CHILD LABOUR AND SMALL-SCALE QUARRY MINING IN THE GLOBAL SOUTH

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Abstract
The International Labour Organization (2006) identified that children from the age of 5 through 17 years, estimated to be about 115 million are engaged in hazardous conditions across the world. The ILO describes it as 'work in dangerous or unhealthy conditions that could result in a child being killed, or injured/ or made ill as a consequence of poor safety and health standards and working arrangements'. A greater number of children when this figure is broken down could be identified to work in small-scale quarry mining in the third world countries. Children are observed to engaged in these small-scale quarry mining without concern to their participation in such informal areas of work. These children belong to the group that could easily develop health problems later in life due to poor working conditions while their bodies and minds are still growing and developing. They also suffer from the lack of formal education, as few manage to attend formal schooling when working long hours in harsh conditions in rural areas where the quarry mines are mainly located without supervision or concern from government agencies. In the developing countries, there is high level of poverty and neglect which is the driving force to the child labour in the small-scale quarry mines. Families are left with no other choice but to send their children to work in such areas. Although it is regarded as being engaged in low-technology and very illegal, still it is involved with lack of monitor and regulations. And because of children’s size and agility, they are found very useful in the narrow tunnels and shafts underground. These children are equally cheap to be engaged, and they do not ask questions or stand up for their rights. The children’s health issues are not regarded here, which ranges from exposure through lack of sanitation, health services and regular access to clean water which are likely preludes to physical and neurological disorders.

Keywords: Child labour, Mining, Small-Scale and Quarry Mining

Introduction
Analysis from the developed countries, show that children in quarry mining and other mining activities have always been identified to be low compared to the developing countries (International Labour Organization 1993; 2000 & 2007). Children in Africa are actively involved in processing of raw materials, including crushing, grinding, sieving, washing and transporting of minerals (Bryceson 2000; Ellis 1999; Ghose 2004). Rajagopal (2002) found out that children in informal setting, especially, in the small-scale quarry mine face long hours, hazardous work
conditions and wages that are well below subsistence. International Labour Organization (2000), observed that children in the small-scale quarry mines are identified to work beyond the formal working hours where there are no leave or crèche facilities, and this have been observed to bear on children’s well-being.

He small-scale quarry mines in the developing nations as observed by the World Bank (2002) are ailed by numerous factors, including; a high degree of health, safety, and environmental risks. Although the study stated that it is impossible to say how many mishaps like deaths and accidents occur in small-scale mines due to under-reporting and clandestine nature of much of the work; the risks of disabling accidents are high, particularly in quarry mines in the developing countries. Similarly ILO (2003) indicated that in developing countries, fatalities are estimated to occur in small-scale mines each year. In fact earlier studies by the International Labour Organization recorded between 1997 and 1998, reported fatalities in some areas. In China, out of 200,000 workers, there were 232 deaths, Pakistan had a fatality rate of 40 deaths, mostly women and children, Colombia 100, Tanzania 120, in Bolivia, 3 fatalities were estimated to occur each month, while Zimbabwe and other developing areas, have a reputation for a disproportionately high number of fatalities due to lack of safety measures. Children in the developing nations had been noted to constitute approximately more than thirty percent of the total labour force in the artisanal and small-scale mining (World Bank, 2002). Nonetheless Children generally derive far fewer benefits from artisanal and small-scale mining than their adult counterparts, and are more vulnerable to the associated risks.

Herzfeld (2002), observed that children typically receive less money for their work, and are most impacted by the stresses on the traditional social structure introduced by small-scale quarry mining. Although children are involved in many stages of quarry mining, they are rarely in a position to control or determine activities (ILO, 2003). Most of the household heads at the time of leaving work due to old age or incapacity to work are left with heavy debts on account of repeated illnesses, medical expenses, and other domestic expenses which overshoot their incomes due to the low wages earned (Triest, 1998; UNIFEM, 2005). This is aggravated by the fact that some introduce their minor children into the mine workforce, thereby getting entangled into a vicious trap of unending mine labour for the next generations (Hentschel, Hruschka and Priester, 2002; Hinton, Veiga and Beinhoff, 2003; Hogger, 2004).

In the developing countries, there is always lack of concern from the authorities, who are not committed to most of the legislations that are meant to protect the citizens where they exist (Amazigo, 1994; Berger and White, 1999). In Nigeria, like in most of other African and developing nations, there are always cases of lack of responsibilities of mining companies towards protecting, and ensuring proper health care for children and other mine workers (UNICEF, 2005). UNICEF analysis observed that in most of the African countries, despite laws protecting the environment and safety of mine workers, their situation has not changed or improved, nor are there benefits provided for the workers during accidents or disasters, which include the women and children who are identified to be in the majority in the mining sites.

Despite the large numbers of children working in small-scale mining and mining industries, there is paucity of data on problems experienced by these children miners in Nigeria and most of the developing countries of Africa. This gap in knowledge therefore calls for a thorough study like this very one, to identify socio-economic and health problems children quarry miners experience, the well-being of children working in quarry mines of Ebonyi state, which will reflect the issues involved in other developing countries, with a view to proffering suggestions to mitigate the impact of the identified problems on the well being of children quarry miners.
Factors that Lead children to Quarry Mining

There are so many factors that lead children to the kind of occupation they undertake and one of these, which is very visible in the developing countries especially Nigeria is poverty. Hence on account of poverty of parents, some children, start to look for any type of job, especially informal without properly considering the consequences of their employment on themselves and their families (Ranchod, 2001). Nigeria is a country rich in oil wealth such as crude oil, and the reserves were estimated at 24 billion barrels in 2001 (IMF, 2005). In 1990, agriculture comprised 33 percent of gross domestic product, mining and quarry 36 percent, and in 2002, mining and quarry comprised 37 percent of the GDP. Estimate indicates that around 52 percent of Nigerians live in poverty and around 70 million people are living on less than one dollar a day (IMF, 2005). This revelation shows that more than 68 percent of households live in poverty.

The other factor that leads children to informal jobs especially mining is lack of formal education, which has direct link with poverty. Evidence from sub-Saharan Africa indicates that although there have been a reasonable improvement in child participation in education, girls’ and women’s access to education remains limited in several countries across the region. Although interrelated school, socio-economic, political and institutional factors (like tuition fees) in Africa, that constrain child education are increasingly well documented, much remains to be done to design and implement programmes to increase child education in the region (Brock and Cammish, 1991; Herz, 1991; King and Hill, 1991; Tietyen and Prather, 1991; Colclough and Lewin, 1993). Comparative data from Latin America, Asia and Middle East indicate that in 1990 both the gross primary and secondary enrollment ratios were significantly lower in the sub-Saharan African region than in other developing regions. And the net primary enrollment ratio for the region has declined from 68-37 percent (World Bank, 1994), a clear indication of the large number of children who remain outside the formal education system. Indeed, about 36 million girls were out of school in the sub-Saharan African region (UNESCO/UNICEF, 1993).

Sending girls to school entails direct opportunity costs which are prohibitive to families, particularly poor families and rural families. The increasingly prohibitive cost of schooling is the major reason parents give for not educating or for removing children particularly girls, from school. This is not surprising given the prevailing economic crisis in the region. Poverty is widespread and affects schools and families alike; numerous studies indicate the extent to which parents have to cover the shortfalls due to fiscal crisis which have had a devastating impact on household incomes and educational systems (Asomaning, 1994; Graham-Brown, 1992; Njeuma, 1993; Palme, 1999).

UNICEF (2003) identified that with the awareness of formal education being the key part of strategies to improve individuals’ well-being and societies economic and social development, child access to education has improved dramatically over the past few decades. And with this there have been a number of encouraging trends in children’s and women’s education, showing that primary school enrollment is high or universal in most of the developing countries, and gender gaps in secondary school enrollment have already disappeared in several African countries. Although UNESCO Institute for Statistics (2008) identified that children still accounted for 64 percent of illiterate group in the rural areas of South and West Asia, the Arab states and Sub-Saharan Africa the education for all, 2000 assessment highlights that the challenge of education for all is greatest in Sub-Saharan Africa, South Asia, and in the least developed countries.
Impacts of Mining on Children

International Labour Organization (1997) identified that quarry mining is of fundamental importance to the economics of a number of countries especially the developing countries of the world. And also observed at the same time that the very people most impacted by mining have received few tangible benefits, and the group of people most often affected by the consequences of mining operations are women and children. In the developing countries, quarry mining is done either on a large scale or small scale using underground to surface excavation and each method brings untold physical, economic and social effects on its employees, especially children. Piacitelli, Amandus and Dieffenbach (1990) associated quarry mining with various health hazards that have serious effects on the welfare of women and children. These health hazards range from pollution of the air and water bodies to noise and vibration. The air pollution in mining areas resulting from the release of substances such as nitrogen oxides, sulphur dioxides and other atmospheric particles could cause upper respiratory tract infections in people especially women and children. Noise vibration resulting from the blasting in large scale stone mining operation poses a serious problem for nearby residents. There have been observed incidents in Tarkwa, Ghana, where nursing mothers have had to carry their sleeping babies at their backs wherever rocks are blasted by the mining companies to avoid sound vibrations and being hit by rock splinters (Adiuku-Brown, 2001). Within the small-scale mining sub-sector, several pits created by the miners are left uncovered after use. These pits pose a danger in that rain water accumulates in them and become breeding ground for disease vectors. Small scale miners stand the risk of being trapped to death in the pits when they cave in. A study undertaken on small scale mining operations at Tarkwa and its surrounding in 1998 showed, that women and children were found pounding gold-bearing rocks without any protective clothing (Agyapola, 1998). The high silica content rocks generate a lot of dust in the process and prolonged exposure to this dust according to medical experts can cause silicosis and silica-tuberculosis. A study conducted in Obusi, Ghana in 1996 showed that the Kwabrafo River at Obusi in the Ashanti region had 38 times more arsenic than World Health Organization (WHO) permissible levels, whilst the Timi River at Akrofrom also in Ashanti region has 36 times more arsenic. Piacitelli, Amandus and Dieffenbach (1990) noted in their study that dust is the major cause of respiratory problems among miners. Arthritis is normally present after the age of 50, but even 20 year olds complain of arthritis in mining areas. There is a definite correlation between dust and the disorders. The range of health hazards of children in especially quarry zones varies from simple coughs to thalasemia, silicosis and other fatal ailments (Peter, Gassler and Geyer, 2007). Small scale mining operations also contribute significantly to the pollution of water bodies in the mining communities. Since most of the rivers in such communities are the source of drinking water for the people, failure by mining companies to provide alternative sources means a burden on women and children who provide water to the household in rural communities.

Hahn (1997), Rawait (1998) and Chun (2003) noted in their studies that in many unorganized mines, the mine owners employ very young people and because there is a high rate of turnover and retrenchment, any terminal or chronic health problems that the workers might have contracted while working in the mines might not be traced to the companies by government or researchers. In a study undertaken by National Institute of Occupational Health (2003) on the quarry mines in India in Anddapah district of Andhra Pradesh, majority of the mine workers were women and young girls who were retrenched within a few years and were reported to have migrated to Dubai and other places when the mine owners were questioned. Despite the findings on health hazards, mine workers are exposed to, Mcdonough and Walters (2001) observed that it is also difficult to
medically prove the association of certain mine induced illnesses and diseases as most the workers in these mines keep shifting between different forms of livelihood, like agriculture, construction works, etc, and rarely are available for longitudinal studies. Companies try to hide the true conditions of workers’ health and attribute their illnesses to addiction like alcoholism and smoking. Hence, silicosis, asbestosis and other respiratory illnesses are medically diagnosed as tuberculosis or other such illnesses incurred by workers from alcohol, by the mining companies and government hospitals so as to deflect correlation to the mine specific pollution and toxicity (Bartley, 2007). Two and half million men, women and children in more than 25 African countries are artisanal and small-scale miners (IMF, 2005).

More Africans depend on artisanal and small-scale mining for their livelihoods. Their working conditions differ depending on geographical location, type of mining undertaken, age and sex and socio-economic status of the miners as well as cultural factors. But they have things in common in that they live in poor rural areas of developing countries. Most are not formally trained in mining and have received little education in general. While artisanal mining helps the rural poor especially children to make a living, it tends to generate negative effects of environmental degradation, poor health and sanitation, hazardous working conditions, child labor, uncontrolled migration (Chun, 2003).

Conclusion/Recommendations
This review and analysis was informed based on the operations of small-scale quarry mines in most of the developing countries including Nigeria. The case is further established on the ground that a larger number of the children work in the small-scale quarry mines; and these children are either not educated or are minimally educated and have no option other than to get involved in small-scale quarry mines to survive. Poverty was identified in the review as an outstanding issue why they participate in the small-scale unorganized quarry mines.

And in these developing part of the world where there are so many small-scale quarry mines in operation, there are non-application of safety regulations, lack of awareness, illiteracy, lack of training, old equipment which are leading factors to more accidents especially to small-scale quarry mines.

Based on the issues analyzed, there should be increasing public awareness of these problems of child labour and the need to do something about it. There should be an extreme form of commitment towards the total abolition of child labour in mining, which should follow; legal, direct intervention, and the use of market-based initiatives.

Also a set of minimum age for the young ones who participate in the quarry mines should be place at 18 years and above. The other issue is that the children should be provided with formal education, as quality formal education is a vital part of the solution to this effect. Formal education must be available, accessible, and occupy a large part of the day. These children who are likely to be withdrawn from work need to be provided with a whole range of supportive measures. The supportive measures should include health services and nutrition, vocational training, intensive counseling etc.

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