Original Article

An analytic study of health related problems of child labourer of an urban slum

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Abstract

17.39% Children having addiction of betal nut chewing, 11.65% gutka chewing and 09.71% were using mishri, 06.07% working children were found to be stunted in comparison to their non-working counterparts i.e. 1.90%. 15.15% child labourer were underweight in comparison to only 02.91% non-working children. 39.22% working children found to be suffering from skin diseases. 45.9% children were suffering from musculoskeletal problems, 33.33% were having pallor and 9.80% were found from vitamin B deficiency and another 11.16% were sustained occupation related injuries.

Keywords: Stunting, Addiction.

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INTRODUCTION

Child Labour in general is a great social ill and a national waste, as the economic necessity for wage earning to support the family, deprives the child of an opportunity for education, play recreation which result in stunting of their physical growth and interfere with the normal development of child personality, thwarts their preparation for responsibilities[1]. Children are important assets, they are future citizens. The destiny of society depends directly of how its children are nurtured to fulfill the requirement of society to which they belong. The Constitution of India, in article 45, envisages free and compulsory education for all children's irrespective of their caste, color, and sex etc. Till the age of 14 in reality large number of the children is being denied of this fundamental right and was subjected to backbreaking labour in pathetic condition[2]. By taking into consideration of above facts and as per recommendation of a group setup by WHO in 1957 that more and more such studies about a health problems must be done, the authors have undertaken the present study with the objective to make an analysis of health related problems of working children in comparison to non-working children's.

MATERIALS AND METHODS

A total of 51 working children and the same number of non- working children of the same area were taken as sample. The study was done in field practice area of urban health center under the department of PSM, B.J Medical College Pune. A house to house survey was done in the selected areas. If any working child was found in a house of 5-14 years of age then a detailed personal history of the child including addiction was conducted, a thorough clinical examination was also done. Height was measured in standing posture in which hills were slightly separated, and head was in such position so that child look directly forward then height was taken by measuring tape, accuracy was nearest to 0.5 cm. Weight was recorded by electronic Weighing machine with child after removing shoes or chappal and with minimum clothing and without touching anywhere was asked to stand on the platform of machine, accuracy was nearest to 0.5kg. From CDC chart, O.P. Ghai[3], 3rd percentile was taken as cutoff point and those children weighing below were considered under underweight category. Similarly height distribution of children, height less than 3rd percentile was considered as stunted.

Occupational related health problems

- Musculoskeletal problems- Pain in limbs, Backache, Joint pain etc.
- Injury -Burns, wound over body parts sustained during duty hours.

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- Problems related to skin-Skin infections and irritant dermatitis etc.

Apart from above problems reported urinary tract infection, GI related problems, Vitamin Deficiencies etc. if any were diagnosed clinically.

OBSERVATIONS AND RESULTS

Table 1: Weight of working and non-working children

Sr. No.	Weight's Grade	Working n=51	Non-working
1	Normal	35(68.62)	48(94.11)
2	Underweight	16(31.37)	03(5.88)
	Total	**51(100.00)**	**51(100.00)**

P<0.001, Note: Figures in brackets indicates percentage

Table 2: Height of working and non-working children

Sr. No.	Height grade	Working Children n-51	Non-working children n-51
1	Normal	44(86.27)	49(96.07)
2	Stunted	07(13.72)	02(3.92)
	Total	**51(100.00)**	**51(100.00)**

P<0.05, Note: Figures in the Bracket indicate Percentage.

Table 3: Health problems among sampled groups

Sr. No.	Health Problem	Working Children	Non-Working Children
1	Respiratory Tract Infection	07(13.72)	05(09.80)
2	Skin Disease	20(39.22)	01(01.92)
3	Gastrointestinal Problems	07(13.73)	02(03.85)
4	Musculoskeletal Problems	23(45.09)	03(05.77)
5	Pallor	17(33.33)	1(01.92)
6	Vitamin B. Defieciency	05(09.80)	Nil(0.00)

Note: Figures in the Bracket indicate Percentage.

Table 4: Addictions among sampled groups

Sr. No.	Substances	Working Children n-51	Non-Working Children n-51
1	Gutka	12(23.52)	03(5.88)
2	Betal nut	14(27.45)	08(15.68)
3	Mishri	10(19.60)	08(15.68)
4	No Addiction	15(29.41)	33(64.70)
	Total	**51(100.00)**	**51(100.00)**

P<0.001, Note: Figures in the Bracket indicate Percentage.

DISCUSSION

On analysis of the above collected data, it was noted that 31.37% of working children were underweight in comparison to only 5.88% non-working children, shows an statistically significant difference between two categories.(P<0.001). The findings of present study were more or less in accordance of the findings of the study by Omokhodian FO *et al*[4] noted 36.00% working children were underweight. On further analysis 13.72% working children were found stunted while only 3.92% non-working children, it was statistically significant (P<0.05). Revealed that 39.22% were found suffering from skin disease as compared to only 1.96% non-working children. 45.09% topped the health problems i.e muskuloskeletal in working children while 9.80% among non-working children. Occupational related injuries was noticed in 11.76% working children. The findings of present study were more or less similar to the findings by banerjee *et al*[5] who noted 39.8% RTI and 40.00% skin disease and Omokhodian *et al*, rogers *et al*[6] and Sharma *et al*[7] also noted more of less similar findings with the present study. Shown that 27.45 % working children having habit of chewing bettle nut in comparison to 13.72% non-working. On further analysis noted that only 29.41% working children were not addicted in comparison to 64.07% of non working counterparts. Banerjee noted in his study that 39.03% working children were found addicted to bettle nut.

CONCLUSION

From the above observation and discussion, authors reach to the conclusion that because of poor sanitary conditions at working place, most of the children were found suffering from one or more disease. Similarly because of low caloric diet they were undernourished in comparison to their non-working counterparts. Authors recommend that to prevent the health problems, a regular health checkup of the children must be done in the nearest government or corporation hospital and should be provided free of cost each and every medical facilities. Similarly to prevent occupational hazard adequate job training, continuing health education, safe working environment periodic health surveys must be done though the first and foremost priority is to stop child labour at any cost.

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