

# Ethics and world religions case study example

[Family](#), [Parents](#)



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## **Chapter 14: How do we help prevent child labor?**

The case study on Chapter 14 focuses on Maria and her persistent efforts to take out the girls working in big factories. She wanted to advocate to their families that they must be schooling and not working. She also let them see the risky conditions inside the factory, the hazardous work conditions. For an instance, some of the under-aged girls entangled into road accidents since they work on a night shifts. Some girls were also maimed, another losing a finger with the sewing machine. The girls work very hard and the salary is meager. They expose themselves to fabrics which is also hazardous to their health. Maria is supported by Father Ramos. However, Father Ramos is caught up with Maria's last ditch effort of reporting the factories to the Department of Labor (Wolfe & Gudorf, p. 307). For the priest, the evils of the system are inescapable since families also need work and the factory owners themselves succumb to such work arrangements since they also have no choice. The families are blinded by the thought of sending their girls back to school because they badly need income to augment their livelihood. Even when they recognize the dangers of factory work, they are adamant since for them, it is the only way to live.

In the Catholic point of view, the right approach to the problem is an integrative and a holistic approach. Hence, Father Ramos had a hard time sleeping with the knowledge that Maria will report the factories to the proper authority. In the Catholic notion, there must solidarity in one individual or group action (p. 308). It is not right to be righteous and pragmatic like Maria because the stakes are the employment and livelihood of the greater aspect of those concerns. She must be prudent in her actions and take into consideration good alternatives for the families.

The concept of labor was elaborated under the Islamic notion of the problem. According to their teachings, labor is sacred because it is a means by which they worship Allah (p. 311). Humans need to work so that they can achieve success in the after world. Both workers and employers have responsibilities in ensuring fair and just and human work conditions (p. 312). The notion of child labor is distinct with the Islamic faith because they permit their under-aged children to work for their families at age seven (p. 313). They also set a specific age where child labor is already approved.

In this specific case of child labor and the risks it brings to innocent children, the points of view of both faiths are irrelevant. In the universal and human rights laws, child labor is a sin. I take this side of the equation. Children have the right to have a good childhood and this must not be taken away by forced employment and the contexts of poverty. Parents should provide for them and make sure they are developing in all aspects – socially, mentally and emotionally, in the case they cannot send them to schools. I find it criminal to acknowledge the risks of working in factories and still allowing the

poor girls to work there. Poverty is not an excuse to do what is right. I also commend Miss Maria for doing what she thinks and feels is the best thing to do.

## **Chapter 17: Should we neglect the mentally retarded children?**

The case study in Chapter 17 explores the main argument between a Swiss doctor, Dr. Rensuer and an Irish nun, Sister Dolores on the plight of the mentally retarded children at the uplands of Bolivia and Peru (p. 356). While the doctor was indignant about the poor nutrition and little support parents are giving to their mentally retarded children, for the nun it is understandable. For her, there is some credence for these parents since they have to take care of a larger family. The clash between the scientific and the religious orientations with regards to the issue is evident and this was also reflected when the WHO doctors met to discuss their team findings. The doctors are generally fighting for the equality of the mentally retarded when it comes to health and other opportunities. They had a debacle on how to globally approach the issue of equality and justice for mentally retarded children in a poverty stricken world such as Latin America (p. 361).

In the case of an Aymaran response, a more indigenous worldview was introduced. In this view, life is sacred and it is continuous (p. 362). The Christian mentality of equally treating the mentally handicapped children the same way as the normal children will be repulsed by how the indigenous view allows “ helping the very sick to die when they wish to do so” (p. 364). The westerners may view it as euthanasia. For the indigenous, allowing them

to die is more charitable since they will go to another facet of their lives where they are better placed in their new world.

In the case of omission, medical care and neglect I spitted against each other through the ethical and the cultural ways by which people generally care for the sick and the dying (p. 367). A worker who has worked with the Latin American indigenous community defends that they typically care for their sick members such as the sick, orphans and the elderly (p. 366). The problem which he pointed out is the “ institutional violence” to the poor people in the developing world. They have high mortality rates and other statistics which all stem from their poor nutrition and economic plight (p. 365). The thing about the western professionals is that they do not really contextualize the problem of mental retardation with the greater problem of poverty and poor health. Worse, they readily give labels and judgments to the cultural underpinnings of how the local people care for their own casualties.

In my own personal opinion, the dilemma which this case presents is the cultural orientations about life, next life and what people must do to administer to the sick and the dying. While western practice requires urgent prevention and treatment, the local people also allows for the natural death of the handicapped. This scandalizes the people of the medical profession, who in turn, implements interventions and programs through international health agencies such as WHO. There is a cultural, ethical and medical aspect to this problem and it is very complicated. Then again, it is rooted by how an institutional way of addressing the problem is applied. In this reality, the

powerful takes command of their poor brethren and they subscribe to their own notions about the best solutions for them.

**Work Cited:**

Wolfe, Regina Wentzel & Gudorf, Christine E. Ethics & World Religions: Cross-cultural Case Studies. New York: Orbis Book, 1999. Print.