Editorial

Danger: children at work

My first encounter with child labour in any other than a historical sense came in the unlikely context of buying an oriental rug in one of the perpetual sales in New Bond Street. We were shown a rug with a very fine pile, made, so the saleman assured us, by young children since only their fingers were small enough to tie the tiny knots.

In most developed countries the employment of children has become a thing of the past; in this country it is a grim reminder of some of the excesses of the industrial revolution, out of which grew the series of factory legislation that has tended generally to improve the conditions of those at work. In 1959 the need to protect children was enshrined in the United Nations Declaration of Rights of the Child which stated that he

“...shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.”

Fine words, but an examination of the problem recently conducted by the World Health Organisation shows how commonly this declaration is flouted.1

At the beginning of this decade at least 50 million children under 15 were “economically active”—that is, working—almost all in the developing countries; this figure is a conservative estimate and may be out by a factor of at least two.2

The percentage of children who work varies considerably from country to country; of those aged between 10 and 14 in 1980–4, it ranged (in non-Western countries) from 0.5% in Greece and Hungary to 57% in Nepal. In Togo 7.8% of all children under 14 were working in the same period and more than 5% in India, Cameroon, and Egypt. These data need to be set in context with the minimum age of 13 stipulated in the current International Labour Organisation international labour standards as being the minimum age at which children should be permitted to undertake “light work” and 15, the minimum age at which children should engage in other types of work. There are, however, some circumstances under which a minimum age is not required to be fixed by national laws. The first is when children are engaged in public performances provided that the hours and conditions of work are prescribed; the second is when children are engaged in family undertakings so long as the work is not harmful, prejudicial, or dangerous, and the third is when the children are pupils in schools that provide technical or vocational training and where the work is part of this training and is properly supervised.

The adverse effects of working on the health of children was well known in the nineteenth century and was investigated by the Children’s Employment Commission in the 1860s. Until relatively recently, however, the matter has rather fallen from view and only in the past 10 or 15 years has it once more been a matter for investigation. There seems little doubt that the effects continue to be harmful.

As part of its own investigations, WHO asked for field studies to be conducted in several developing countries and reports on the health of working children were received from Malaysia, Nigeria, and the Republic of Korea. All the data from these countries indicated that the health of working children was impaired compared with non-working controls. In Malaysia and Nigeria the state of nutrition was poorer and haemoglobin levels lower whereas in Korea children at work had more respiratory and gastrointestinal symptoms and a higher prevalence of pulmonary tuberculosis.

In addition to the general risks to health, children at work may run particular risks. For example, there is some evidence that they are more susceptible to the harmful effects of exposure to some toxic materials including lead, benzene, carbon disulphide, and some gaseous air pollutants because their rates of absorption and clearance differ from those of adults and because detoxification mechanisms may not be fully developed.3 There is also some suggestion that children may have a lower heat tolerance4 and be more susceptible to noise induced hearing loss.5

There are also important effects on psychosocial development and on education to consider. Taylor, in a study of children working on plantations and farms, described how the children were constantly on the move with their parents “following the crops.”6 They had frequently to change schools and work long hours at heavy and exhausting jobs. As a result they became bored and listless, introverted with feelings of worthlessness, and developed a fatalistic attitude to life which is perhaps not surprising. There is also the danger that children, particularly those working on the streets in cities, may drift into crime and drugs.
So far as education is concerned, there is no doubt that this is bound to suffer if the child has to work and this will place him at a disadvantage in later years. If he is illiterate or poorly educated he is likely to find it harder to get reasonable jobs in adult life than his better educated contemporaries.

There are, of course, economic pressures that act to drive children to work and to keep them there. In many of the poorest countries families survive only because children are able to find work and this is one of the reasons why the large family is still the rule in many parts of Africa. Employers also have access to a large pool of cheap labour which is not, and cannot be, well organised.

The WHO report on children at work makes distressing reading and certainly some action must be taken to alleviate the problem; more research is also required so that both the effects of work on health may be quantified more precisely and also the health of children at work may be better ascertained.

The WHO study group recommended that remedial action should be taken at community, national, and international levels. At the community level it is suggested that primary health care should be delivered at work, that appropriate control measures should be taken to protect children at work, and that a list of jobs should be produced for which children should not be employed and a list of agents to which they should not be exposed. In addition, care should be taken to ensure that children at work receive an adequate education and that both employers and parents are made to understand the risks more fully.

At the national level, the main recommendations are to introduce or tighten legislation that governs the employment of children and to ensure that suitable health and educational programmes are available; also to include working children within the ambit of any social security of workers' compensation schemes.

To tackle the problem internationally, it is suggested that an Inter-Agency Committee on Child Labour should be established with the commitment to see that child labour is abolished in the long term and to humanise work for children in the short term.

These are certainly laudable aims but a much more radical solution is required than these palliative measures and nothing is said about this. The use of child labour will be eradicated only when it no longer has any economic advantage. This can be achieved only with the good offices and financial support of the developed countries. Unless and until the economy of the developing countries is sufficiently well established through trade or aid, the scandal of child labour will persist to the shame of us all. As with so many occupational health issues, the solutions to the abuse of workers is not medical but political.

Editor

References

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