

**ASSESSMENT OF PARENTS' PERCEPTION ABOUT HEALTH EFFECTS OF  
CHILD LABOUR IN PLATEAU STATE, NIGERIA**

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**ASSESSMENT OF PARENTS' PERCEPTION ABOUT HEALTH EFFECTS OF  
CHILD LABOUR IN PLATEAU STATE, NIGERIA**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE  
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HEALTH EDUCATION, FACULTY OF EDUCATION, AHMADU BELLO  
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**MARCH, 2020**

## DECLARATION

I, Hamza Yahaya BABAJI declare that, the dissertation entitled: “ASSESSMENT OF PARENTS PERCEPTION ON HEALTH EFFECTS OF CHILD LABOUR IN PLATEAU STATE, NIGERIA”, has been written by me in the Department of Human Kinetics and Health Education under the supervision of Dr. (Mrs) A. B. Umar and Dr. A. A. Biu. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this dissertation was previously presented for another degree or diploma at any university.

\_\_\_\_\_  
Hamza Yahaya Babaji

Date \_\_\_\_\_

## CERTIFICATION

This dissertation entitled “Assessment of parent’s perception about health effects of child labour in plateau state, Nigeria” by Hamza Yahaya BABAJI meets the regulations governing the award of the master’s degree of Ahmadu Bello University, and is approved for its contributions to knowledge and literary presentation.

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## **DEDICATION**

This work is dedicated to parents whose children engaged in child labour. Parents should understand that child labour can cause Physical, Social and Emotional harm to their Children.

## ACKNOWLEDGEMENTS

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## ABSTRACT

The purpose of this study was to assess Parents' perception about health effects of child labour in Plateau State, Nigeria. To achieve the purpose of the study, ex-post facto research design was adopted. A total of 713,422 households in Plateau State and sample size of 500 respondents was used for this study. A multi-stage sampling techniques comprising of stratified, simple random and purposive sampling techniques were used. The data collected were analysed using Statistical Package of Social Sciences version 23. Descriptive statistics of frequency and simple percentages were used for demographic characteristics; mean and standard deviation were used to answer research questions on parent's perception about health effects of child labour in Plateau State, Nigeria. Inferential statistics of one sample t-test was used to test hypotheses one, two and three, while ANOVA was used to test multiple variables such as age groups, number of children in terms of the occupation of parents. The findings of the study revealed that, parents perception about physical health effects of child labour among children in Plateau State is significant ( $p=0.000$ ). Parents' perception about social health effects of child labour among children in Plateau State is significant ( $p=0.000$ ). Parents' perception about emotional health effects of child labour among children in Plateau State is significant ( $p=0.000$ ). In conclusion, parents perceive that child labour negatively affects physical, social and emotional health of children; more so parents perceive that factors that influence child labour includes age, parent's occupation and number of their children. It was recommended that human right agency should embark on periodic awareness campaign along with the Ministry of Health, Education and Information so as to create awareness on child labour and need to eradicate which has caused physical harm to children in the state. Health educators along with counsellors should conduct awareness campaigns to enlighten parents on the consequences of child labour on the child's social health so as to help in reducing withdrawal and suicidal tendencies among children. The government through mass media campaigns should ensure that sensitization campaigns are carried out so as to encourage parents against early marriages as this predisposes them to hardship which results into them allowing their children to hawk and engage in work that is way above the child just to meet ends need.

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## **LIST OF ABBREVIATIONS**

ILO	-	International Labour Organization
IPEC	-	International Programme for the Elimination of Child Labour
WHO	-	World Health Organization
CRC	-	Convention for the Right of Children
STD's	-	Sexually Transmitted Diseases
UN	-	United Nation
FEC	-	Federal Executive Council
MDG's	-	Millennium Development Goals
NGO's	-	Non Governmental Organisation
NBS	-	National Bureau of Statistics
ISCA	-	International Save Children Alliance
HIV	-	Human Immune Virus
AIDS	-	Acquired Immune Deficiency Syndrome
UNICEF	-	United Nation International Children Emergency Fund
FFO	-	Food for Education
UNDP	-	United Nations Development Programme
GDP	-	Gross Domestic Product
BBC	-	British Broadcasting Corporation
FDI	-	Foreign Direct Investment

## OPERATIONAL DEFINITION OF TERMS

1. **Child:** Is someone between birth and puberty or below the legal age of maturity used in the study.
2. **Child Labour:** Is a work that deprives children used in this study of their potentials, dignity at childhood and it is harmful to their health.
3. **Emotional health:** this is the ability of the respondents used in this study to control their thoughts, feelings, and behaviours in reaction to what is done to them.
4. **Emotional health:** this is the state in which children in Plateau state feel emotionally secure and joyful at all time.
5. **Health effects:** these are negative consequences on the physical, social, and emotional health of children in plateau state.
6. **Households:** these are all the persons living in a given house used as respondents for this study.
7. **Parents:** these are fathers and mothers of the respondents.
8. **Physical health:** this is the state where by children in Plateau State are free from physical harm or injury to their body.
9. **Social health:** this is the ability of children to socialize and make friends with other people and children of the same age.



## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

The Children's Rights Act of 2003 (CRA) was created to serve as a legal documentation and protection of Children rights and responsibilities. It also acts as legislation against Human Trafficking since it forbids children from being separated from their parents against their will, except where it is in the best interest of the child. The law has three primary purposes: to incorporate the rights of the Convention on the Rights of the Child (CRC) and the African Charter on Human and People's Rights into the national law, and to provide the responsibilities to government agencies associated with the law to integrate children-focused legislation into one comprehensive law. In (2003) Nigeria's Child Right Act was officially passed into law by Former President Chief Olusegun Obasanjo Mathew Aremu.

Child labour is that aspect of work that is essentially exploitative and injurious to the physical, social and emotional, developments of the child. It occurs when children are exposed to long hours of work in dangerous and unhealthy conditions, with too many expectations at the expense of their health, age and schooling (Taiwo, 2010). Meanwhile Amudu (2010), opined that it is not invariably all forms of 'work' children engage in, can be regarded as child labour. However, the nature of work done largely depends on the level of the age of the child, the type and hours spent, the conditions under which the job is performed and the goal pursued by individual countries. The answer varies from country to country as well as other sectors of the economy. It is worthy to note here that, it is not all works performed by children in Nigeria that are considered as child labour that need to be eradicated. The type of work assigned to be performed by children depends on the level of destruction it has on physiological composition of the child that will determine whether it is to be eradicated or not. Any work that does not have negative influence on the physical,

social and emotional health of the children and does not abridge with their basic education and focused towards meeting the goal of the society is not regarded as child labour (Osment, 2014). This work is used specifically to explain the term respect for dignity of labour and selfless service towards nurturing the child to take active part in major occupations such as farming, hunting, hearing, mining, fishing, quarrying, buying and selling for the development of Plateau State (Ekpenyoung & Sibiri, 2011). Remember the adage which stated that “an idle man is a devil’s workshop”. This signifies that children must be guided properly to acquire one skill or the other to develop their potentials using the available resources in the state. But on the contrary is the situation in Plateau State where majority of the children abandon school and are actively involved in various child-related work such as hawking, bus conducting, casual work, farming, wheel barrow pushing and house helping. On the contrary, the activities of children indicated backwardness in their level of educational attainment in the state (Dimeji, 2009).

For many years in Nigeria, child labour has been one of the biggest obstacles to social development, challenge and a long term goal to be eradicated (Dimeji, & Arielle, 2008). It posed serious problem in most developing nations of the world (Edmonds, 2007). International Labour Organization ILO (2013), estimated that about 215 million children within the age of 10-17years are involved in child labour globally. History documented that such children are mistreated and exposed to unhealthy work for a prolonged period of time. Hence, the child right act to healthy living is infringed on and imposes serious health hazards on child’s physical, emotional, social, and moral development. It is inarguably that the rights of the children are infringed on from access to quality basic education or health care services (Mapaur, 2009).

Child labour is deadly to children as HIV/AIDs is to carriers , it has succeeded in spreading its tentacles across every nooks and cranny of Plateau State, hampering the health

disposition of future leaders, it has also negatively destroyed their creative thinking to function as normal children (Dada, 2013). However, in Nigeria, child labour is widespread and has been accepted by many people as part of normal life (Federal government of Nigeria FGN, 2007). The proportion of child labourers in Plateau State increased significantly as the nation experienced economic recession which has led to the involvement of children as substantial contributors to the family's income by working as workshop apprentices, domestic workers and street workers in the urban centre. Dada (2013) stated that, children under 14 years of age are working in Plateau State and are exposed to long hours of work in a dangerous and unhealthy manner carrying too many responsibilities for their age. This is evident in children seen hawking items, pushing wheel barrows in the market places and working on the farms and this has physical on effects on the children (Ebirien, 2015). Obisoye (2013), posited that a nation with healthy workforce is known when its youths are healthy without any physical deformity which deprived them from normal struggle for survival.

Similarly, children who engage in child labour are discovered to be harsh, unfriendly to their parents at home and to their teachers when it comes to difficult situation at school to control and manage their grievances which absolutely negates the goal of the society (Dimeji et. al, 2008). Vendenberge (2007), opined that this kind of work attracts peer group from different socio-cultural backgrounds, thereby crossbreeding a trait (in children) that is unacceptable to the society. No wonder, during the past and present administrations in Plateau, the state witnessed series of security challenges which metamorphosed to lack of tolerance and peaceful co-existence causing total breakdown of law and order and children are used as firebrands too (Dada, 2013). The legitimate rights accrued to the Plateau child range from right to peaceful assembly, thought, religion, protected private life, safety, guarding the child against hazardous work, child's right to education, health, social, mental,

spiritual and moral development. The abuse of the child's right has become a social problem all over Nigeria (Mapaur, 2009), Ilori (2015) & Woodhouse, (2017) agreed that lawlessness is advancing in geometric progression while adhering to law and order in arithmetic progression.

The place of social health in the life of a child is extremely delicate. Asamu (2015) pointed out that severe economic crisis and hardship of all sort has contributed to the rise in the incidence of child labour in Nigerian cities. It was also pointed out that, children are engaged in economic tasks (paid and unpaid for) for long hours, which as a result becomes detrimental even to their social and moral well-being. To Asamu (2015) children's involvement in child labour tends to limit their social relevance in the society. Asamu, (2015) in a study that assessed child labour and its social implications on children in selected cities in Nigeria reported that the incidence of child labour was significantly related to the rate of child's health status ( $r = 0.21 > t_{0.05}$ ); school attendance ( $r = -0.62 > t_{0.05}$ ); academic performance ( $r = 0.39 > t_{0.05}$ ) their delinquent behaviours ( $r = 0.57 > t_{0.05}$ ), contact with parent ( $r = 0.24 > t_{0.05}$ ). The study concluded, children who engage in economic activities are found to be different with respect to their social development.

Emotional health is neuro-hormonal reaction occurring in response to some physical or mental stimulus, which in turn affects our response to the same stimulus on the physical and mental plane (Ilori, 2015). This is demonstrated in love, joy, dislike, anger and sorrow (Manpaur, 2009). As the implementation of labour law is weak in Plateau State, children are found everywhere doing one work or the other to augment their financial deficit. It is assumed that some children partake in the work because of poor financial background of their parents. However, the children have been seen most times fighting within themselves in the market or different work stations revealing that some of them are okay while some are not with the work (Okafor, 2010). Robson (2004) is of the view that in Africa, particularly in

rural areas of Nigeria, it has been detected that child workers who are engaged in farming have lower school attendance compared to their non-working peers. Education helps in the cognitive development of the child in terms of literacy, numeracy and the acquisition of knowledge necessary for normal life.

Psychological consequences of child labour expose children to numerous hazards such as stress, fatigue, depression, hopelessness, shame, guilt, loss of confidence, anger, anxiety and resultant ills. Pullan and Brooker, (2008), mentioned that child abuse does not only entails physical repercussions such as stunted growth and diseases, but also certain psychological effects. The work, in which many children are engaged in, distorts their values, leads to loss of dignity and self-confidence, and exposes them to anti-social behaviour. Due to long hours of work, their personal development is retarded and their creative thinking limited. Children are being molested in the state by parents because parents did not allow them to take some of the beneficial steps that will later benefit them. Their perception of the value of school is a main determinant of child attendance. Article 32 of the UN Convention according to Mfrekemfon and Ebirien (2015) on the right of the child commands state parties to recognize the rights of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or social development. Even with these laws on child life protection, development and general upbringing, child labour has remained a major obstacle to social development. This study was aimed at finding whether or not child labour exposed the children to numerous hazards like sexual defilement, sexual assaults, threats of punishment, the deprivation of their education, stops the children from enjoying free access to good health, how physical and mental development is taken away from the children. The study is to find out parents perception about health effects of child labour in Plateau State.

## **1.2 Statement of the Problem**

The enrolment of students in public and private secondary schools in Plateau State is at a decreasing level year in and year out. The 2013-2014 academic year recorded a drop in the number of student's enrolment from 167,156 in 2013 to 104,398 in 2014 and also there was a decline from 116,262 in the year 2015 to 100,195 in the year 2016. This is due to the high level of children's involvement in various related work, paving way for the underutilization of educational resources in public schools such as building, equipment, furniture and other teaching and non-teaching materials (Udoh and Moses, 2015). Considering the huge investment in public primary and secondary schools in Plateau State for the actualization of the compulsory 9-year basic education, the researcher observed that most school age children are not in school but are seen around town engaging in menial jobs trying to make a living.

The most unfortunate and legally unacceptable practice is a situation where in Plateau State, children between the age of 8-17years old are often seen in the market premises during official school hours pushing wheel barrows, hawking, working in the farms, used as bus conductors, above all girls are employed to work as house helps or work in most restaurants serving food or washing dishes to raise money for their parents or to argument their parents low financial deficit. According to Udoh and Moses (2015), child labour in Plateau is determined by full time participation of children in related labouring and withdrawal from school while children who are involved in paid work before and after school official closing hours or combines it with school are not involved in child labour.

As laudable as the issues have been raised concerning the implementation of the child labour law in Plateau State and why the policy is so silent in enforcing the law. Children who are involved in child labour are mostly deprived of quality education and lack access to

good health. It is in the light of this that the study was conducted to investigate parents' perception about health effect of child labour in Plateau State.

### **1.3 Purpose of the Study**

This study was to assess parents' perception about health effect of child labour in Plateau State. The specific purposes of the study are to assess:

1. Parents' perception about effects of child labour on physical health of the children in Plateau State, Nigeria.
2. Parents' perception about effects of child labour on the social health of the children in Plateau State, Nigeria.
3. Parents' perception about effects of child labour on the emotional health of the children in Plateau State, Nigeria.
4. Parents' perception about effects of child labour on physical, social and emotional health of children in Plateau State based on their demographic characteristics.

### **1.4 Research Questions**

Based on the aforementioned purposes, the following research questions were formed to guide the study:

1. Do parents perceive physical health as an effect of child labour on children in Plateau State?
2. Do parents perceive social health as an effect of child labour on social health of the children in Plateau State?
3. Do parents perceive emotional health as an effect of child labour on emotional health of the children in Plateau State?

4. Did the difference in parents' perception on the effects of child labour on health of children in Plateau State based on their demographic characteristics?

### **1.5 Hypotheses**

On the basis of the research questions, the following hypotheses are formulated for the purpose of this study:

#### **Major Hypothesis**

There is no significant health effect of parents' perception of child labour in Plateau State, Nigeria.

#### **Sub-Hypotheses**

1. Parents' will not significantly perceive physical health as an effect of child labour on children in Plateau State.
2. Parents' will not significantly perceive social health as an effect of child labour on children in Plateau State.
3. Parents' will not significantly perceive emotional health as an effect of child labour on children in Plateau State.
4. Parents' will not significantly perceive effects of child labour on the health of children in Plateau State based on their demographic characteristics.

### **1.6 Basic Assumptions**

On the basis of research evidence, the following assumptions have been made for the purpose of this study:

1. It is assumed that child labour affects the physical health of the child negatively.
2. It is assumed that child labour affects the social health of the child negatively.

3. It is assumed that child labour affects the emotional health of the child negatively.

### **1.7 Significance of the Study**

The results of the study will be of benefit to parents, policy makers, health educators: and social workers in the following ways: It is expected will provide parents with information on the various forms of child labour which have detrimental effects on their health. It would also provide the parents with awareness of government laws that will help in protecting the rights of children. This information when publicised through media houses and billboards would help the parents to see the need to return their children to school for basic education rather than engaging in these various forms of labour.

It is hopeful that the finding of this will benefit policy makers by providing them with information on the perception of parent on effects of child labour in Plateau State and thereby stimulate them to create policies that will ensure implementation of laws that will help prevent child labour in Plateau State.

It is also expected to benefit health educators with information on the perceived health effects of child labour. This will help them in planning and conducting campaigns that would enable them provide awareness on child labour, its forms and detrimental consequences on the child. It would also help them in educating the family as a unit and the community at large so as to make them see the dangers of such unhealthy acts and help them to avoid them.

It is hopeful that the finding of this study will also benefit social workers by providing them with information regarding perceived health effects of child labour in Plateau State. This information would help them in counselling of parents on the need to avoid any form of child labour. It would also help them in structuring programmes that will create awareness on the various forms of child labour and its dangers to the general public.

## **1.8 Delimitations of the Study**

1. The study was delimited to household heads or their representatives in Plateau State.
2. It was also delimited to the variables of physical, social, and emotional health of children in Plateau State.

**CHAPTER TWO**  
**REVIEW OF RELATED LITERATURE**

**2.1 Introduction**

This chapter presents the review of related literatures under the following subheadings:

- 2.2.1 Concept of Child Labour
- 2.2.2 Concept of Health
- 2.3 Child Labour in Nigeria
- 2.4 Prevalence of Child Labour in Nigeria
- 2.5 Types of Child Labour
- 2.6 Child Labour Globally
  - 2.6.1 Child Labour in Plateau State
  - 2.6.2 Health Effects of Child Labour
  - 2.6.3 Physical Health of the Children
  - 2.6.4 Social Health of the Children
  - 2.6.5 Emotional Health of the Children
- 2.7 Empirical Studies on Health Effects of Child Labour
- 2.8 Summary

### **2.2.1 Concept of Child Labour**

Child labour refers to the employment of children in any work that deprives children of their childhood, interferes with their ability to attend regular school, or is mentally, physically, socially or morally dangerous and harmful (ILO, 2012). The International Labour Organization considers such labour to be a form of exploitation and abuse of children (United Nation, 2013; ILO, 2011). Child labour refers to those occupations which infringe the development of children (due to the nature of the job or lack of appropriate regulation) and does not include age appropriate and properly supervised jobs in which minors may participate.

The extent to which a child performs a task depends on the number of hours spent in such a work, whether it can be regarded as child labour or not. On the other hand, it is not all work done by children that fall within the context of child labouring. However, The International Labour Organization, that is, the International programme on the Elimination of child Labour views labour as any work given to children from 5-18 years of age which has health effect on mental, physical, social, emotional, moral, and psychological developments of the child. Ploch (2013), opined that child labour is any work capable of harming children or keeping them away from attending normal school. However, Rena (2009) in similar opinion saw child labour as any work given to children that harms them or exploits them physically, mentally, morally and blocking their access to education. Meanwhile, it is worthy to note that it is not all work that is bad for children. Some social scientists have revealed that some activities given to children to perform may be completely unobjectionable, except if the work is not exploiting children. John (2009) referred to child labour as any work that is physically, social or mentally dangerous and harmful to children as well as interferes with their schooling by depriving them the chances to attend school, oblige them to leave school

prematurely; or requiring them to combine school attendance with excessive long heavy work. UNICEF (2009) in a bid to place the child at the right position in a state of the World at large. Children reports in Rickey (2009) observed that children's work needs to be seen as happening along a continuum, with destructive or exploitative work at one end and beneficial work promoting or enhancing children's development without interfering with their schooling, recreation and rest.

Rena (2009) further observed that child labour is any work that harms children or keeps them from attending school. Around the world and in U.S., growing gaps between rich and the poor in recent decades have forced millions of young children out of school and into work. The International Labour Organization estimates that 215 million children between the ages of 5 and 17 currently work under conditions that are considered illegal, hazardous, or extremely exploitative. Under age children do all sorts of jobs around the world, usually because they and their families are extremely poor. Large numbers of children work in commercial agriculture, fishing, manufacturing, mining and domestic service. Some children do illicit activities/ work like the drug trade and prostitution or other traumatic activities such as serving as soldiers. In addition, John (2009) reported that child labour gain popularity due to economic downturn. Also, that there has been a rapid growth in the Nigeria's population over the years, resulting in a massive rural-urban drift. This, in turn, has led to more demands for white collar jobs and other basic services. With the downturn in the nation's economy, millions of poor families, especially in the urban areas have resorted to sourcing for alternative means of supplementing their meager incomes (Adamu, 2016).

The study reviewed some major framework, which is based on the socio-economic factors that causes child labour.

1. **Poverty as a Root Cause:** There are several circumstances that affect child labours. Studies have demonstrated that the most notable reason is poverty. Decisions about child labour and schooling are generally made by parents. If the family lives below the poverty line, parents see children as part of contributors in their families income. Consequently, poor parents cannot afford schooling for their children. Thus, many poor households are to send or force their children to labour instead of sending them to school. Rena (2009) showed that poverty and underdevelopment drives child labour. She found that the high prevalence of poverty amongst countries, including India, China, Bangladesh, Pakistan, Sri Lanka, Papua New Guinea, Ethiopia, Uganda, Mozambique, Malawi, Sudan, and Chad increases child labour. Therefore, child labour is widespread throughout Africa, and Asia. According to the studies of Akarro and Mtweve (2011) it is assumed that tracking poverty can be a perfect solution to reduce child labour. Beside poverty, many factors influence the incidence of child labour which is seen below.
2. **The Family Size:** Some large family household that are poor have effect on child labour. Parents oblige or compel their children to work because they cannot manage the demands of their large families. There is also gender differences among household size. Not everyone and of all age in the family working as child labour, this depends on the child's age and gender, for example boys are more likely to attend school than girls. Older siblings often contribute more to the family income (Ahmad, 2012). Okpukpara and Odurukwe, (2006) found that in Nigeria, younger children are more likely to go to school than older children, where mostly boys attend schools than girls.
3. **Family Condition:** A growing number of children who have either lost one or both of their parents whether as nature demands or infected by HIV/AIDS in the family are forced to work in order to support themselves and their siblings. The numbers of

orphans are increasing particularly in sub-Saharan Africa, many who are street children live in a very difficult condition (Akarro & Mtweve, 2011).

4. **Traditional or Cultural Factor:** Culture is another factor which is driving children into labour market. Different cultures of most societies make children start work at a very tender age which is a subset of traditions and culture factors. They are of the opinion that children must learn skills that will shape their life in future. According to Tauson (2009) in rural Guatemala; parents prefer their children to work because they consider it beneficial for them as they learn work skills. Obinna, and Osita-Oleribe (2007) assumed that, many families in Africa want their children to help in contributing towards family income.
5. **Corruption:** Corruption is the one main reason for abusing resources, wherever there is poverty; there is also corruption. According to United Nations Development Programme (UNDP, 2012), “Corruption execrates poverty and inequality, undermines human development and stability, encourages and sustains conflict, violates human rights, and erodes the democratic functioning of countries”. Oyemachi (2010), points out that corruption among government officials is another reason that hinders social and economic growth and increases poverty. Corruption can have hugely negative effect on children’s right such that they are deprived basic services such as health care, education and infrastructure. Corruption can diminish children’s ability to escape poverty. For example in many countries employers corrupt labour inspectors to hire underage children such as in India, where a large number of child labourers are corrupt corruption (United Nations Development Programme, 2012).
6. **Civil War:** The civil war is another factor contributing to child labour. When war destroys the economy of a country. People become poorer and all resources go to the war. As Doucet notes in a BBC articles of September 25, 2013 and Syrian refugee

families who have fled Syria's civil war send their children to work to earn money for basic necessities of life. These children are exposed to exploitation. Wars burn all good things that any country could have. It brings diseases, poverty, damages, and many other horrible things. Again, no help will be of use as long as war continues.

7. **Urban Migration:** Many rural families migrate to urban areas because of rural push and urban pull factors. As a consequence of that, they are often forced to live and work on the street as they lack access to basic requirements such as food, shelter and these children eventually become street workers as vendors. Mostly street workers are vulnerable to violence and become more susceptible to illegal works, such as stealing, trafficking drugs and prostitution (Yadav & Sengupta, 2009).

These children live in urban areas and many child labourers live in unhealthy poor conditions, e.g slum areas and work in poor environment such as domestic work, or work in hotels and restaurants (Dada, 2013). Many developing countries have experienced rapid urbanization. This means that the population is increasing in cities due to immigration and natural growth. Urban poverty is a multidimensional phenomenon. Urban poverty in developing countries faces many challenges in their daily lives. Many poor people live under great hardship, due to unemployment, housing shortages, violence and unhealthy environments. The problem of poverty can have weakness in the economy and lack of equity to the provision of services (Ashimi & Ugwa, 2015). Poverty refers to a function of social, economic and political structures and processes that create unequal distribution of resources, both within and in the global context between communities (Abisoye, 2013). Increased urbanization has resulted in poverty in the cities. Urban poverty raises slums. These areas are characterized by high unemployment, poor sanitation, inadequate access to clean drinking water and inadequate housing. According to Dash (2013), many poor rural inhabitants

migrate to Delhi, where migrant families and their children are forced to work for survival and economic opportunities.

**Globalization:** Globalization is another cause of child labour. Globalization has positive and negative impacts, nevertheless; globalization might give developing countries the opportunity to increase their gross domestic production (GDP) per capita via new trade possibilities and ascend their foreign direct investments (FDI) inflows. Globalization also has brought adverse impacts on child labour in developing countries. In recent years, many international companies moved their production abroad. These companies often indulge in hiring children as cheap labourer and they are the abused and exploited (Mapaure, 2009). Mishra (2012), claims that in India, globalization has obliged more children to work in hazardous occupations like brick kiln, motor garage, hotels, shops, transportations, manual loading work etc. Some studies suggest that higher standard of living can reduce the potential problem which resulted from the increasing child labour (CongdonFors, 2012). Others argue that globalization will increase the opportunity of exploiting cheap labour especially from low income countries. For example countries like Vietnam, Mexico and Thailand have provided evidence that child labour declines due to globalization, but countries like Bolivia and Zambia have showed a decline in schooling and an increase in child labour (Mishra, 2012).

### **2.2.2 Concept of Health**

Health is a state of perfect harmony between all the organs and system of the body. The World Health Organization defines health in its broader sense in its constitutions as a state of complete physical, Social, emotional and psychological wellbeing and not merely the absence of disease or infirmity. Most people, who are suffering from known disease, may be relatively healthy. Health is a concept which does not merely relate to the absence of disease, of healthy working of organs, or having good thoughts, therefore, health is a holistic concept.

It relates to a person as a whole. Not just the person you see, but also the person you “feel” (Abisoye, 2013). Abisoye (2013) highlights that health manifest in four parts:

1. Physical Health: Physical health is a state in which all the body parts are anatomically intact and are performing their psychological functions perfectly and harmoniously.

2. Social Health: This involves your ability to form satisfying interpersonal relationships with others. It also relates to ability to adapt comfortably to different social situations and act appropriately in a variety of settings.

3. Emotional Health: Technically speaking, our emotions are neuro hormonal reaction occurring in response to some physical or mental plane. This may sound like a very unromantic explanation, but it is a fact. Emotions do not come from our brain.

4. Psychological Health: Psychological health is simply the absence of mental disease or mental illness; a lot of people are perfectly healthy from a psychological standpoint. As health is also defined by WHO (1978), as the state of complete physical, mental, social, and psychological wellbeing and not merely the absence of disease or infirmity.

### **2.3 Child Labour in Nigeria**

Child labour is prevalent in urban centres in Nigeria. This is because a large number of people move from the rural areas to urban areas. Over the years, there has been a rapid growth in Nigeria’s population because of massive rural-urban migration. For instance Uyo is the capital of Akwa-Ibom State, the city has experienced rapid urbanization and many poor rural families struggle for a better life in urban areas. This pushes families to force their children to work in order to supplement family incomes (Okafor, 2010; Nseabasi & Abiodun 2010).

The number of children is increasing in Nigeria, in 1995, the number of child labour was twelve million while by 2006 the number of child labour under the age fourteen has risen to fifteen million (Adegun,2013). The International Labour Organization estimates that about 25 percent of Nigeria's 80 million children under the age of fourteen are involved in child labour. Children work in different sectors such as farms, domestic help, in fishing, mining, armed conflict, street hawking, and child trafficking. The number of children involved in street hawking is a very common form of child labour in Nigerian cities, these children work from morning to evening and as a result of this, they do not have the time to enrol in schools or most of them drop out of school. Awosusi & Adebo (2012) assume that many child labourers in Nigeria are abused physically, mentally, sexually and psychologically. They work long hours under dangerous and hazardous conditions with little or no pay benefits.

Education in Nigeria is compulsory for a child; this is the nine years basic education. Nigerian government makes primary education free and compulsory for all children. However, many children do not attend school, about six million children in Nigeria, both boys and girls, are estimated to be working. The dropout rates for primary school are high for both boys and girls because of several factors such as poverty and early marriage, teenage pregnancy, poor school, or cultural and religious issues (Awosusi & Adebo, 2012; Elijah & Okoruwa, 2006).

Several policies and legislations have been adopted by the Federal Government of Nigeria for improving the welfare of children by eradicating child labour. However, ILO (2012) states that some of the legislation and policies have deteriorated, and are not being imposed. Although, there is no direct labour policy in the country, there are several policies and social programmes which aim at improving education, health, population, social development, and child welfare if enforced would help to reduce child labour (ILO,2000)

The Federal Labour Act Government has set the minimum age for the employment of children at twelve years and is in force in all the 36 states of Nigeria. The Nigeria's Labour Act permits children at any age to perform light work in domestic service or work with family member in agriculture. However, the Child Rights Act prohibits the worst forms of child labour, including the forced labour of children and use of children in prostitution or in armed conflict. The Labour Act sets different ages for various hazardous occupations. For instance, a child aged fifteen or older can work in industries. The law forbids children under age of sixteen to work underground or to work with machines, but clearly allow children aged between sixteen to eighteen to do these hazardous occupations. However, the same law prohibits employment of child under the age of eighteen to work in harmful environment. The law does not remove children from domestic service, this can increased incentives for parents to send their children to work (United States Department of Labour, 2011).

In 2002, Nigeria ratified Convention No. 138, the Minimum Age Convention and Convention No. 182, the Worst Forms of Child Labour. Nigeria also adopted the United Nations Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child, which appeared to have laid rest to the argument that children have no clearly definable rights in Nigeria. Both the convention on the Rights of the Child and the convention on the elimination of all forms of discrimination against women (CEDAW) were adopted in 1991 and 1985 respectively. However, both the CRC and CEDAW have now been "domesticated" in Nigeria. The African Charter has also been domesticated by Nigeria. However, the National Assembly should seriously look into these and other international laws, especially human rights issues that adversely affect the rights and fundamental freedoms of the citizenry. Thus, the problem now is how effectively to enforce and monitor the implementation of these provisions as they affect children's and women's rights in

Nigeria. This also presupposes that all social rights should be made justifiable in Nigeria so as to empower the less privileged in the society (Onyemachi, 2010).

The Nigerian government has provided an enabling environment and support for these civil society organizations (CSOs) to thrive and has drawn from their work, formulate policies, programmes and interventions for child victims of abuse and violence (Ekpenyong & Sibirii, 2011). In 2000, the Nigerian Government established a national programme to eliminate the worst forms of child labour in Nigeria (Elijah & Okoruwa, 2006). Despite all these, children are still abused. Ekpenyong and Sibirii (2011) state the reason child labour is prevalent is due to the economic situation where many families live below poverty and can barely earn enough to feed themselves and their children. Furthermore mainly child labourers are engaged at the household level or street hawking. Togunde and Arielle (2008) argue that regulations regarding street hawking have been difficult to control by the government.

The National Assembly in Nigeria enacted the child Rights Act in 2003, thus making offences hitherto in the convention and charter enforceable in Nigeria. These concerns increased when the report filed in by the UNICEF, approximated 126 million children aged 5-17 are believed to be engaged in hazardous labour excluding domestic labour and more than I million children worldwide are detained by law enforcement officials (UNICEF, 2010). The convention and the charter and indeed the child's rights which includes: right to survival right to life, Development Rights: Example; rights to education, play and recreation; Protection Right: right against abuse and exploitation; and Participation Rights: example the right to participate in decisions that affects them (Okafor, 2010). Nseabasi & Abiodun 2010) note that children's rights law exist to safeguard their wellbeing and their individual rights. These federal and state policies and laws were spearheaded by the children's rights movement which promotes legal defences and protection for children by addressing their

social welfare, health, education and special needs; child trafficking; child labour and exploitation and how the juvenile system deals with minors.

#### **2.4 Prevalence of Child Labour in Nigeria**

During the beginning of the industrial revolution, children were forced to work around family farms, in factories, tending crops or preparing food. They worked in industries and their conditions of work were very dangerous and often deadly. At that time, the industry preferred children to work because children provided cheap labour and more malleable workers (Bhat 2011). In 1833 and 1844 the first legislation came to ban child labour. It implied that children should not work, and the idea was to remove all children from labour which interfered with school. However, many children continued to be involved as child labour which was prohibited by law (Bhat, 2011).

Indeed, child labour was almost completely reduced from the developed world, however currently, child labour still continues to rise in developing countries because of rapid population growth, high rates of unemployment, inflation, poverty, malnutrition, bad leadership, corruption and low wages (Aqil, 2012). Child labour is taking place everywhere in the world particularly in low income countries and these children are working in all sectors of the economy, such as agriculture, manufacturing, fishing, construction, domestic service street vending etc. In addition to that children are normally unregistered as employers and working in very poor and dangerous conditions without social protection. (Bhat, 2011).

The incidence of child labourers throughout the world is difficult to verify because of the lack of reliable statistics of child labour. The reason is that the governments usually do not collect current data regarding child labour, and many child labourers are invisible (Das, 2012). Although reliable data is not available, ILO estimated that the number of child labourers in 2008 were 215 million boys and girls aged between five to seventeen years

worldwide, with 115 million of them doing in hazardous jobs (Aqil, 2012). The table 1.1 below shows that Asia-Pacific region has the highest number of child labourers with (113.6 million), after that sub-Saharan Africa (65.1 million) and Latin America and the Caribbean (14.1 million) (Muhumuza, 2012).

It has never been easy to fix a definite beginning of any concept but the events leading to or the effects of an activity is often used as bedrock for assessing histories of a phenomenon (Davin, 2004). For child labour, an investigation carried out by a British parliamentary committee on conditions of child labour in the United Kingdom in 1832 shows that children have been working (Ilori, 2015). Other scholars have severally maintained that the industrial revolution in household Europe and America in the sixteenth century brought about child labour. DessySylvain and Stephane, (2003) state that children were engaged in household chores and light farm work but these were not paid for. The coming of industrialization therefore marks the beginning of child labour (Marx, 1967). At this time, the percentages of male and female labourers exceeds that of the females. For instance (Ilori 2015) severally maintains that the census of England and Wales of 1861 had 36.9% of boys in the 10-14age group as labourers and girls was 20.5%. For Africa and Asia in 1950, it was higher rate of child labourers, yet the industrializing nations of Belgium, USA and Japan have different rates (Ilori, 2015).

The time or period of the beginning of child labour and its numbers in Nigeria are not known owing to the wide dispersion of child labourers, their employment in the informal sector and in agriculture which are not monitored by labour inspectors and limited research in this field. A recent assessment, however, puts the lower limits at about eight million (Okafor, 2010). However, Okafor (2010) opines that the upsurge of child labourers has been partly attributed to the introduction of the economic policy of the Structural Adjustment Programme

(SAP) since the late 1980s. This economic policy affected the country's economy, leading to massive devaluation of the nation's currency and a decline in the standard of living and quality of most Nigerians (Okafor, 2010). Okafor & Amayo (2006) reported that, it also resulted in a decay of public infrastructure and an increase in unemployment, especially in the urban centres. Consequently, most children have been forced to venture into various areas of labour in their attempts to survive and to assist their impoverished families.

In addition to the economic downturn, there has been a rapid growth in the Nigeria's population over the years, resulting in a massive rural-urban drift. This, in turn, has led to more demand for white collar jobs and other basic services (National Population Commission, 2003). With the downturn in the nation's economy, millions of poor families, especially in the urban areas have resorted to sourcing for alternative means of supplementing their meagre incomes. This has made more and more children take up various kinds of laborious economic activities in a bid to survive and supplement family income.

The extent to which a child performs a task depends on the number of hours spent in such a work whether it can be regarded as child labour or not. On the other hand, it is not all work done by children that fall within the context of child labouring. However, International Labour Organization, that is International programme on the Elimination of child Labour views labour as any work given to children from 5-18 years of age which has health effect on mental, physical, social, emotional, moral, and psychological development of the child. Ploch (2013), opines that child labour is any work capable of harming children or keeping them away from attending normal school. However, Rena (2009) in similar opinion sees child labour as any work given to children that harms them or exploits them physically, mentally, morally and blocking their access to education. Meanwhile, it is worthy to note that it is not all work that is bad for children. Some social scientists have revealed that some activities

given to children to perform may be completely unobjectionable, except if the work is not exploiting children. John (2009) refers to child labour as any work that is physically, social or mentally dangerous and harmful to children as well as interferes with their schooling by depriving them the chances to attend school, oblige them to leave school prematurely; or requiring them to combine school attendance with excessive long heavy work. UNICEF (2009) in a bid to place the child at the right position in a state of the World at large. Children reports in Rickey (2009) observes that children's work needs to be seen as happening along a continuum, with destructive or exploitative work at one end and beneficial work promoting or enhancing children's development without interfering with their schooling, recreation and rest.

John (2009) observes that child labour is any work that harms children or keeps them from attending school. Around the world and in U.S., the growing gaps between rich and poor in recent decades have forced millions of young children out of school and into work. The International Labour Organization estimates that 215 million children between the ages of 5 and 17 currently work under conditions that are considered illegal, hazardous, or extremely exploitative. Under age children do all sorts of jobs around the world, usually because they and their families are extremely poor. Large numbers of children work in commercial agriculture, fishing, manufacturing, mining and domestic service. Some children do illicit activities, work like the drug trade and prostitution or other traumatic activities such as serving as soldiers. In addition Rena (2009) reports that labour gain popularity due to economic downturn. Furthermore, Rena (2009) explained that there has been a rapid growth in the Nigeria's population over the years, resulting in a massive rural-urban drift. This, in turn, has led to more demands for white collar jobs and other basic services. With the downturn in the nation's economy, millions of poor families, especially in the urban areas

have resorted to sourcing for alternative means of supplementing their meagre incomes (Adamu, 2016).

The National Assembly in Nigeria enacted the child Rights Act in 2003, thus making offences hitherto in the convention and charter enforceable in Nigeria. These concerns increased when the report filed in by the UNICEF, approximated that about 126 million children aged 5-17 are believed to be engaged in hazardous labour excluding domestic labour and more than I million children worldwide are detained by law enforcement officials (UNICEF, 2010). The convention and the charter and indeed the child's rights which includes: right to survival right to life, Development Rights: Example; rights to education, play and recreation; Protection Right: right against abuse and exploitation; and Participation Rights: example the right to participate in decisions that affects them (Okafor, 2010). Nseabasi & Abiodun, 2010) note that children's rights law exists to safeguard their wellbeing and their individual rights. These federal and state policies and laws were spearheaded by the children's rights movement which promotes legal defences and protection for children by addressing their social welfare, health, education and special needs; child trafficking; child labour and exploitation and how the juvenile system deals with minors.

Child labourers are involved in many different forms of works involving risks and hazards. These children are vulnerable to physical pain and injury particularly being exposed to health hazards (Levision & Murray, 2005). According to International Labour Organization ILO (2012), the vast majority of child labour is involved in hazardous occupations such as agriculture, mining, manufacturing construction bonded child labour, domestic work and fishing. Environmental and occupational conditions can impact on the health and development of the children. Children working in different sectors such as agriculture, factories, domestic labour, sex workers and carrying out their illicit activities,

migrant labourers and on the streets as vendors. The effect of job and activities can vary from country to country. Also working conditions, ages and gender of children are involved in the differences too (Donnell & Jones 2002). According to Amon, Buchanan, Cohen & Kippenderg, (2012), mainly child labourers in Sub-Sahara Africa and in South East Asia are involved in the worst forms of child labour, such as child trafficking, bonded child labour, child domestic work, hazardous child labour and others. More than 90 per-cent of working children doing hazardous jobs are expose to chemicals and dangerous tools.

Ahamefula (2008), submits that child labour operates in two levels: in-familial context and outside the family context. Under familiar context, children engaged in domestic work in the farm for short period. On the other hand, under familial context, children are engaged in economic activities such as street trading, kiosk operating, newspaper vending, bus conducting, public entertainment and formal employment in the wage sector such as in textile industry, hotel and restaurants. Adedigba, (2015) claims that child labour may not even be recognized when children work as part of the family unit. This is particularly common in agriculture when an entire family may have to work to meet a particular quota or target and cannot afford to employ outside help, children may also be expected to act as unpaid domestic servants in their own home, taking care of the family's needs while both parents work. Ejim (2012) points out three broad categories of work in which children engaged namely;

1. Work in public places (such as markets and streets). The categories of children that fall under this groups include; shoe shiners, young scavengers, hawkers (soup ingredients) and head loaders in the market, street vendors (in mobile and stationery positions), young beggars who work alone with relatives or parents; car washers/watches.

2. The second category of child labour takes place in semi-public settings namely; cottage industries and mechanical workshops. These categories include; bus conductors, carpenters, vulcanizers, iron and metal workers, apprentice mechanics, hair dressers, barbers and workers in catering industries.

Apart from the bus conductors and some artisans, who carry out their trades in workshops located in market settings, most of these children are less visible than those in the first category. Many of these children are taken as apprentice by master craftsmen, in accordance with procedures that have been inherited from the traditional apprenticeship system of pre-colonial times (Anthony, 2015).

## **2.5 Types of Child Labour**

Child labourers are involved in many different forms of works, which include risks and hazards. These children are vulnerable to physical pain and injury particularly being exposed to health hazards (Levison & Murray, 2005). According to ILO (2012) the vast majority of child labour is involved in hazardous occupations such as agriculture, mining, manufacture, construction bonded child labour, domestic work and fishing. Environmental and occupational conditions can impact on the health and development of the children. Children working in different sectors such as agriculture, factories, domestic labour, sex workers and carrying out their illicit activities, migrant labourers, and on the streets as vendors etc. The effect of job and activities can vary from a country to a country. Also working conditions, ages and gender of children involved in the differences too (O. O'Donnell, Rosati, & van Doorslaer, 2005). According to Amon, Buchanan, Cohen, & Kippenberg, (2012) maintains that child labourers in Sub-Saharan Africa and in Southeast Asia are involved in the worst forms of child labour , which persists, such as child trafficking, bonded child labour, child domestic work, hazardous child labour, etc. More than 90 percent

of working children in hazardous jobs which are exposed to chemicals, and dangerous tools. There are different types and forms of child labour in which children can be engaged in. These are explained bellow;

**a). Domestic Servants:** Young domestic works in the household of the more prosperous urban families are the least visible category of working children. There are hundreds of thousands of boys and girls employed as house helps, most of them originating from the states of Akwa - Ibom, Cross River, Delta, Imo, Anambra, Oyo, Kwara and Ondo. Increasing number of domestic servants has been migrated to Nigeria from neighbouring countries such as Benin Republic and Togo. This study will look at the following types of child labour (Adesina, 2014).

**b). House Helps (Domestic Servants):** This is another form of child labour the young children in particular are taken from rural areas to cities to work as cleaners, nannies, laundry cleaners, gardeners or house helps. They wake up very early and work throughout the day without rest. Some of them work without acquiring formal education, no hand work and nothing to earn their living in later years (Okafor, 2010). This type of children often live with a family to whom they are either not related or only distantly related and are engaged to perform a wide range of domestic chores including cleaning, laundry, gardening, shopping among others, they are rarely monitored by their own family members. They frequently work in very long hours, with little or no rest and are often fed and clothed worse than the children of the house (UNICEF, 2009). UNICEF further reiterates that young children especially girls aged 10 and above but mostly 13 are found as domestic servants who are paid wages in households of highly educated persons. Although three quarters of the young domestic servants employed by household in the

survey are within 12 to 17 years old, about one quarter in about 18 years old, by 12 years half to one third of the domestic children in five towns had begun work.

World Health Organisation WHO (2009) posits that the hazards of domestic labourers are sometimes not that obvious. It can be the psychological hazards, like isolation, abuse exploitation and it make this form dangerous. Domestic labour is often called hidden labour and it is often difficult to find those children involved. Taiwo (2010) opines that these children are often deprived of any opportunity to go to school. The girls are also vulnerable to sexual harassment and exploitation, not only from employers but often from older male workers in the household.

**e). Child Begging:** Child begging is a form of child labour that is very common most especially in the northern part of Nigeria where children freely move from street to street, market to market, house to house and in some major roads across the cities begging for money and food items. It has negative psychological, social and health implications. Three categories of child beggars in urban communities shall be looked at in this study, these include those who lead blind parents or relatives, those who entirely beg on their own for a living and those who act as fronts for their parents, especially mothers, who are usually hidden from view but supervise them from a close distance (Tade, 2010).

Tade (2010), explains that children who are engaged in child labour are often extremely young, sometimes as little as four or five years old coming from extremely poor backgrounds, including children with disabilities, are exploited commercially as beggars by unscrupulous middlemen who make profits out of the sympathy elicited by their ragged and dirty beggar worker. These children often undergo enormous risks dating between cars in heavy traffic begging for alms from motorist, putting them at very high risk of accidents. UNICEF (2009), holds that begging is much more widespread in

northern Nigeria where alms giving is widely regarded as a religious duty. Traditionally children are taken to far places by their parents, where they would be under the custody of a mallam, to acquire religious knowledge in Qur'an and other Islamic texts. These practices are associated with the almajirai system. Anthony (2015), notes that these children are sent by their parents so that they can learn how to fend for themselves, they beg for alm, or serve in their teachers farms as a means of compensation for their religious education and upbringing. Tade (2010), reported that, in traditional times, the mallam and his pupils lived entirely in the generosity of the community and gifts sent by the pupils parents, however, as poverty became more widespread, the old order of communal support for the almajirai declined and Quaranic teachers began to rely mainly on sending their pupils out for begging from morning till night. These children are often faced with hunger and they end up engaging in deviant types of behaviour such as theft, picking pocket, smoking, armed robbery and so on.

UNICEF (2009), reveals that these children go along with malnutrition, inadequate clothing and lack of opportunities for bathing and they are exposed to frequent illness, most appear feet unshed and filthy. Some have open sores on their skin, ankles and feet. They survive by engaging in menial activities such as bead loading of goods in markets and public places.

**d). Street Hawking:** Webster's Advance Learners Dictionary (2009), sees hawking as the process of carrying wares or goods from one place to another for sale. It may involve the hawker offering the good for sale by calling aloud or by going from door to door, or from place to place, such places may include motor packs, filling stations, schools, roads and markets. Street hawkers often carry their wares on their heads, in wheel barrows, or carts. Items they hawk which include boiled eggs, sachet water, groundnuts, cigarettes,

foodstuffs, cooked foods, soft drinks, cosmetics, beverages, fruits, household equipment, bread, snacks and drugs.

Many parents would rather not send their children to school, instead, they will make them work and get money to feed the family. There are many children who are working in the markets, as “barrow boys”, the loads at times are too heavy for the children but they have to do it if they are to take money back home. The girl child has more problems, as their parents use them as a source of generating income and their clients are not often willing to pay for the goods, they take from them. The young girls are very often molested by the male customers, the male customers may ask the girls to sleep with them if she really want to collect her money ([http://www.CONSS.Net/save the child.htm](http://www.CONSS.Net/save%20the%20child.htm)).

Majority of Nigerian parents believe that children are God-sent helpers, girls start working at an early age than boys, they suffer the triple burden of house work, school work out of home whether paid or unpaid (John, 2009).

**e). Farm Labourer:** children are always found climbing tall trees to harvest products, mixing and handling pesticides without adequate protection, diving deep in oceans to untangle fishing nets and using sharp tools and dangerous machineries. (<http://www.fao.org/sad/2010>). For over 150 million girls and boys worldwide, this is a reality. Today the vast majority of the world’s working children are not toiling in factories and street shops or working as domestic and street vendors in cities, but are working from sun up to sun down on farms and plantations (Ho, 2006). Over seventy percent of all child labourers work in agriculture and help to produce the food and drink we consume and the fibres and primary agricultural materials we use.

In some of the agricultural works they do, children operate in poor and dangerous conditions, they are harshly exploited with little or no pay and deprived of these

childhood or adequate education and self -development. A large number of these children are exposed to unsafe and risky working conditions. Many of the jobs they carry out are hazardous causing physical and mental injuries and sometimes even costing them their lives. In these worst forms of children labour, children are exploited, abused and denied education, thus compromising their future livelihoods.

**f). Child Marriage:** Early marriage is a long-established custom worldwide. It was for this reason that an act was enacted forbidding the practice of child marriages, betrothal and marriage of children are prohibited early marriage. According to Packs (2008), child marriages in Nigeria is still rampant. Ahamad (2012) says that girls younger than 15 years of age are five times more likely to die during child birth or pregnancy than older women of pregnancy-related health problems which are the leading cause of mortality for girls aged 15-19 worldwide. For that mortality rates for babies born to mothers under age of 20 are almost 75% higher than for children born to older mothers. The children that survive are more likely to be premature, have a low birth weight and are more at risk for contracting HIV/AIDS.

Premature child birth can lead to a variety of health problems for mothers including fistula, a debilitating condition that causes chronic incontinence. Girls with fistula are often abandoned by their husband and ostracized by the society (WHO, 2010).

Davin (2004) also says that married girls may be more likely to contract sexually transmitted diseases, including HIV/AIDs, than unmarried girls. Young girls are more physically susceptible to STDs, they have less access to reproductive education and health services and are often powerless to demand the use of contraception and they are often illiterates, already poor, isolated and denied education and employment opportunities, making it difficult for them to break out of the cycle of poverty.

Below are some of the world percentages of girls married before the age of 18; India 50% Central Africa Republic 57%; Nigeria 43%; Mali 65.4% and Uganda 54.1% (WHO, 2009).

## **2.6 Child Labour Globally**

The International Labour Organisation (2013), reported that, there are around 265 million working children in the world of which almost 17% of the worldwide children population. Sub-Saharan Africa was reported to be the region where child labour is most prevalent in the world. While cases of child labour are still high particularly in developing countries with the lowest standards of living, historical viewpoint has shown there are countries that are clamouring to eliminate widespread child labour. The United Kingdom is a case in point. In terms of recent developments, global trends show a significant reduction in child labour over the last couple of decades. However, there is wide dispersion in the progress that different countries have achieved.

Historical studies suggest that child work was widespread in Europe and North America in the 19th century, but declined very rapidly at the turn of the 20th century. The available historical evidence seems consistent with the fact that industrialisation in western countries initially increased the demand for child labour, but then eventually contributed towards its elimination (Cunningham & Viazzo, 1996). The following three visualizations show the share of children in employment for Italy, the UK and the United States at the turn of the 20th century. Series data on rural versus urban child labour trends for the United States can also be added in third chart below; for both boys and girls, the incidence of child labour was higher in rural populations. UNICEF (2009), reports that despite a fall of over 10% in the figure since the last assessment in 2000, over 25% of children in sub-Sahara African and 18% in Asia remain trapped within the cycle of poverty which child labour is part. According to this

report, 126 million children are engaged in hazardous work, such as mining or handling of chemicals which otherwise is described as the worst forms of child labour. Tade (2010), further opines that the rate of child labour is 61% in Asia, 32% in Africa and 7% in Latin America, 1% in United States, Canada, Europe and other wealthy nations. In Asia 22% of the work force is done by school children. In Latin America, 17% of the work force is also done by children. The proportion of child labourers varies a lot among 318 million children.

Whilst consistent survey data on child labour in the UK is limited beyond 1911, some estimates of 20th century labour have emerged. These statistics show the significant impact of the First and Second World Wars on childhood employment. Following a reported spike in employment during the First World War (1914-1918), rates of childhood labour appeared to fall to approximately 6-7 per cent of children aged 12-14 in England and Wales (Lavalette, 1999). This would make the UK's rate of reduction in child labour slightly faster than that of the United States. However, with the onset of the Second World War in 1939, the incidence of child employment appeared to show another spike- by 1944, this had increased again to 15.3 per cent of 12-14 year olds (Lavalette, 1999).

Hazardous work among youth who are above the general minimum working age but not yet adults (those in the 15–17 years age group)(ILO, 2000) is been perceived to constitutes the worst form of child labour and a violation of international labour standards. The ILO Convention No. 182 on the Worst Forms of Child Labour (1999) calls on countries to take immediate and effective measures to eliminate this and other worst forms of child labour as a matter of urgency (ILO, 2000). The latest ILO global estimates for the year 2012 indicate that both the share and absolute numbers of adolescents aged 15 to17 years in hazardous work is considerable (Geneva, 2013):

1. Adolescents aged 15 to 17 years in hazardous work total 47.5 million;

2. Adolescents aged 15 to 17 years in hazardous work account for 40 per cent of all those employed in the 15–17 years age group, a clear indicator of the decent work deficit facing this age group; and
3. Adolescents aged 15 to 17 years in hazardous work account for over one-quarter (28 per cent) of the overall group of children in child labour.

### **2.6.1 Child Labour in Plateau State**

Plateau State is reputed for mining with Jos as its capital, widely referred to as the tin city state owing the abundance of tin and years of tin mining activities in the area. But over a century after mining commenced in parts of the state, school children and in some instances, children of school age now abandoned school for illegal mining activities in Plateau State. It is observed that this singular act is responsible for an unusually large number of students/pupil drop out to pursue illegal mining business in various locations in the state (Cinjel, Fortune, & Soni-Uboh, 2017). Cinjel, *et al* (2017) observed that, in Plateau State, between 1980 and 1990, more child labourers did not reside with their parents (an average of 49.6%) compared to 44.4% between the years 1995 to 2015. It was also observed that more females than males resided with their parents during the last 50 year indicating that female child laborers are increasingly more protected than their male counterparts. In general, the data indicated that a high percentage of youths in Plateau and with more emphasis on Mangu Local Government today reside with their parents contrary to what was obtained in the early part of the last fifty years.

Education is one of the keys to social development as well as an indicator to virtually every aspect of the quality of life (UNESCO, 1994). All children are expected to enrol in primary or secondary schools as recommended by the CRC. However, over the past 50 years, in Plateau State and Mangu Local Government precisely, and as in other parts of Nigeria,

figures of youths in schools fell short of this reality. Both cultural norms and economic need take a priority in the minds of the parents, relatives and foster parents, who are expected to take care of the education of these youths. In both the UN and A.U charter, apart from the right to education and adequate medical attention, each child is granted protection from economic exploitation, the right to rest and enjoy leisure time so as to enhance all aspects of his life i.e. spiritual, mental, social and physical development (UN Charter, Article 31). As a result, any child between the age of 7 — 16 is required to work for not more than 8 hours a day, get medical attention, get work to his ability, time off the rest, as well as get adequate food and compensation.

## **2.7 Health Effect of Child Labour**

Humanium (2010) reported that there are close to 250 million children who work across the world. More than 150 million of these children are exposed to dangerous and harmful working conditions. More so Humanium (2010) further pointed out that each year more than 1 million of these children becomes victims of human trafficking. It has been reported that difficulty of tasks and harsh working conditions exposes children to a number of problems such as premature ageing, malnutrition, depression, drug dependency among others (Moffitt, 2013). Children who hail from disadvantaged backgrounds, minority groups, or abducted from their families most times have no protection and therefore exposed to abuse.

There is no argument to the fact that a child who works has to either forfeit his/her educational pursuit or it suffers greatly from it. These children most times end up as illiterate adult, having no possibility to reach the peak of professional and social life. In certain cases, child labour also endangers a child's dignity and morals, especially when exposed to sexual exploitation, such as rape, forced prostitution and child pornography. Furthermore, a child who works will be more exposed to malnutrition. These children are often victims of physical, mental, and sexual violence (Humanium, 2010).

Roggero, Mangiaterra, Bustreo, and Rosati, (2007) in a study conducted on the health impact of child labour in developing countries reported that child labour was significantly and positively related to adolescent mortality, to a population's nutrition level, and to the presence of infectious disease. Reviewing data from the Global Burden of Disease Study, Graitcer and Lerer (1998) estimated mortality, morbidity, and disability associated with child labor. Despite the limits of the Global Burden of Disease Study—for example, the health statistics were constrained by the age stratification used, and the injury data were not provided by occupation. Graitcer and Lerer (1998) were able to estimate work-related injury and mortality. They concluded that in all regions the occupational mortality rate among children matched the adult occupational mortality rate, indicating that children may be working in conditions that are as hazardous as, or even more hazardous than, those of adults. Burn injury estimates from the Global Burden of Disease Study show that work-related burns constituted more than one third of all burn injuries sustained among children aged 5 to 14 years. It is worth noting that this statistic did not take into account burns sustained during housework, the most common of which occur while cooking over an open fire.

Graitcer and Lerer (2000) reported that there was not any health problem in working Egyptian children, but they argued that a child's exposure to poor working conditions and health hazards may result in health consequences much later in life. In agreement Roggero, Mangiaterra, Bustreo, and Rosati, (2007) also reported that child labour in Morocco, Yemen, and Guatemala, in the researchers of the Understanding Children's Work project found few or no ill health effects resulting from work and suggested that this might be because the healthiest children are selected for work or because health consequences may not become apparent until a later stage in a child's life. They also showed that it is not work per se that is damaging to a child's health, but rather certain kinds of work (Roggero, et al, 2007).

### **2.7.1 Physical Health of Children.**

According to Dimije (2009), heavy loads and awkward position can affect physical growth of the bones; the malnutrition of many poor children can also endanger their central nervous system. Furthermore, according to Ilori (2015) injuries encountered in industries such as mining, ceramics and fireworks can cause or predispose these children to skin troubles, bronchitis, and physical damage. Cancer risks are raised significantly through exposure to asbestos in mining and construction and to airline dyes in carpet and garment manufacturing.

Hassan (2009), conforms that child labour such as factory worker, and other apprenticeship labour may sustain accident which may result in multiple injuries such as fracture of the skull, limbs, intracranial bleeding, intra-abdominal bleeding, hepatic and renal ruptures among others. The major health problem of children involved in child labour as stated by Udoh (2009), are malnutrition, stunted growth, risk of accidental injuries, skin diseases such as scabies, ulcers and ring worms.

Togunde, and Weber, (2007) explained that, the health-related problems that threaten child servants depend upon several issues such as their age sex. However, the main factor which determines their quality of life and welfare is the attitude of the employer towards the child. UNICEF (2009), further states that domestic labour poses a threat to all young children under any condition. Many burn themselves while cooking and ironing, or cut themselves with knives whilst preparing meals. However, majority of the time, it is not the particular task performed by the children that pose the danger rather it is their level of mental and physical exhaustion, cooking, boiling water handling, cleaning and using sharp kitchen materials, caring for young children and lifting heavy items are all common tasks for most domestic servants. Domestic servants are made to travel long days, without sufficient sleep and they are mentally exhausted from the daily verbal intimidation. Hassan (2009), reveals that if a

domestic servant makes a mistake of breaking a glass or works too slowly he or she runs a severe risk of being beaten by their employers. In these cases, children are rarely provided with any appropriate medical care for the injuries afterward, nor are they allowed any time to recover or heal from this experience. In this way open burns and cuts may not be treated or cleaned properly, thus increasing the risk of infection.

UNICEF (2009) research report in Japan indicated that children who started work before reaching 14 years old were discovered having the average of 4cm shorter than those who entered after 18 years. Demeji (2009) in equal opinion supports the motion that children who began to work at an early stage often between 5-7 years of age with heavy load and awkward position may likely experience unhealthy physical growth of the bones. The malnutrition of many poor children can endanger their central nervous system. Arp (2010) opines that nutrition influences growth development before as well as after. Also, retardation of growth rate is an indication of malnutrition. John (2009) also affirmed that children who work in agriculture, small scale industry and services grow up shorter and lighter than those who attend schools.

Clowdhury (2006) stated begging has many negative effects on the children's health care. It is time-consuming and reduces the hours the child could be readily available for learning in the school. Secondly, some of this "almajiri" are faced with hunger due to the dwindling resources of their benefactors, they end up engaging in deviant behaviours such as theft, picking pocket, thuggery and vandalism in contradiction with the upright moral code they are supposed to be living.

Employment of children in the rural sector where agricultural activities prevail make some children work in family farms while a host of others are also employed to work for payment of labour rendered outside family household. In both cases, child labour has been found to have negative consequences on the children. The heavy and intensive labour that

children undergo on the field may lead to physical exhaustion which may expose them to toxic pesticides and herbicides (Dimije, 2009).

In addition, some agricultural practices may obviously have hazards, capable of threatening the immediate damage to health such as injuries and mutilations caused by badly maintained machinery on farms (John, 2009). It has also been noted that children employed in the agricultural sector experience mental and social difficulties as a result of working with some complicated machines coupled with sharp tools that cause injuries (Demeji, 2009).

UNICEF (2009) band of almajiri have also been used to carry out crimes of arson and murder during communal conflicts in the north, notably in Kano, Kaduna, Adamawa and Bauchi State. Hassan (2009) reiterates that child beggars have an exceptionally harsh and indecent way of life which can be traced to where they sleep, drink water, eat, bath and other washing facilities. They live without a clean and secure place to sleep and they are threatened not only by disease but also by area boys, drug addicts, many smoke marijuana and grew under the auspices of violence. They earn just enough to eat by head-loading, scavenging the refuse heaps.

Omokhodion & Omokhodion (2004), State that children are insecure, some tend to be aggressive and bullying and most have poor communication skills, they run enormous risks by darting between cars in heavy traffic, begging for alms from motorists (ILO, 2013), Ergonomic factors such as heavy lifting and poor posture raise the chances of musculoskeletal problems developing in later life. Children exposed to hard work right from childhood are in most cases at risk in terms of normal development for longer periods because of the biological process of rapid cell that reduces the latency period of some diseases (Adamu, 2016).

Clarke & Cooke (2007) further explain that the health of exploited working children is being endangered by allowing them to work under health hazards. They start from the

disadvantaged health status and they suffer from malnutrition and their intake of calories is lower than the required number. The nutrition influences growth and development before as well as after birth. Notably, retardation of growth rates, as an indication of malnutrition is a serious case. When the diet is improved, the child begins to grow in height and weight.

UNICEF (2009) views on normal childhood imply proper physical, mental and emotional developments and a prerequisite for a full adult life. It is provided that certain infections are common on the street. They include such ones as diarrhoea, measles, ringworm, scabies and it slows down growth and development, especially in the malnourished. The intestinal parasites, (round worms) by consuming considerable quantities of nutrients also hamper growth and development of the child. The physical and health consequences of children participating in the sales and services sector have been identified in the Latin America, Asia and African regions. Child hawkers suffer from various diseases such as rape and molestation, extortion of income, police harassment and participation in harmful or delinquent activities (Ejim 2012). Togunde, and Weber, (2007), opines that child labour has demoralizing effect on the working children, both physically and psychologically. For instance, children who hawk on the streets or are allowed to roam the streets are very often exposed to risk of motor accidents. Besides road accidents, such children are also often nutritionally malnourished.

UNICEF (2009) states the harmful effect associated with child labour hawking such as fatigue arising from staying long hours, standing or running after vehicles to sell their wares under excessive heat, exertion arising from long hours of walk of hygiene especially those that hawk from morning till night. Lachowski (2009) attests the fact that hawkers in an attempt to dispose their goods or escape from law enforcement agents may sustain serious injuries. It is a frightening scene that loses children weaving in and out of traffic on the high ways as they hawk their wares. Some have been knocked down by vehicles resulting to

physical harms and even death. In addition, other studies have noted that child hawkers tends to keep bad companies and are negatively pressured to keep bad companies by peers to engage in delinquent behaviour (Kuti, 2006).

The globalization of the economy has led to the desire for cheap labour and profit maximization, especially in urban areas of Asian, Latin America and Nigeria regions. However, one major backlash of this development and spread of industries has been the exploitation of children in terms of low wages and their deplorable working conditions in many countries of Africa. These industries have not fully developed as a major source of employment for children due to political instability (Ilori, 2015). Research has indicated the inherent hazards and risk that children often experience when working in exploitative industries. Physical consequences that range from malnourishment, diseases, muscular-skeletal disorder from heavy labour, physical and sexual abuse, injuries, exposure to toxic agents, and prolonged working that is often hazardous to the health of the child (Hassan, 2009). These physical effects of the industrial sector have been determined to be detrimental to the wellbeing of children welfare. Many of the health risks child labourers are exposed to cause immediate damage to health, others are likely to develop over many years and might only become manifest in adulthood (Nnacdozie, 2008). Exposure to pesticides, chemicals, dusts and inorganic agents, in agriculture, mining and quarrying and manufacturing industries increase the risk of developing bronchial complaints, and a wide variety of disease too (John, 2009).

### **2.7.2 Social Health of Children.**

Children who engage in the sales and service sectors of child labour usually encounter problems related to their mental wellbeing, stimulation from the press and public feelings of disheartenment, stress and arability, personality disorders and anti-social behaviour,

alienation and isolation from their family, have been identified (Olayinka, 2008). Olayinka (2008) says that apart from the dangers of hawking, i.e, children being injured, the probability of these children spending precious energy moving from place to place to sell is high. As a result, they are totally spent out at the end of the days business, the energy, which could have been utilized for recreation and studies, is thus utilized for hawking and long hours of work on regular basis can harm, children's social and educational development (Tauson, 2009).

According to a study by Olayinka which was carried out in Edu Local Government of Kwara state (2008), it is reported that working children who are frustrated, and suffer from role conflicts, have low occupational income and educational aspirations, in fact when children work for long hours their chance for any kind of schooling are reduced. The hawking children may also be the target of attack by insane persons spreading our markets and streets. In these days of austerity, hungry adults who might want to take hawkers wares without paying for them can physically assault the children. The hawkers may also be beaten up by adults who might claim that the overall development of the Nigerian children. It is also against the United Nation's Declaration of Rights of the child which states that: The child shall have the opportunity for play and recreation which should be directed to some purposes as education, society and public authorities shall endeavour to promote the enjoyment of this right.

In addition, Okomaniyi, (2008), opines that children who engage in the sales and service sector of the labour market usually encounter problems related to their mental wellbeing, stigmatization from the press and public feelings of disheartenment, stress and irritability, personality disorders and anti-social behaviour and alienation.

Lack of Love, tender care and proper child-parent relationship do affect the social, emotional and intellectual development of children (Fatai, 2011). Apart from physical

conditions, child beggars are faced with inadequate clothing and lack of opportunities for bathing, this exposes them to frequent illness. Most appear dishevelled with their clothes frayed and tattered, their hair unkempt and matted, and their feet unshod and filthy. Some have open sores on their skin, ankles or feet. They survive by engaging in menial activities such as head loading of goods in the markets, scavenging inorganic waste for middlemen who supply recycling forms, shoe-shining and car-guarding.

UNICEF (2009), reiterates that child beggars live and cope with harsh life style, child beggars live in small groups which provide mutual support and protection to their members and strong sense of companionship. UNICEF further adds that apart from direct physical dangers, child beggars suffer the severe psycho-social consequences of engaging in a demanding type of activity and being exposed to constant abuse and aggression from the general public, they eat any type of food that is prepared by the general public. Society children in industries have been found to experience grievous consequences on their social lives. Hassan (2009) posits that the mental health of the child is always negatively affected. Children who engage in hazardous industrial work, have been found to suffer from moral abuse from their employers, threat of job termination, low self-esteem, and physical injuries and mutilations.

WHO (2009), discovered that, among children working, such as in garri processing industries, cloth weaving, blacksmith workshops, victims often suffer from heat exhaustion, back ache which may later manifest in life. The social health of the children may be impaired because of working in particular occupations with poisoning from welding, from textile manufacturing industries and venereal diseases from prostitution. Stalsberg, and Pedersen, (2010), affirm that child labour retards children's psycho-social and physical development and expose them to risky behaviours such as drug addiction, robbery, prostitution and so on.

Udoh (2009), indicates in her findings of the hazards of child labour in Nigeria that among the young domestic servants, one half of those employed are often being sexually molested, the situations of some of these domestic servants in Nigeria are pathetic, they work for very long hours, with little or no rest periods and are often fed and clothed worse than the children of the house. These children are deprived of emotional care and affection, beaten more than other children and deprived of any opportunity to go to school. The girls are also vulnerable to sexual harassment and exploitation, not only from employers but often also from other male workers in the household. UNICEF (2009) says that, in Nigeria, adult society builds a lot of mysteries around sex matters. This has led to the volatile house helps not sharing their sexual harassment experiences with parents or guardians for fear of being flogged or beaten up. When such experiences are shared they do it with other counterparts and adolescents who may not offer them reasonable responsible and adequate help. Cases of unwanted pregnancies among female house helps are not ruled out.

Osment and Jonsson (2014), in a study on, child labour: the effect on child, causes and remedies to the revolving menace in Sweden, emphasised that, abuse can cause considerable damage to the health of these young children. Sexual abuse exposes these children to numerous dangerous sexually transmitted diseases such as syphilis, genital herpes, and HIV/AIDs. If the child is very young, it is possible that any forced sexual activity may cause internal infections and/or irreparable damage to her reproductive system. If she has reached puberty then she is also at risk of becoming pregnant. If this happens the employer may force her to have an abortion, send her back to her family where she may be rejected, or leave on the streets where she may be forced into prostitution.

### **2.7.3 Emotional Health of Children**

Health impact of child labour in developing countries can limit a child's opportunities to obtain formal education, especially for girls, whose educational attainment is a recognized determinant on child survival and health. Work can expose children to physical and social environment, conducive to high risks of sexual behaviour. (Osment & Jonson, 2014), state that the consequences of child labour are the denial of the children educational opportunity. In the rural and urban areas, agricultural activities are major obstacle to school children and attendance, the implication is that it limits the children job opportunities and eventually lowers their standard of living for life (Udoh, 2009). In some cases, due to the attitude of the society or religious beliefs, girls are either denied education or have their schooling interrupted to get married, most especially in the northern part of Nigeria, while other children are either withdrawn from school to help in their family responsibilities or are made to hawk wares before going to school. Such interferences have been found to manifest in poor performance, truancy, and delinquency and drop out especially for those children who returned to school after a long interruption (Oyeyinka, Ayansina, Adekunmi&Arowolo, 2013). Child labour in the sales and services of economy in the developing countries has a significant negative effect on the level of education, school attendance, grades, literacy, leisure time and overall human capital formation of the child workers (Hassan, 2009).

Robson (2004), observes that in most regions in Africa particularly in rural areas of Nigeria, child workers who engaged in farming have poor school attendance compared to their non-working peers (Ebirin & Okwejie, 2006). The implication is that it limits the children job opportunities and eventually lowers their standard of living. Furthermore, according to Dimije (2009), agricultural work also have detrimental effect on child's leisure

time, as they begin to work at very early ages, often between 5-7 years of ages, they are exposed to pesticides, poisoning which is one of the biggest killers of child labourers.

C.R.C (2007), notes that education helps a child to develop cognitively, emotionally and socially, and needless to say, education as often gravely reduced child labour; cognitive development includes literacy, numeracy and the acquisition of knowledge necessary for normal life. Work may take so much of a child time that it becomes impossible for them to attend school, even if they attend, they may be too tired to be attentive and follow the lesson C.R.C (2007) shows in his study on the concept and essence of child labour education on working and non-working children that working children manifests poor scholastic achievement and that one out of three of them admits had to repeat at least a class.

Aweloye (2006), is also of the view a child tendency to develop inherent traits that will enable him/ her acquire proper skills and thought patterns likely to improve his ability to learn, understand and think rationally and logically depends largely on early character formation. This implies that, at the age of three which most sociologists believe a child begins to inculcate attitudes and respond to them based on reasoning, parents are expected to plan on how to treat the child. It is at such age that most brain connections in children are readily formed and for optimum intellectual functioning, varied sensory stimulation, via play is important.

## **2.8 Empirical Studies on Parent's Perception about Health Effects of Child Labour**

According to a study conducted by Uddin, Hamiduzzaman, & Gunhard, (2009), on physical and psychological implications of risk child labour in Bangladesh. It is showed that the distribution of child labourers is based on their health problems, which were classified into physical pain, breathing problems, skin diseases, eye sight problems and psychological immaturity. Among the 80 children covered in the survey, 90 percent suffer from physical

pain; 72.5 percent have breathing problems, and slightly more than 71 percent have eye sight problems. Nearly half (48.5 percent) have skin diseases, while 40 percent have been considered to be psychologically immature. Clearly, most of the surveyed child labourers suffered from multiple health problems. The study showed an average, every child labourer suffered from 3.1 health problems.

The highest number of health problems per child labourer (3.6) has been experienced by construction workers, followed by welding labourers (with 3.5 health problems per welding labourer). Rickshaw pullers were the least prone to health problems, even though they experienced an average of 2.2 health problem per rickshaw puller. The study found that child workers are suffering from different physical and psychological problems and that more than half of them receive their medical assistance from local health care providers who have no recognized qualifications. The study maintains that working from an early age impedes the children's physical growth and intellectual and psychological development, which then also has negative effects on their long-term health and earning potential.

Mahmoud, (2001), conducted a similar study on the impact of child labour on health and psychosocial status of working children aged between 10 and 16 years in Jordan. The study was a comparative cross-sectional study, comparing working and non-working with respect to health and psycho-social outcomes, taking account of confounding due to socio-economic factors. The results showed that child's work was a strong significant predictor for eight z score, height z score, PCV, morbidity, skin fold thickness percentile and PEFr. This significant effect persisted in the full regression models after controlling for socio-economic and smoking status. Working children had significant lower weight z score ( $B=-0.31$ ), height z score ( $B=-0.51$ ), PCV ( $B=-2.96$ ), skinfold thickness percentile ( $B=-6.85$ ) compared to non-working subjects. Psychosocial score tended to be reduced by 13 points (better psychosocial status) when the child was non-working ( $B=-12.7$ ).

The significant negative relationship between work and PEFr in the bivariate model disappeared in the full regression model. In multiple regression modelling work status explained 3% of the 6.5% of variance explained in the weight z-score model, 6.7% of 9.8% for height z-score, 12.5% of 14.9% for PCV, 15% of 21% for skin-fold thickness, 11.5 of 24% for PEFr, 9.4% of 30.9% for morbidity and 46% of 50% for psychosocial status. Mean height and weight z-scores and packed cell volume among working children were significantly lower than those of their siblings; 5% and 9.6% of working children respectively were wasted and stunted ( $z$  score  $< -2$  SD) compared to none of the siblings. No statistically significant correlation was also found between weight z-scores, height z-scores, packed cell volume and skinfold thickness of siblings and the proportion of household income contributed by the working child. It was concluded that, duration of work, child's monthly income, household per capita income and maternal height, were significant predictors of the growth of working children expressed by weight and height z score.

Patel (2007), conducted a similar study on Mental disorders in low- and middle-income countries (LAMIC). The author reported that, mental disorders account for 11.1% of the total burden of disease in LAMIC. Unipolar depressive disorder is the single leading neuropsychiatric cause of disease burden. Alcohol use disorders account for nearly 4% of the attributable disease burden in LAMIC. Mental disorders are closely associated with other public health concerns such as maternal and child health and HIV/AIDS. Poverty, low education, social exclusion, gender disadvantage, conflict and disasters are the major social determinants of mental disorders. Clinical trials demonstrate that locally available, affordable interventions in community and primary care settings are effective for the management of mental disorders. Mental health resources are very scarce and investment in mental health is  $< 1\%$  of the health budget in many countries. The majority of people with mental disorders do not receive evidence-based care, leading to chronicity, suffering and increased costs of

care. Strengthening care and services for people with mental disorders is a priority; this will need additional investment in human resources and piggy backing on existing public health programmes. Campaigns to increase mental health literacy are needed at all levels of the health system.

A cross-sectional population survey was conducted in Addis Ababa using the Diagnostic Interview for Children and Adolescents (DICA) by Fekadu, Alem, & Hagglof, (2006), on prevalence of mental health problems in Ethiopian child labourers. Subjects were a random sample of 528 child labourers aged between 5 and 15 years and comprising child domestics, street-workers and private enterprise workers. These were compared with 472 non-economically active controls. The aggregate prevalence of any DSM-III-R childhood emotional and behavioural disorders was found to be 16.5%, with 20.1% and 12.5% among child labourers and controls respectively, OR = 1.89 (95% CI, 1.34-2.67,  $p < .01$ ). Internalizing disorders such as mood disorders were significantly higher among the labourers than the non-labourers, OR = 6.65 (95% CI, 2.20-22.52,  $p = .0001$ ). Anxiety disorder was seen over twofold among child labourers while psychosocial stressors were one and half times more likely among the study subjects than controls. When all factors were taken into account, child labour status was the only significant factor in determining DSM-III-R diagnosis. In conclusion childhood emotional and behavioural disorders are found to be more common among child labourers than among non-labourers. The study recommends a larger study to look into childhood disorders and risk factors in child labour. As part of the concerted effort, government, NGOs, and the public should at least view child labour as a menace in a child's development, with risk of psychosocial difficulties.

Ismayilova, Gaveras, Blum, Tô-Camier, and Nanema, (2016), conducted a study on maltreatment and Mental Health Outcomes among Ultra-Poor Children in Burkina Faso. The

study examines the relationships between adverse childhood experiences, including exposure to violence and exploitation, and mental health outcomes among children living in ultra-poverty in rural Burkina Faso. The study utilizes baseline data collected from 360 children ages 10–15 and 360 of their mothers recruited from twelve impoverished villages in the Nord Region of Burkina-Faso, located near the Sahel Desert and affected by extreme food insecurity. The result of the study shows that, about 15% of the children in the study scored above the clinical cut-off for depression, 17.8% for posttraumatic stress disorder (PTSD), and 6.4% for low self-esteem. The study identified five distinct sub-groups (or classes) of children based on their exposure to adverse childhood experiences. Children with the highest exposure to violence at home, at work and in the community (Abused and Exploited class) and children not attending school and working for other households, often away from their families (External Labourer class), demonstrated highest symptoms of depression and trauma. Despite living in adverse conditions and working to assist families, the study also identified a class of children who were not exposed to any violence at home or at work (Healthy and Non-abused class). Children in this class demonstrated significantly higher self-esteem ( $b = 0.92$ ,  $SE = 0.45$ ,  $p < 0.05$ ) and lower symptoms of trauma ( $b = -3.90$ ,  $SE = 1.52$ ,  $p < 0.05$ ). The study concluded that, there is a further need to explore the mental health consequences of traumatic experiences within the context of ultra-poverty and to develop integrated economic and psychosocial interventions that prevent or mitigate childhood adversities linked with the family-level poverty and violence in the family.

According to a descriptive cross-sectional study by Ubajaka, Duru, Nnebu, Okwaraoha, and Ifeadike, (2010) on parents' perception of the effects of child labour in a community in Anambra State, 352 parents in Nnewi, Anambra State were studied using a multistage sampling technique. Results of the study showed that the majority of the parents 79.26% (279) have good knowledge of child labour. Most of the parents 66.19% (216)

consider child labour as hazardous, while 33.81% (136) believe it is beneficial. Adverse effects of child labour perceived by parents' ranges from sexual harassment, teenage pregnancy, termination of formal education, to the contraction of sexually transmitted disease. Out of the 352 parents, 27.96% (78) admitted they practice child labour while 72.04% (201) did not. In conclusion parents perceive child labour to be hazardous to the physical health of children. The findings of this study will equip stakeholders with the necessary input for the enactment of policies, legislations and proffering a lasting solution to this menace.

Asuquo, Arulogun, and Tobin-West, (2017). Conducted a cross-sectional study on perception and practice of child labour in South-Western, Nigeria. Using quantitative and qualitative methods comprising of questionnaires and in-depth interviews to document their perception and practice of child labour, a total of 700 copies of the questionnaire were administered and analysed. Most (94.5%) of the respondents were aware of child labour and the instances in which they occurred. Child labour occurred more between the ages of 6 to 14 years. The commonest causes were poverty (41.1%), illiteracy (32.2%), and large family size (26.7%). No significant relationship was found between the educational level of respondents and the practice of child labour ( $\chi^2=0.40$ ,  $p=0.525$ ). Of the 686/700 respondents that had knowledge of child labour, 420 (61.2%) practiced it in one form or the other ( $\chi^2= 32.97$ ,  $p=0.000$ ). Those with the least income gave more of their children out either as hawkers or house-helpers ( $\chi^2= 18.11$ ,  $p= 0.00$ ).The findings of this study provide justification for intensifying programmes for parents and guardians in the fight against child labour. Parents need to be further enlightened on the rights of children, the ills of child labour and its effects on children's health, physical development, intellectual capacity, social skills, psychological state, future opportunities and general wellbeing. Creating economic empowerment

programmes for the poor in the society, intensifying campaigns on the consequences of child labour and enforcing existing laws are advocated to reduce child labour in Nigeria.

Funmi, and Sunday, (2016) conducted a perceptual study. The study examined childhood maltreatment and perception of maltreatment among respondents in Nigeria. A sample of 304 respondents completed online questionnaire on childhood experience and perception of abusive behaviours. Descriptive analysis was used to examine the responses. Of the 71 abusive behaviours examined, a high level of consensus (95–100 per cent agreement) was reached on five sexually abusive behaviours: having sexual intercourse with a child, asking a child to perform oral sex on adults, having sex in the presence of a child, fondling the breasts of a child for sexual pleasure and forcing a child to masturbate adults or other children. Abusive behaviour least perceived as abusive was experienced by most respondents during childhood: using corporal punishment as the only form of discipline. Finally, those who experienced the following abusive behaviours during childhood were significantly less likely to perceive of them as abusive: witnessing a parent/guardian being drunk all the time and forcing a child younger than 11 years old to take care of parents/guardians or siblings almost daily. Findings highlight the potential risks of childhood experience of abusive behaviours on perception of abusive behaviours and indicate the relevance of abusive behaviours to child protection policy and practice in the region.

Bada, (2015) conducted a study on parents' perception of the causes and effects of child abuse in Ondo State, Nigeria. The study examined the causes and effects of child abuse as perceived by parents in Ondo State. The population for the study comprised every parent within the state. From the population, 200 respondents were sampled using purposive sampling technique. The samples were further stratified on the basis of gender, educational status and residence. Data were collected using a researcher designed questionnaire titled Child Abuse Questionnaire (CAQ). Based on the findings, out of the sampled respondents,

111(55.5) were male parents and 89 (44.5) were female parents. Also, 100 (50%) were sampled from rural settlements and another 100 (50%) were sampled from urban settlement. Out of the sampled parents, 105(52.5%) were educated and the remaining 95(47.5%) were illiterate parents identified poverty, marital crises, and illiteracy as the main causes of child abuse. Among the identified effects of child abuse are school dropout, poor academic performance, sexual assaults and emotional breakdown. However, significant differences were found in parents' expressed causes of child abuse on the basis of educational status and residence but parents' expressed causes of child abuse did not significantly differ on the basis of gender. On the other hand parents' expressed effects of child abuse also differed, significantly on the basis of educational status and residence but not on gender. It was therefore concluded that parents' perceptions of causes and effects of child abuse greatly depended on their educational status and residence. Based on these findings, it was recommended that policy makers should come up with more enlighten programmes on effects of child abuse for parents in rural and urban areas.

Okoye, and Tanyi, (2009) conducted a study on Perception of Child Labour in South Eastern Nigeria: A Study of Onitsha Metropolis. This study investigated the perceptions of Nigerians on child labour. Questionnaires were distributed to 360 respondents in Onitsha metropolis in Anambra State, Nigeria. The findings indicate that majority (70.6%) of the respondents perceive such chores like baby-sitting, fetching water, splitting firewood, sweeping, farming and cooking as child labour. Also, sex of the respondents was found to be the most important predictor of perception of chores that constitute child labour. The study went ahead to make some recommendations, one of which is the need to use various means to create public awareness of the danger of child labour.

According to a national survey conducted by International Labour Organization, (2011) In Mexico on social perception about child labour, parents are blamed for child labour

(87% of the population), even though it is also recognized that the problem, as a result, is caused by structural issues such as poverty (82% of the population). The survey shows contradictions between perceptions and reality, as well as the lack of information on this issue. In fact, 53% of the country's population consider the child labour issue refers to the labour activities carried out by children, but ignores related exploitation aspects. The survey indicates that over 90% of the population ignores the child labour issue; 50,5% of the population declare to have worked before 18; 79% of the respondents believe that social indifference to this problem is also a cause; 77% of the respondents prefer the children to be working than to be involved in crime, regardless this is a serious human rights violation and not a mechanism for preventing crime. It is also important to note that 9 out of 10 of the respondents accept accidents or sexual violence as risks from child labour, and 1 out of 3 of them believes it also has benefits.

This nationally representative survey indicates that 76% of the population ignore whether in Mexico there is any law or treaty that establishes a minimum age for admission to employment or work in the country, and 2 out of 3 of the respondents recognize not having heard or seen any information about child labour in any public or private media. Out of the respondents, 68% agree with the idea that 14-17 year old children could be involved in work and state that additionally the main reason for this opinion is the fact that the children would get in touch with work values and maturity and develop a physical capacity for labour purposes. This shows a clear misunderstanding of teenager's development and gives an idea of the education, leisure and rest impediments they have to face. Of the respondents, 62% indicated that children who work do so in the third sector, specifically in street vending sales and trade, services, domestic labour and other urban activities. Of the respondents, 19% indicated having seen children working in the building sector, factories, mines and quarries (second sector). Only 14% of the respondents reported knowing about children working in

the first sector or agricultural sector, even though figures<sup>1</sup> indicate that almost one third of the three million children aged from 5 to 17 years old that work do so in this sector.

Ibrahim, Abdalla, Jafer, Abdelgadir, and de Vries, (2018) conducted a study review on child labor and health: a systematic literature review of the impacts of child labour on child's health in low-and middle-income countries. A total of 25 studies were identified, the majority of which were cross-sectional. Child labour was found to be associated with a number of adverse health outcomes, including but not limited to poor growth, malnutrition, higher incidence of infectious and system-specific diseases, behavioural and emotional disorders, and decreased coping efficacy. Quality of included studies was rated as fair to good. In conclusion, child labour remains a major public health concern in LMICs, being associated with adverse physical and mental health outcomes. Current efforts against child labour need to be revisited, at least in LMICs. Further studies following a longitudinal design, and using common methods to assess the health impact of child labour in different country contexts would inform policy making.

## **2.9 Summary**

This study examined relevant literatures on assessment of parent's perception about health effects of child labour in Plateau State. Child labour is any work that is physically, social or mentally dangerous and harmful to children as well as interferes with their schooling by depriving them the chances to attend school, oblige them to leave school prematurely; or requiring them to combine school attendance with excessive long heavy work. Child labourers are involved in many different forms of works that involve risks and hazards. It was established that these children are exposed to physical pain and injury and other health hazards. Several policies and legislations have been adopted by the Federal Government of Nigeria for several policies improving the welfare of children by eradicating child labour.

However, International Labour Organisation states some of the legislation and policies have deteriorated, and are not being imposed. Although, there is no direct labour policy in the country, there are several policies and social programmes aimed at improving education, health, population, social development, and child welfare which would in the long run help to reduce child labour.

Child labour remains a major source of concern in Nigeria apart from legislative pronouncement. International Labour Organisation posits that the number of working children under the age of 14 in Nigeria is estimated at 15 million (UNICEF, 2008). The jobs these children engage in includes street hawking, begging, car washing, street second hand clothes selling, or watches and shoe shining. Other work are apprentice mechanics, hairdressing and bus conducting while a large number work as domestic servants and farm work. Child labourers are often denied a basic school education, normal social interaction, personal development and emotional support from their families, besides these problems, children face many physical dangers from forced labour. Similar studies related to this study was also reviewed.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

The purpose of this study was to assess parents' perception about health effects of child labour in Plateau State, Nigeria. To achieve the stated purpose, research design, population of the study, sample and sampling techniques, instrumentation, validity of the instrument, procedures for data collection and data analysis are presented and described in this chapter.

#### **3.2 Research Design**

The research design used for this study was ex-post-facto. This design is considered useful where a researcher intends to describe conditions that already exist, and attempts to determine reasons for the existing differences in behaviour or status of groups of individuals. Asika, (2001) affirmed the statement above when he pointed that ex-post-facto (after-the-fact) research is a research that is undertaken after the events have taken place and the data for the programme already exist for the researcher to lay hand.

#### **3.3 Population of the Study**

The population for the study comprised 38,361 households in Plateau State (National Bureau of Statistics, 2010).

#### **3.4 Sample and Sampling Technique**

The sample size of 500 parents were used for this study. To obtain the sample size from the total population, the researcher used the table for determining sample size which was formulated by Krejcie and Morgan (1970). Krejcie and Morgan proposed that for a population of 50,000 and above 384 sample can be used. Therefore in order to cover for possible attrition, the researcher increased the sample size to 500.

Sampling technique used for this study was a multi-stage sampling. First, Plateau State was stratified into three already existing senatorial zones namely; Northern zone which has six local governments, Central zone which has five local government and Southern zone with six local governments which gives a total of seventeen local governments. Secondly, in each zone two Local Government Areas (LGA's) were randomly selected from each senatorial zone using the balloting method. Names of the LGAs from each zone were written on pieces of paper, folded and dropped in a container. The researcher shook the container and picked a piece of paper at a time and the name of the LGA selected was written down. This procedure continued until two LGAs were selected from each zone, giving the total of six (6) LGA's.

Thirdly, two wards were randomly selected from the six selected LGAs using the balloting method explained above. Wase has 12 wards, Quanpan 11 wards, Pankshin 12 wards, Kanam 14 wards, Barkin Ladi 10 wards and Jos-North has 14 wards. Therefore a total of twelve (12) wards were randomly selected for the study. Systematic sampling technique was used in selecting the households to be used for the study. Starting from the ward head's house, the households in the wards were counted serially. The researcher and his research assistants then selected the odd numbers starting from number one (1) which is the ward head's house.

Purposive sampling technique was used to get the required respondents from each ward. The reason for the purposive sampling is based on the fact that any household that the researcher met on ground was considered part of the sample and requested to fill the questionnaire for data collection. Those households who were absent as the time of collecting data were considered not part of the sample for the study. They were also not considered in each of the households visited for data collection, the father, if present, served as the respondent and if absent the mother in the house was used as the respondent for the study. In

cases where it's a polygamous family where there are many wives and their husband was absent, the eldest wife was used as the respondent for the study.

**Table 3.1: Showing Population Distribution of the Respondents along Zones LG & Wards**

<b>Zone</b>	<b>L.G.A</b>	<b>Ward</b>	<b>Population</b>	<b>Sample size</b>	
<b>Northern</b>	Jos North	Jenta Adamu	940	12	
		Naraguta A	387	5	
	Barkin Ladi	B/ladi	21175	276	
		Lobirin	13200	172	
<b>Central</b>	Pankshin	Chip	446	6	
		Langtang	927	12	
	Kanam	Dengi	227	3	
<b>Southern</b>	Wase	Gumsher	193	2	
		Kuyambana	293	4	
		Danbiram	160	2	
	Quan Pan	Bwall	205	3	
		Koplong	208	3	
<b>Total</b>	<b>3</b>	<b>6</b>	<b>12</b>	<b>38361</b>	<b>500</b>

Source: (Plateau State Statistical Year Book, 2010-2012)

### **3.5 Instrumentation**

The instrument used in the study was a researcher-structured questionnaire. The questionnaire was made up of four sections: Section A consisted of four (4) items on demographic characteristics of the respondents: Section B consisted of six (6) items on physical effects of child labour: Section C consisted of five (5) items on social effects of child labour: Section D comprised of six (6) items on emotional effects of child labour. Responses which were made by the respondents on the items of the questionnaire were scored on a four point Likert scale rating as follows:

Strongly Agree – 4 points

Agree – 3 Points

Disagree - 2 points

Strongly Disagree – 1 point

### **3.5.1 Validity of the Instrument**

The questionnaire was vetted by the researcher's supervisors, three other experts from the Department of Human Kinetics and Health Education, one expert from the Department of Psychology, and one from the Department of Nursing Sciences all from Ahmadu Bello University, Zaria. The face and content validity of the research instrument was vetted to ensure its validity. All comments and suggestions offered by this team of experts were incorporated by the researcher before the final draft of the instrument was produced and used for data collection.

### **3.6 Procedure for Data Collection**

The researcher first obtained an introductory letter from the Head, Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria before proceeding to the study areas to be endorsed by District Head for official approval to conduct the study. Six research assistants were recruited and briefed on how to administer and retrieve the copies of the questionnaire. Home visit was used for distribution of instrument and data were collected by the researcher and the six (6) research assistants. Starting from the house of the district Heads in each household, the District Head of every third house was selected for the study and the households were each given a questionnaire to answer; where the household was absent his representative was served with the questionnaire. The instrument was distributed using face to face method of delivery. The researcher and the assistants helped in the distribution of the instrument. Where the respondents cannot read and write, the researcher and assistants interpreted the content of the instrument in the language they understand. The instrument was distributed and retrieved immediately on the spot. The exercise lasted for four weeks.

### **3.7 Procedure for Data Analysis**

Data collected were analysed using the Statistical Package for the Social Sciences (SPSS) IBM Version 23. The statistics used included descriptive statistics of frequencies and percentages, to describe the demographic characteristics of the respondents. Mean and standard deviations were used to answer research questions and to score the respondents, a mean score of response of 2.5 was used to ascertain the agreement or non-agreement of the respondents to the statements. Inferential statistics of one sample t-test was used to test the Hypotheses I, II and III. Hypothesis IV was tested with one sample t-test for perception of male and female parents. ANOVA was used to test multiple variables such as age, number of children and occupation of parents. All the null hypotheses were tested at 0.05 alpha level of significance. Scheffe post hoc test was used to identify where difference lies among the demographic characteristics of the respondents.

## CHAPTER FOUR

### RESULT AND DISCUSSION

#### 4.1. Introduction

The purpose of this study was to assess parents' perception about health effects of child labour in Plateau State, Nigeria. To achieve this purpose, ex-post facto research design was employed by the researcher, 500 respondents were used for the study. A total of 500 copies of the questionnaire were administered to household heads in Plateau State, and a 98.4% (492) returned rate was recorded and the data collected was analysed using the Statistical Package for Social Science (SPSS) version 23.

#### 4.2 Results

**Table 4.1: Demographic Characteristics of the Respondents**

<b>Variable</b>	<b>Option</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Gender</b>	Male	298	60.6
	Female	194	39.4
<b>Total</b>		492	100
<b>Age range</b>	20-24years	30	6.1
	25-30years	117	23.8
	31-36years	162	32.9
	Above 36years	183	37.2
<b>Total</b>		492	100
<b>No of children</b>	1-4children	214	43.5
	5-8children	176	35.8
	Above 8children	102	20.7
<b>Total</b>		492	100
<b>Type of work done</b>	Business/Trading	121	24.6
	Civil servant	95	19.3
	Driver/Artisans	77	15.7
	Food Vender	97	19.7
	Farming/others	102	20.7
<b>Total</b>		492	100

Table 4.1, shows that 298 (60.6%) respondents were males, while 194 (39.4%) of the respondents were females. These representations allowed for gender perception in the assessment of health effects of child labour in the state especially as it relate to male and female children involved in child labour.

By their age distribution 30 (6.1%) of the respondents were between the age range of 20 and 24 years and 117 (23.8%) were between 25 and 30 years. Respondents between 31 and 36 years were 162 (32.9%) in number. Those above 36 years were 183 (37.2%) in number. This classification showed that all the respondents were in the categories of adults and could be considered as parents who are well vast in activities associated with child labour in the state. Their opinion on the phenomenon could therefore be considered valid because of the vantage position on the subject.

The number of children in a family was considered to be a factor of child labour because of the need to source for means of livelihood through extra avenues. In the table, respondents who have between 1 and 4 children were 214 (43.5%). This was the minimum average which could be considered a relatively small family size. But 176 (35.8%) of the respondents have between 5 and 8 children while 102 (20.7%) have above 8 children each in their families. The distribution means that most of the respondents were from large families which imply that there is a need for extra income for sustenance and it is therefore a major factor of child labour.

Observation of table 4.1 on the occupational distribution of the respondents shows that 121(24.6%) of the respondents were involved in business and trading. Those who were civil servants among the respondents were only 95 (19.3%) and 77 (15.7%) were drivers or artisans, while 97 (19.7%) were food vendors. Those who were involved in farming and other miscellaneous occupations were 102 (20.7%) of the total respondents. The classification revealed that all the different occupations in the State were fairly represented in the study.

#### 4.2.1 Answering Research Questions

##### Research Questions 1

Do parents perceive physical health as an effect of child labour on children in Plateau State?

**Table 4.2: Effect of child labour on physical health of the children as perceived by parents**

Sn	Effects of child labour on physical health of the children	Mean	Std. Dev.
1	Child labour exposes children to physical injuries on their body.	3.42	0.679
2	Child labour expose children to sexual violence	2.61	1.070
3	Children who practice child labour can contact communicable diseases in the places they work.	3.36	0.735
4	Children who engage in child labour are knocked down by vehicles.	3.20	0.856
5	Children who engage in child labour suffer from malnutrition.	3.23	0.848
6	Children who engage in child labour sustain physical injuries due to traffic congestion.	3.11	0.827
Aggregate mean		3.17	0.463

Table 4.2 shows the aggregate mean score of 3.17 which revealed that the respondents were unanimous in their agreement that child labour has effects on the physical health of children in the state. This perception is expressed in terms of exposure of the children involved to physical injuries on their bodies. Other effects on physical health included sexual violence, coming in contact with communicable diseases in their places of work and accidental hazards like being knocked down by a vehicle in cases of food and related items vending and inability to get enough food for better nutrition. The respondents all agreed with those effects resulting from children involvement in labour activities in the state. From the observation of the expressed opinions, it could be concluded that the respondents were of the view that child labour has effects on the physical health of children in the state.

## Research Question 2

Do parents perceive social health as an effect of child labour on social health of the children in Plateau State?

**Table 4.3: Parents perception about the effects of child labour on the social health of children**

Sn	Effects of child labour on social health of the children	Mean	Std. Dev.
1	Child labour affects children's personal interaction with peers.	2.28	0.996
2	Majority of children who practice child labour smokes cigarette	3.06	0.895
3	Truancy in school is part of the features of those who engage in child labour.	2.95	0.919
4	Female children who engage in child labour at an early age may experience premarital sex.	3.17	0.795
5	Stealing is one of the attributes of children who practice child labour.	3.12	0.820
Aggregate mean		2.93	0.489

Table 4.3 shows that the respondents were of the view that children engagement in child labour has effects on their social health. This is indicated in the table with aggregate on mean score of 2.93 for the table. Such social effects come from an inability to perform adequately in the school and the associated truancy emanating from engagement in extra activities which could bear attraction of one type or the other. Other social effects include indulgence in anti-social behaviours like smoking, stealing and sexual misbehaviours which affects such children. The observation here means that the respondents were of a consensus agreement going by the aggregate mean score of 2.93 compared with the midpoint average of 2.50, that child labour is perceived to have effects on the social health of children in the state. However, the respondents disagreed with the statement that child labour affects their personal interaction while in school (2.28).

### Research Question 3

Do parents perceive emotional health as an effect of child labour on emotional health of the children in Plateau State?

**Table 4.4: Parents perception about the effects of child labour on the emotional health of children**

Sn	Effects of child labour on emotional health of the children	Mean	Std. Dev.
1	Children who engage in child labour are emotionally disturbed.	2.61	0.904
2	Children engaged in child labour cannot express their feelings or worries to their parents.	2.32	1.068
3	Children engaged in child labour usually become timid.	2.44	0.996
4	Children who practice child labour are very aggressive.	3.20	0.899
5	Children who participate in child labour easily regret doing the work.	3.16	0.766
6	Children who engage in child labour frown at their parents any time misunderstanding sets in.	3.36	0.815
Aggregate mean		2.86	0.478

Table 4.4 shows the aggregate mean score of 2.86 indicating that the respondents were generally of the view that child labour has effects on the emotional health of children who are involved in it within the state. Apart from not being emotionally secured, such children have lower status compared to those not involved in such activities. They are perceived to have less joy and tended to be very aggressive in their temperaments. Such children are perceived to be more antagonistic in their children-parents interactions due to exposure to activities of child labour. From these expressed opinions of the respondents, the general observation could be concluded thus; that child labour has adverse effect on the emotional development of children in the state.

#### Research Question 4

Did the difference in parents' perception on the effects of child labour on health of children in Plateau State based on their demographic characteristics?

**Table 4.5: Mean score of responses on Parents perception about effects of child labour on physical, social and emotional health of children based on demographic characteristics of the respondents**

Variables	Variables options	N	Physical		Social		Emotion	
			Mean	SD	Mean	SD	Mean	SD
<b>Gender</b>	Male	295	3.18	0.481	2.95	0.485	2.90	0.462
	Female	194	3.15	0.434	2.89	0.517	2.80	0.497
<b>Age range</b>	20-24years	27	3.26	0.297	3.01	0.562	3.13	0.414
	25-30years	117	3.17	0.472	3.04	0.468	2.81	0.418
	31-36years	162	3.23	0.379	2.91	0.453	2.91	0.459
	Above 36years	183	3.10	0.532	2.86	0.535	2.81	0.522
<b>No of children</b>	1-4children	211	3.10	0.436	2.88	0.455	2.82	0.462
	5-8children	176	3.32	0.385	3.03	0.460	2.93	0.478
	Above 8children	102	3.06	0.564	2.85	0.613	2.82	0.499
<b>Type of works</b>	Business	118	3.31	0.420	2.95	0.526	2.87	0.486
	Trader	102	3.26	0.412	2.94	0.444	2.97	0.475
	Civil servant	95	3.05	0.448	2.96	0.395	2.84	0.416
	Driver	77	3.18	0.472	3.07	0.391	2.93	0.435
	Food Vender	97	3.02	0.502	2.73	0.622	2.70	0.523

Table 4.5 reveals that, female rated the physical, social and emotional effects of child labour on the children's health lower than the male respondents. The mean difference is tested in the related hypothesis. For age range of the respondents, those within the age bracket of 20 and 24 years have higher perception of the physical effects with a mean score of 3.26 and a standard deviation of 0.297. The least score (3.17) was by age bracket of between 25 and 30years. But all the age brackets agreed with such effect. For Social, the least score (2.91) was obtained for the age bracket of above 36years. This rating was followed by respondents within the age bracket 31 and 36 years with a mean rating of 2.91 while those within the age

range of 25 and 30 years scored the highest with 3.04. The least (2.81), emotional effect was scored by respondents who were above 36 years and the highest score (3.13) was by those who were between 20 and 24 years. The observation here revealed that age of respondents could have some effects on their perceptions of child labour in relation to the physical, social and emotional health of the children.

The number of children by respondents tended to affect their perceptions of the physical, social and emotional health of children involved in food vending as indicated by their mean scores in the table. For example, respondents with higher than 8 children had the least mean (3.06, 2.85 and 2.82) perception of the physical, social and emotional health effect children involved in food vending respectively. But the highest mean scores for the three variables were respondents with between 5 and 8 children as indicated in the table. These observations implied that, number of children could be a major factor in the perceptions of the physical, social and emotional effect of food vending involving children by respondents in the study area.

The perception of the respondents on the effects of child labour on the physical, social and emotional health of the children tended to differ by occupation as well. In the table, respondents involved in food vending have the least (3.02) perception of the physical, Social (2.73) and Emotional (2.70) effects of child labour. Respondents who were involved in Businesses and trading had higher perceptions of the effects than any other single occupation. The general observations based on the demographic characteristics of the respondents is that they all agreed that child labour has effects on the physical, social and emotional of children involved in the state. The observed variability is tested in the related hypothesis.

#### **4.2.2 Hypotheses Testing**

**Null Hypothesis I:** Parents' will not significantly perceive physical health as an effect of child labour on children in Plateau State.

The mean score of the respondents on the perceived effects of child labour on the Physical health of children involved as assessed in table 4.2 were compared with the fixed mean of 2.50 used as the bench mark for decision to establish the extent of the perceived effects. The one sample t-test was used for the test to enable the observed means to be compared with the fixed mean score of 2.50. The result of the test is summarized in table 4.6.

**Table 4.6: One sample t-test on parents' perception about effects of child labour on the physical health of children in Plateau state**

<b>Variables</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Std. Error</b>	<b>t-value</b>	<b>DF</b>	<b>P-value</b>
<b>Physical health</b>	492	3.17	0.463	0.021	31.985	491	.000
<b>Test mean</b>	492	2.50	0.000	0.000			

(Critical value of  $t=1.96$ ,  $P < 0.05$ ,  $H_0$  rejected)

Table 4.6 shows the mean score of 3.17 by the respondents for effects of child labour on the physical health of children involved in the state is significantly higher than the test mean of 2.50. This means that the respondents' perceived effect of the phenomenon on the physical health of children victims is significant. The indications in the table include an t-value of 31.985 obtained at 488 degree of freedom compared to 1.96 that stands for the critical value at the same level. The P-value for the test is 0.000 ( $P < 0.05$ ). With these observations, there is sufficient evidence for rejecting the null hypothesis. The null hypothesis that Parents' will not significantly perceive physical health as an effect of child labour on children in Plateau State is therefore rejected.

**II:** Parents' will not significantly perceive social health as an effect of child labour on children in Plateau State.

**Table 4.7: One sample t-test on parent's perception about effects of child labour on social health of children in Plateau state**

<b>Variables</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Std. Error</b>	<b>t-value</b>	<b>DF</b>	<b>P-value</b>
<b>Social health</b>	492	2.93	0.498	0.023	18.920	491	.000
<b>Test mean</b>	48	22.50	0.000	0.000			

(Critical value of  $t=1.96$ ,  $P < 0.05$ ,  $H_0$  rejected)

Table 4.7 revealed that the perceived effects of child labour on the social health of children who are victims of the phenomenon in the state is statistically significant. This is indicated with an observed t-value of 18.920 obtained at 491 degree of freedom compared with the critical value of 1.96 and the P-value obtained in the test is 0.000 ( $P < 0.05$ ). From these observations, there is enough evidence to reject the null hypothesis. The null hypothesis that Parents' will not significantly perceive social health as an effect of child labour on children in Plateau State is therefore rejected.

**III:** Parents' will not significantly perceive emotional health as an effect of child labour on children in Plateau State.

**Table 4.8: One sample t-test on parents perception about the effects of child labour on emotional health of children in plateau state**

<b>Variables</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>Std. Error</b>	<b>t-value</b>	<b>DF</b>	<b>P-value</b>
<b>Emotional health</b>	492	2.86	0.478	0.022	16.689	491	.000
<b>Test mean</b>	492	2.50	0.000	0.000			

(Critical value of  $t=1.96$ ,  $P < 0.05$ ,  $H_0$  rejected)

The result of the test revealed that the perceived effects of child labour on the emotional health of the children involved in it by the respondents is statistically significant. This is indicated with a mean score of 2.86 compared with the test mean of 2.50. The observed mean (2.86) is significantly higher than the midpoint average (2.50). The observed t-value for comparing the two mean is 16.689 and the P-value observed for the test is 0.000 ( $P < 0.05$ ) obtained at the 91 degree of freedom. These observations provide sufficient evidences for rejecting the null hypothesis. The null hypothesis that Parents' will not significantly perceive emotional health as an effect of child labour on children in Plateau State is therefore rejected.

**IV:** Parents' will not significantly perceive effects of child labour on the health of children in Plateau State based on their demographic characteristics.

To determine the associated effects of the respondents' socio-demographic variables on their perceived effect of child labour on the physical, social and emotional health of children in victims in the state, the aggregate mean effects on physical, social and emotional health was computed and mean scores of the variables were compared by options of the respondents demographic variables as shown in table 4.5. To test the hypothesis, each of the demographic variables was used as independent variables while the aggregate mean score was used as the dependent variable. The result of the test conducted with t-test and one way analysis of variance is summarized in table 4.9.

**Table 4.9: Test for significance of variability in mean effects of child labour on physical, social and emotional health of children victims in Plateau state by sex respondents.**

Variables	Gender	N	Mean	Std. Deviation	t-value	df	p-value
Physical	Male	295	3.18	0.481	0.625	487	0.532
	Female	194	3.15	0.434			
Social	Male	295	2.95	0.485	1.210	487	0.227
	Female	194	2.89	0.517			
Emotional	Male	295	2.90	0.462	2.291	487	0.022
	Female	194	2.80	0.497			

(t-critical = 1.96, P < 0.05, H<sub>0</sub> retained)

The results for test of variability between the male and female respondents on the effects of child labour on the children victims' physical and social were not statistically significant. This is indicated with a t-values obtained at 487 degree of freedom for physical and social effects in table as 0.625 and 1.210 with p-values of 0.532 and 0.227 (P > 0.05) respectively. This would mean that the male and female respondents did not differ significantly in their perceptions on effects of child labour on physical and social health of victims in the state. But the male differed significantly from their female counterparts on the emotional effect of child

labour as indicated with a t-value of 2.291 and a p-value of 0.022 ( $p < 0.05$ ) in the table. The implication here is that the male respondents had higher perception of the emotional effects than the female who in most cases could be responsible for involving the children in food vending. The analysis of variance models for determining significant differences in the perceptions of the different age groups of the respondents on the physical, social and emotional effect of child labour among the food vending group is presented in Table 10.

**Table 4.10: Test for significance of variability in mean effects of child labour on physical, social and emotional health of children victims in Plateau state by age respondents.**

Variables	Source	Sum of Squares	Df	Mean Square	F	Sig.
Physical	Between Groups	1.674	3	0.558	2.635	0.049
	Within Groups	102.739	485	0.212		
	Total	104.414	488			
Social	Between Groups	2.487	3	0.829	3.387	0.018
	Within Groups	118.703	485	0.245		
	Total	121.190	488			
Emotional	Between Groups	3.282	3	1.094	4.906	0.002
	Within Groups	108.133	485	0.223		
	Total	111.414	488			

(F-critical = 2.37,  $P < 0.05$ ,  $H_0$  rejected)

The age ranges and the result of the one way analysis of variance revealed that the respondents differed significantly in their perception on effects of child labour in relation to the physical, social and emotional health of children victims in the state. This is indicated with an observed F-values of 2.635 for physical, 3.387 for social and 4.906 for emotional compared with the critical value of 2.60 for the corresponding degree of freedom (3, 488). The observed p-values in the test were 0.049, 0.018 and 0.002 ( $P < 0.05$ ) respectively. This would imply that the variability obtained for the age ranges in Table 4.5 is statistically significant. The mean separation test with Scheffe procedure is summarized in Table 4.11.

**Table 4.11: Scheffe procedure on the mean scores by the different age groups on the three variables.**

Variables	Age (I)	Age(J)	Mean Difference (I-J)	Std. Error	Sig.
Physical	20-24years	25-30years	0.09259	0.09827	0.347
		31-36years	0.02778	0.09567	0.772
		Above 36years	0.15726	0.09489	0.098
	25-30years	20-24years	-0.09259	0.09827	0.347
		31-36years	-0.06481	0.05584	0.246
		Above 36years	0.06466	0.05448	0.236
	31-36years	20-24years	-0.02778	0.09567	0.772
		25-30years	0.06481	0.05584	0.246
		Above 36years	.12948*	0.04965	0.009
	Above 36years	20-24years	-0.15726	0.09489	0.098
		25-30years	-0.06466	0.05448	0.236
		31-36years	-.12948*	0.04965	0.009
Social	20-24years	25-30years	-0.03020	0.10562	0.775
		31-36years	0.10000	0.10284	0.331
		Above 36years	0.14730	0.10199	0.149
	25-30years	20-24years	0.03020	0.10562	0.775
		31-36years	.13020*	0.06002	0.031
		Above 36years	.17750*	0.05856	0.003
	31-36years	20-24years	-0.10000	0.10284	0.331
		25-30years	-.13020*	0.06002	0.031
		Above 36years	0.04730	0.05337	0.376
	Above 36years	20-24years	-0.14730	0.10199	0.149
		25-30years	-.17750*	0.05856	0.003
		31-36years	-0.04730	0.05337	0.376
Emotional	20-24years	25-30years	.32336*	0.10081	0.001
		31-36years	.21502*	0.09815	0.029
		Above 36years	.32180*	0.09734	0.001
	25-30years	20-24years	-.32336*	0.10081	0.001
		31-36years	-0.10834	0.05729	0.059
		Above 36years	-0.00156	0.05589	0.978
	31-36years	20-24years	-.21502*	0.09815	0.029
		25-30years	0.10834	0.05729	0.059
		Above 36years	.10678*	0.05094	0.037
	Above 36years	20-24years	-.32180*	0.09734	0.001
		25-30years	0.00156	0.05589	0.978
		31-36years	-.10678*	0.05094	0.037

\*. The mean difference is significant at the 0.05 level.

For physical health effects, respondents who were above 36years were significantly different from those who were within the age bracket of 31 and 36years. Between the other age groupings, no significant difference was observed in their ratings. The observed significant difference among the respondents of the different age groups on the social health effects was

more varied than was observed for the physical effects. Between respondents who were within the 25 to 30years age bracket and those between 31 and 36years of age, significant difference was observed. Respondents who were above 36years were also significantly different from those who were within the 25 and 30years age bracket. For emotional health effects, all the respondents were significantly different from each other with respect to their age groupings. The only exception was between those above 36years and those between 25 and 30years.

**Table 4.12: Test for significance of variability in mean effects of child labour on physical, social and emotional health of children victims in Plateau state by respondents' number of children.**

Variables	Source	Sum of Squares	Df	Mean Square	F	Sig.
Physical	Between Groups	6.456	2	3.228	16.015	0.000
	Within Groups	97.958	486	0.202		
	Total	104.414	488			
Social	Between Groups	2.782	2	1.391	5.709	0.004
	Within Groups	118.408	486	0.244		
	Total	121.190	488			
Emotional	Between Groups	1.327	2	0.664	2.930	0.054
	Within Groups	110.087	486	0.227		
	Total	111.414	488			

(F-critical = 2.37,  $P < 0.05$ ,  $H_0$  rejected)

The categorized classes of the respondents with different number of children as revealed in the table differed significantly in their perception of the effects of child labour on the children victims in the state. The observed F-values obtained at 2,489 degree of freedom were 16.015, 5.709 and 2.930 for physical, social and emotional effects respective with corresponding observed p-values of 0.000, 0.004 and 0.054 ( $P < 0.050$ ). The critical value at the 2, 489 degree of freedom is 2.37. These all means that the respondents' perception of child labour

effects on the victims' physical, social and emotional health is significantly influenced by the number of children they have in their families. The mean separation test conducted with Scheffe procedure is summarized in Table 4.13

**Table 4.13: Scheffe procedure on the mean scores by the different age groups on the three variables.**

Variables	N children (I)	N children(J)	Mean Difference (I-J)	Std. Error	Sig.
PHYSICAL	1-4children	5-8children	-.22466*	0.04583	0.000
		Above 8children	0.03918	0.05414	0.470
	5-8children	1-4children	.22466*	0.04583	0.000
		Above 8children	.26383*	0.05587	0.000
	Above 8children	1-4children	-0.03918	0.05414	0.470
		5-8children	-.26383*	0.05587	0.000
SOCIAL	1-4children	5-8children	-.14746*	0.05039	0.004
		Above 8children	0.02573	0.05953	0.666
	5-8children	1-4children	.14746*	0.05039	0.004
		Above 8children	.17320*	0.06142	0.005
	Above 8children	1-4children	-0.02573	0.05953	0.666
		5-8children	-.17320*	0.06142	0.005
EMOTIONAL	1-4children	5-8children	-.10528*	0.04859	0.031
		Above 8children	0.00929	0.05740	0.872
	5-8children	1-4children	.10528*	0.04859	0.031
		Above 8children	0.11456	0.05923	0.054
	Above 8children	1-4children	-0.00929	0.05740	0.872
		5-8children	-0.11456	0.05923	0.054

\*. The mean difference is significant at the 0.05 level.

For physical health effects of food vending, respondents with different number of children were significantly different from each other. The only exception were those with above 8children and those with 1 to 4children. This perception was reflected for the social and emotional effects as indicated in the table. Between other pairs of groups with different number of children, no significant difference was observed in their perceptions,

**Table 4.14: Test for significance of variability in mean effects of child labour on physical, social and emotional health of children victims in Plateau state by occupations respondents.**

Variables	Source	Sum of Squares	Df	Mean Square	F	Sig.
Physical	Between Groups	6.573	4	1.643	8.129	0.000
	Within Groups	97.841	484	0.202		
	Total	104.414	488			
Social	Between Groups	5.527	4	1.382	5.782	0.000
	Within Groups	115.663	484	0.239		
	Total	121.190	488			
Emotional	Between Groups	4.075	4	1.019	4.594	0.001
	Within Groups	107.339	484	0.222		
	Total	111.414	488			

(F-critical = 2.37,  $P < 0.05$ ,  $H_0$  rejected)

The result for the effect in terms of type of occupation of respondents on their perceptions about the effects of child labour on the children's physical, social and emotional health in the table shows that the variability obtained in Table 4.5 where their mean scores were examined was statistically significant. The observed F-values of 8.129, 5.728 and 4.594 at 4, 484 degree of freedom were higher than the critical value of 2.37. The levels of significance obtained in the test were 0.000, 0.000 and 0.001 ( $P < 0.05$ ). These observations mean that the respondents were significantly influenced in their perception of the effects of child labour on the victims by the different occupations they practiced. The post hoc test to showed the group that was significantly different from the other(s) is summarized in Table 4.15

**Table 4.15: Scheffe procedure on the mean scores by the different occupations.**

Variables	Occupation(I)	Occupation(J)	Mean Difference (I-J)	Std. Error	Sig.
PHYSICAL	Business	Trader	0.04528	0.06079	0.457
		Civil servant	.25772*	0.06198	0.000
		Driver	0.12760	0.06587	0.053
		Food Vender	.28447*	0.06162	0.000
	Trader	Business	-0.04528	0.06079	0.457
		Civil servant	.21244*	0.06411	0.001
		Driver	0.08231	0.06788	0.226
		Food Vender	.23919*	0.06376	0.000
	Civil servant	Business	-.25772*	0.06198	0.000
		Trader	-.21244*	0.06411	0.001
		Driver	-0.13012	0.06894	0.060
		Food Vender	0.02675	0.06490	0.680
	Driver	Business	-0.12760	0.06587	0.053
		Trader	-0.08231	0.06788	0.226
		Civil servant	0.13012	0.06894	0.060
		Food Vender	.15687*	0.06862	0.023
	Food Vender	Business	-.28447*	0.06162	0.000
		Trader	-.23919*	0.06376	0.000
		Civil servant	-0.02675	0.06490	0.680
		Driver	-.15687*	0.06862	0.023
SOCIAL	Business	Trader	0.01698	0.06609	0.797
		Civil servant	-0.00576	0.06738	0.932
		Driver	-0.11849	0.07162	0.099
		Food Vender	.22228*	0.06700	0.001
	Trader	Business	-0.01698	0.06609	0.797
		Civil servant	-0.02275	0.06970	0.744
		Driver	-0.13547	0.07380	0.067
		Food Vender	.20530*	0.06933	0.003
	Civil servant	Business	0.00576	0.06738	0.932
		Trader	0.02275	0.06970	0.744
		Driver	-0.11273	0.07496	0.133
		Food Vender	.22804*	0.07056	0.001
	Driver	Business	0.11849	0.07162	0.099
		Trader	0.13547	0.07380	0.067
		Civil servant	0.11273	0.07496	0.133
		Food Vender	.34077*	0.07461	0.000
	Food Vender	Business	-.22228*	0.06700	0.001
		Trader	-.20530*	0.06933	0.003
		Civil servant	-.22804*	0.07056	0.001
		Driver	-.34077*	0.07461	0.000

For the physical health effects, the Drivers were significantly different from food vendors and the business persons. But there was no significant difference between the drivers and the civil servants and between the food vendors and the civil servants, there was no significant difference. The civil servants were significantly different from the food vendors. But between

the traders and the business persons, there was no significant difference in their rating. For social health effects, the Business persons were not significantly different from the traders and the traders were not significantly different from the civil servants in their perceptions. The drivers were significantly different from the food vendors and the food vendor were significantly different from any of the other groups in their perception of the social health effect of food vending on the children. Table 4.16 shows the summary of mean separation for the emotion health effect of food vending by the different occupations.

**Table 4.16: Scheffe procedure on the mean scores by the different occupations.**

Occupation(I)	Occupation(J)	Mean Difference (I-J)	Std. Error	Sig.
Business	Trader	-0.09422	0.06367	0.140
	Civil servant	0.02936	0.06491	0.651
	Driver	-0.05927	0.06899	0.391
	Food Vender	.17216*	0.06454	0.008
Trader	Business	0.09422	0.06367	0.140
	Civil servant	0.12358	0.06715	0.066
	Driver	0.03495	0.07109	0.623
	Food Vender	.26637*	0.06679	0.000
Civil servant	Business	-0.02936	0.06491	0.651
	Trader	-0.12358	0.06715	0.066
	Driver	-0.08863	0.07221	0.220
	Food Vender	.14279*	0.06798	0.036
Driver	Business	0.05927	0.06899	0.391
	Trader	-0.03495	0.07109	0.623
	Civil servant	0.08863	0.07221	0.220
	Food Vender	.23142*	0.07188	0.001
Food Vender	Business	-.17216*	0.06454	0.008
	Trader	-.26637*	0.06679	0.000
	Civil servant	-.14279*	0.06798	0.036
	Driver	-.23142*	0.07188	0.001

For the emotional health effects of vendors were not perceived differently between all the different occupation. The only exception were the food vendors who were significantly different from the other groups.

### 4.3 Summary of major findings

The major findings from the analysis of the data and test of the study's hypotheses are summarized below:

- i. Parents perception about physical health effects of child labour among children in Plateau State is significantly ( $p=0.000$ ).
- ii. Parents' perception about social health effects of child labour among children in Plateau State is significantly ( $p=0.000$ ).
- iii. Parents' perception about emotional health effects of child labour among children in Plateau State is significantly ( $p=0.000$ ).
- iv. Male and female respondents did not differ significantly in their perceptions of physical and social health effects of child labour among children in Plateau state (Physical  $p=0.532$ , Social  $p = 0.227$ ).
- v. Male and female respondents differ significantly in their perceptions of emotional health effects of child labour among children in Plateau state ( $p=0.022$ ).
- vi. Respondents differed significantly by their ages their perceptions of Physical , Social and emotional health effects of child labour among children in Plateau state (Physical  $p=0.049$ , Social  $p = 0.018$ , emotional  $p = 0.002$ )
- vii. Respondents differed significantly by their number of children in their perceptions of Physical, Social and health effects of child labour among children in Plateau state (Physical  $p=0.000$ , Social  $p = 0.004$ , emotional  $p = 0.054$ )
- viii. Respondents differed significantly by their occupations in their perceptions of Physical, Social and emotional health effects of child labour among children in Plateau state (Physical  $p=0.000$ , Social  $p = 0.000$ , emotional  $p = 0.001$ )

#### **4.4 Discussion**

The study assessed parents perception about the effects of child labour on the Physical, social and emotional health of child in Plateau State. The result revealed that the respondents perceived child labour to affect the physical health of children. The null hypothesis was therefore rejected. From data examined in relation to the research question, it was observed that respondents were of the view that such effects of child labour on the physical health of the victims included physical injuries that may result from accident, exposure to sexual violence and coming in contact with communicable diseases as a direct result of their association with different people depending on the nature of their occupational orientation among others. The result of this study is consistent with the finding of Clarke and Cooke (2007) who explained that the health of exploited working children is being endangered by allowing them to work under health hazards and that the children start from the disadvantaged health status and they suffer from malnutrition and their intake of calories is lower than the required number. The finding here agrees with the report of Adamu, (2016) who stated that children exposed to hard work right from childhood are in most cases at risk in terms of normal development for longer periods because of the biological process of rapid cell that reduces the latency period of some diseases.

The result of the test revealed that the respondents perceived that child labour affects the social health of their children. The null hypothesis was therefore rejected. From the analysis of data associated with the research questions, it was found that such negative effects of child labour on the social health of the victims included poor performances in the school due to absenteeism, truancy or lack of concentration in the class. Others were indulgence in anti-social behaviours like smoking, engaging in sexual misbehaviours and stealing among others. The finding here is consistent with Vendenberge (2007), who opined that this type of work attracts peer group from different socio-cultural backgrounds, thereby crossbreeding a

trait (in children) that is unacceptable to the society. This finding is in agreement with Hassan (2009) who observed that physical and emotional stress of work combined with the denial of opportunities to play, explore the world, interact fully with peers, physical and emotional abuse and neglect, separation from family, monotony and the burdens of premature responsibility are likely to have permanent psycho-social impact on the health of the children. The finding of this study is in agreement with Osment and Jonsson (2014) who reported both physical, social and emotional effects of child labour from a study on the effect of child labour: causes and remedies to the revolving menace in Sweden, that abuse can cause considerable damage to health of these young children. Amon, Buchanan, Cohen, and Kippenberg, (2012) that sexual abuse exposes these children to numerous dangerous sexually transmitted diseases such as syphilis, genital herpes, and HIV/AIDs and that if the child is very young, it is possible that any forced sexual activity may cause internal infections and/or irreparable damage to her reproductive system.

The result of the test revealed that the parents' perceived child labour to affect the emotional health of their children. The null hypothesis was therefore rejected. From the related data, associated with the specific research question, it was found that such effects included emotional instability of the children victims, aggressiveness and lack of politeness to elders among others. The finding here is consistent with the postulation of Ilori, (2015) who opined that child labour has negative effect on the emotional health of children and that emotional health is neuro-hormonal reaction occurring in response to some physical or mental stimulus, which in turn affect our response to the same stimulus on the physical and mental plane.

The effect of the respondents' demographic variables on their expressed perceived effects of child labour on the physical, social and emotional health of the children victims was tested in the fourth hypothesis. The result revealed that the male and female respondents

did not differ significantly in their opinion on the perceived physical and social effects of the phenomenon on children involved in the practices. The males differed significantly from the female on emotional health effects of child labour. Respondents were found to be significantly affected by their ages in their opinions on the effects of child labour in the study. Respondents who were above 36 years did not see the severity of the effects when compared to those who were younger. It was therefore concluded that age of respondents could play a significant role in their perception on the of child labour on the children victims. In the same vein, number of children per respondents was found to have significant influence on their perception of the effects of child labour on the children victims. Respondents who have more than 8 children were less likely to have a high rating of the negative effect of child labour on the children victims when compared to those who have lower number of children. Type of occupation was another demographic factor of the respondents which was found to significantly affect their expressed perceptions of the effects of child labour on the children victims. Respondents who were food vendors did not have a high perception of the negative effects when compared with their counterpart in other occupations like driving/artisans, business/trading and farming/other miscellaneous occupations. However, all the respondents, irrespective of their demographic characteristics agreed that child labour has effects on the physical, social and emotional health of children involved in it. The finding here agrees with Udoh & Moses (2015) who reported that child labour in Plateau is determined by full time participation of children in related labouring and withdrawals from school.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1 Summary

This study assessed parent's perception about effects of child labour on the Physical, social and emotional health of children in Plateau State. is presented in this chapter. Four purposes, research questions and hypotheses were formulated to guide the study. Ex-post facto research design was adopted for the study. The chapter contains among others summary of findings from the tested hypotheses, conclusion, implication and recommendations for further studies on the subject.

The problem of child labour is the associated effects on the physical, social and emotional development of the children. Child labour being that aspect of work that is essentially exploitative and injurious to the physical, social, emotional and moral health development of the child. Another side of these effects is the associated deprivation of educational development of children in Plateau state, enrolment of students in public and private secondary schools is at a decreasing level on yearly basis due to the high level of children's involvement in various related work, paving way for the underutilization of educational resources in public schools such as building, equipment, furniture and other teaching and non-teaching materials (Udoh and Moses, 2015). One basic issue here is whether the parents of such children were aware of the negative effects of child labour. This study is therefore set out to assess the opinion of parents of different occupational orientations on the perceived health effects of child labour among children in Plateau State.

A structured questionnaire was developed and it consisted section A-D, section A consisted items 1-4 which consisted of the demographic characteristics of the respondents. While section B consisted items 1-6 on parents' perception about health effects of child labour on physical health. Section C consisted items 1-5 on parents' perception about health

effects of child labour on social health and section D consisted items 1-6 on parents' perception about health effects of child labour on emotional health of children involved in the practices of child labour in the state. (See Appendix I). The questionnaire was validated for internal consistency of its items. The instrument was then administered to 500 respondents selected across the six local government areas of Plateau State through the stratified random sampling procedure.

The study was structured into five chapters. Chapter one gave the background of the study, and statement of the problem, the objectives, research questions, and the study's hypotheses. The scope and limitation of the study were also given within the chapter. Chapter two consisted of the review of related literatures to the study. In chapter three, the methodologies used in study were stated. The statistical analysis and interpretation of the findings from the analysed data were presented in chapter four. The chapter is made up of an analysis of the respondents' socio-economic characteristics and their expressed effects of child labour on the Physical, social and emotional health of children involved in the practices within the state. Four null hypotheses structured along the research questions and specific objectives of the study were tested. The major findings from the analysis of the data and test of the hypotheses are stated below.

## **5.2 Conclusion**

From the findings of this study, it was concluded that:

1. Parents perceive that child labour negatively affects physical health of children.
2. Parents perceive that child labour negatively affects social health of children.
3. Parents perceive that child labour negatively affects emotional health of children
4. Parents perceive that factors that influence child labour includes age, parents occupation and number of their children.

### **5.3 Contributions to Knowledge**

This study provides information to parents on the effects of child labour in Nigeria. It also educates family members to see the dangers of hawking and other acts of negative activities that will indulge children into dangerous activities. The study also assists parents with information on the need to avoid any form or engaging their children into child labour. The study has explored the dangers and trauma inherent in child labour in any society.

### **5.4 Recommendations**

Based on the findings from the analysed data, it was recommended that:

1. The Human right agency should embark on periodic awareness campaign along with the Ministry of Health, Education and Information so as to create awareness on child labour and need to eradicate which has caused physical harm to children in the state.
2. Health educators along with counsellors should conduct awareness campaigns to enlighten parents on the consequences of child labour on the child's social health so as to help in reducing withdrawal and suicidal tendencies among children.
3. Health educators and teachers should carry out enlightenment campaigns focused targeted at the parents in the schools through PTA meeting and the Community through outreach. This would help to enlighten the parents on the effect of child labour on the child and how it affect their emotional health.
4. The government through mass media campaigns should ensure that sensitization campaigns are carried out so as to encourage parents against early marriages as this predisposes them to hardship which results into them allowing their children to hawk and engage in work that is way above the child just to meet ends need.

## **5.5 Suggestions for Further Studies**

The following suggestions were made for further studies.

- 1.** Assessment of perceived effects of child labour on health of out of school children in Plateau State, Nigeria.
- 2.** Assessment of awareness and attitudes towards health effects of child labour among households in Plateau State, Nigeria.

## REFERENCES

- Abisoye, A. O. (2013). The Prevalence of Child Hawkers in Motor Parks in Ibadan Municipality: An overview. *Journal of Social Science Research* 1(7):174-179.
- Adamu, Y. (2016). The Socio- Economic Impact of Child Labour in Cameroon. *Labour Capital and Society*, 27(2): 23-48.
- Adedigba, O. (2015). *Efficacy of Literature-Based Instructional Strategies on Pupils' Awareness of and Attitude to Child Rights in Kwara State, Nigeria* (Doctoral dissertation).
- Adegum O. A. (2013) Practices of Child Labour Among Parents in Ekiti State Nigeria: Implication for School Administrators. *Journal of Education and Practice*, Vol. IV, (II): 1-7.
- Adesina, O. S. (2014). Modern day slavery: poverty and child trafficking in Nigeria. *African Identities*, 12(2), 165-179.
- Ahamefula, E. O. (2008). *Children Protest Kidnap of Toddlers*. Thisdayonline.com retrieved 12/5/2012.
- Ahmad, A. (2012). Poverty, Education and Child Labourers in Aligarh City-India. *Study Home Community Science*.5(12): 165-172.
- Akarro, R. R., & Mtweve, N. A. (2011). Poverty and its association with child labour in Njombe District in Tanzania: The case of Igima Ward. *Current Research Journal of Social Sciences*, 3(3), 199-206.
- Amuda, Y. J. (2010). Working Conditions and Consequences of Child Labour in Nigeria. [www.oida-intl-journal-sustainable – devhtml](http://www.oida-intl-journal-sustainable-devhtml). Retrieved 18/05/2012.
- Anthony, I. (2015). Effects of Occupational Pesticide Exposure on Children Applying Pesticides, *Neuro-toxicology Journal*. 29(5): 833-888.
- Aqil, Z. (2012). “Nexus between Poverty & Child Labour: Measuring the Impact of Poverty Alleviation on Child Labour”. Good Thinkers Organization for Human Development, Kasur. 6<sup>th</sup> Edition. 112.
- Arp, S. (2010). Effects of Occupational Pesticide Exposure on Children Applying Pesticides. In *Neurotoxicology Journal*. Voliza, No.5, PP. 833-888
- Asamu, F. F. (2015). Child labour and its social implications on children in selected cities in Nigeria. *Journal of Arts, Humanities and Social Sciences*, 3(2), 62-87.
- Ashimi, A. Amole T, & Ugwu E (2015). Reported Sexual Violence Among Women and Children seen at the Gynecological Emergency Unit of a Rural Tertiary Health Facility, Northwest Nigeria, *Annals of Medical Health Science Resources*. 5(1): 26-29).
- Asika, N. (2001) *Research methodology in the behavioural sciences*. Ikeja Lagos. Longman Nigerian Plc 87-90

- Asuquo, E. O., Arulogun, O. S., & Tobin-West, C. I. (2017). Perception and Practice of Child Labour in South-Western, Nigeria. *American Journal of Psychology and Behavioral Sciences*. 4(4): pp. 27-32.
- Aweloye, Z. (2006). *Labour and monopoly capital*, New York. Monthly review press. International year of the child report.
- Awosusi ,O.& Adebo, G. M. (2012). Domestic Servants and Rural-Youth Urban Migration in Nigeria. *International Journal of Humanities and Social Science*. 2(5): 271-278
- Bada, S. O., (2015). Parents' Perception of the Causes and Effects of Child Abuse in Ondo State, Nigeria. *International Journal of Academic Research in Psychology*, 2(1): 1-10.
- Bhat, B. A. (2011). *Child Labour in the Cotton Industry of Uzbekistan: a sociological study*. Centre of Central Asian Studies, University of Kashmir. Vol. 54. 1, 84-99
- Child right – Handbook, (2010). Indian Development Gateway. Retrieved at [www.ing.as/edurightlabour](http://www.ing.as/edurightlabour). on 4th March 2018.
- Child Rights Act, (2003). Unveiling, Africa. Child Rights Act 2003.
- Children and Young Persons Act, (2017). *Who is a Child*. Singapore statutes online. Retrieved 20 October, 2017.
- Cinjel, N.D., Fortune, O.C. &Soni-Uboh, I.V. (2017). Poverty and the Challenges of Child Labour in Mangu Local Government Area of Plateau State, 2000-2016. *Journal of Political Science and Leadership Research*. 3(1):2504-8821.
- Clarke, G. M., & Cooke, G. (2007). *A basic course in statistics*. London: Edward Arnold Press. 1<sup>st</sup> Edition 223.
- Clowdhury, M.S. (2006). Human Behaviour in the contain of training: An overview of the role of learning theories in applied to training and development. *Journal of Knowledge Management Practice*. 3(3): 231-240.
- CongdonFors, H. (2012) "Social Globalization and Child Labor" *Journal of Economic Surveys*, 6(12):1-12.
- Convention on the Rights of the Child, (2010). *Right of a Child*. The Policy Press, Office of the United Nations High Commissioner for Human Rights.
- CRC, (2007). *Convention on the Right of the Child*. Adopted by the General Assembly of the United Nations, No. 20.
- Dada, O. (2013). A Sociological Investigation Factors and the Effects of Child Street Hawking in Nigeria. Agege, Lagos state. Under Survey. *International Journal of Asian Social Science*. 3(1):114-137.
- Das, S. (2012)“Incidence of Child Labour and Child Schooling in India: Pattern and Determinants,” *ISRN Economics*, vol. 20(12): 1-10.

- Dash, Bishnu Mohan, (2013). Factors contributing the Incidence of Child Labour in Small Scale Commercial Establishments: A Study in Delhi OIDA International Journal of Sustainable Development. Vol. 05, No. 12, Pp. 41-58.
- Davin, C.Y. (2004). *Child labour: Its regulation by ILO standard and national legislation international*, 633-652.
- DessySylvain, I and Pallage, S. (2003).A Theory of the Worst Forms of Child Labour. *The Economic Journal* 115 (500): 68-87.
- Dimije, R. (2009). *Mental Health and Everyday Learning* Ibadan. Evangs Brothers (Nigeria) pp. 545 Publishers Limited.
- Donnell and Jones E.B. (2002). *The Rights of the Child in Nigeria: Nigeria Institute of Advanced Legal Studies, Lagos, Research Series 2.*
- Ebirin, J. and Okkwejie, A. (2006). *Child Trafficking in Nigeria: Slavery of our Time.* In Weekly Trust, December 31, Page 9.
- Ejim, U. M. (2012). *Child Abuse and Child Witchcraft in Emugu Metropolis: The Role of Christianity.* Unpublished Seminar Paper presented to the Department of Religious and Cultural Studies, University of Nsukka.
- Ekpenyong, S. N. & Sibirii, A. E. (2011). Street Trading and Child Labour in Yenegoa. *International Journal of Scientific Research in Education*, 4(1): 36-46.
- Elijah, O. A. & Okoruwa, Victor (2006).*Analysis of Child Labour and School Attendance in Nigeria.* The present and future implications. Dept of Agricultural Economics, Faculty of Agriculture and Forestry, University of Ibadan, Ibadan. Oyo state, Nigeria.
- Fatai, A. (2011). When not to say “it is well.”*The nation*, October 18.
- Fekudu, D. Alem, A. &Hagglof, B. (2006). The Prevalence of Mental Health Problems in Ethiopian Child Labourers. *Journal of Child Pshychology*. 47(9):954-9.
- FGN, (2007). *Child Labour and Scholastic Retardation A Thematic Analysis of the 1999 Survey of Activities of Young People in South Africa.* Theses (Ma (Demography) University of Pretoria.
- Funmi, O. B., &Sunday, B. F. (2016). Childhood Maltreatment and Perception of Child Maltreatment among Respondents in Nigeria. *Sage Journal*. 28(1): 73-100.
- Geneva, (2013) as in World Report on Child Labour (2015): *Paving the way to decent work for young people.* Making markets work for jobs. *ILO*.
- Graitcer, P. L., & Lerer, L. B. (1998). Child Labor and Health: Quantifying the Global Health Impacts of Child Labor.
- Graitcer, P. L., & Lerer, L. B. (2000). The impact of child labor on health: report of a field investigation in Egypt. *Washington DC: World Bank*.

- Hassan, Y.A. (2009). *Child Abuse and Neglect in Nigeria: Kaduna 26-29. Nov. Nig. Chapter. Health Science Journal*. 11(1): 1-12.
- Ho, J. (2006). The International Labour Organization's Role in Nationalizing the International Movement to Abolish Child Labour. *Chi. J. Int'l L.*, 7, 337.
- Humanium (2010). *Child Labour: Child Labour in the World*, retrieved online on 6<sup>th</sup> March 2020 at <https://www.humanium.org/en/child-labour/>.
- Ibrahim, A., Abdalla, S. M., Jafer, M., Abdelgadir, J., & de Vries, N. (2018). Child labor and health: a systematic literature review of the impacts of child labor on child's health in low-and middle-income countries. *Journal of Public Health*. <https://doi.org/10.1093/pubmed/fdy018>.
- Ilori, T, (2015). *When the global crisis and youth Bulge collide: Double jobs trouble for youth*. New York: UNICEF Working Paper.
- International Labour Organisation, (2011). International and national legislation – Child Labour. Archived from the original on 9 February 2012.
- International Labour Organisation, (2011). *Social perception about child labour – 2011 National Survey of Mexico*. Retrieved at <http://www.ilo.org> on 16<sup>th</sup> August 2018.
- International Labour Organisation, (2012). *Elimination of Child Labour*, ILO, Moscow office. Retrieved 4th September from [www.ilo.org](http://www.ilo.org).
- International Labour Organisation, (2013). *International Programme on the Elimination of Child Labour (IPEC) (2012). Hazardous child labour*. ILO Global Estimates (2013).
- International Labour Organization, & Geneva, (2013). *Global child labour trends 2008 to 2012* IPEC.
- International Labour Organization, (2000). *The Worst Forms of Child Labour (1999) concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour*. ILO Convention No. 182.
- International Labour Organization, (2004). *Child Labour: a Textbook for University Students*. Geneva.
- International Labour Right Forum (2019). Retrieved online on 1<sup>st</sup> March 2020 at <https://laborrights.org/blog/201109/developmental-effects-child-labor>
- IsmayiLova L...Gaveras, E... Blum A...To...Camier, A. & Nanema. R. (2016). Maltreatment and Mental Health Outcomes among Ultra-poor Children in Burkina Faso: Alaten Class Analysis. *Plos ONE II*, (10): eo164790.
- John, N. (2009). Health Seeking Behaviour for Child Illness in Guatemala, *Trop. Med. Int. Health*: 5(6):145-155.
- Krejcie, R.V. & Morgan, D.W. (1970). Determining Sample size for Research Activities. *Educational and Psychological Measurement*. 30(1), 607-610.

- Kuti, F. (2006). Domestic child servitude, society and the law. *The guardian* April 28.
- Lachowski, S. (2009). Engagement of children in agricultural work activities: Scales and consequences of the phenomenon. *Annals of agricultural and environmental medicine*. 4(2):1-13.
- Levison, D. & Murray-Close M. (2005). Challenges in determining how child work affects child health. *Public Health Reports*. 1(20): 1-13.
- Mahmoud, H. H. (2001). *The impact of child labour on health and psychosocial status of working children aged between 10 and 16 years in Jordan*. PhD thesis, University of Warwick.
- Mapaure, C. (2009). “Child Labour: A universal problem from a Namibian perspective” in Oliver C Ruppel, ed, *Children’s Rights in Namibia*, Windhoek: Konrad Adenauer Stifting.
- Mishra, L. 2012, History of Labour Rights. *Social Change*, 3(40): 335–357.
- Moffitt, T. E. (2013). Childhood exposure to violence and lifelong health: Clinical intervention science and stress-biology research join forces. *Development and Psychopathology*, 25(4pt2), 1619-1634.
- Muhumuza, T. (2012). Access to Product Markets and Child Labour-Survey Evidence from Rural Uganda. *Sage*, 10(2): 1-12.
- National Bureau of Statistics, (2012). Annual Abstract of Statistics 2012. Retrieved at National Bureau of Statistics (NBS) Website, [www.nigerianstat.gov.ng](http://www.nigerianstat.gov.ng) on 1 May, 2017.
- National Population Commission (2003) Nigeria: Demographic and Health Survey. Abuja: NPC Public.
- Nnaedozie, A.G. (2008). Child Labour and Health Problems and Perspectives. *International Journal of Occupational and Environmental Health*. 4(5):12-22.
- Nseabasi, A. & Abiodun, J. (2010). The Menace of Child Abuse in Nigeria: A Case Study of Street Hawking in Uyo, Akwalbom State, Kamla-Raj. *Journal of Social Sciences*, 24(3): 189-192.
- O’Donnell, O., Rosati, F.C., & van Doorslaer, E., (2005). Health effects of child work: Evidence from rural Vietnam. *Journal of Population Economics* 18(1): 437–467.
- Obinna, E. and Osita, O. (2007). Exploring the causes of labour. *The international NGO Journal*, 2(1): 6-8.
- Okafor, E. E. (2010). Child labor dynamics and implications for sustainable development in Nigeria. *Journal of Sustainable Development in Africa*, 12(5), 8-21.
- Okafor, E. E. (2010). Child Labour Dynamics and Implication for Sustainable Development in Nigeria. *African Journal of Med. Med. Science* 30(1-2):81-85.

- Okomaniyi, E. (2008). Children's Work Reconsidered: *International Social Science Journal*, 32(11):1-12.
- Okoye, U. O., & Tanyi, P. L. (2009). Perception of child labour in south eastern Nigeria: A study of Onitsha metropolis. *International Journal of Research in Arts and Social Sciences (IJRASS)*.
- Okpukpara B. C. & Odurukwe N. (2006). *Incidence and Determinants of Child Labour in Nigeria: Implication for Poverty Alleviation*. AERC Research Paper, 156 African.
- Olayinka, O.T. (2008). *Eliminating Child Labour through Vocational and Technical Education: being a Paper Presented at the 13th Annual National Conference of Women in College of Education held at F.C.E. Kano, 13th – 16th October, 2008*.
- Omokhodion, F. O. and Omokhodion, S. I. (2004). Health status of working and non-working school children in Ibadan, Nigeria. *Annals of Tropical Paediatrics*, 24(1):175-180.
- Onyemachi, T. U. (2010). Children, Status and the Law in Nigeria. *An International Multi-Disciplinary Journal*, Ethiopia; Vol. 4(3): 378-398.
- Osment, L. (2014). Child labour; the effect on child, causes and remedies to the revolving menace.
- Oyeyinka, R. A. Ayansina, S. O. Adekunmi, A. O. & Arowolo, O.O. (2013). Perceived Effect of Child Labour Activities in Oyo West Local Government Area of Oyo State, Nigeria. *Journal of Biology, Agriculture and Healthcare*. 3(13):14-21.
- Pack, S. (2008). Engagement of Children in Agricultural Work Activities: Scales and Consequences of the Phenomenon. *Annuals of agricultural and environmental medicine*. 15 (2):222-237.
- Patel, V. (2007). Mental health in low-and middle-income countries. *British Medical Bulletin*, 81(1), 81-96.
- Ploch, L. (2013). *Nigerian: Current Issues and U.S Policy*. Library of Congress. Congressional Research Service.
- Rena, R. (2009). The Child Labour in Developing Countries: A Challenge to Millennium Development Goals. *Indus Journal of Management & Social Sciences* 3(1):1-8.
- Rickey, L. (2009). *The Determinants of Child Labour and Schooling in the Philippines*. Department of Economics, Stanford University. 3<sup>rd</sup> Edition 245.
- Robson, E. (2004). Children at work in rural northern Nigeria: Patterns of age, space and gender. *Journal of rural studies*, 20(1): 193-210.
- Roggero, P., Mangiaterra, V., Bustreo, F., & Rosati, F. (2007). The health impact of child labor in developing countries: evidence from cross-country data. *American journal of public health*, 97(2), 271-275.

- Roggero, P., Mangiaterra, V., Bustreo, F., & Rosati, F. (2007). The health impact of child labor in developing countries: evidence from cross-country data. *American journal of public health, 97*(2), 271-275.
- Stalsberg, R., & Pedersen, A. V. (2010). Effects of socioeconomic status on the physical activity in adolescents: a systematic review of the evidence. *Scandinavian journal of medicine & science in sports, 20*(3), 368-383.
- Tade, O. (2010). *Household demand and child trafficking for domestic use in Ibadan, Nigeria*. A Ph.D. post-field seminar presented at the department of sociology, University of Ibadan, Nigeria.
- Taiwo, E. (2010). Street trading and child labour in Yenegoa. *International Journal of Scientific Research in Education, 4*(1): 36-46.
- Tauson, M. (2009). "Child Labour in Latin America: Poverty as Cause and Effect. *Journal of Sustainable Development. 13*(3): 1-12.
- Togunde, D. & Arielle, C. (2008) In Their Own Words: Consequences of Child Labour in Urban Nigeria. *Journal of Social Sciences; 16*(2): 173-181.
- Togunde, D. R., & Weber, E. (2007). PARENTS'VIEWS, CHILDREN'S VOICES: Intergenerational Analysis of Child Labor Persistence in Urban Nigeria. *International Journal of Sociology of the Family, 285-301*.
- Ubajaka, C. Duru, C.B. Nnebue, C.C. Okwaraoha, O.B. & Ifeadike, G.O. (2010). Parents' Perception on the Effects of Child Labour in a community in Anambra State, Nigeria. *African medical Journal; 1*(1):15-19.
- Udah, D., & Moses, T., (2015) Perception Working Children in Ibadan, Nigeria. *Annals of Tropical. Paediatrics. 24* (2): 175-178.
- Uddin, M. N., Hamiduzaman, M. & Gunhard, G. G. (2009). Physical and Psychological Implications of risk Child Labour: A Study in Sylhet city, Bangladesh.
- Udoh, R. (2009). Street Hawking: An Etiological Factor in the Sexual Abuse of Children. Unpublished paper. ANPPCAN, October.
- UNICEF (2008). Poverty reduction begins with children.
- UNICEF (2009). Child protection from violence, exploitation and abuse: To every child health, education, equality, protection. Balaguer: UNICEF centre.
- United Nation Development Programme, (2012) as in Osment, L. (2014). Child labour; the effect on child, causes and remedies to the revolving menace.
- United Nations Children's Education Fund. Cote d'Ivoire: Protecting children against the worst forms of child labour and trafficking. Abidjan: UNICEF (provided by UNICEF); 2010.

- United Nations, (2013). United Nations Resources for Speakers on Global Issues – Child Labour. United Nations. Archived from the original on 7 August 2013. Retrieved 4 January 2017.
- United States department of labour (2011). *Findings on the worst of child labour – Nigeria*, retrieved at: <http://www.refworld.org/> on 25<sup>th</sup> June, 2017.
- Unveiling, Africa. “Child Rights Act 2003.” Child rights act 2003. Retrieved from the original on 7 November, 2017.
- Vendenberge, W (2007). *Impact of Labour Laws on Child Labour: A Case of Tourism Industry*. 1<sup>st</sup> Ed. Pp 233.
- WHO (2010). Children at Work. Special Health Risks: Technical Report Series, 756, Geneva.
- WHO, (2009). Towards a Better Future: Washington DC; Health Nutrition and Population Unit, South Asia Region.
- Woodhouse, B. B. (2017). “Out of Children’s Needs, Children’s Rights”: The Child’s Voice in Defining the Family. In *Children's Rights* (pp. 107-127). Routledge.
- Yadav, S. & Sengupta, G. (2009). Environmental and Occupational Health Problems of Child Labour: some Issues and Challenges for Future. Retrieved online at [www.uniteforsight.org/.../moduled4](http://www.uniteforsight.org/.../moduled4).

## APPENDIX I

### QUESTIONNAIRE GUIDE FOR CHILDREN

This questionnaire is designed to investigate “Parents perception about health effect of child labour in Plateau State.

The researcher is a postgraduate student in Health Education in the Department of Human Kinetics and Health Education, Ahmadu Bello University, Zaria.

Please, complete this questionnaire objectively as possible. The information obtained from the questionnaire will be kept strictly confidential and will be used only for the research purpose.

#### INSTRUCTION

Please tick (  ) your response appropriately.

#### SECTION A: DEMOGRAPHIC INFORMATION OF THE RESPONDENTS

1. Gender
  - a. Male (  )
  - b. Female (  )
2. Age Range(in years)
  - a. 20-24 (  )
  - b. 25-30 (  )
  - c. 31-36 (  )
  - d. 37 and above (  )
3. How many children does you have?
  - a. 1-4 (  )
  - b. 5-8 (  )
  - c. 9 and above (  )
4. What kind of work do you do?
  - a. Business (  )
  - b. Trader (  )
  - c. Civil servant (  )
  - d. Driver (  )
  - e. Non (  )

**SECTION B:  
INSTRUCTION**

Please tick ( ✓ ) the statement which best describes your opinion.

**SECTION B: PARENTS PERCEPTION ABOUT HEALTH EFFECT OF CHILD  
LABOUR ON PHYSICAL HEALTH**

S/NO	ITEM	SA	A	D	SD
<b>B.</b>					
5.	Child labour exposes children's to physical injuries on their body.				
6.	Child labour expose children to sexual violence.				
7.	Children who practice child labour can contact communicable diseases in the places they work.				
8.	Children who engage in child labour are knocked down by vehicles.				
9.	Children who engage in child labour suffer from malnutrition.				
10.	Children who engage in child labour sustain physical injuries due to traffic congestion.				

<b>C.</b>	<b>PARENTS PERCEPTION ABOUT HEALTH EFFECT OF CHILD LABOUR ON SOCIAL HEALTH</b>				
11.	Child labour affects children personal interaction with peers in school.				
12.	Majority of children who practice child labour smokes cigarette				
13.	Truancy in school is part of feature of those who engage in child labour.				
14.	Female children who engage in child labour at early age may experience premarital sex.				
15.	Stealing is one of the attributes of children who practice child labour.				

<b>D.</b>	<b>PARENTS PERCEPTION ABOUT HEALTH EFFECT OF CHILD LABOUR ON EMOTIONAL HEALTH</b>				
16.	Children who engage in child labour are not emotionally secured.				
17.	Children engaged in child labour cannot express their feelings or worries to their parents.				
18.	Children engaged in child labour usually become timid.				
19.	Children who practice child labour are very aggressive.				
20.	Children who participate in child labour easily regret doing the work.				
21.	Children who engage in child labour frown at their parents any time misunderstanding sets in.				

TM ROUND 7 LIST OF ASSESSED WARDS				
STATE	LGA	WARDS	NO. OF HH	NO. OF INDS
<b>PLATEAU Total</b>			713422	77317
PLATEAU	BARIKIN LADI	BARAKIN LADI	21175	9300
PLATEAU	BARIKIN LADI	GASSA/SHO	4412	2890
PLATEAU	BARIKIN LADI	LOBIRING	13200	7905
PLATEAU	BARIKIN LADI	MARIT/MAZAT	1939	4882
PLATEAU	BARIKIN LADI	RAFAN	2832	4997
PLATEAU	BARIKIN LADI	TAFAN	1460	2800
PLATEAU	BARIKIN LADI	ZABOT	1734	5100
PLATEAU	BASSA	BUHIT	822	142
PLATEAU	BASSA	BUJI	74	12
PLATEAU	BASSA	GURUM	92	12
PLATEAU	BOKKOS	BOKKOS	79	47
PLATEAU	BOKKOS	DAMWAI	243	139
PLATEAU	BOKKOS	MBAR/MANGAR	177	103
PLATEAU	BOKKOS	MANGUNA	265	155
PLATEAU	BOKKOS	MUSHERE CENTRAL	308	198
PLATEAU	BOKKOS	MUSHERE WEST	278	185
PLATEAU	BOKKOS	RICHA	240	102
PLATEAU	BOKKOS	SHA	58	46
PLATEAU	BOKKOS	TOFF	95	26
PLATEAU	JOS EAST	FEDERE	290	70
PLATEAU	JOS EAST	FOBUR 'A'	61	4
PLATEAU	JOS EAST	MAI GEMU	86	24
PLATEAU	JOS EAST	MAIJUJU	410	200
PLATEAU	JOS NORTH	ABBA NA SHEHU	317	189
PLATEAU	JOS NORTH	ALI KAZAURE	325	156
PLATEAU	JOS NORTH	GARBA DAHO	430	210
PLATEAU	JOS NORTH	GANGARE	128	335
PLATEAU	JOS NORTH	IBRAHIM KATSINA	226	183
PLATEAU	JOS NORTH	JENTA ADAMU	940	186
PLATEAU	JOS NORTH	JENTA APATA	417	116
PLATEAU	JOS NORTH	JOS JARAWA	213	64
PLATEAU	JOS NORTH	NARAGUTA 'A'	387	106
PLATEAU	JOS NORTH	NARAGUTA 'B'	130	174
PLATEAU	JOS NORTH	SARKIN ARAB	126	132
PLATEAU	JOS NORTH	TUDUN WADA - KABONG	318	97
PLATEAU	JOS NORTH	VANDERPUYE	416	98
PLATEAU	JOS SOUTH	BUKURU	294	466
PLATEAU	JOS SOUTH	GYEL 'A'	350	615
PLATEAU	JOS SOUTH	GYEL 'B'	360	180
PLATEAU	JOS SOUTH	KURU 'A'	375	200
PLATEAU	JOS SOUTH	TURU	150	420

PLATEAU	JOS SOUTH	VWANG	153	550
PLATEAU	JOS SOUTH	ZAWAN 'A'	160	150
PLATEAU	JOS SOUTH	ZAWAN 'B'	139	99
PLATEAU	KANAM	DENGI	227	253
PLATEAU	KANAM	GUMSHER	193	111
PLATEAU	KANAM	GWAMLAR	85	42
PLATEAU	KANAM	JARMAI	79	86
PLATEAU	KANKE	AMPANG-EAST	210	830
PLATEAU	KANKE	AMPER CHIKA 'A'	121	663
PLATEAU	KANKE	AMPER CHIKA 'B'	98	57
PLATEAU	KANKE	AMPER SERI	77	35
PLATEAU	KANKE	DAWAKI	101	41
PLATEAU	KANKE	KABWIR PADA	97	38
PLATEAU	KANKE	KABWIR/GYANGYANG	210	50
PLATEAU	KANKE	NEMEL	776	1806
PLATEAU	LANGTANG NORTH	FUNYALANG	617	384
PLATEAU	LANGTANG NORTH	KELLER	110	53
PLATEAU	LANGTANG NORTH	KUFFEN	111	56
PLATEAU	LANGTANG NORTH	KWANDE	308	243
PLATEAU	LANGTANG NORTH	LIPCHOK	169	374
PLATEAU	LANGTANG NORTH	PAJAT	164	319
PLATEAU	LANGTANG NORTH	WAROH	111	45
PLATEAU	LANGTANG SOUTH	DADIN KOWA	85	28
PLATEAU	LANGTANG SOUTH	FAJUL	99	72
PLATEAU	LANGTANG SOUTH	GAMAKAI	102	90
PLATEAU	LANGTANG SOUTH	LASHEL	111	67
PLATEAU	LANGTANG SOUTH	MABUDI	204	143
PLATEAU	LANGTANG SOUTH	MAGAMA	96	43
PLATEAU	LANGTANG SOUTH	SABON GIDA	78	50
PLATEAU	LANGTANG SOUTH	TALGWANG	135	232
PLATEAU	LANGTANG SOUTH	TIMBOL	110	63

PLATEAU	MANGU	AMPANG WEST	115	103
PLATEAU	MANGU	CHANSO	121	132
PLATEAU	MANGU	GINDIRI 1	119	175
PLATEAU	MANGU	GINDIRI 11	96	43
PLATEAU	MANGU	JANNARET	91	56
PLATEAU	MANGU	JIPAL/CHAKFEM	135	226
PLATEAU	MANGU	KADUNU	305	2023
PLATEAU	MANGU	KERANG	115	88
PLATEAU	MANGU	KOMBUN	110	52
PLATEAU	MANGU	LANGAI	254	1562
PLATEAU	MIKANG	BALTEP	94	43
PLATEAU	MIKANG	GARKAWA CENTRAL	95	124
PLATEAU	MIKANG	GARKAWA NORTH	78	65
PLATEAU	MIKANG	GARKAWA NORTH EAST	90	101
PLATEAU	MIKANG	KOENOEM 'A'	120	183
PLATEAU	MIKANG	KOENOEM 'B'	110	71
PLATEAU	MIKANG	LALIN	112	97
PLATEAU	MIKANG	PIAPUNG 'A'	50	464
PLATEAU	MIKANG	PIAPUNG 'B'	71	49
PLATEAU	MIKANG	TUNKUS	75	163
PLATEAU	PANKSHIN	CHIP	76	699
PLATEAU	PANKSHIN	DOK-PAI	172	456
PLATEAU	PANKSHIN	FIER	118	122
PLATEAU	PANKSHIN	JIBLIK	112	50
PLATEAU	PANKSHIN	KADUNG	111	63
PLATEAU	PANKSHIN	LANKANG	127	207
PLATEAU	PANKSHIN	PANKSHIN CENTRAL	132	206
PLATEAU	PANKSHIN	PANKSHIN CHIGWONG	141	160
PLATEAU	PANKSHIN	PANKSHIN SOUTH (BELNING)	114	93
PLATEAU	PANKSHIN	TAL	180	554
PLATEAU	PANKSHIN	WOKKOS	167	367
PLATEAU	QUA'AN PAN	BWALL	205	242
PLATEAU	QUA'AN PAN	DOEMAK- GOECHIM	76	68
PLATEAU	QUA'AN PAN	DOEMAK- KOPLONG	208	130
PLATEAU	QUA'AN PAN	DOKAN KASUWA	95	56
PLATEAU	QUA'AN PAN	KURGWI	145	360
PLATEAU	QUA'AN PAN	KWALLA YITLA'AR	115	170
PLATEAU	QUA'AN PAN	KWANDE	105	20

PLATEAU	QUA'AN PAN	KWANG	98	25
PLATEAU	QUA'AN PAN	NAMU	125	202
PLATEAU	RIYOM	JOL/KWI	107	849
PLATEAU	RIYOM	RA-HOSS	179	1160
PLATEAU	RIYOM	RIM	247	1104
PLATEAU	RIYOM	RIYOM	1111	5428
PLATEAU	RIYOM	SHARUBUTU	111	72
PLATEAU	RIYOM	SOPP	693	3456
PLATEAU	RIYOM	TA-HOSS	221	1658
PLATEAU	SHENDAM	DEKTENG	69	430
PLATEAU	SHENDAM	KALONG	109	163
PLATEAU	SHENDAM	KURUNGBAU (A)	104	120
PLATEAU	SHENDAM	KURUNGBAU (B)	121	107
PLATEAU	SHENDAM	MOEKAT	148	145
PLATEAU	SHENDAM	PANGSHOM	139	77
PLATEAU	SHENDAM	POESHIP	217	301
PLATEAU	SHENDAM	SHENDAM CENTRAL (A)	170	374
PLATEAU	SHENDAM	SHENDAM CENTRAL (B)	99	77
PLATEAU	SHENDAM	SHIMANKAR	125	194
PLATEAU	SHENDAM	YELWA	102	85
PLATEAU	WASE	DANBIRAM	160	401
PLATEAU	WASE	KUYAMBANA	293	597
PLATEAU	WASE	SALUWE	120	110