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Article · January 2017

DOI: 10.1504/IJHRCS.2017.082691

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## Child labour in Pakistan: consequences on children's health

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**Abstract:** Child labour is a global issue confronted by many countries around the globe including Pakistan. This research was conducted with the aim to examine the phenomenon of child labour from the perspective of earners that is the children. It exclusively emphasises on how child labour affects the physical and psychological health of the children in District Gujrat. To meet the targets of this research, quantitative methodology was used and a total of 150 children were selected by using simple random technique. Data was collected through questionnaires and it was analysed by using SPSS. The findings highlight that children were forced to earn to contribute to the family income. It was found that the environment at the workplace had adverse effects on the children's health. Research insinuations and future direction is as well specified in the paper.

**Keywords:** child labour; health; earners perspective; Gujrat; Pakistan; realities.

**Reference** to this paper should be made as follows: Ashfaq, A., Ali, R., Habiba, U. and Ashfaq, M. (2017) 'Child labour in Pakistan: consequences on children's health', *Int. J. Human Rights and Constitutional Studies*, Vol. 5, No. 1, pp.82–90.

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## **1 Introduction**

Child labour has been present in different human societies at different arenas of their history. It is a widespread and emerging phenomenon and has now become a global concern (Seabrook, 2000). Though child labour affects both the advanced and developing countries but it has posed serious challenges for the later (Shrestha, 2011). According to International Labour Organization (ILO) (2013) 78 million children in Asia are child labourers. The rapidly increasing incidence of child labour especially in developing world has grasped the attention of every segment of society and more particularly that of researchers, media and policy formulators (Hussain and Maskus, 2003).

In underdeveloped countries like Pakistan, due to poor economic status of the family, children are found working to support their family economically leading to alarming rates of child labourers (Shrestha, 2011). The situation is poorer in rural area where the poverty-stricken families rely on their children to have to share the burden of entire family by getting them involved in child labour. The last nationwide survey on child labour in Pakistan conducted in 1996 by the Federal Bureau of Statistics, with technical support from the ILO, found that 3.3 million children out of 40 million children, between the ages five and fourteen, were economically active in Pakistan. The figure is composed of approximately 73% boys and 27% girls (International Labour Organization, 2006). According to the survey, the most cogent reason parents or guardians gave for allowing their children to work was financial liability. The children were expected to assist in household enterprises, supplementing the household income.

Among the many aspects of child labour an important concern related with the issue is that of health hazards (Javed et al., 2013). According to CLS (1996), in Pakistan 7% of child labourers suffer from health problems frequently, 28% occasionally and 33% rarely

(Uddin et al., 2009). Poor sanitation system such as unclean and polluted water significantly affects the health state of children. In factories burning and heat hazardous work also effects children's health due to longer period of working hour and heavy workload. Children are mentally immature, risks are involved in their work and they are not trained for heavy work. Children working in construction and welding sector are in pain of mental immaturity. According to a survey, 40% of child labourers are affected by abnormal mental and emotional growth and lack of care is a major determinant in developing the state of emotional stress among them (Khan, 2004). Thus, due to inadequacy of proper supervision; their health is on stake (Goel et al., 2012).

Further, long working hour and lack of supervision may also cause injury and different kinds of illness to the children (Parker, 1997). It is a bitter reality that child labour is a curse regarding health of the children and it causes severe health problems and badly affects their growth and development (Khair, 2005). Most of the child labourers are likely to suffer physical health issues during their work as well as later on in life. The miserable situation is that maximum children who are doing labour work do not receive medical treatment if they suffer from any disease (Hussain, 1985). Lack of proper medical care puts children into a dangerous position (Guendelman et al., 2002). If attention is not given towards this dilemma it may become more fatal day by day (ILO, 2006).

## **2 Theoretical framework**

The current research is inspired by the Dahlgren-Whitehead ecological model for health (1991). This model explains the three different layers of factors that influence the health of the individuals. These factors include individual lifestyle, social and community network and ecological factors (economic, cultural and environmental). The individual lifestyle, personal behaviour, diet and status at the workplace effects health of individuals at micro-level. In meso-level, social and community (family, neighbour and friends) relationships and support in unfavourable conditions influence the health of individuals. At macro level structural and environmental factors including housing, working conditions, access to services and provision of essential facilities influence health of the individuals. As per this model the working condition and provision of services to child as a labour were not satisfactory leading to various problems like asthma, cough and tuberculosis.

## **3 Methodology**

The present study is quantitative in nature. For the purpose of data collection researcher administered questionnaires were used. The questionnaire was structured in such a way that it started with the socio-demographic characteristics followed by the health status and lastly different health problems including physical and psychological. The health problems were measured through a Likert scale. The sample was divided into five groups as pottery making, fan industries, furnisher factories, auto workshops and brick kilns by using stratified random sampling technique. The researchers selected 150 children working in different fields as sample of the universe through simple random sampling. The data were analysed using Statistical Package for Social Sciences (SPSS).

#### 4 Findings and discussion

This section includes all the data collected through questionnaire which is analysed and then interpreted. Univariate analysis gives the description of a single variable and consists of the frequency distribution tables which show how frequently an item is repeated.

**Table 1** Information of the respondents

<i>S. no.</i>	<i>Strata</i>	<i>Population (child labour)</i>
1	Pottery making	20
2	Fan industry	30
3	Auto workshops	20
4	Brick kiln	45
5	Furnisher factories	35
<i>Total</i>		<i>150</i>

Table 1 highlights the socioeconomic background of the respondents which helps us to understand the causes of getting engaged in laborious work at an early age. The age of the child is an important variable which determines the child's work decision, entry to work and its intensity. According to the data, the majority (48.6%) of the respondents belonged to the age group 11–13, 26.8% of the respondents were in the age group 8–10. The data was basically collected from the age ranges from 8–14 as the age group (5–14) is defined by the ILO. The children belonging to the age group (11–13) were more likely to get involved in child labour compared to age group (8–10) and (13+) because this group of children were more vulnerable. They worked efficiently and for longer periods of time than former age group (8–10). The age of entry to work varied considerably from occupation to occupation, industry to industry, community to community and urban and rural areas. One established finding in studies of child labour is that the older the child, the higher his or her wage (Emerson and Souza, 2008). Thus, a child labourers wage in the labour market is positively related to the child's age. This was perhaps one reason for selected a specific age group in this study too. This reflects that children are likely to get engaged in work at an early age.

**Table 2** Socio-economic background of the respondents

<i>Age</i>	<i>Started working at age</i>	<i>Education</i>	<i>Reasons for school dropout</i>	<i>Family type</i>
8–10 (40) 26.8%	8–10 (57) 37.9%	Illiterate (86) 57.3%	Poor economic condition (73) 48.7%	Nuclear (101) 67.4%
11–13 (73) 48.6%	11–13 (88) 58.7%	Primary (62) 41.4%	Not sent by parents (55) 36.7%	Joint (20) 13.3%
13+ (37) 24.6%	13+ (5) 3.4%	Middle (2) 1.3%	Lack of interest (22) 14.6%	Extended (29) 19.3%

*Source:* survey

Table 2 further reflects the age of the children when they started working in the labour market. It has been found that the majority of the respondents (58.7%) had started working at the age (9–12 years), some of the respondents (37.9%) started labour work at

the age of 5–8 years while a small number of respondents (3.4%) started work at the age of 13 years or above.

Table 2 also entails the educational level of the respondents, reasons for drop out from school, illiteracy and type of family. The majority of the respondents (57.3%) were illiterate, 41.4% of the respondents had dropped out of school after primary level of education and some (1.3) had attained middle level of education. According to previous studies education level of the child has a negative impact on work. Each additional year of education of child decreases the probability to work by 4.2% (Fallon and Tzannatos, 1998). The child labour decreases the education opportunities of the child so there is a trade-off between child labour and child schooling (Cigno et al., 2002).

The results also reveal the reason of drop out from school. Among all the respondents, majority (48.7%) were dropped out of school due to poor economic conditions of their families. Less than half (36.7%) of the respondents said their parents had never sent them to school. Sawada and Lokshin (1999) found that in Pakistan the schoolchildren terminate schooling due to high educational costs. Similarly, Syed et al. (1991) disclosed that 72% of the child labours left school due to poverty compulsion. Economic deprivation is a major obstacle to children's education (Chao and Alper, 1998). Behrman and Knowles (1999) estimated significant association between schooling and family income in 21 countries. They showed that there is higher trend of children schooling among those household whose income is higher than children from poorer households. Thus, due to poor economic condition more children are working as labourers.

Table 2 illustrates that the majority of the respondents (67.4%) were living in nuclear family system and 19.3% lived in extended family system. This was also one reason to push them in the labour market in early age.

Majority of respondents 38.7% reported poverty as a major factor behind their involvement in labour work and 20.7% were forced to work due to large size of family, 26.3% worked as child labours because of illiteracy and unemployment while 14.0% of the respondents were involved due to the lack of interest in studies. A number of studies in Pakistan about child labourers have shown that majority of the child labour come from lower-income households as greater number of the people in country are living below the poverty line. According to the study, child labour is mainly attributed by low income of the household. It has also found that child labour decision by the parents is negatively affected by household income. Lloyd (1994) found that large household size increases the prospect for a child to work and stated that the magnitude of this is determined by lower socioeconomic household. Ray (2000) indicated poor socio-economic status as a major determinant of child labour. He further explained that children are sent for work by their parents, not out of their choices, but for the cause of economic pragmatism.

**Table 3** Health status of the respondents

<i>Health problem</i>	<i>Frequency (%)</i>
Yes	128 (85.3)%
No	22 (14.7)%
Total	150 (100%)

*Source:* Survey

Data about the health of child labourers is not accessible nationwide but micro-level studies about the fatigue and health hazards indicate that the children in general have been required to work from 8 to 12 hours (Adkins, 1999). According to the UNICEF report, in the industrial structure the majority of the children suffering from illness and injuries are involved in the agriculture activities followed by 9% in manufacturing and 8% in services (2010). In this research (Table 3), the majority of the respondents (85.3%) replied that they were suffering from different health problems including physical as well as psychological.

**Table 4** Opinion about physical health problems

<i>Health problems</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>None</i>
Difficulty in breathing	13.3% (17)	19.5% (25)	25.8% (33)	41.4% (53)	85.3% (128)
Fever	10.2% (13)	30.5% (39)	23.4% (30)	35.9% (46)	85.3% (128)
Cough	18.8% (24)	12.5% (16)	32.0% (41)	36.7% (47)	85.3% (128)
Chest pain	39.1% (50)	16.4% (21)	18.0% (23)	26.5% (34)	85.3% (128)
Backache	10.2% (13)	14.8% (9)	34.4% (44)	40.6% (52)	85.3% (128)
Muscle ache	21.8% (28)	17.2% (22)	22.7% (29)	38.3% (49)	85.3% (128)
Headache	14.1% (18)	19.5% (25)	27.3% (35)	39.1% (50)	85.3% (128)

*Source:* Survey

Table 4 shows the results regarding physical health problems of the children involved in labour work. According to the data, 41.4% of respondents had often faced difficulty in breathing. However, 25.8% of respondents replied that they sometimes faced difficulty in breathing. It further documents the results about fever suffered by children on regular basis. The majority (35.9%) of the respondents often suffered from fever. Additionally, the above table reveals that the majority of respondent 36.7% responded that they often sustained cough whereas 32.0% of the respondents replied they sometimes suffered with this physical disease.

Table 4 also shows the result about having chest pain during/after labour work. About 39.1% of the respondents reported that they had never suffered from chest pain. 26.5% reported that they often suffered with the chest pain. While 18.0% and 16.4% of the respondents said that they sometimes and rarely had this problem respectively. Hafeez (1991) has calculated the health hazards of child labourers by percentage of children receiving different problem and concluded that 0.54% of the children has chest pain.

Table 4 illustrates that 40.6% of the respondents had the problem of backache. The second majority of respondents 34.4% sometimes suffered with backache. It further shows that a considerable number (38.3%) of the respondent often had muscle ache, 22.7% of the respondents sometimes felt muscle ache.

Additionally, Table 4 shows that 39.1% of respondent often had the experience of headache, while 27.3% respondents sometimes had headache. These findings correlate with the findings of Alem et al. (2006) who have reported frequent headache among children engaged in child labour. Likewise, according to the study of Mohamed et al. (2009), child labourers generally experience several health problems due to their labour work such as breathing problems, skin diseases, physical pain, eyesight problems and mental disorders. In the study of Mohamed et al., data was taken from 80 children and

among those, 90% suffered from physical pain; 72.5% had breathing problems, and slightly more than 71% had eye sight problems while 40% were considered emotionally stressed and psychologically immature.

**Table 5** Opinion about psychological health problems

<i>Variables</i>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>None</i>
Depression	17.2%(22)	25.8%(33)	35.9% (46)	21.1% (27)	85.3% (128)
Frustration	27.4%(35)	33.6%(43)	18.7% (24)	0.7% (1)	85.3% (128)
Stress	32.0%(41)	2.0% (3)	24.2% (31)	25.8% (33)	85.3% (128)
Aggression	25.0%(32)	21.1%(27)	18.0% (23)	35.9% (46)	85.3% (128)

*Source:* Survey

Table 5 demonstrates the results regarding psychological health problems of child labourers. According to the findings, 35.9% of respondents sometimes had the problem of depression, and 21.1% often experienced psychological health problems. Moreover, 20.3% of respondent reported to have feelings of frustration. The table above also highlights stress and aggression among the child labourers. 25.8% respondents reported to have often encountered stress while 24.2% respondents faced it sometimes. According to the responses of respondent, 35.9% had problem of aggression often while 18.0% respondents sometimes felt aggressive due to their work.

## 5 Conclusions

Pakistan is one of the under developed countries of the world where child labour is hindering human capital development and affecting the overall development agendas of the country. The paper examined the causes behind child labour in study area and the resultant health issues. The causes explored in this study were poverty, lack of interest of child in study, large family size, death of earning member and illiteracy. The findings highlight that the children engaged in labour encountered several problems including unhealthy environment, purchaser's exploitation, job insecurity and health problems. Children working in various fields were facing different physical as well as psychological health problems that may affect their intellectual and physical development. In the light of the findings it is suggested that efforts are needed to reduce and eliminate child labour since it remains one of the major challenges in the country.

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