

Effect of Child Labor on Physical and Psychological Health among Technical Secondary Schools Students at Assiut City

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Abstract Background: Child labor is a persistent problem throughout the world and it is a global problem that appears to affect a major proportion of children in developing world. **The study aimed** to identify the effect of child labor on physical, psychological and behavior health among technical secondary schools students at Assiut city. A descriptive research design was used. A total number of 500 students with multi-stage random technique were participated in this. Two proper tools were used tool I: A self-administered questionnaire sheet included questions about demographic data, condition and hazards of work, physical, psychological and behavioral problems. Tool II: Body Mass Index (BMI) also was measured. **Results:** 63.8% of the studied students were working and 46.7% of them were working in commerce. 46.4% stated that the main cause of work return for helping their family income. There was statistically significant difference between BMI & work status. Also; there was statistically significant difference between type of work and behavioral problems, daily working hours and psychological & behavioral problems, time to entertain and psychological problems. **Conclusion:** Physical and psychological health of working children affected with labor. **Recommendations:** School nurse should be providing education about the physical, psychological and behavioral problems that working students may be exposed to it.

Keywords: child labor, physical, psychological problems, behavioral, health

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1. Introduction

Child labor refers to children who miss their childhood and are not able to have the basic amenities which a child should have. The International Labor Organization [1] estimated that there are around 215 million children between the ages five to fourteen who works worldwide. They are often mistreated and work for prolonged hours in very bad conditions. This can affect their health physically, mentally and emotionally. These children do not have the basic rights like access to school or health care.

Child labor has physical and psychosocial impact on child's health and his growth and development. Child labor has a negative effect on the child's ability to attend school and his physical, affective, and cognitive development. Children's inexperience and emotional immaturity result in lowering their ability to recognize and assess potential risks and to make appropriate decisions

related to their work type and risk. They are also unable to balance between benefits and risks of their works making them vulnerable to higher risk incidence due to these works [2,3].

all work that children does is severe, if a work does not hinder children's schooling or do not affect their health physically and mentally, then it is generally not categorized as child labour. For instance helping parents at home, looking after siblings or working for pocket money after school hours and during holidays [4].

Child labour is most prevalent in low-income countries but it is by no means only a low-income country problem. The prevalence of child labour is highest in the low-income countries, at 19 per cent. By comparison, 9 per cent of children in lower-middle-income countries, 7 per cent of children in upper-middle-income countries, and 1 per cent of children in upper-income countries are in child labour [5].

The International Labor Organization (2013) [1] estimated that there are at least 351.7 million economically

active children in the world (210.8 million between aged 5 to 14 and 140.9 million aged 15 to 17). Nearly 170 million of these children are involved in hazardous work (111 million aged 5 to 14; 59 million aged 15 to 17).

Child labor is a complex problem in terms of both its causes and its consequences. Beyond the process of gaining a job traditionally or assisting the family in the rural areas, a process of transformation of children into workers is being experienced increasingly. Currently, poverty and unemployment of parents are the two important factors in child labor [6].

Health care providers particularly community health nurses (CHNs) in collaboration with other stakeholders, could introduce and create linkages between the community people and microfinance schemes to strengthen the capacity of the families to generate income, rather than choosing the option of child labour [7]. In addition the community health nurse meets almost all children and their families at clinics, schools and homes are key persons in identifying, preventing, educate parents about dangerous of child labor, psychological and social support to working child to reduce its effect and intervening in child labor [8].

1.1. Significance of the Study

The latest International labor organization estimates indicate that 152 million children – 64 million girls and 88 million boys – are in child labour globally, accounting for almost one in ten of all children worldwide [5]. The Official statistics vary but, in general the number of working children in Egypt is estimated to be between 1.3 to 3 million. They are accepting the lowest wages and the hard and inhuman working conditions.

Over 170 million children worldwide still work in order to sustain their basic needs. About 22000 working children die due to occupational hazards every year, as per ILO estimates [9]. Central Agency for Public Mobilization and Statistics (CAPMAS), [10] stated that the percentage of child labor in Africa and Arab States represent 19.6% and 2.9% respectively.

1.2. Aim of the Study

To identify the effect of child's labor on physical, psychological and behavior health status among technical secondary schools students.

1.3. Research Question

Does child's labor impact on physical and psychological health of technical secondary schools students?

1.4. Subjects and Method

Research design: descriptive study was carried out in this study.

Setting: A total number of secondary technical schools at Assuit city were seven (7) schools classified into two commercial, four industrial and one agriculture school. The study was conducted in four technical secondary school at Assiut city which includes two secondary

industrial mechanical, one secondary technical agriculture and one commercial school.

Sample: The total number of students in technical secondary school during academic year 2015-2016 was 10004 student. The total number selected to carry out study was 500 students which represent 5% from total number in different previous mentioned setting distributed as the following:

Type of school	Number of student in each school	Selected students (5%)
Commercial	3400	170
Industrial	4700	235
Agriculture	1904	95
Total	10004	500

Students were taken by knowing the total number of classes in each school and then taking five percent from the total number of students by systematic random sample according to serial number of them in the list. Multistage random sample technique was used in this study.

1.5. Tools of the Study

Two tools were used in this study.

Tool I: Self-administered questionnaire sheet. It was adapted after a thorough review of literature from previous researches by Alem et al., [11]; National Council for Family Affairs [2]; Bharti & Agarwal., [9] this includes three parts:

Part (1): demographic characteristics which includes: age, residence, parent's education and occupation, number of family members and birth order.

Part (2): Data about work status which included: work status, daily working hours, nature, type and reasons of work. Also; includes work place hazards, health status of working children,

Part (3) Assessment for physical psychological and behavioral problems among the studied students. Physical which involved (5 items) it include Headache, teeth, vision & hearing problems and enuresis. Psychological involved (7 items) it includes spend time alone; intimate friends; feel depressed; problems at home; problems in school or at work; feel lonely and trouble with the law and the police. Behavioral involved (6 items) it include Use non-prescribed medication and drugs; My father smoke cigarettes; another person talk with me about cigarettes and drugs; my parents use alcohol/drugs; Smoke cigarettes and use drug such as hashish and marijuana

Tool II: Body Mass Index (BMI), Centers for Disease Control and Prevention. [12]. Body mass index (BMI) is a measure of weight adjusted for height, calculated as weight in kilograms divided by the square of height in meters (kg/m^2). For children and adolescents between 2 and 20 years old, BMI is interpreted relative to a child's age and sex, because the amount of body fat changes with age and varies by sex. Percentiles specific to age and sex classify underweight, healthy weight, overweight, and obesity in children. The BMI-for-age determined for an individual indicates the relative position of the child's BMI value among children of the same sex and age.

BMI for-age categories and corresponding percentiles are: Percentile Ranking Weight Status Less than 5th percentile Underweight 5th percentile to less than 85th percentile Healthy weight 85th percentile to less than 95th percentile Overweight Equal to or greater than the 95th percentile Obese BMI should serve as an initial screening for children and adolescents.

2. Methodology

2.1. Administrative Phase

An official approval letter was obtained from the Dean of Faculty of Nursing, Assiut University to undersecretary of Ministry of Education after that director of technical education this letter includes permission for researchers to carry out the study. The researchers explain the purpose and nature of the study in the approval letter.

Pilot study: A pilot study was conducted before starting data collection on (10%) 50 students who was excluded from sample. The aim of pilot study was test the clarity of the tool and to estimate the time required to fill the sheet.

Reliability was estimated by Alpha crumbach's test and it's result was R=0.68.

Validity of the tools was checked by 5 experts of community health nursing, public health medicine and Pediatric nursing who reviewed the tools for clarity, relevant, comprehensiveness, understanding and applicability.

Ethical consideration

Ethical approval was attained from the Ethical Committee at the Faculty of Nursing - Assiut University. The purpose and nature of the study was explained to the students. Also, the students informed that they had the right to agree or disagree to participate in the study. Oral agreement was obtained to participate in the study from students and they were informed that the information obtained would be confidential and used only for the purpose of the study.

2.2. Data Collection

The researchers were interviewed with the students; the nature and purpose of the study were briefly explained through direct personal communication at the beginning of each interview to get their agreement before starting data collection. Each sheet took about 30 minutes. Then Weight and Height were measured it took about (2-3) minutes for every student. The data were collected in first semester during academic year 2015-2016 in the period from end of September until end of November. The researchers collect data two day per week and 25 to 30 sheets were done each day.

2.3. Statistical Analysis

Data entry and data analysis were done using SPSS version 19 (Statistical Package for Social Science). Data were presented as number, percentage, mean and standard deviation. Chi-square test was used to compare qualitative variables between groups. Mann-Whitney test was used to compare quantitative variables between two groups and Kruskal Wallis Test for more than two groups in case of

non-parametric data. P-value considered statistically significant when $P < 0.05$.

Table 1: Shows the distribution of the studied students regarding to their demographic characteristics; it was observed that the mean age of studied students was (17.30±1.16) and 56.6% of them from urban areas. Also; the table clarified that 29.0% of the students were the second child in their families. Regarding the number of family member it was notice that 44.0% of the studied students' family ranged between 6-7 members. As regard to father and mother education the table indicated that 80.4% & 59.2% of studied students' father and mother were educated respectively. In relation to the BMI of the studied students the table clarified that slightly more than two fifths (40.6 %) of them have overweight and obesity.

Table 1. Distribution of the studied students according to their demographic characteristics at Assiut City (N=500)

Items	No. (n= 500)	%
Age: (years)		
< 18	313	62.6
≥ 18	187	37.4
Mean ± SD (Range)	17.30 ± 1.16 (15.0 – 20.0)	
Sex:		
Male	312	62.4
Female	188	37.6
Residence:		
Rural	217	43.4
Urban	283	56.6
Birth order:		
First	110	22.0
Second	145	29.0
Third	119	23.8
Fourth or more	126	25.2
No. of family members:		
3 – 5	185	37.0
6 – 7	220	44.0
> 7	95	19.0
Father education:		
Educated	402	80.4
Non-educated	98	19.6
Father occupation:		
Governmental	248	49.6
Private	192	38.4
No work	60	12.0
Mother education:		
Educated	296	59.2
Non-educated	204	40.8
Mother occupation:		
Working	119	23.8
Housewife	381	76.2
BMI:		
Underweight	39	7.8
Normal	258	51.6
Overweight	180	36.0
Obese	23	4.6
Mean ± SD (Range)	23.84 ± 3.71 (15.06 – 36.93)	

Table 2: As regards the distribution of the working students according to their work characteristics and problems this table illustrate that 63.8% of the studied students were working and 46.7% of them were working in commerce. As regard to cause of work 46.4% of the studied students stated that the main cause of work return to helping in their family income. Also; 50.5% of them reported that there is problem at work. Regarding to type of problem, it was observed that 32.3% & 31.7% respectively return these problems to long time of work and low income while 62.4% of the studied student reported that they not exposed to injury during work.

Table 2. Distribution of the studied students according to their work status and associated work problems

Variables	No. (n= 500)	%
Work status:		
Working	319	63.8
Not working	181	36.2
Type of work:		
Agriculture	44	13.8
Commerce	149	46.7
Workshop	45	14.1
Construction	32	10.0
Medical tasks	49	15.4
Causes of work: #		
Acquire practice	133	41.7
Help in family income	148	46.4
Financial independent	143	44.8
Nature of work:		
Morning	106	33.2
Afternoon	90	28.2
All the day	123	38.6
Daily work hours:		
6 hours	290	90.9
8 - 12 hours	29	9.1
Problems at work:		
Yes	161	50.5
No	158	49.5
Type of problems:≠		
Difficulty working	25	15.5
Abuse by employer	32	19.9
Low income	51	31.7
Long time of work	52	32.3
Unable to continue studying with work	34	21.1
Injuries or illnesses due to work:		
Yes	120	37.6
No	199	62.4
Type of Injuries or illnesses:≠		
Surface or open wounds	30	25.0
Respiratory problems	17	14.2
Eye problems	48	40.0
Skin problems	14	11.7
Stress and fatigue	3	2.5
Back pain	42	35.0
Loss of appetite	5	4.2
Chronic diarrhea	2	1.7
Rheumatic fever	3	2.5
Chronic headache	27	22.5
Lack of concentration	22	18.3
Fear	5	4.2

≠ More than one answer.

Table 3. Distribution of the studied students according to their work place hazards and health problems

Workplace hazards: (n= 319)	No.	%
Physical hazards		
Loud noise	35	11.0
Extreme heat or cold	40	12.5
Poor or unpleasant ventilation	22	6.9
Chemical hazards		
Fumes	8	2.5
Smoke, gas and fire	24	7.5
Dust	64	20.1
Mechanical hazards	37	11.6
Health Problems (n=500)		
Common cold	276	55.2
Flu	262	52.4
Doctor visit	136	27.2
Going to emergency department	49	9.8
Hospital admission	105	21.0

≠ More than one answer.

Table 4. Physical and psychological health problems among the studied students

Items	Yes		No	
	No.	%	No.	%
Physical problems: #				
Headache	356	71.2	144	28.8
Teeth problems	316	63.2	184	36.8
Vision problems	258	51.6	242	48.4
Hearing problems	143	28.6	357	71.4
Enuresis	73	14.6	427	85.4
Psychological problems:#				
Spend time alone	375	75.0	125	25.0
Intimate friends.	371	74.2	129	25.8
feel depressed	303	60.6	197	39.4
Problems at home	294	58.8	206	41.2
Problems in school or at work	294	58.8	206	41.2
Feel lonely	273	54.6	227	45.4
Trouble with the law and the police.	181	36.2	319	63.8
Behavioral problems:#				
Use non-prescribed medication and drugs.	265	53.0	235	47.0
Father smoke cigarettes	259	51.8	241	48.2
Another person talk with me about cigarettes and drugs	226	45.2	274	54.8
Parents use alcohol/drugs	122	24.4	378	75.6
Smoke cigarettes	115	23.0	385	77.0
Use drug such as hashish and marijuana	103	20.6	397	79.4

More than one problems.

Table 3: As regards the distribution of the studied students according to their work place hazards and health problems, the table indicated that only (20.1%, 12.5% and 11.6%) of them respectively exposed to dust, extreme heat or cold and hazardous of sharp machines in work place while 55.2% and 52.4% suffering from common cold and flu respectively.

Table 4: Regarding the Physical and psychological problems among the studied students, the table illustrated that 71.2%, 63.2% and 51.6% of them respectively suffering from headache, dental and vision problems. Also; 60.6, 58.8 54.6% of working children respectively suffering from feeling depressed, having problems at home and feeling lonely. As regard to behavioral problem it was observed that 53.0% of studied students use non-prescribed medication and drugs.

Table 5: In relation to the distribution of the studied students according to effect of work on their personality, it was found that the work impact on a vast majority (94.4%) of the studied students personality.

Table 6 concerning the relation between workplace hazards and type of work among studied students; this table illustrated that there was not statistically significant difference between all types of work and work place hazards.

Table 7: As regards the relation between the work characteristics of the studied students and health concern of the studied students which includes (Physical, psychological, behavioral problems) and Body Mass Index; it was observed that there was statistically significant difference between BMI & work status ($P= 0.000^*$). Also; there was statistically significant difference between type of work and behavioral problems, daily working hours and Psychological & behavioral problems, time to entertain and Psychological problems ($P= 0.001^*$, 0.002^* , 0.028^* and 0.023^*) respectively.

Table 8: Relation between some demographic characteristics and health problems of the studied students with work status; this table clears that there was statistically significant difference between work status and going to emergency department and hospital admission ($P= 0.000^*$ & 0.001^*) respectively.

Table 5. Distribution of the studied students according to effect of work on their personality at Assiut City

Variables	No.	%
Effect of work on personality: (n= 319)		
Yes	301	94.4
No	18	5.6
Positive effect: #		
No positive effect	6	2.0
Sense of responsibility	142	47.2
Self-reliance	161	53.5
Feeling important and having money	59	19.6
Gives you some reassurance	44	14.6
Negative effect: #		
No negative effect	33	11.0
Makes you nervous	92	30.6
Using inappropriate words	22	7.3
Feeling tired during the night	143	47.5
Lack of commitment to study	49	16.3
Having friends:		
Yes	461	92.2
No	39	7.8
Having time to entertain:		
Yes	334	66.8
No	166	33.2
Having time to talk to family:		
Yes	419	83.8
No	81	16.2

More than one answer.

Table 6. Relation between workplace hazards and type of work among studied students at Assiut City

Workplace hazards	Type of work										P-value	
	Agriculture		Commerce		Workshop		Construction		Medical tasks			
	No.	%	No.	%	No.	%	No.	%	No.	%		
Physical hazards:												
Loud noise	5	11.4	15	10.1	7	15.6	6	18.8	2	4.1	0.243	
Extreme heat or cold	9	20.5	17	11.4	3	6.7	4	12.5	7	14.3	0.375	
Poor or unpleasant ventilation	3	6.8	8	5.4	7	15.6	3	9.4	1	2.0	0.095	
Chemical hazards												
Dust	8	18.2	32	21.5	5	11.1	8	25.0	11	22.4	0.526	
Fumes	1	2.3	5	3.4	2	4.4	0	0.0	0	0.0	0.521	
Smoke, gas and fire	4	9.1	12	8.1	2	4.4	4	12.5	2	4.1	0.591	
Mechanical hazards												
	4	9.1	15	10.1	3	6.7	6	18.8	9	18.4	0.243	

Chi-square test, * Statistical significant difference ($P < 0.05$).

Table 7. Relation between some work characteristics of the studied students and their problems at Assiut City

	Physical problems	Psychological problems	Behavioral problems	BMI
	Mean \pm SD	Mean \pm SD	Mean \pm SD	Mean \pm SD
Work status:				
Working	5.56 \pm 3.57	5.47 \pm 3.10	3.15 \pm 3.06	23.28 \pm 3.60
Not working	4.81 \pm 2.78	5.52 \pm 2.50	2.87 \pm 2.30	24.82 \pm 3.71
P-value	0.114	0.530	0.963	0.000*
Type of work:				
Agriculture	6.18 \pm 4.14	5.73 \pm 3.45	4.52 \pm 3.95	24.15 \pm 3.55
Commerce	5.36 \pm 3.08	5.26 \pm 2.95	2.36 \pm 2.56	23.05 \pm 3.80
Workshop	5.96 \pm 4.32	5.93 \pm 3.33	3.47 \pm 3.03	23.98 \pm 3.17
Construction	5.19 \pm 4.00	5.47 \pm 3.12	3.94 \pm 3.48	23.33 \pm 2.63
Medical tasks	5.51 \pm 3.41	5.45 \pm 3.06	3.51 \pm 2.68	22.53 \pm 3.81
P-value	0.798	0.755	0.001*	0.082
Time of work:				
In Summer	5.50 \pm 3.65	5.34 \pm 3.29	3.19 \pm 3.23	23.14 \pm 3.68
All the year	5.71 \pm 3.37	5.79 \pm 2.54	3.05 \pm 2.60	23.63 \pm 3.39
P-value	0.264	0.102	0.612	0.224
Daily work hours:				
6 hours	5.58 \pm 3.70	5.32 \pm 3.12	3.07 \pm 3.08	23.21 \pm 3.35
8 - 12 hours	5.34 \pm 1.95	7.00 \pm 2.49	4.00 \pm 2.69	23.96 \pm 5.57
P-value	0.727	0.002*	0.028*	0.853
Having time to entertain:				
Yes	5.30 \pm 3.40	5.28 \pm 2.88	3.04 \pm 2.87	23.90 \pm 3.65
No	5.26 \pm 3.16	5.92 \pm 2.88	3.07 \pm 2.69	23.70 \pm 3.85
P-value	0.908	0.023*	0.565	0.654

Mann-Whitney test, Kruskal Wallis test.

* Statistical significant difference ($P < 0.05$).

Table 8. Relation between some demographic characteristics and health problems of the studied students with work status at Assiut City

	Work status				P-value
	Working (n= 319)		Not working (n= 181)		
	No.	%	No.	%	
Birth order:					
First	67	21.0	43	23.8	0.279
Second	102	32.0	43	23.8	
Third	72	22.6	47	26.0	
Fourth or more	78	24.5	48	26.5	
No. of family members:					
3 – 5	127	39.8	58	32.0	0.218
6 – 7	135	42.3	85	47.0	
> 7	57	17.9	38	21.0	
Health Problems					
Common cold	185	57.1	94	51.9	0.269
Flu	173	54.2	89	49.2	0.276
Doctor visit	93	29.2	43	23.8	0.192
Going to emergency department	46	14.4	3	1.7	0.000*
Hospital admission	81	25.4	24	13.3	0.001*

Chi-square test,* Statistical significant difference ($P < 0.05$).

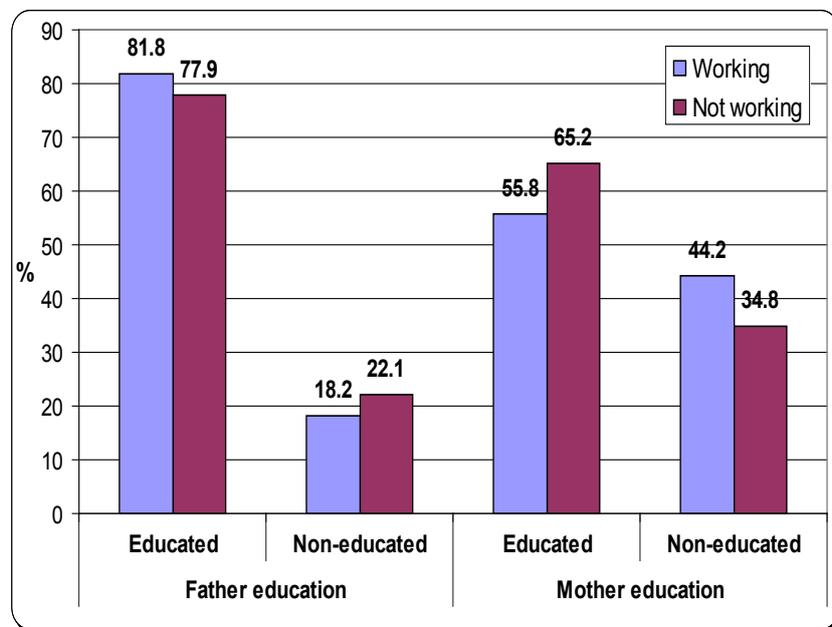


Figure 1. Relation between parents' education and work status among studied students at Assiut city

Figure 1 clears that 65.2% of educated mothers' children are not engaged in work compared to 34.8% among non- educated mother.

3. Discussion

Child labor has been one of the biggest obstacles to social development. It is a challenge and long-term goal in many countries to abolish all forms of child labor. Especially in developing countries, it is considered as a serious issue these days. The International Labor Organization [1] estimated that there are around 215 million children between the ages five to fourteen who works worldwide. They are often mistreated and work for prolonged hours, in very bad conditions. This can affect their health physically, mentally and emotionally. These children do not have the basic rights like access to school or health care.

The result of the current study indicated that more than two fifth and slightly less than one fifth of the studied students' respectively had family members ranged between 6-7 and more members. Also; the results of the present study indicated that more than half of the studied students' fathers and mothers were educated; these findings similar to the results of Caglayan et al., [13] who stated that about two thirds of working child had family more than five member and about two thirds of them mothers' and fathers' were educated.

Regarding to work status among studied students in the present study, it was revealed that more than three fifths of the studied students were worked; this result contraindicated with study conducted by El-Gilany et al., [14] who found that the proportion of students who worked was more than one third.

Additionally, the finding of the current study revealed that the majority of the studied students worked about 6

hours per day, while Kotb et al., [15] found that the majority of children worked from 1-3 hours per day.

Regarding to their type of work the result of the current study indicated that less than half of the studied students were working in commerce followed by only 15.4 % of them working in medical tasks these findings inconsistent with Caglayan et al., [13] who conducted study about working condition and health status of child workers in Kocali and found that about one third of the boys worked in car repair shops, followed by barbershop or hairdressers. Regarding to the cause of work, the study revealed that less than half of the studied students stated that the main cause of work return to helping in their family income these finding similar to previous studies conducted by Abu-Hamdan, [16], Department Of Statistics [17] and Caglayan et al., [14] where these studies showed that the main reason for child labor is to assist the family financially. On the other hand the finding disagree with results reported by [17]. Who stated that the majority of child work to learn skill. From researchers point of view the reason for child labor may be due to thoughts and beliefs of the students and their parents that skilled work return on students with appropriate income rather than governmental occupation.

As regard to relation between workplace hazards and type of work among the studied students; the current study findings revealed that there wasn't a statistically significant difference between all types of work and work place hazards. This finding may be refers to large number of sample occupied in less hazards work (e.g. commerce and medical tasks).

In this context the researcher could view that, attitude of families in Upper Egypt in general is to encourage the students to work and study at the same time this acquire children positive personality in the form of ability to become self-reliance, independent and having skills. Although, the work itself may affect on the students in a negative way in which make the students nervous, this is due to the pressure that the students is subjected to school duties; in addition to work to contribute to household income.

According to the behavioral problems among the studied students in the current study, it was indicated that about one quarter of the studied students were smoker these findings compatible with study conducted by Caglayan et al., [13]. Moreover; more than half of the working children reported feeling of loneliness and depression, problems at home & work. More than one third had problem with the law and the police. This may be due to the quality and type of psychological and social support that working children take at home, school and work. Moreover; Working children are not given the time to enjoy their childhood appropriately.

Child labor has harmful effects on the growth of a child whether it affect Body Mass Index in the form of increase or decrease from normal value. The current study observed that there was statistically significant difference between BMI & work status consistent with study conducted by [18] and reported that child labor associated with lower BMI. From researchers point of view this finding may be refers to many factors such as malnutrition which result from eating outside the home and unhealthy diet.

The finding of the present study illustrates that there was statistically significant difference between the type of

work and behavioral problems among the studied students, also between the daily working hours and the psychological & behavioral problems. This may be attributed to child's work dispossessed the child from getting the appropriate education and from receiving social and psychological guidance from their families and exposed to bad role model in the street. Also; working children are isolated from their families, lack family monitoring system, this lead to poor information, and ignorance about risk related behaviors that increases their vulnerability to physical and psychosocial problems and disturbances. There are a number of health and safety issues directly related to child workers. First of all, children are not the same as adults physically and emotionally. Child workers are at a greater risk than adult workers of suffering from work-related problems. Furthermore, occupational hazards and work conditions may have permanent effects on the development of children who work. In spite of these facts, little researches are available concerning the actual conditions under which these children work [19].

The result of the current study indicated that there wasn't statistical significant difference between number of family member and child labor these findings contraindicated with report from [17]. Who stated that there is a statistically significant positive correlation between child labor and number of the family members. The finding of the current study may be attributed to increase number of family member means increase number for opportunities for older person to work and leave children to take chance of education and other rights. Also; stated that there is no statistically significant relationship between birth order and child working status this finding in the same line with the current study.

The study showed that working children had higher reports of common cold, flu and visiting physicians and emergency department; this results correspond with study by Al-Kayyali, [20] who found that working children had significant physical problems.

Education of child parents' can play a meaningful role in children's life. The present study indicated that more than half of students' fathers and mothers were educated. This result supported by Emerson and Souza [21] who asserted that illiterate parents usually send their children to work to contribute household's income. Educated parents are more persuaded to knowledgeable about the importance of education for children and creating an environment conducive for learning (such as directly helping with schoolwork).

4. Conclusion

The present study concluded that physical and psychological health of working children affected with labour. Also; the main reason of child labor is for helping their family and participate in household income.

5. Recommendations

- Students who work should be assessed for physical, psychological and behavioral problems that students may be exposed to it.

- Establish awareness training session should be held for school team, and parents of children about the child labour and its effect.
- Further researches should be conducted to assess the effect of child's labour on the children's health.

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