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Original article

Integrating Economic Strengthening and Family Coaching to Reduce Work-Related Health Hazards Among Children of Poor Households: Burkina Faso

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 A B S T R A C T

Purpose: This is the first randomized controlled trial in Burkina Faso testing the effect of economic strengthening alone and in combination with family coaching on child's hazardous work and work-related health outcomes. The study also tests the association between different forms of hazardous work and child's health outcomes.

Methods: A total of 360 households from 12 villages participated in the study. Villages were randomly assigned to three study arms: economic intervention alone, economic intervention integrated with family coaching, and control. In each household, one female caregiver and one child aged 10–15 years were interviewed. Data were collected at baseline, 12 months, and 24 months. We ran multilevel mixed-effects models that account for both within-individual correlation over time and clustering of subjects within villages.

Results: Compared with the control group, at 24 months, children in the integrated arm experienced significant reduction in exposure to hazardous work and some forms of hazards and abuse. Results for children in the economic strengthening-only arm were more modest. In most cases, child's health was significantly associated not with specific forms of work per se, but with child's exposure to hazards and abuse while doing this form of work. We found no significant effect of intervention on child's work-related health.

Conclusions: Economic strengthening combined with family coaching on child protection issues, rather than implemented alone, may be more effective in reducing child's exposure to hazardous work. Additional research is needed to understand gender differences and causal links between different forms of child work and health hazards.

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 IMPLICATIONS AND CONTRIBUTION

Our findings contribute to the global agenda calling to raise awareness, both at household and community level, about the deleterious effects of hazardous work on children's health. Results also add to the existing evidence that children experience different health issues depending on the type of work and the particular circumstances.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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Despite substantial international and national efforts to reduce child labor, 28% of children in Sub-Saharan Africa are child laborers working for at least 29 hours (age 5–11 years) or 42 hours (age 12–14 years) per week [1]. In Burkina Faso, 2.12 million children aged 5–14 years (or 42%) are estimated to work, often long hours and in a hazardous environments with dangerous tools and pesticides [2]. In West Africa—a region with the highest prevalence of child labor in the world—Burkina Faso has the highest proportion of children considered child laborers [1].

Work-related injuries and illnesses in childhood can have an impact on children's future life opportunities [3]. Analyses of child work among ultra-poor households in the northern region of Burkina Faso showed that children engaged in hazardous labor, sent to work away from home (e.g., in gold mines), and spending excessive time on household chores experienced higher depression and trauma symptoms. This being said, however, it was also found that children who work without any exposure to violence have significantly higher self-esteem, thus suggesting potential positive effect of nonhazardous work [4].

Economic strengthening interventions to reduce child labor, based on the assumption that children benefit from resources given to parents [5], produced inconclusive results. While some studies show significant effect of family economic strengthening interventions on reducing the child labor [6–8], other studies found no association between economic strengthening and either child labor [9–11]. Furthermore, we found no studies testing the effect of family economic strengthening on child's work-related health outcomes, as compared with studies that examine the effect of economic strengthening on child's general, not explicitly work-related, health.

Family economic strengthening and child work

Economic strengthening interventions, aiming to improve the economic situation of the family through programs, such as cash transfers, microfinance or savings groups, are said to reduce child work through improving family income [5].

Indeed, the economic situation of the family is often considered one of the main determinants of child work. Basu and Van's [12] seminal work proposes a “luxury axiom” which means that children only work for pay when parents are unable to meet their basic needs. Children of families with lower income may have higher workloads as their parents cannot afford labor-saving equipment, such as, for example, fertilizer spreader [13]. It has also been found that children's remunerative work time increases in households that have credit constraints [14] or experience a crop shock [15] or an unemployment shock of the male head [16].

This being said, however, the research on the effect of family economic strengthening on child work is inconclusive. For example, cash transfers to families were found to decrease the child labor [6,7], but this effect was not homogeneous. Specifically, a large-scale conditional cash transfer program in Mexico significantly reduced child work among 12- to 17-year-old boys, but not among girls or younger boys [6]. A cash transfer scheme in Malawi reduced child work outside the household while increasing children's involvement in household chores [17]. A microcredit program in India was found to reduce labor among teenage girl [8]. Other studies, however, found no significant effect of microloans on child work [9,10]. Moreover, a microcredit intervention in Bosnia and Herzegovina was found to increase the labor supply of children aged 16 to 19 years [11].

Furthermore, studies found no effect of savings interventions on child labor [18].

Hazardous work and child's health-related health outcomes

The literature suggests that different types of work expose children to different risks and health hazards [3,19]. In the context of developing countries, the most frequently occurring forms of child work are agricultural work, small family businesses, and domestic work, such as collecting water and wood, washing and cleaning [13].

Agriculture, the most common type of child work, is associated with a number of health hazards, such as exposure to the use of hazardous equipment, poor field sanitation, unsafe transport, excessive and inappropriate hours of work, strenuous physical work, extreme temperatures, noise, and large animals [20,21]. One of the main risks for children working in agriculture is exposure to pesticides [22].

Working for family businesses, while, potentially, teaching children important skills, can also expose children to hazards, such as working long hours and carrying heavy loads [19]. Work in small industrial shops for children was found to be associated with injuries [23] and sexual assault [24]. It is interesting to mention that unpaid work for family business, compared with other forms of child work, was found to involve lower health risk for children in Bangladesh while implicating higher health risk for children in Brazil [25].

Child's domestic work is also linked to several health hazards, such as working long hours, exposure to toxic chemicals, carrying heavy loads, handling dangerous items and physical, verbal or sexual abuse [26]. This being said, however, analyses of household surveys from Brazil, Guatemala, Guinea, Kazakhstan, Peru, and Zambia showed no consistent relationship between household work and the incidence of child illnesses [27]. Furthermore, a study of domestic child workers in Peru, Costa Rica, Tanzania, Togo, India, and the Philippines found that while some domestic workers suffered from physical abuse and psychosocial harm, others benefited from the work [28].

Working children face particular risks that are distinct from the risks that adults take [19]. The jobs children usually engage in are predominantly small-scale, informal, high-risk jobs with insufficient supervision and access to safe equipment. Children often face problems due to inexperience or have difficulties using equipment designed for adults; they are more vulnerable to abuse and more prone to have accidents at work; they are also more sensitive to chemical stressors; for example, small exposure to lead can have serious impacts on children's intelligence and personality [3,29].

Research questions

To summarize, the review of literature suggests that family economic strengthening can decrease the need for children to work and reduce children's exposure to hazardous work. The evidence, however, is inconclusive: family economic strengthening may also increase the child work, and its effect is not homogeneous across child's gender and age groups. Moreover, we found only one study testing the effect of child work on child health in West Africa and no studies testing the effect of family economic strengthening on child's work-related health outcomes. There is a need for more data on the link between economic strengthening, child's work, and child's work-related

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