

Original Article

Child Rights: An Assessment of Awareness Regarding Right to Health among Medical Students

Chinmayee, PG Student

Department of Hospital Administration, Fr Muller Medical College, Kankanady Mangalore, India

Sweta DCunha, PhD

Professor, Department of Hospital Administration, Fr Muller Medical College, Kankanady Mangalore, India

Sucharitha Suresh, PhD

Assistant professor, Department of Hospital Administration, Fr Muller Medical College, Kankanady Mangalore, India

Correspondence: Dr. Sweta DCunha Professor, Dept of Hospital Administration, Fr Muller Medical College, Kankanady Mangalore, India Email: sweta.dcunha@gmail.com

Abstract

Background: Leader is described as “an individual who unites organization members around the agreed views and principles, leads the masses towards an objective or motivate others, who are normally unaware of, towards certain objectives by influencing them.

Objective: This research was conducted in order to determine the opinions of the students about being a leading nurse who want to become manager nurse.

Methodology: This research was conducted with 12 students who are continuing their studies in 4th grade of nursing management course and have accepted to participate in the research. The thoughts and feelings of students who want to become manager nurse about the leader nursing is narrated via a qualitative method. With the use of a semi-structured interview form, the data was obtained within 25-30 minutes via a face-to-face interview. The method of content analysis was used for the evaluation of the data and 8 themes were determined as a result of the codings that were made.

Results: As a result; it was identified that dream leader nurse of the students who thought of becoming managers should have effective communication skills, join scientific activities, think critically during crisis, be a member of professional organizations/associations, have the ability to direct employees and to motivate them, use technology, demonstrate ethical behaviors and be a role model.

Conclusions: In light of these results, there are recommended in during university education; seminars, panels and/or symposiums should be held for the students who think of becoming managers in order to earn them leader nurse qualities and opportunities to meet leader nurses who can be taken as role models should be offered to these students and should be guided for various certificate programs so that they can use technology more effectively.

Key words: Manager Nurse, Student, Leader Nurse, Qualitative Study.

Introduction

Children are the pillars of a nation. Every child has the right to live happily. Children are a vulnerable category needing special care and protection due to their tender age and immature mind. The weakest

elements are the socially and physically backward children of the society. It's being acknowledged nationally and internationally that they have certain special rights and legal privileges. Child rights were recognized by constitution of India initially

itself, as time passed included several articles such as non-discrimination in educational spheres, prohibition of employment in factories, mines, and hazardous industries, dealing with liberty, livelihood, and development, compulsory and free education (Deepti, 2010). Children around the world live every day with violence, poverty, discrimination, and injustice. Children also suffer from hunger and homelessness, high infant mortality, deficient health care and limited opportunities for basic education. Generally, children do not know of their rights. Hence, it is the responsibility of the adult to make them aware of their rights. The future of every child depends on the care, facilities, and opportunities they get during their childhood. Therefore, if children have to grow up and become admirable citizens of the country they need to get what they need (Thakur,2014).

Child Rights in India are often perceived as the least important thing in the society. As a child cannot stand up for himself and is not aware of what is right from what is wrong their childhood is exploited by the adults in the society in several ways. All the issues with regard to child rights, whether its abuse or child labor outlined by adults and hence viewed from a different perspective. In spite of growth in terms of economy and affluence, the human values have been constantly falling, especially when it comes to child rights. Though India is seen as an emerging economy by the rest of the world, within the country the apathy regarding this situation has gone from bad to worse. There is large scale rate of school drop-outs, malnourishment, and abuse physically, emotionally and sexually as well as exposure to several forms of torture in India which we adults rarely see as abuse. As a consequence of these abuses, it children are forced to mutely suffer the atrocities heaped by society; quietly tolerate all this as a part of life and then end up like the same abusive adults they were exposed to as children. This vicious cycle continues unless Child Rights are protected and implemented with every child in the world (Bhargavi 2015).

Literature Review

A survey report by UNICEF on the state of the world's children spoke about India, stating that millions of children in India are regularly denied of

their rights to survival, nutrition, education, health and safe drinking water. It is reported that 53 % suffer from chronic malnutrition and 63% of them go to bed hungry. It is crucial that children be benefited from a balanced diet, necessary health care, and a quality education, as well as having a healthy environment to live in (Shanmugam and Kantharaj,2013). Health professionals should be aware of their duties in protecting child rights especially right to health. As children are the future, good health care services are important to promote healthy growth and development of the child. This will help children to if children to grow up to become worthy citizens of the country.

Ministry of women and child development government of India facing the challenges regarding improving nutritional status of children living in low-economic and marginalised communities, increasing availability and access to pre-school services for children between 0-6 years, bridging the gap in Early Childhood Care as well as Education between rural and urban areas ,bringing down school dropout rate, eliminating child labour ,controlling and preventing crimes against children ; trafficking, kidnapping and abduction, buying and selling of girls , rape, strengthening evidence base for child protection and transforming social norms and practices ;Female foeticide and Child marriage. To overcome these challenges government introduced many schemes, programs, and acts which protect child rights (Unicef, 2010).They include "Reproductive and Child Health (RCH) Programme, The National Rural Health Mission, Pulse Polio Immunisation Programme, Integrated Child Development Services [ICDS]: Crèche Scheme for children of working mothers, Integrated programme for Street Children, Sarva Shiksha Abhiyan: Kasturba Gandhi Balika Vidyalaya, Mid-day-meal Scheme, Mission Indradhanush, Janani Shishu Suraksha Karyakaram (JSSK), Child Helpline, Integrated Programme for Juvenile Justice" etc (Josh ,2011). These programs play a vital role in enhancing children life and help in securing their future. These schemes are not implemented properly and not utilized due lack of awareness among the public. Medical professionals should also be aware regarding various schemes and programs because they are also the integral part of it. So children will be benefited only if the

people who are involved in implementing as well as who is receiving it should be aware. The government also enacted much act to protect child rights. Those are Juvenile Justice Act Adoption Act, POCSO Act, PNDT Act, National Food Security Act, Hindu Marriage Act, Suppression of Immoral Traffic in Women and Girls Act, Persons with Disabilities Act, Infant Milk Substitutes, Feeding Bottles and Infant Foods Act, Right of Children to Free and Compulsory Education Act and Child Labour (Prohibition and Regulation) Act etc (Cseindiportal, 2012), Bhosale (2012) & Childline India.

Now the Central Government and the Medical Council of India have jointly introduced a compulsory one-year rural stint for any MBBS student who wishes to sit for post-graduation entrance exams. The main reason for this is the shortage of medical professionals, lack of specialist and to solve the problem of poor rural health services. The inclusion of Village health services as a part of the comprehensive rural development program which includes roads, drinking water, schools, etc will also assist in the success of the program. An increase in knowledge of doctors regarding the National Rural Health Mission and other schemes, can help them to provide comprehensive service to the public and also take part in protecting human rights. Especially child right because in villages there are many incidences of child abuse, child marriage, female foeticide and other such related issues (Dutta, 2013).

A multicentric cross-sectional study was carried out to know the awareness of child right related laws and regulations varied greatly among the cities. The knowledge among the participants was 70% about provisions protecting child rights in the Indian Constitution, the highest awareness was about the Rights of Children to Free and Compulsory Education Act 2009 (91.3%), then the Child Labour Act, 1986 has 89.7% awareness and the Prohibition of Child Marriage Act, 2006 was 89.6%. The lowest awareness in this sample was regarding the Infant Milk Substitutes, Feeding Bottles and Infant Foods Act, 1992, with only 38.0% being aware of this act (Deb et al. 2015).

Many medical schools now highlight the "Social Determinants of Health" This concept recognized

that education, housing, employment, economic factors, work and the living environments, have direct and profound effects on health. But medical students need to give a thought to various circumstances such as, why proper education is denied to many girls, why poverty perpetuates through generations, why there is human trafficking of poor into wealthy nations and try to reason out what are the causes for that situation. At the very least, these issues need to be considered by doctors; at most, they should venture to be activists. This may mean having to take sides in political, cultural and ideological conflicts here and abroad.

Some might question the relevance of social determinants to medical education because of perception that it is not purely clinical – not related to the physiology of disease, diagnosis or treatment. As we are now focusing on 'patient-centred care', the implication is that the patients health stretches out a long way past the treatment area, so tending to them implies being dynamic outside of the hospital facility. Doctors have a role as patients' advocates. No better fundamental way to fulfill this obligation is to stand up for patients' basic human rights (Mishori, 2014)

There are some questions related to children which medical professionals need to understand and answer. Such as: the age at which child can give consent to medical treatment; can a child refuse to give consent to treatment; right to see their health record; right to confidentiality with their doctor; visit the doctor on their own without parents or guardian; free health care available to children in school; entitled to support for their disability; knowing about importance of mental health and where they can get help; age at which children can give consent to mental health treatment; Who has the right to know about children mental health; importance of knowing their rights and looking after their sexual health; Can teenagers get free medical care while pregnant; Can children still go to school if they are pregnant, Can children go for counselling for a crisis pregnancy without parents and guardian knowing.

These are directly or indirectly related to children rights. Therefore doctors should have thorough knowledge related to child rights and their role in protecting it. It's imperative to teach human rights

to developing doctors who are being trained to care for all patients in our vast & diverse nation. It is not necessary for a doctor to go overseas to a hospital or clinic to come across patients who face human rights violations and have their health affected as a result. They come across individuals from other parts of the world that have come to our country, greatly suffering from human rights violations, including domestic violence, torture, sex trafficking, female genital mutilation, child labor, substandard prisons or illegal working conditions (Know Your Rights: My Right to Health, 2015).

It's important to orient the medical students about the Universal Declaration and give them a copy on the day they graduate. It is a guide as is the Hippocratic Oath and is imperative to profound understanding leading to carrying out their jobs more effectively. The context of sickness and health should be understood by medical students as it is rooted in human rights. It is the responsibility of educational institutions to train their medical students so that they understand and have skills to be "not only competent clinicians but compassionate citizens of the world and be a change agent" (Mishori, 2014).

Objective: The study was conducted with the purpose to determine the level of awareness about child rights with special emphasis on Right to Health among medical students.

Methodology: The study population were students from various medical colleges in and around Mangalore. A sample of size 182 was included in the study based on the formula $n = \frac{z_{\alpha}^2 p(1-p)}{e^2}$, assuming $p = 50\%$, confidence interval 95% and 5% allowable error. Structured questionnaire was used to measure the variables. It consisted of 3 sections: section 1 which dealt with demographic data, section 2 - awareness of right to health, more specifically aspects related to PNDT act, mother & child care, education, nutrition & health education, POSCO act, juvenile act & foeticide, child marriage among medical students and section 3 - awareness of child rights among medical students. Respondents had to tick whether they were aware or not. Collected data was analysed by descriptive statistical methods such as frequency and percentage. Comparison of

awareness between males and females was done by Mann Whitney test. Analysis was performed by SPSS 23.

Results

The questionnaire was given to students in a medical college to assess their awareness regarding Right to Health of children. The results of the study are described under 3 sections such as; Demographic profile of respondents; Awareness regarding the right to health of children and Awareness regarding child rights among medical students in Mangalore.

Table 1 shows that majority of the respondents (26.1%) are 3rd- year MBBS students and remaining (23.9%) 4th year, (22.8%) 2nd year, (15.2%) Interns and least (12%) 1st year. It also shows among respondents (55.4%) were female and (44.6%) were males.

Awareness regarding the right to health of children among medical students in Mangalore.

Awareness on various aspects related to right to health such as – PNDT act, mother & child care, education, nutrition & health education, POSCO act, juvenile act & foeticide, child marriage is assessed in this section. Only major concepts on each aspect were included

Overall level of awareness of each aspect is given as- If mean (%) is 0-25% very poor awareness, 26 - 50% poor awareness, 51 - 75% moderate, 76 – 100% good awareness.

Table 2 shows 88% of students are aware regarding advertisement related to PNDT act followed by 78% aware about permitted activities under PNDT act and 75% about PNDT act provisions. Overall level of awareness regarding PNDT act is moderate as mean (%) is 64.1%.

98.9% of students are aware regarding information given to mother, followed by antenatal care (96.7%), ICDS provision (92.4 %). About Janani Suraksha Yojana awareness is 76.1% and 56.5% regarding ICDS beneficiaries. Overall level of awareness regarding Mother and Child care is good as mean (%) is 76.9%.

95.7% of students are aware regarding equal opportunity for disabling followed by child development (94.6%), punishment (92.4%),

regarding free education (79.3%) and regarding medical check-up (51.1%). Overall level of awareness regarding Education is moderate as mean (%) is 75.5%.

82.6% students are aware of mid -day meal objective, regarding purpose of infant food act (71.7%) and regarding home ration (56.5%) and nutritional requirement of mid- day meal (19.6%). Overall level of awareness is moderate regarding Nutrition as mean (%) is 61.6%.

92.4% of students are aware regarding health education and 89.1% about counselling to adolescents. Overall level of awareness regarding health education is good as mean (%) is 90.8%.

94.6% of students are aware regarding POCSO Act provision followed by media matter (90.2%), special educator and medical examination (88%), regarding girl child examination (77.2%) and police uniform (66.3%). Overall level of awareness regarding POCSO Act is moderate as mean (%) is 60.2%

89.1% of students are aware regarding juvenile justice board followed by child related criminal aspect (78.3%), and juvenile justice act age matter (62%). Overall level of awareness regarding Juvenile Act is good as mean (%) is 76.4%. Awareness about foeticide is 77.2%.

67.4% of students are aware regarding divorce in child marriage, followed by 58.7% regarding marriage age. Overall level of awareness

regarding child marriage is moderate as mean (%) is 63%

Figure 1 shows students are highly aware regarding health education aspect (90.80%), followed by foeticide (77.20%), Mother and child health care (76.90%), Juvenile Act (76.40%), Moderate aware regarding education (75.5%) , followed by PNMT Act (64.10%), child marriage (63%), Nutrition (61.60%) and POCSO Act (60.20%).

Table 3 shows medical students are having 95.7% awareness about right to education, followed by right to be protected from physical and sexual abuse (94.6%), right to information (89.1%), right to survival (85.9%), right to protection (83.7%) , 64.1% are aware about Right to learn, Right to all forms of development, Right to freedom of association and 56.5% about Right to participate in any decision making and (54.3%) right to relax and play.

Table 4 shows that there is significant difference ($p < 0.05$) in awareness of male and female students regarding child's right to health on aspects related to Mother and Child care ($p = 0.012$); Education ($p = 0.039$); Health education ($p = 0.22$). Regarding awareness of male and female students regarding aspects such as PNMT act ($p = 0.064$), nutrition ($p = 0.519$), POCSO act ($p = 0.273$), Juvenile act ($p = 0.445$), foeticide ($p = 0.340$), child marriage ($p = 0.345$) and other child rights ($p = 0.811$) is not significant as $p > 0.05$

Table 1: Demographic profile of respondents.

Demographic data	Category	Frequency	Percentage
Year of course	1st year	22	12.0%
	2nd year	42	22.8%
	3rd year	48	26.1%
	4th year	44	23.9%
	Interns	28	15.2%
Gender	Male	82	44.6%
	Female	102	55.4%

Table 2: Awareness regarding aspects related to right to health of children

Right to health of children	Aware			
	No. of students	Percentage	Mean±S.D	Mean(%)
Awareness regarding PNDT act				
PNDT act outlines provisions about the regulation of genetic clinics, genetic lab and genetic counselling clinics.	138	75.0	2.57±0.77	64.1
PNDT act permits the medical personnel from conducting or helping anyone to conduct sex selection	144	78.3		
All prenatal diagnostic techniques are banned except for detection of chromosomal anomalies.	132	71.7		
Advertising of techniques used for the purpose of sex determination is a crime.	162	88.0		
Awareness regarding Mother and Child care				
Appropriate pre-natal and post-natal health for mother	168	91.3	6.92±1.32	76.9
Immediate care of new born and subsequent management during first 1-3 month	166	90.2		
Adequate antenatal care and maternal nutrition status must be maintained.	178	96.7		
Immunization is not given against killer diseases	162	88.0		
Janani surakshayojan provide free care to pregnant women and sick new born	140	76.1		
ICDS include supplementary nutrition, vitamin A prophylaxis and iron and folic acid distribution	170	92.4		
Beneficiaries of ICDS are only adolescent girls 11-18years, and lactating mother.	104	56.5		
Provide necessary medical assistance and health care to all children with emphasis on the development of PHC	168	91.3		
Information regarding advantages of breast feeding , hygiene , environmental sanitation and about prevention of accidents should be given	182	98.9		
Awareness regarding Education				

RTE provide free and compulsory primary education to children between 6-14 years of age	146	79.3	6.04±1.18	75.5
Children with disability should be provided free education	150	81.5		
The government is not responsible for making the environment non-discriminatory towards person with disability	116	63.0		
Provide equal opportunity to disabled child in every aspect	176	95.7		
There is prohibition against physical punishment and mental harassment in schools	170	92.4		
Child helpline is 1098	138	75.0		
Medical check-up must be conducted only once in a year in every school	94	51.1		
Attention should be given towards child development	174	94.6		
Awareness regarding Nutrition				
Mid-day meal programme main objective is to attract more children to school and retain them	152	82.6	4.32±1.41	61.6
Mid-day meal should be a substitute	92	50.0		
Meal should provide two third of the total energy requirement and half of the protein need	36	19.6		
National food security act states that meal means a hot cooked meal or pre-cooked meal or take home ration	96	52.2		
Children aged 6 month -14years will get take home ration or hot cooked food	104	56.5		
The purpose of infant milk substitutes, feeding bottles and infant food act is to promote bottle feeding.	132	71.7		
Infant milk substitutes only be used under the advice of health care worker	150	81.5		
Awareness regarding Health education				
Health education should be given to child regarding basic hygienic practices and environmental sanitation	170	92.4	1.82±0.47	90.8
Family life counseling for adolescence should be given	164	89.1		
Awareness regarding POCSO act				
POCSO provides protection to all children under the age of 18years from offences of sexual abuse	174	94.6	4.82±1.24	60.2

and sexual exploitation.				
Recording of statement by child done at home or at the place of child's choice	118	64.1		
Police officer should wear uniform while recording statement of child	122	66.3		
Special educator is provided in case child is disabled.	162	88.0		
In case of girl child , medical examination can be conducted without a lady doctor	142	77.2		
Medical examination of the child is conducted in the presence of person in whom child has trust	162	88.0		
Media is barred from disclosing the identity of the child	166	90.2		
Awareness regarding Juvenile Act				
Juvenile justice board must have at least one woman worker	164	89.1	2.29±0.76	76.4
Juvenile justice act 2015 treat juveniles aged 16-18 years as adults if they are charged for commission of heinous crime.	114	62.0		
Child who commits a crime and is below the age of 7 then child is not considered as criminal	144	78.3		
Awareness on foeticide				
If a person commits an act with the intention of preventing the child from being born alive is called committing foeticide	142	77.2	0.77±0.42	77.2
Awareness regarding Child marriage				
According to Hindu marriage act child is a male who has not completed 21years and a female who has not completed 18years	108	58.7	1.26±0.72	63.0
If the husband is asking for a void in child marriage then he or his family is responsible to pay for the maintenance of the girl until she is remarried	124	67.4		

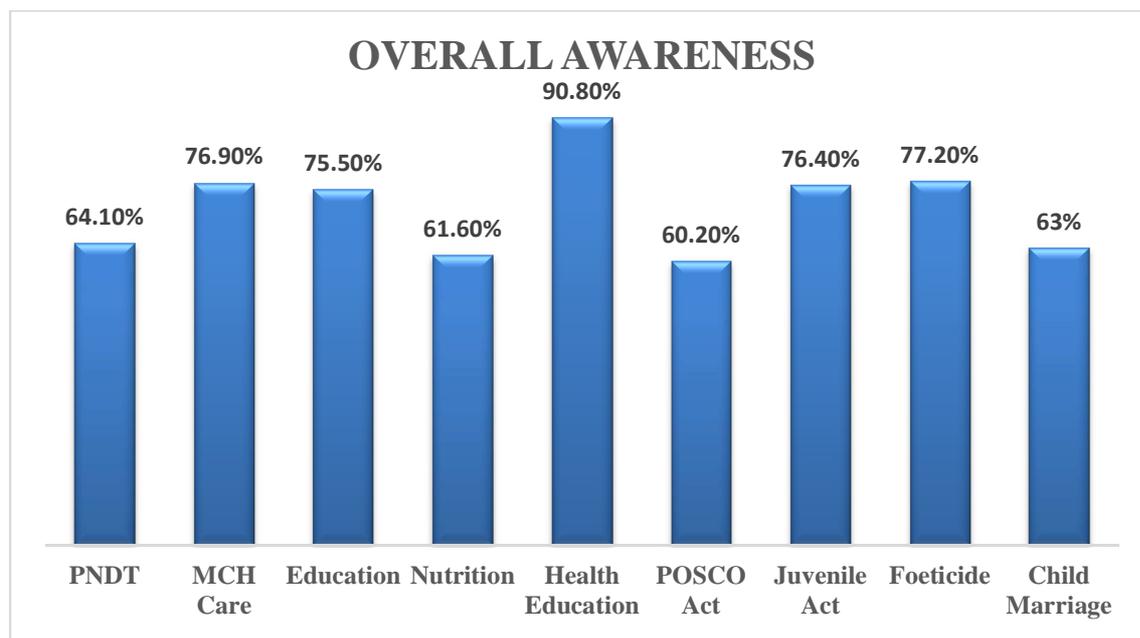


Table 3: Awareness regarding other child rights

Child Rights	Aware			
	No. of students	Percentage	Mean±S.D	Mean(%)
Right to survival	158	85.9	15.38±5.45	73.2
Right to be born	142	77.2		
Right to minimum standards of food, shelter and clothing	146	79.3		
Right to live with dignity	144	78.3		
Right to health care, to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy.	150	81.5		
Right to protection	154	83.7		
Right to be protected from all sorts of violence	130	70.7		
Right to be protected from neglect	110	59.8		
Right to be protected from physical and sexual abuse	174	94.6		
Right to be protected from dangerous drugs	116	63.0		
Right to participation	116	63.0		
Right to freedom of opinion	142	77.2		
Right to freedom of expression	140	76.1		
Right to freedom of association	118	64.1		
Right to information	164	89.1		
Right to participate in any decision making	104			

that involves him /her directly or indirectly		56.5		
Right to development	110	59.8		
Right to education	176	95.7		
Right to learn	118	64.1		
Right to relax and play	100	54.3		
Right to all forms of development- emotional, mental and physical	118	64.1		

Table 4: Association of gender with awareness of right to health and other child rights

Rights	Gender	N	Mean	S.D	Mean(%)	Mannwhitney test p value	S/NS
Awareness on PNDT act	Male	82.0	2.7	0.8	67.1	0.064	NS
	Female	102.0	2.5	0.7	61.8		
Awareness on Mother and Child care	Male	82.0	7.2	1.3	79.9	0.012	S
	Female	102.0	6.7	1.3	74.5		
Awareness on Education	Male	82.0	6.2	1.1	78.0	0.039	S
	Female	102.0	5.9	1.2	73.5		
Awareness on Nutrition	Male	82.0	4.4	1.5	62.7	0.519	NS
	Female	102.0	4.3	1.4	60.8		
Health education awareness	Male	82.0	1.9	0.3	95.1	0.022	S
	Female	102.0	1.7	0.6	87.3		
Awareness on POCSO act	Male	82.0	4.9	1.2	61.6	0.273	NS
	Female	102.0	4.7	1.3	59.1		
Awareness on Juvenile act	Male	82.0	2.3	0.7	78.0	0.445	NS
	Female	102.0	2.3	0.8	75.2		
Awareness on foeticide	Male	82.0	0.8	0.4	80.5	0.340	NS
	Female	102.0	0.7	0.4	74.5		
Child marriage	Male	82.0	1.3	0.8	65.9	0.345	NS
	Female	102.0	1.2	0.7	60.8		
Awareness - other child rights	Male	82.0	15.5	5.7	73.8	0.811	NS
	Female	102.0	15.3	5.2	72.8		

S-Significant, NS- Non significant

Discussion

The study results show that there is good awareness among medical students regarding mother and child care (76.9%), health education (90.8%), Juvenile act (76.4%), foeticide (77.2%). Awareness is moderate regarding PNDT act (64.1%), right to education (75.5%), nutrition

(61.6%), POCSO act (60.2%), child marriage (63%). During course of study, the author had compared and analysed the results of a study which showed that almost all medical graduates in Mumbai were aware of sex determination & female foeticide. Majority were aware that USG is the most popular technique. 95% were of the

opinion that sex determination should be punished however still there are students who don't agree that a doctor should be punished for violation of the act. There is a want to create awareness among medical fraternity & the general population by health education (Patil et.al. 2014).

It was seen in that study 95% of students said sex determination should be punishable, 56% came to know about the act from mass media and overall results showed about 61% were aware about PNDT Act (Patil, et al.2014). When compared with present study it showed 4.1% increased awareness (64.1%). This may be because some of them are from 1st and 2nd -year MBBS, for them some of the aspects are unclear or new and they may be knowing only the basic child rights as common public, lack of reading newspaper, watching the news. There is no mention in the curriculum or no details given in their educational material relating to child rights, emphasizing on right to health. Whatever mention may be there, students do not go through thoroughly, because they read according to exam point of view. They may also think knowing about child rights is not important because they think protecting child rights is the duty of government and some agencies. It may be also due to lack of awareness programs, conferences as well as workshops related to child rights protection by medical professionals.

In another study, findings point out that there was good knowledge among community health workers regarding child abuse, attitude towards handling child abuse were favourable, and showed poor performance in handling child abuse (Saini 2013). This may be due to fear of side issues to deal with child abuse, or lack of clear legal guidelines regarding this. In present study showed 3.2% increased awareness (60.2%). Lack of reporting child abuse cases may be due to the fear of violence against children, fear of litigation, fear of family violence against them, lack of knowledge about referrals, and lack of certainty about the diagnosis of child abuse. However, it can also be due to the lack of supporting systems in healthcare centres. It can also be due lack of attending of training courses by health professionals. In the present study the awareness regarding other child rights shows that medical students are having high awareness regarding right to education, followed by right to be protected from physical and sexual

abuse, right to information, right to survival and right to protection. This may be due to these aspects getting a significant media attention. The right to education and protection from sexual abuse, right to information and right to survival seems to attract highest awareness due to the fact that they constitute the rights of children which are mostly reported due their high rates of violation. The Indian Child Abuse, Neglect, and Child Labour group and Indian Medical Association (IMA) has stalwartly promulgated the view that "protection" not only includes protection from disease, poor nutrition, and lack of knowledge but also action against abuse and exploitation. So it is necessary for every medical practitioner to know about all aspect related to POSCO act in order to identify and report child abuse (Anne and Ong'ondo,2013).

Regarding right to participate in any decision making and right to relax and play, the awareness was low. These findings could be attributed to the fact that some rights are rarely covered by newspapers, television, school books, the radio and other media like the posters, conferences and drama. The other reason for low awareness of children's rights was also attributed to lack of access to communication media by the respondents. The findings were also related to low membership in children's rights clubs and little participation in rights activities such as conferences, drama and media programmes on children's rights topics by the respondents.

Nowadays some hospitals have started to put charter on child rights in their campus and they also provide training to doctors and nurses regarding child rights. So hospitals do play a vital role in enhancing the awareness among medical students regarding child rights specially during their internship by conducting workshop, training and conferences regarding protection of child rights in health care by medical practitioners (Sahebiagh et al. 2017).

Conclusion

As medical professionals play a vital role in Right to Health, it's essential that they have better knowledge in this regard. The present study showed medical students have good awareness regarding child rights except moderate awareness in a few areas. So a number of awareness programs

should be conducted in the college regarding child rights to health and ways to promote the same. Emphasis on health professional role and responsibility in maintaining public health, particularly children's health is required. Let everyone know the rights of every child in health care - know that children are special and always do what is best for them.

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