

Health Practice of Child Labors in Butwal Municipality

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Abstract

The main objectives of this study are to examine the health practice of child labor and to identify the health problems of them. The study is descriptive in nature and mainly based on primary data gathered from 60 (22.30%) child labor respondents who were selected from purposive sampling method. The study was delimited to those child labors who work in building construction in Butwal municipality ward no. 13. The interview schedule and check list tools were prepared. Further observation method was also employed to collect the data. The data were analyzed with descriptive statistical method. It is concluded that the health practice of child labor was fatal and suggested the concern authority to take initiation to control child labor, and to be initiative in promoting their health practice as well.

Key words: Food habit, smoking, alcoholism, personal hygiene, health problems, healing system.

Introduction

Broadly speaking, any child below 16 years who is employed in activities to feed self and family is being subjected to “child labor”. It is a matter of grave concern that children are not receiving the education and leisure which is important for their growing years because they are sucked into commercial and laborious activities which is meant for people beyond their years.

Employment of children under the age of 14 as domestic help or in restaurants, hotels, motels, teashop, resorts and other recreational centers have been made illegal in Nepal from the last few years. Unfortunately, the record so far on enforcement is dismal. The fact is that the country now has 10-15 lakhs child workers who contribute 10 percent of the gross national product. It is estimated that one of every five children under 14 working outside the family is a domestic worker in Nepal. (CWS: 1996)

Studies show that child labor encountered health hazards associated with various noxious environments such as lack of sanitation, nutritious food, hygienic facilities, clean water, and occupational accidents. The sexual exposure and STDs/HIV/AIDS, addict in tobacco, smoking and alcoholism and other factors are also chief causes for the adverse effect of their psychological as well as physical health status. Most of them are not in good health. Physical injury like cuts, scratches, burns and skin diseases like scabies and other intentional diseases are quite common among them. Cold, fever, cough, headache, stomachache, diarrhea and dizziness problems are seen in their everyday life. (CWIN: 1997)

In order to solve this problem, Nepal has formed national level laws like children act 2048, labor act 2049, child labor prohibition and regulation act 2056. But the implementation aspect is very poor which is only confined in written promise. Child labor is the major problem for the developing country like Nepal. The different issues of child labor are themselves problems in the context of Butwal municipality. It is a highly populated industrial city where opening of organizations, farms and construction work are increasing rapidly. To fulfill the high demand of workers, huge numbers including child labors enter here every day. There are very less researches based on child labor in Nepal and none in Butwal Municipality. Moreover, such researches are limited to ratio and types of profession adopted by the child laborer but are not

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focusing on the health practice of them. Therefore, a study entitled **Health Practice of Child Labors in Butwal Municipality** was conducted. The main objectives of the study are to examine the health practice of child labors and to identify the health problems of them. It is delimited to those child labours who work in building construction in Butwal municipality ward no. 13.

Methodology

The descriptive survey type of quantitative research design was adopted in this study. According to the review of municipality information, there are 269 buildings under construction in ward no. 13. Out of this universe, 60 (22.30%) building construction sites where children are working and one respondent from each selected site was selected through purposive sampling method. The interview schedule and check list tools were prepared. Further observation method was also used to collect the data. The data were analyzed with descriptive statistical method.

Result and Discussion

Food Habit

Nutritive and hygienic food helps the children to make physically strong and mentally alert. Children need more nutrient foods as compared to youth because it is consumed by their body in two ways: day to day activities and physical as well as mental growth. All respondents reported that they got rice, pulse and curry everyday but milk, eggs and fruit occasionally and meat once a week. Eighty nine percent respondents reported that they eat bitten rice and *dalmot* as their breakfast. They were enquired about the place of taking food which is displayed in Table 1.

Table 1: Place for Taking Food

Description	No. of respondents	Percentages
work site camp	27	45
At home	25	41.67
Restaurant	5	8.3
Public place	3	5
Total	60	100

Source: Field survey-2010/11

Majority (45%) of child labors indicated that they eat food at the work site camp, 41.67 percent at their own home, and 8.3 percent at restaurant and remaining 5 percent respondents eat the food prepared at public places.

Smoking Practice

Smoking is directly related to health hazards. It has an adverse effect on human health. Smoking is a major risk factor for a number of diseases. Tobacco has many harmful chemicals, which are responsible for immediate and long-term problems such as irritation of eyes, nose, throat, lungs, headache, nausea and dizziness. The long-term effects are asthma, acute distress etc. Smoking is more dangerous to children than youth because their lungs are smaller and

immune system is less developed. Children breathe faster than adults and inhale more harmful chemical from the smoking. The statistical reality regarding smoking is presented in the Table 2.

Table 2: Smoking Practice

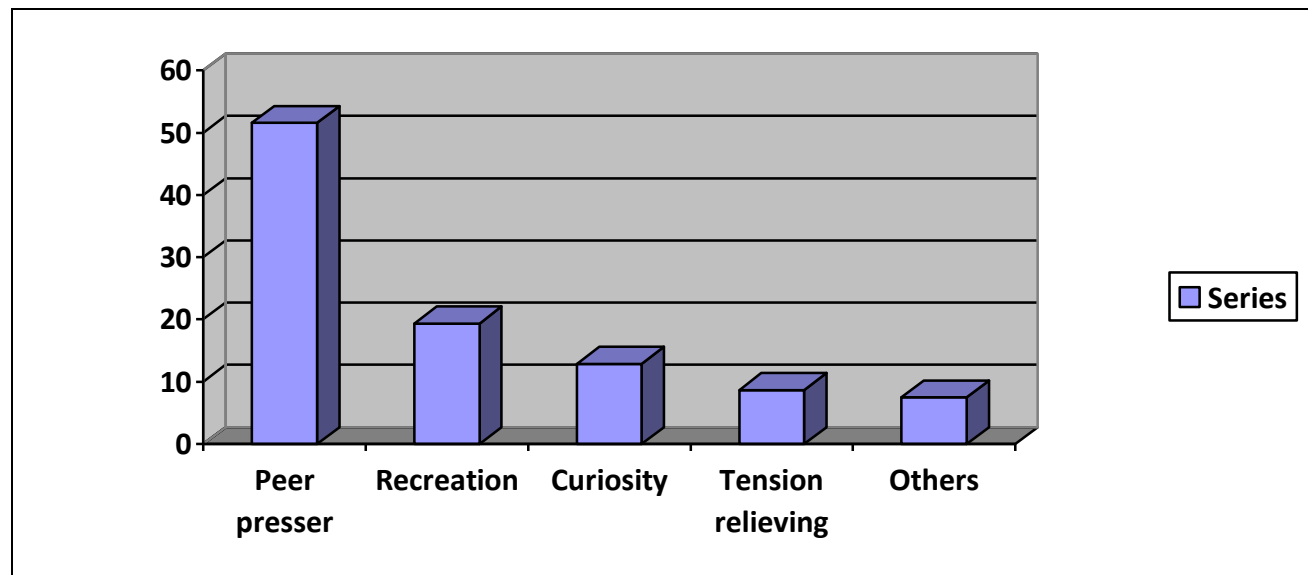
Responses	No. of Respondent	Percentage
No	44	73.3
Yes	16	26.7
Total	60	100.00
<i>If yes how many times per day:</i>		
Less than 2	3	18.75
2-3	5	31.25
3-4	2	12.5
4-5	6	37.53
Total	16	100.00

Source: Field survey-2010/11

Out of total, 73.3 percent of respondents were none smokers and 26.7 percent were smokers. Out of smokers, majority of them (37.53%) smoke 4 to 5 times per day. Similarly, this study also found that all the smokers among child labors were boys.

Smoking is not an inborn habit but it is learned from friends, family as well as society. There are many causes behind the developing of smoking habit. The distribution of causes of smoking habit of child labors is presented in the figure 1.

Figure 1: Causes of Smoking



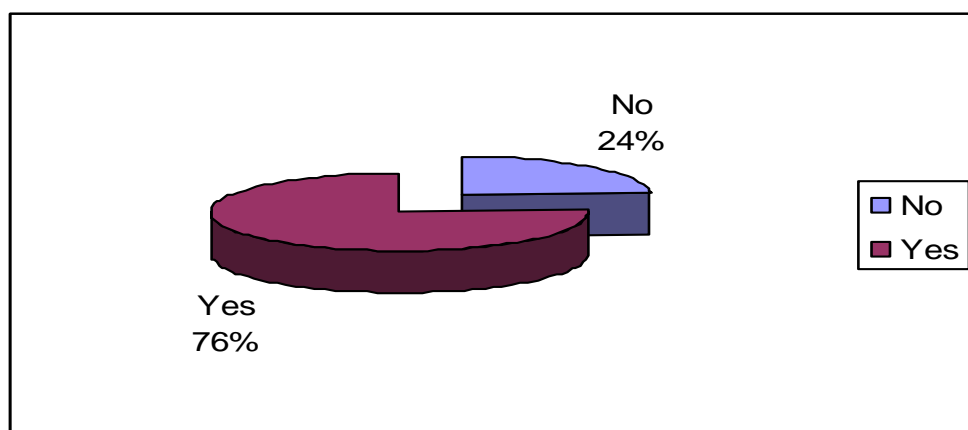
Source: Field survey-2010/11

The main cause of smoking is found peer group pressure (51.61%) followed by recreation (19.35%). Similarly, curiosity (12.90%), tension relieving (8.67%) and others (7.47%).

Alcoholic Behavior

Alcoholic behavior is considered as moral problem resulting risky for mental and physical health. Alcohol makes people react abnormally that they can't control themselves. Intake of alcohol creates more health problems to children as compared to youth. The figure 2 presents the alcoholic behavior of child labors.

Figure 2: Alcoholic Behavior



Source: Field survey-2010/11

Out of total, 76 percent drink alcohol and 24 percent don't. The data reveals that alcohol users are more than non-users. The major causes of alcohol drinking among child labors are recreation: 54 percent, peer pressure: 20.67 percent, curiosity: 20 percent and other causes: 5.33 percent.

Personal Hygiene

Hygiene is often understood as a synonym for preventing diseases through washing, however, the idea of hygiene is a bit more complex than that and represents a number of conditions and practices that aim at maintaining health and a healthy life. The Table 3 shows the personal hygiene of child labors.

Table 3: Personal Hygiene

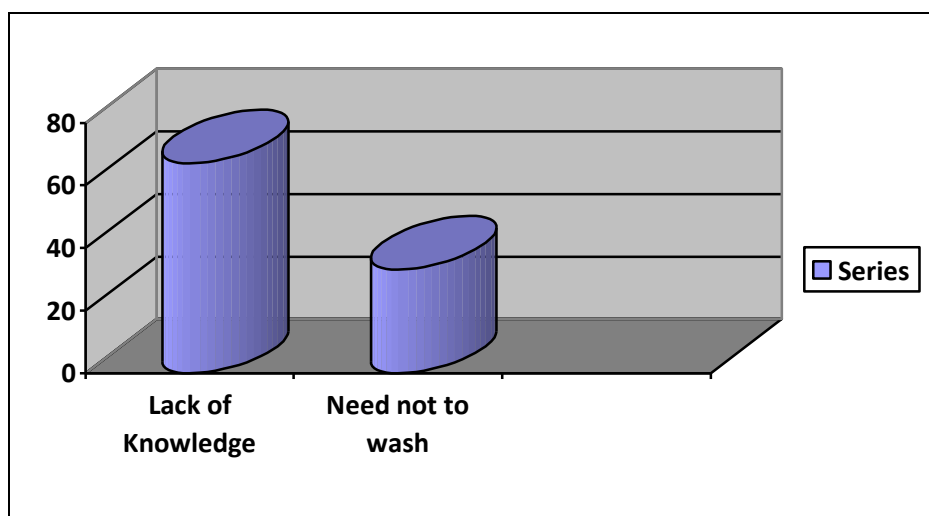
Description	Good		Satisfactory		Poor		Total	
	No.	%	No.	%	No.	%	No.	%
Hygiene of skin	12	20	19	31.67	29	48.3	60	100.00
Hygiene of hair	12	20	39	65	09	15	60	100.00
Hygiene of nose	15	25	32	53.3	13	21.67	60	100.00
Hygiene of eye	16	26.67	38	63.3	06	10	60	100.00
Hygiene of cloth	5	8.3	20	33.3	35	58.3	60	100.00
Hygiene of ear	14	23.3	37	61.67	09	15	60	100.00
Hygiene of teeth	6	10	41	68.3	13	21.67	60	100.00
Hygiene of nail	3	5	24	40	33	55	60	100.00
Hygiene of face	5	8.3	32	53.3	23	38.3	60	100.00

Source: Field survey-2010/11

Most of the child labors possess satisfactory level of personal hygiene but the cleanliness of skin, cloth and nail is very poor. Other hygienic behaviors like cleanliness of hair, face, teeth, ears, eyes and nose are seen of satisfactory range.

On the question of the reasons of not having good personal hygiene, most of them reported that it was lack of knowledge and 33 percent argued that they did not need to be cleaned while working in the dust and construction work because they would be dirty soon which is displayed in Figure 3.

Figure 3: Reasons of Dirtiness



Source: Field survey-2010/11

Health Problems of the child labors

Health problems such as headache, stomachache, backache, dizziness or insomnia among child labors can be of organic origin or induced by work. The frequency with which children have various aches and pains and other conditions being in a bad mood and/or feeling of nervousness or dizziness, are useful general indicators of child labor's physical and emotional health hazards. The major health problems of child labors in the study sites are shown in Table 4.

Table 4: Health Problems of the Child Labors

Response	No. of Respondent	Percentage
Headache	15	25
Stomachache	13	21.67
Injury	11	18.3
Difficulty in sound sleep	10	16.67
Dizziness	6	10
Backache	5	8.3
Total	60	100

Source: Field survey-2010/11

Majority of the respondents (25%) suffered from headache. Similarly, stomachache: 21.67 percent, injury: 18.3 percent, difficulty in sound sleep: 16.67 percent, dizziness: 10 percent and backache: 8.3 percent.

Healing Practice

When they suffered from different types of diseases or injury they were found to have gone to different places for treatment. The Table 5 depicts the reality.

Table 5: Healing practice

Haling Practice	No. of Respondent	Percentage
Zonal Hospital	29	48.3
Private Clinic	13	21.67
Local treatment	10	16.7

Stay without treatment	08	13.3
Total	60	100

Source: Field survey-2010/11

Among them, the highest percentages of respondents, (48.3%) got treatment in Lumbini Zonal Hospital. Likewise, 21.67 percent in private clinic, 16.7 percent practiced local treatment and 13.3 percent stayed without treatment.

Conclusion

The health practice of the child labors in Butwal municipality ward no. 13 is fatal and miserable as majority of the child labors take their food out of home which has less nutritive value. They are found to be engaged in smoking and alcoholism. The smoker child labors smoke up to 4-5 times per day. The ratio of alcohol users is tremendous and most of them use alcohol for recreation purpose. They do not have satisfactory knowledge of personal cleanliness. As a result their physical appearance is almost dirty. They have various health problems such as headache, stomachache, injury, difficulty in sound sleep, dizziness and backache because of heavy load in their work as well as psychological problem. Almost all respondents go for medical checkup only in serious case and one third percent of them do local treatment as well as stay without treatment. It is necessary to run the public awareness program to minimize child labor. And it is equally necessary to promote the health practice of them until the alleviation of child labor. It needs policies and programs to take initiation to concerned areas.

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