



How Does COVID-19 Affect Child Labor?

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Received 2020 April 22; Revised 2020 May 04; Accepted 2020 May 04.

Keywords: COVID-19, Child Labor

Dear Editor,

We wish to provide some recommendations about child labor in the current pandemic. With the global spread of COVID-19, working children comprise a vulnerable group of people who have been mostly neglected. Although there are not enough references about the recent COVID-19 pandemic to refer to, we decided to search about it due to its importance.

Child labor refers to the state of a child who is constantly exploited to any form of work. Consequently, the child fails to fully experience his childhood. Therefore, not only their abilities and dignity are negatively impacted, but also, they are morally and socially prone to be traumatized. The mental and physical health of working children is threatened because their working environment is beyond their age and their developmental abilities. Most of these children, due to undesirable life circumstances, do not have the possibility of attending schools. Sometimes, even continuing their education along with the work is almost next to impossible (1).

Working children are either employed in industrial or agricultural centers or help their parents in their businesses. Most unpleasantly, these children may be involved in prostitution or pornography and other illicit activities such as drug production and trafficking. They may also work in a hazardous job. Some of the contributing factors are family dysfunction, war, poverty, natural and human disasters, along with abuse by adults, immigration, and violence, to name but a few.

According to Ghahremani (2), factors affecting child labor and street children can be grouped into four categories, including family problems, urbanization, social/cultural factors, and personality factors. Working chil-

dren are mostly suffering from unacceptable nutritional and hygienic status, which could be due to poor parenting, working, or lack of access to hygienic facilities, lack of shelter, and sometimes not having enough awareness. This can put them at risk of becoming infected by COVID-19. Unfortunately, in the absence of enough support from society and authorities, they have no option but to continue their risky lifestyles.

Based on the International Labor Organization in 2020, an estimated 152 million children are involved in child labor, 72 million work in hazardous environments, and almost 62 million live in Asia (1, 3). A great number of these children are the only earning members of their families. Now, it is easier to imagine how this huge population is prone to injure themselves and their society.

The exact percentage of children (aged 5 - 17 years) engaged in child labor (economic activities and household chores) is not available (4). Working children are mainly divided into two tribal categories. About half of them are Iranians, and the rest of them are from the immigrant population. Most of these children are deprived of education. It is worth mentioning that there is still a group of children who work and study at the same time. Dangers of coronavirus spread, especially in the homeless and children with hazardous work, are not limited to these examples, and this is regardless of having family or not.

The anxiety due to coronavirus, like any other stressors, could ignite a hurricane in the child's emotional status, which could be transferred to other people. It is imaginable how difficult it could be for the family or parents to deal with a difficult child or a teenager with conduct issues. Nowadays, due to quarantine situations, dispute and quarrel may heighten among families, and no family members

are spared of this. Depression and anxiety are the ultimate responses of parents and other family members to these stressful situations. As a result, self-isolation and lack of ability to provide appropriate support for children are the endpoints. The parents might not tolerate the disrupted behavior of their children and teenagers and might react inappropriately to control the child's behavior. This could potentially lead to more hostile behaviors from both sides.

A large number of family members and crowded living spaces contribute to unnecessary disputes and quarrels among the families. This is because they are not used to the new routine, and therefore, staying home becomes a challenge for both parents and children (5). It may increase the possibility of physical and psychological abuse of children and teenagers. Some of these children and adolescents, especially those who are at high risk, are more likely to be sexually abused. This includes those who feel lonely, isolated, or have less social intelligence or lack of close friends. Due to the fear that has spread among the public, most children cannot sell well. As a result, their family experiences an undesirable economic situation. Most of them even lack the usual media such as TV, which makes it even harder to keep them notified regarding common threats and public notices. The nature of their labor, vending, and begging in public places such as subways make them a suitable candidate to spread the virus around. The lack of protective equipment, such as gloves and masks, and proper monitoring adds on to this problem. In addition, not having enough rest and being exposed to different stressors make them even more susceptible to contracting the infection (6, 7).

On the other hand, high treatment expenses and the lack of enough paper identifications make it almost impossible for them to get health care services. Educating and keeping them informed is difficult, which does not follow the same pattern of society. "If coronavirus disease does not kill, hunger will do" is a common belief among them, which is another contributing factor.

To prevent this possible disaster and control the spread of infection in this vulnerable group, the following recommendations are given:

1) Educating the personnel or those who are involved in child labor regarding dangers that threaten these children, such as infections, sexual, physical, and emotional abuse, and potential psychiatric disorders.

2) Identifying these children and their exposed families for primary prevention and education before the injury happens.

3) Educating parents and caregivers regarding the

signs and symptoms of anxieties in children and adolescents.

4) Psychological needs analysis of children and adolescents during this hard time.

5) Increasing the awareness of the families not to leave them alone and how to respond to these behaviors.

6) Educating children and adolescents on how to respond in case they are mistreated and how to improve their social responsibility.

7) Facilitating their admission to health care centers immediately after demonstrating the first signs and symptoms of infection.

8) Providing enough mental health support in case they have lost the caregiver and financial aids to facilitate their quarantine life.

Footnotes

Authors' Contribution: Ghazal Zahed developed the original idea and wrote the manuscript. Newsha Chehreghazi and Abouzar Nouri Talemi contributed to the preparation of the manuscript.

Conflict of Interests: The authors declare no conflict of interest.

Funding/Support: I declare no funding or support of our manuscript.

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