**Final Report on Occupational Health Risk due to Small Scale/Household Industries with More Focus towards Children within Kathmandu Valley**

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**Background**

Making working conditions safe and healthy is in the interest of workers, employers and Governments, as well as the public at large. Although it seems simple and obvious, this idea has not yet gained meaningful universal recognition. Hundreds of millions of people throughout the world are employed today in conditions that breed ill health and/or are unsafe. In many jobs workers are exposed to a combination of potential hazards. Both research and legislation usually considers factors in isolation and we currently have little knowledge of the impact of combinations of factors on health and performance efficiency. This study was addressing the issue of combined effects of occupational health hazards with reviewing the literature, conducting appropriate secondary analyses of existing databases, collecting new data on accidents at work, and carrying out studies of the effects of combinations of potential stressors on physiological functioning and performance efficiency. The study focused on children (under 16 years) who were vulnerable to various social, physical and psychological impacts of their works; and there was a need to identify the occupational hazards to which children were exposed in various sectors of employment. Adequate steps should be taken to protect these children from these occupational health hazards.

**Methods**

A procedural Guideline has been identified to analyze occupational health risks in small scale and household industries in Nepal. Workplace Occupational Health Assessment was done in ten small scale/household industries under operation within the Kathmandu Valley. Around 545 structured questionnaires were used to gather data on socioeconomic status and previous occupational history of the employees working in those industries. Thorough medical examination of around 135 child workers was done using a structured questionnaire to find out the health effects due to occupational hazards.

**Results**

The occupational health and safety practices in small scale/house hold industries in Kathmandu has been found to be insignificant, out of the ten industries only few industries have been practicing some occupational health and safety practices, the overall scenario is quite vulnerable. The occupational health and safety service in Nepal is still in the developmental stage. Majority of the workers in those industries were working on a low salary and with daily drinking habits. Out of ten industries, six have employed child labours and the working conditions range from bad to terrible. Out of total 545 workers present in the industries under study, altogether 135 (24.8%) were child workers. And, significantly higher proportion of child workers (97%) was illiterate compared to 3% of children with primary level education. Among 135 child workers, 23 (17%) were girls. Except for lower respiratory tract infection (LRI), the prevalence of all diseases has been found to be significant. The highest prevalence was found to be 53.3 % for ear problem where as 49.6% and 38.5% were suffering from others and upper respiratory tract infection (URI) respectively. Also 37% of the respondents had nose problems.

**Conclusions**

We must focus on appropriate strategies to reach our objective of eliminating child labour. Ratifying international conventions or introducing new legislation is not the answer to the problem. We must identify the strategies to prevent children from working, to withdraw more children from employment and to sustain such withdrawals. If we fail or delay our task to launch appropriate programs, the situation of working children will never be solved.

**Keywords:** assessment; child labour; health risks; occupational health and safety practices; small scale/household industries.