THE ROLE OF HEALTH CARE PROFESSIONALS IN PREVENTION OF CHILD LABOUR POPULATION

C. Revathi* and S. Kamala**

*Research Scholar, Rani Meyyammai College of Nursing, Annamalai University.
**Professor and Head, Pediatric Nursing, Rani Meyyammai College of Nursing, Annamalai University.

ABSTRACT

The issue of child labor, particularly the growing number of urban child workers, is being increasingly seen as a global problem. Children mostly work in hazardous industry, followed by other sectors such as slum-based small manufacturing, construction and domestic help. Some of the important aspects of child labor include the lack of education and nutrition, criminalisation of children and proliferation of the gang culture, and the physical and sexual abuse of children. It portrays the society's attitude towards child care. It is therefore, essential to break this vicious cycle and hence, enable the society to produce healthy citizens. This article analyzes the role of health care providers regarding child labour prevention. Since this multidisciplinary approach is required to combat this issue through proposed recommendations.

Introduction

Child labour today represents the largest single cause of child abuse across the globe. Most of it takes place in economically less developed countries, and much is hidden. In a minority of instances the effects of child labour may be neutral or even positive, such as helping out in a family run shop during school holidays. In recent years therefore the emphasis has shifted from the abolition of all forms of child labour to the elimination of intolerable and hazardous child labour. The International Labour Organization estimates that worldwide 110 million children aged 5-14 years are engaged in labour that can be described as hazardous or intolerable.¹

Engaging children in any sort of work inhibits affects their fullest growth. Legislative provisions are formulated to prevent the menace of child labor. But the children are the most deprived section of population forced to earn a pittance or to contribute to family work sacrificing personal development. Poverty coupled with rapidly growing population, ignorance and increasing dependency load are behind the grim incidence of children employment in the villages and towns of developing countries. Though India is signatory of various international Conventions and Agreements, there is
growing number of child labour in India. They work under very hazardous conditions.²

Child labour often harms the physical, mental or social development of children. Physically strenuous activities and lack of proper nutrition may lead to stunted growth. Some children have even lost vital organs in accidents at work and been handicapped for the rest of their lives. Children who work in depressing environments often endure emotional abuse. They lack opportunities to properly socialize with their peers³.

ILO (2002) reported that there are several million bonded child labourers in south Asia child also gets exploited if he/she starts full time work at an early age, workers for longer hours or the work inflicts excessive physical, social psychological stress which impress his/her development.

Children working in carpet industry also come into contact with woolen fluff causing skin troubles including scabies and respiratory ailments. In addition children have also been suffered from loss of eye sight due to poor lighting and deformed back due to long hour of sitting in cramped condition over 90% of the children complaints of swelling of lower limbs and severe pain in joint.⁴

Role of health care providers

Child labour is a global practice and has many negative end results. Therefore, it is essential to break this vicious cycle and enable society to transpire healthy and responsible citizens and future leaders. A multidisciplinary approach is required to combat this issue in the form of the following recommendations:

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.

The nursing and medical curriculum should also integrate this crucial component in courses such as advanced concepts in community health nursing.

To raise awareness, community health nurses and other health care providers should write about and publicize the issue of protection of children's rights, and influence the media to portray various aspects of child labour, as television and media are an essential part of the society's life today. Moreover, nurses and other health care providers can undertake further research on the health impact of child labour.

Seminars and conferences should be held for employers, and parents of children involved in child labour.

If child labour is unavoidable then facilitation needs to be provided in finding new ways of educating children and young people, who are working, other than the traditional schools.
Conclusion

The problem of child labour in the developing countries is not only financial but is also a socioeconomic problem which can be addressed by adopting certain measures for improving the economic conditions of the community and enabling it to provide education and leisure time to the children. At the same time, due diligence is required in effective implementation of child labour legislation. Perhaps abrupt eradication or demolishing child labour may not be the solution of a country like India, where poverty is the root cause of many problems because by doing so these children may end up in other more harmful professions such as drug trafficking, and sex workers; to earn their livelihood. However, provision of education along with work would help these children so that they can be equipped with necessary skills and in future they would be better able to work in a conducive environment and raise their family in a healthy milieu. A multidisciplinary approach is needed to work on the quality of a working child, and therefore, as health care personnel, we should begin to reflect and work collectively to combat this issue.

References