History of disease exposure in school-aged children working in artisanal mines in North Kivu in the Democratic Republic Of Congo.

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Abstract

Mining is one of the main sources of income in Rubaya. It is done there in an artisanal way. In the squares of open land amidst the verdant vegetation of the territory of Masisi, in North Kivu, we do not see powerful excavators, but simply shovels, pickaxes, and muscular arms to handle them. Carriers more or less solidly built replace the trucks. They evacuate the ore via the small paths gullied by the torrential downpours that fall on the region during the rainy season. In Rubaya, 45 kilometers from Goma, a dozen open-pit mining squares exploit niobium, cassiterite and coltan (colombo-tantalite). Around the gutted earth, transformed into a mud pit at the slightest rain, young people of school age work: digging, washing minerals, sorting, transport, etc. All the tasks seem exhausting on the grimacing faces of the young people who work tirelessly. These ores will be used in particular for the manufacture of capacitors, present in all electronic products. Demand does not seem about to decrease, as the new digital economy is greedy for it. In 2011, the Congolese government submitted a national action plan to the ILO to end their work in the mines. In particular, it planned to “make known and apply the legislation relating to child labor”, “make technical and professional training accessible”, and “give access to an education program for children removed from work”. But also “to improve the living conditions of vulnerable households”, so that socio-economic vulnerability does not push families to make their children work. The program was ambitious, but it never passed the milestone of official adoption. these children are exposed to neglected tropical diseases, tuberculosis, respiratory tract infections, HIV/AIDS and viral hepatitis B. These with a major risk of spreading the diseases in communities and increasing mortality rates school-age children.

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