

Child Labour as a Predictor of Mental Health Issues

Amy Carolyn* Abha Singh** Anuradha Sharma***

“There can be no keener revelation of a society's soul than the way in which it treats its children.” – Nelson mandela

Abstract

Child labour affects children's health both mentally and physically. There are various psychosocial effects on children who are being involved in labour. This can range from loneliness or depression to severe developmental or mood disorders. The strengths and Difficulties Questionnaire has been used to gauge the extent to which being involved in child labour affects mental health. A sample of 160 children was taken for this research study out of which 40 were Child labourers, 40 were School going Child labourers and 80 were School going non-labourers. Their mental health was measured along the dimensions of the Questionnaire used. Child Labour, School going Child Labour and School going non-labour are the three categories whose mental health has been explored using this screening instrument. After scoring the data was put into statistical analysis and it was found that Child Labour led to higher Behavioral Difficulties. It has been found that Child Labourers undergo higher level of overall stress as compared to School going Child Labourers and School going non-labourers. This has also been found in case of the dimension of Emotional Distress. Thus Child Labour does have an effect on mental health to a large extent; it tells us that Child Labour is a serious problem. There is evidence that it affects the child's mental health. The focus should be on the mental well-being of the child, especially working children and providing a safe and stimulating environment for the child is important. Giving them the ability to integrate into the mainstream of society with the dignity that they deserve and this is possible only if the children grow up to be mentally healthy adults.

Keywords: Child Labour, Mental Health, Overall Stress, Emotional Distress

About Authors:

*M.Phil Student **Professor, ***Amity Institute of Psychology and Allied Sciences

Introduction

Child Labour is a major problems faced by the society at large today. There is definitely an effect of the work children do on their mental health. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contributions to his or her community (WHO, 2014). In children, disorders can be of two kinds: externalizing disorders and internalizing disorders.

Externalizing disorders are characterized by behaviours that are focused outward such as temper tantrums, getting into fights, disobedience and destructiveness. Internalizing disorders are characterized by behaviours that are focused inward. These can involve lot of anxiety, depression, shyness and generally being withdrawn.

Childhood is said to range from approximately 3-12 years of age after which adolescence starts setting in. it is characterized by various physical and mental changes that

occur in terms of growth. Children as per the United Nations Conventions on the Rights of the Child (UNCRC) are those below 18 years of age. This definition is used for legal purposes in terms of child labour. During the 20 year period of childhood and adolescence there are lot of physical, cognitive and social-emotional changes that occur which are marked by periods of transition and reorganization, referred to as the process of development. The process of development is marked by milestones or it can be said that each stage of development is marked by certain signs. If the child's behavior is different from this then appropriate action needs to be taken so that the disorder can be managed and handled in a manner so as to not cause more future harm.

Child Labour refers to work that deprives children of their childhood, potential, dignity and is harmful to physical and mental development; work that is mentally, physically, socially, morally dangerous and harmful and that which interferes with their schooling, depriving of the opportunity to attend school, obliging them to leave school prematurely, or requiring them to combine long hours of work and school attendance. Child labour has various effects. These include physical, emotional, psychological and social. Child labour also impedes development of children and adolescents in various spheres depending on the nature of work, duration of work, intensity of work and the like. Working children also come across or are subjected to various forms of abuse. This also plays a major role in hampering a child's normal, adaptive and healthy growth.

In south Asia the number of children working in the age group of 5-17 years is about 16.7 million. It is about 10.3 million for the age group of 5-14 years. While in absolute terms child labour in the entire 5-17 years range is highest in India (5.8 million) followed by Bangladesh (5.0 million), Pakistan (3.4 million)

and Nepal (2.0 million), in relative terms a child in Nepal faces the highest risk of being a child labour than anywhere else in South Asia.

Child labour can be found in agriculture, manufacturing, mining and quarrying, domestic service, hotels, restaurants, retail and also 'unconditional' worst forms of child labour which include recruitment for armed conflict, debt bondage, commercial sexual exploitation and illicit activities such as producing, procuring or trafficking drugs.

Literature Review

Alem et, al. (2006) found that there was lower prevalence of childhood disorders among child labourers than among non-labourers. This has been attributed to the healthy worker effect meaning that it has not been representative of the actual population.

Ali et, al. (2004) found that some important issues among street children were parental exploitation, police harassment, abuse and impact of peers on the street. Ike and Twumasi-Ankrah (1999) have mentioned that physical and emotional stress of work combined with denial of opportunities to play, interact socially with peers and explore the world, emotional abuse and neglect, separation from family, burdens of premature responsibility – can expose the child to behavioral maladjustment and have permanent adverse impact.

In a review article Goel et, al. (2012) mention that child labour not only causes physical and mental health issues but deprives children of education, development and freedom.

Thabet et, al. (2011) in a research mentioned that mental health problems in children is related to poor relationships, selling in the streets, low family income, dissatisfaction of parents with jobs, long working hours etc. This shows how work for children can be harmful and result in mental health issues.

It has also been revealed that loneliness, depressed feeling, problems at home, problems with the law and substance abuse are some of the problems faced by children involved in work. This was found by Ayman et, al. (2010) in a research conducted in Jordan. In this same research there were also cases of sexual abuse reported. This research study used the SDQ (Strengths and Difficulties Questionnaire, 1998) and found that school working children reported more psychological problems than non-school working children. Also children who work only during holidays were not as impacted by work as children who combined work and school or only worked.

Children have reported to having been through physical abuse the most common of which is being beaten by the father for any mistake. The lowest form of abuse or rather the lowest reported abuse was being punished burning or some burning tool if disobedience was seen. Apart from the family the employers also used this as a form of punishment. If any mistake is committed children are given severe beatings. The analysis in this study showed that the children were derided in front of strangers by both employers and their father. They were also abused psychologically by the mothers if the mother felt that their work was not upto her satisfaction. It was also reported by the children that the employers or their fathers did not care about their clothes, food and when they are sick. While fathers and employers were reported to be most negligent, mothers were reported to be least negligent of their children. Among those children who chose to answer questions regarding sexual abuse about 13 children reported being exposed to bad touch and few of them also reported being asked by their employers or parents to take off their clothes and disclose parts of their bodies.

Another research by Wolde-Giorgis (2008) focused on psychiatric disorders

occurring among child labourers in a region of a district of Ethiopia. It was found that among child labourers, mood disorders and anxiety disorders were over 6 and 2 times commoner than in non labourers. Also separation anxiety disorder was found to be more than 3 times commoner among child labourers than in non labourers. Domestic labourers had the highest rate of psychiatric disorders among female child labourers followed by street workers and those working in private enterprises. Among male child labourers street workers had the highest rate of psychiatric disorder followed by those working in private enterprises. Boys had higher rates of nocturnal enuresis, substance abuse and conduct disorder and girls had higher rates of internalizing disorders, anxiety disorder and separation anxiety disorder. Though boys had an overall higher rate of DSM-III-R diagnoses the difference was not statistically significant. Emotional abuse was found to be common compared to other forms of abuse and prevalence of psychiatric disorders was higher among child labourers rather than non-labourers.

In a research by Uddin, Hamiduzzaman and Gunter, (2009), in Bangladesh it was found that long hours of work breed feelings of inadequacy and frustration, risky work impedes building of emotional cognitive skills and results in children being withdrawn, uncommunicative and introverted. Also it was found that there was psychological immaturity and abnormal psychological growth.

Method

The **Aim** of the present study was to find the extent to which child labour predicts mental health issues.

Objectives of the study were to

1. To study the emotional problems, conduct problems, hyperactivity problems and peer problems among

child laborers, school going non-labourers and school going child labourers.

2. To observe the difference between child labourers and school going non-labourers on emotional problems, conduct problems, hyperactivity problems and peer problems.
3. To observe the difference between child labourers and school going child labourers on emotional problems, conduct problems, hyperactivity problems and peer problems.

Hypotheses formulated were as follows

- H: 1 Emotional problem, conduct problems, hyperactivity problems and peer problems will be higher among child labourers as compared to school going non-labourers.
- H: 2 There will be a significant difference between child labourers and school going non-labourers on emotional problems, conduct problems, hyperactivity problems and peer problems.
- H: 3 There will be a significant difference between child labourers and school going child labourers on emotional problems, conduct problems, hyperactivity problems and peer problems.

Sample and its selection

The convenient sampling technique was used. Here the sample selected were those who were easiest to recruit for the study. This provided for ease of accessibility considering the short time in which the data collection was to be completed. Once a few children were identified, through them the researcher was able to connect with many other children who were working. The children who were initially contacted were to ones who introduced the researcher to many other children. In order to study the how child labourers are different from other children, three categories were chosen. While one category consisted of child labour, the

other two consisted of school going child labourers and school going non-labourers. The first two categories consisted of 40 children each and the third category consisted of 80 children.

Description of tool employed

The questionnaire used to measure the mental health issues of the children is the Strengths and Difficulties Questionnaire. The questionnaire has 3 forms which are the parent, teacher and the self-completed form. However due to practical difficulties all the forms could not always be administered and in order to maintain equality only the self-completed questionnaire was used as the respondents were mainly children. The questionnaire consists of 25 items. It measures or brings out scores on 6 dimensions. They are – overall stress, emotional distress, behavioural difficulties, hyperactivity and concentration difficulties, difficulties in getting along with peers and kind and helpful behavior. So while the first five bring out difficulties or problems the 6th score brings out the strength of the individual in terms of prosocial behavior. The maximum score that can be obtained for each scale is 10 and the lowest is 0.

Data Analysis Methods

Once the data was collected, it was put through statistical analysis. The Mean and Standard Deviation was calculated for the different dimensions across all categories. The correlation coefficient was also calculated for the relationship between the dimensions across categories and for all the categories put together. Finally regression analysis was done to find out how Child Labour is a predictor of mental health issues. The Statistical Package for the Social Sciences (SPSS) was used for the analysis of the data.

Results and Discussion

The hypotheses that were formulated were partially proven. Child Labourers did not

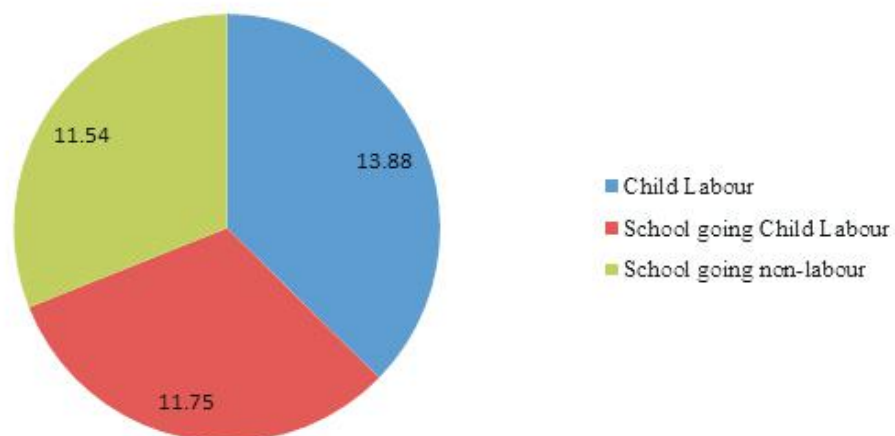
obtain a high score on all the dimensions. In some dimensions problems were higher among School going Child Labourers and School going non-labourers. For example, in the dimension of Difficulties in getting along with other children, children in the category of School going non-

labourers have obtained the highest score. This could be attributed to the fact that the Child Labourers do not get enough opportunities to interact socially with their peers due to being involved in work.

Table 1: Showing Overall Stress among the categories

S.No	Categories	N (No. of children)	Sum of scores	Mean	SD
1	Child Labour	40	555	13.88	5.49
2	School going Child Labour	40	470	11.75	6.32
3	School going non-labour	80	923	11.54	5.51
4	Total	160	1948	12.17	5.76

Mean for Overall Stress



The dimension of **Overall Stress** gives a holistic picture of the emotional, behavioral, hyperactivity-concentration and peer difficulties as a whole. Thus it's a combination of the scores from these four dimensions giving us a score for overall stress. It can be concluded from the above the table and pie chart that the mean for Child Labour is 13.88 while for School going Child Labour it is 11.75 followed by School going non-labour at 11.54.

The high Overall Stress among Child Labourers is an expected result. This is because they are required to work for long and odd hours at a stretch without proper breaks. They also shoulder the responsibility of providing for the family financially. Most of the child labourers spoken to said that "we can't survive with the money that only our parents earn, we also have to help them so that we can get food to eat everyday". In some cases the child was living with one parent in the slum while the other

parent was in the village at their native place taking care of what little land they had left.

However for the children who are working and studying, there is hope due to the exposure to education. Education sensitizes them to the world beyond their surroundings and motivates them to dream of more than just shouldering responsibility and work. They have hope and are hence motivated to do better leading to lower mental health issues. Children who are only going to school have problems of a different kind – exams, peer pressure, assignments, parental pressure and other such worries. While these problems can be severe, they do not compare to the problems faced by children at work.

Table 2: Showing the results of Regression analysis in different dimensions of mental health in Child labourers

S.No	Dimensions	Beta Coefficient		R ²	R ² Change	F	Sig.
		Unstandar- dized	Standardized				
1	Overall Stress	-.45	-.24	.06	.06	2.29	.139
2	Emotional Distress	-.16	-.18	.03	.03	1.31	.259
3	Behavioral Difficulties	-.25	-.41	.16	.16	7.52	.009*
4	Hyperactivity and Concentration Difficulties	-.07	-.09	.04	.04	.32	.573
5	Difficulties in getting along with other children	.02	.03	.001	.001	.04	.849
6	Kind and Helpful Behavior	.10	.17	.03	.03	1.18	.284

The R^2 value of the dimension of Behavioral Difficulties was found to be 0.16 and there was no significant difference between the R^2 and R^2 change values. The F ratio for this dimension was found to be *significant at the .01 level ($F = 7.52, p < .01$). The values of R^2 for the dimensions were found to be .06, .03, .04, .001 and .03 for Overall Stress, Emotional Distress, Hyperactivity and Concentration Difficulties, Behaviour Difficulties and Kind and Helpful Behaviour dimensions respectively. The F values for these dimensions were not found to be significant.

Thus it can be predicted that being involved in Child Labour definitely leads to Behavioral Difficulties. Behavioral Difficulties are generated due to there being a void in the child's life in terms of appropriate role models and a proper growing environment. There can be various implications of there being mental health issues among Child Labourers.

Conclusion

The implication of the current study is that it tells us that Child Labour is a serious problem. There is evidence that it affects the child's mental health. Hence we need to act on the problem from the angle of mental health of the child. This study has implications for the work among Child Labour in terms of their mental health. The focus should be on the mental well-being of the child, especially working children. Providing a safe and stimulating environment for the child is important.

Giving them the ability to integrate into the mainstream society with the dignity that they deserve will be possible only if the children grow up to be mentally healthy adults. One can start with an understanding of these children. This is possible only by experiencing their life or looking at life from their perspective. There is a need for great sacrifice to work among children. Jesus said, "Let the little children come to me,

and do not hinder them, for the kingdom of heaven belongs to such as these." – Matthew 19:14

References

- Alem, A, Zergaw, A, Kebede, D, Araya, M, Desta, M, Muche, T, Chali, D & Medhin, G. (2006).
 Child labour and childhood behavioral and mental health problems in Ethiopia, *Ethiopian Journal of Health Development*, 20(2).
 Caspi, A, EntnerWright, B. R, Moffitt, T. E, Silva, P. A. (1998). Early Failure in the Labour Market: Childhood and Adolescent Predictors of Unemployment in the Transition to Adulthood, *American Sociological Review*, 63(3).
 Child Labour A textbook for university students. (2004). International Labour Office, Geneva.
 Chinyoka, K & Naidu, N. (2014). Underage and Unprotected: Psychosocial effects of Child Labour on the Academic Performance of learners in Zimbabwe, *Journal of Psychology*, 5(1)
 Dachi, H. A. & Garrett, R. M. (2003) Child Labour and its Impact on Children's Access to and Participation in Primary Education a Case study from Tanzania, Department for International Development: Educational Papers.
 Dendir, S. (2014). Children's Cognitive Ability, Schooling and Work: Evidence from Ethiopia, *International Journal of Educational Development*, 38.
 Dube, Y & Mohandoss G. (2013). A Study on Child Labour in Indian Beedi Industry,

- National Commission for Protection of Child Rights, New Delhi.
- Goel, K, Ahmad, S, Bansal, R, Parashar, P, Pant, B & Goel, P. (2012). The social and occupational health problems of child labour: A challenge the world is facing, *Indian Journal of Community Health*, 24(1).
- Hamdan-Mansour, A. M, Al Gamal, E. A, Matrook, R. I, & Alnwayseh, M. A. (2010). Physical and Psychosocial Impact of Child Labour in Jordan, National Council for Family Affairs, Jordan.
- Heady, C. (2000). What is the Effect of Child Labour on Learning Achievement? Evidence from Ghana. Innocenti Working Paper No. 79. Florence: UNICEF Innocenti Research Centre.
- Ike, C. A, & Twumasi-Ankrah, K. (1999). Child abuse and child labour across culture: Implications for research, prevention and policy implementation, *Journal of Social Development in Africa*, 14(2).
- Improving the Health of Canadians: Exploring Positive Mental Health. (2009). Canadian Institute for Health Information, Ottawa.
- Jahoda, M. (1958). Current concepts of positive mental health. Joint commission on mental health and illness monograph series, New York.
- John, J & Ghosh, R. (2002) Study of Child Labour in the Zardosi and Hathari Units of Varanasi, V. V. Giri National Labour Institute, NLI Research Studies Series, No. 38.
- Khan, S. R & Lyon, S. (2015). Measuring children's work in South Asia- Perspectives from national household surveys, International Labour Organization, ILO DWT for South Asia and ILO country office for India, New Delhi.
- Larson, R. W, & Verma, S. (1999). How children and adolescents spend time across the world: Work, play and developmental opportunities, *Psychological Bulletin*, 125(6).
- Mallikarjuna, K. G. (2013). Constitutional Provisions and Legislations for Child Labour in India, *International Journal of Economics, Commerce and Research*, 3(2).
- MCLeod, S. (2011). Bobo Doll Experiment, *Simply Psychology*. Retrieved from, <http://www.simplypsychology.org/bobo-doll.html>
- McLoyd, V. C. (1990). The Impact of Economic Hardship on Black Families and Children: Psychological Distress, Parenting, and Socioemotional Development, *Child Development*, 61(2).
- Murphey, D. (2014). Re-framing children's mental wellness. Retrieved from <http://www.childtrends.org/re-framing-childrens-mental-wellness/>
- Nath, P. A, Dimri, P & Sekar H. R. (2013). Child Labour and Health Hazards, NOIDA: V. V. Giri National Labour Institute.
- Osofsky, J. D. (1999). The Impact of Violence on Children, Domestic Violence and Children, 9(3)
- Positive mental health and well being. (2011). London Borough of Hounslow. Retrieved from http://www.hounslow.gov.uk/mental_health_wellbeing.pdf
- Pryor-Brown, L. & Cowen, E. L. (1989). Stressful Life Events, Support, and Children's School Adjustment, *Journal of Clinical Child Psychology*, 18(3).
- Rosati, F. C. & Rossi, M. (2001). Children's Working Hours, School Enrolment and Human Capital Accumulation:

- Evidence from Pakistan and Nicaragua, Understanding Children's Work.
- Sarason, I. G, & Sarason, B. R. (2005). Abnormal Psychology – The problem of maladaptive behavior. New Delhi: PHI Learning Private Limited.
- Sekar, H. R. (2004). Child Labour in Hazardous Industries: The Case of Slaughterhouse and Allied Occupations, National Resource Centre on Child Labour, NLI Research Studies Series, No. 047.
- Sekar, H. R. (2007). Impact of Technological Change on the Demand for Child Labour in Brassware Industry of Moradabad, National Resource Centre on Child Labour, NLI Research Studies Series, No.074.
- Sekar, H. R, & Mohammad, N. (2001). Child labour in Home Based Lock Industries of Aligarh, National Resource Centre on Child Labour, NLI Research Studies Series, No.018.
- Sekar, H. R. (1993). Girl Child Labour in the Match Industry of Sivakasi, No Light in their
- Lives, V. V. Giri National Labour Institute, National Resource Centre on Child Labour.
- Shamasundar, C. (2008). Relevance of ancient Indian wisdom to modern mental health – A few examples, Indian Journal of Psychiatry, 50(2).
- Togunde, D. & Carter, A. (2008). In their own words: Consequences of child labour in urban Nigeria. Journal of Social Sciences, 16(2)
- Uddin, M. N, Hamiduzzaman, M, & Gunter, B. G. (2009) Physical and Psychological implications of risky child labour: A study in Sylhet City, Bangladesh, Bangladesh Development Research Working Paper Series, No. 8.
- Wolde-Giorgis, D. F. (2008). Child Labour in Addis Ketema, Ethiopia: A study in Mental Health. Umeå university, Sweden: Print & Media. World Health Organization. (2014). Mental health: A state of well-being. Retrieved from http://www.who.int/features/factfiles/mental_health/en/
- www.mentalhealth.gov/basics/what-is-mental-health/
- www.nlm.nih.gov/medlineplus/mentalhealth.html
- <https://www.imh.com.sg/wellness/>
- <http://www.webmd.com/balance/stress-management/effects-of-stress-on-your-body>
- https://www.continuetolearn.uiowa.edu/laborctr/child_labor/about/what_is_child_labor.html
- <http://www.unicef.org/sowc05/english/childhooddefined.html>
- <http://www.mentalhealthireland.ie/information/what-is-mental-health.html>
- http://www.mentalhealth.wa.gov.au/mental_illness_and_health/mh_what_is.aspx
- http://www.academia.edu/724634/CHILD_LABOUR_IN_INDIA_PROBLEMS_IN_CONCEPTUALISATION
- http://shodhganga.inflibnet.ac.in/bitstream/10603/1709/12/12_chapter%206.pdf
- <http://mahakamgar.gov.in/MahLabour/images/pdf/child-labour-prohibition-regulation-act-1986.pdf>

