lahore, Samanabad Town was randomly selected. There are 28 Union Councils falls in Samanabad Town. Out of these, Babu Sabu Shera Kot, Union Council-100 was randomly selected having total population of 52099 (Male-19082(34.1%); Female-20079(38.5%); and children-12938(26.9%) having the area of 984767 square meters.

Quantitative cross-sectional study was conducted. For this purpose, by using Tarro Yamni formula, a sample of 351 children aged 5-14 years, working in different factory units, workshops, tea stalls, and other shops was taken. To measure the psychological health of these children, questionnaire developed by the SQR-20 (Self-Reporting) was used. SQR-20 was developed by the World Health Organization (2014) for the developing countries to find out the psychiatric disturbances. Data were analyzed by applying descriptive (frequency, percentage) and inferential statistics (one way ANOVA).

4. Results

Demographics: Data table 1 showed that the highest proportion 24% of the children belonged from the age group of 12-14 years; highest proportion 35% education was under primary, 75% having large family size. Parents 75% were illiterate and laborers 57%. The highest proportion of 51% children's father income was around Rs. 50001/- 10000/- per month.

Data in table 2 indicates that the highest proportion 50.4% of the children was working from the last 2-3 years. Among 351 children, 70% were forced by the family to learn skill. 5.4% of the children were forced by the family to provide the financial support.

Table 1

Demographic Characteristics of children's (N=351)

Demographics	%
Age (Years):	
0-5	14
6-8	19
9-11	23
12-14	24
15-17	20
Educational Status:	
Illiterate	26
Under Primary	35
Primary	21
Religious education	18
Family Size:	
Joint	75
Nuclear	25
Parents Education	
Illiterate	75
Primary	23
Middle and above	03
Parents Profession	
Laborer	57.2
Private Job	37.7
Govt. employees	5.1
Father Income (Rs.)	
5001-10000/-	51
100001-15000/-	33
15001-20000/-	15

Table 2: Working Period of the Children

Working Period (Years)	N	%
> 1	136	38.7
Last 2 to 3	177	50.4
< 3	38	10.8
Reason for working		
Child own choice	76	21.7
Child family forced to work	245	69.8
Family forced to provide financial support	19	5.4
Child own choice to support family financially	11	3.1

One way ANOVA applied to see the comparison between reasons for working and the psychological health of the children. Data is presented in table 3 given below:

Table 3 Comparison of Children Working and Psychological Health (N=351)-One way ANOVA

Reasons for Work	Difference of Means	p
Child own choice	3.49	.027
Child family forced to work	12.44	.004
Family forced to provide financial support	4.66	.002
Child own choice to support family financially	15.93	.000

*p-value significant at <0.05 & <0.01.

Data shows that those children who were forced by the family to learn skill (F value 12.44) is significant at $p < .004$. Similarly, those children who were forced by the family to provide financial support (F value 4.66) are significant at .002. Both "Forced" categories indicating the differences in experiencing psychological pressure on them i.e effects on psychological health. One way ANOVA also applied to compare the level of children's education and psychological health, presented in table 4:

Results indicate that those children who ever goes to school either under primary or primary (p value .000) was significant. It reflects that children having different educational background experienced differences in the intensity/pressure on their psychological health. Those who never goes to school experienced more psychological pressures ($p = .009$) as compared to those who ever goes to school ($p = .000$). On the whole, results showed that the intensity of psychological pressure decreased as the education increased.

Table 4 Comparison of Educational Level of the children's with their experiences on Psychological health (N=351)

Educational Level	Mean Difference	p
Illiterate	1.92	.009
Under Primary	4.59	.000
Primary	2.69	.000

*p-value significant at <0.05 & <0.01.

5. Discussion

Results of this study indicated that the demographic variables of the working children such as age, education, family size, reasons of working, parents' education, profession, and income influenced significantly the psychological health. Results showed that 24% of the working children fall in the age group of 12-14 years. Report (2002) of US Department of Health and Human Services exhibited similar findings. It shows that this age group is at the high risk of child abuse and maltreatment. These results were also consistent with the research conducted by Gharaibeh *et al.*, (2016) and Stoltenborgh *et al.*, (2015). These researches indicated that teen age having a high risk for child abuse and sexual abuse. Results of other studies also support these facts that violent victimization usually takes place in early age (Ulkarni, 2016; Kandel *et al.*, 2017; Shair & Majeed, 2020; Lakhdir *et al.*, 2017). Results showed that 44% of the child workers had up to primary education and most of them belonged to 12-14 years of age. UNESCO Report (2013) statistics about Pakistan indicated that 19.5 million (74%) school aged population of Pakistan was enrolled in primary schools. According this report, 7.2 million children were out of school of which 4 million were boys. Results showed that 69.7% of the child workers were forced to work by their families. These results were endorsed by the international statistics that poor families forced their children to work. United Nations Report on Human Development (2006) pointed out that extreme poverty in Africa, Asia and Latin America causes youngsters to work for financial support for their families.

Study results showed that most of the child workers had issues of psychological health. Many studies reflected the association between poverty and illiteracy that work as a risk factor for violence against youngsters (Hadi, 2000; Wasif, 2018; Altimir, 2005; Haider and Ali, 2015; Shair *et al.*, 2021). Studies (Öncü *et al.*, 2013) indicated that due to multiple factors, working children were abused. These studies recommended parents support programs (especially for the low and middle-income countries). Such programs have the potential to work as a safeguard from poverty that ultimately protects the children from child labor (Ward *et al.*, 2016).

The study finding indicates that working children face hazardous conditions at work that ultimately affected psychological health. Teenage period is a time when most of the life course trajectories are formed. Working under the psychological pressure becomes the cause of serious health issues like anxiety and depression that leads towards blood pressure, diabetes, and mental disorder. It is mentioned by the United Nations Report (2002). Studies indicated that variety of psychological problems like anxiety; depression, mental disorder, and mental health have commonly been related to maltreatment or violent experiences in the childhood or adolescence (Brown *et al.*, 1999; Gilbert *et al.*, 2009). Results also showed that working children, who remain under the control of strict supervision, are reported to have greater mental health problems (Kassem *et al.*, 2019; Gharaibeh *et al.*, 2016; Chapman *et al.*, 2004; Ahad *et al.*, 1996). Studies pointed out that most of the time psychological health related problems are neglected resultantly caused behavior related disorders as well as emotional disorders (Caesar-Leo, 1999; De-Silva, 2019).

6. Conclusion

Hazardous and stressful working conditions, pressure of family to provide financial support to meet the livelihood in poor socio-economic conditions dismantling the psychological health of the working children. These children are exposed to other social and physical hazards also. The findings of this study concluded that child labor is dismantling the social fabric, creating unhealthy social environment for these children and also for the communities. These children are the future of the nation. Therefore, enforcement of the policies and implementation of the "Children Rights" in true spirit at all levels may play an instrumental role to protect the future of the nation specially children living in slum areas.

References

- Abdul A. Eleen F., Chowdhury, M. (2018). Hazardous working conditions and employers perception regarding child laborer: A study at Sylhet City of Bangladesh. *South Asian Journal of Social Studies and Economics*, 2(1), 1-7.
- Adishesiah, M. S. (1990). Illiteracy and poverty: Literacy lessons. Geneva: International Bureau of Education.
- Brown M. (2014). Assessing recall of early life circumstances: evidence from the National Child Development Study. *Longitudinal and Life Course Studies*, 5(1), 64-78.
- Brown, Cohen, Johnson, & Smailes (1999). Childhood abuse and neglect: specificity of effects on adolescent and young adult depression and suicidality. *J Am Acad Child Adolesc Psychiatry*, 56(7), 600-6.
- Caesar-Leo, M. (1999). Child labour: The most visible type of child abuse and neglect in India. *Child Abuse Review*, 8, 75-86.

- Chapman, D. C. *et al.* (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82(2), 217-25.
- Daniel Fekadu, Atalay Alem, Bruno Hägglöf (2006). The prevalence of mental health problems in Ethiopian child laborers. *J Child Psychol Psychiatry*, 47(9), 954-9.
- De Silva D. G. H. (2007). Children needing protection: experience from South Asia. *Arch Dis Child*, 92, 931-934.
- De Silva DGH. (2019). Children needing protection: Experience from South Asia. *Archives of Disease in Childhood*, 92(10), 931-934.
- Dubowitz H. (2007). Understanding and addressing the “neglect of neglect:” Digging into the molehill. *Child Abuse Negl*, 31, 603-606.
- Edmonds, Eric, V., and Nina Pavcnik (2005). Child Labor in the Global Economy. *Journal of Economic Perspectives*, 19(1), 199-220.
- EFA Global Monitoring Report (2006). Literacy for Life. UNESCO, Office, Islamabad: Pakistan.
- Gharaibeh, M. (2016). Health hazards and risks for abuse among child labor in Jordan. *Journal of Pediatric Nursing*, 8(2), 140-7.
- Ghaus, A., Pasha, H., & Ghaus, R. (1996). Social development ranking of districts of Pakistan.
- Gilbert et al., (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373(9657), 68-81.
- Government of Pakistan (2015). Pakistan social and living standards measurements (PSLM) 2013-14. Islamabad: Bureau of Statistics. 35(4), 190-205.
- Haider, A., & Ali, A. (2015). Socio-economic determinants of crimes: a cross-sectional study of Punjab districts. *International Journal of Economics and Empirical Research*, 3(11), 550-560.
- Hadi A. (2000). Child abuse among working children in rural Bangladesh: prevalence and determinants. *Public Health*, 114 (5), 380- 384.
- Kassem, M. Ali, A. & Audi, M. (2019). Unemployment Rate, Population Density and Crime Rate in Punjab (Pakistan): An Empirical Analysis. *Bulletin of Business and Economics (BBE)*, 8(2), 92-104.
- Kandel P, Kunwar R, Karki S, Kandel D, Lamichhane P. (2017). Child maltreatment in Nepal: prevalence and associated factors. *Public Health*, 151, 106-113.
- Kieling C, Baker-Henningham H, Belfer M, Conti G, Ertem I, Omigbodun O, Rohde L A, Srinath S, Ulkuer N, Rahman A. (2011). Child and adolescent mental health worldwide: evidence for action. *Lancet*, 378(9801), 1515-25.
- Labour and Human Resource Department Report (2018). <https://labour.punjab.gov.pk> > reports
- Lakhtar MPA, Farooq S, Khan UR, et al. (2017). Factors associated with child maltreatment among children aged 11 to 17 years in community settings of Karachi, Pakistan, using Belsky ecological framework. *J Interpers Violence*. 1-17.
- Lisa S R Ide¹, David L Parker (2005). Hazardous child labor: lead and neurocognitive development. *Public Health Rep*, 120(6), 607-12.
- Matandika I, Mategula D, Kasenda S, Adeniyi Y, Muula A. (2022). Prevalence and correlates of common mental disorders among children and adolescents in Blantyre-Urban, Malawi. *Malawi Med J*, 34(2), 105-110.
- Mohammadi M R, Ahmadi N, Salmanian M, Asadian-koohestani F, Ghanizadeh A, Alavi A, Malek A, Dastgiri S, Moharreri F, Hebrani P, Arman S, Dastjerdi J K, and Motavallian A (2016). Psychiatric Disorders in Iranian Children and Adolescents. *Iran J Psychiatry*, 11(2), 87-98.
- Mohajan HK.(2014). Child rights in Bangladesh. *J Soc Welfare Hum Rights*, 2, 207-238.
- Nadeem T, Akhtar N, Ahmed M. (2021). A Study of the Relationship between Family Income and Literacy Level. *Journal of Statistics, Computing and Interdisciplinary Research*, 3(2), 59-69.
- National Report of Pakistan for Habitat III, 2015. <http://climateinfo.pk> > attachments > data-type >
- Nelms, B. C. (2001). Emotional abuse: Helping prevent the problem. *Journal of Pediatric Health Care*, 15(3), 103-4.
- Öncü E, Kurt AÖ, Esenay FI, Özer F. (2013) Abuse of working children and influencing factors, Turkey. *Child Abuse Negl*, 37, 283-291.
- Öncü E, Kurt AÖ, Esenay FI, Özer F. (2012). Abuse of working children and influencing factors, Turkey. *Child Abuse & Neglect*, 37(5), 283-91.
- Pakistan Population (2015-2018). (<http://www.statista.com>. Retrieved on 11/9/2022.
- Pakistan Labour Force Survey (2017-18). (http://www.ilo.org/projects/WCMS_764614?lang=en). & (http://en.wikipedia.org/wiki/Child_labour_in_Pakistan).
- Qasim, M. Pervaiz, Z., & Chaudhary, A. R. (2018). Status of human development in Punjab (Pakistan). *Bulletin of Business and Economics*, 7(4), 138-155.
- Shair, W., & Majeed, M. T. (2020). Labor market outcomes of non-migrant members in response to remittances: Evidence from provincial capital of Punjab and Khyber Pakhtunkhwa (KPK). *Review of SocioEconomic Perspectives*, 5(1), 1-22.
- Shair, W., Tariq Majeed, M., & Ali, A. (2021). Labour Participation Decision and Preferences towards Different Employment Status in Response to Remittances: Evidence from the Provincial Capital of Punjab and Khyber Pakhtunkhwa (KPK), Pakistan. *Iranian Economic Review*.

- Stoltenborgh M, Bakermans-Kranenburg MJ, Alink LRA, van IJzendoorn MH. (2015). The prevalence of child maltreatment across the Globe: review of a series of meta-analyses. *Child Abuse Rev*, 24(1), 37-50.
- Temidayo James Aransiola, Marcelo Justus (2018). Child Labor Hazard on Mental Health: Evidence from Brazil. *J Ment Health Policy Econ*, 21(2), 49-58.
- The Express Tribune” published in 24th June 2016 on Child Labor. [15,566 children working in 10 districts - The Express Tribune. https://tribune.com.pk/story/](https://tribune.com.pk/story/15566-children-working-in-10-districts)
- The Nation (2021). Child Labor. <https://nation.com.pk> › Newspaper › Opinion › Letters
- Ulkarni A. (2016). Protecting children in Bhutan from violence: a call to action. *The Druk Journal*, 2(2), 1-6.
- UNESCO Report Published in March (2013). by the Sector for External Relations and Public Information of the United Nations Educational, Scientific and Cultural Organization (UNESCO).
- UNDP Human Development Report (2006). Beyond Scarcity: Power, Poverty, and the Global Water Crisis.
- Ward C, Sanders MR, Gardner F, Mikton C, Dawes A. (2016). Preventing child maltreatment in low- and middle-income countries: Parent support programs have the potential to buffer the effects of poverty. *Child Abuse Negl*, 54, 97-107.
- Wasif S. Most children suffer psychological assault. (2018). The Express Tribune. (Internet). <https://tribune.com.pk/story/1651289/1-form-violence-children-suffer-psychological-assault/>
- World Health Organization (2014). SQR-20 Self-Reporting Questionnaire. Division of Mental Health, Geneva. WHO/MNH/PSF/94.8
- Yasmeen, B., Ramzan, M., Iqbal, S., (2022). Unveil the Dilemma: Run Away Children. *Global Social Sciences Review*, VII(II), 207-213.