

Walk Through Survey of Child Labor in Sialkot Slums

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SUMMARY

Because children are an isolated population that generally lacks a collective political voice, it is up to the rest of the society to look after their well being. In Pakistan, the problems associated with child labor are a legitimate threat to our single most important investment for the future, the safety and healths of our children. Through our "Walk Through" survey we found that 10% of laboring children were ≤ 10 yrs of age and 33% were unpaid. Seventy eight (78%) mothers and 76% fathers were illiterate and 48% of the fathers of these children were laborers.

41% of the fathers had monthly income Rs > 5000 and 90% of child workers had 4 siblings or more. Thus, illiteracy of parents, similar profession of father and large family size were found to be significant contributory factors. Only 29% of the children were working for < 6 hours/day, rest were working for ≥ 12 hours, almost the whole day. Since in our social setup, child labor cannot be eradicated completely, it is recommended that the labor hours be limited, wages increased, job-safety be ensured and on the job or other schooling be provided, in keeping with recommendation of WHO.

INTRODUCTION

Child labor is increasing in both developing and developed countries. In Pakistan children work in industrial, agricultural and domestic sectors. In addition to the effect upon their health, education, their growth and development is also impaired in these working children¹. Many children are working under hazardous working conditions and World Health Organization recommendations are not carried out to provide on-the-job health and social services to working children². There is no age limit for a child to work and there is no job prohibition for children in Pakistan. There are no reforms able to secure universal age, hour and health standards for working youngsters. Because of differences in size, physiology, metabolism and absorption children may be especially susceptible to work related injuries and illness^{2,3}. There is much current child labor law activity, none of it reflecting concern with occupational health hazards. Enforcement-effort-cases are a primary indication of

state commitment to child labor law protections and these efforts are decreasing.

MATERIALS AND METHODS

Six hundred and nineteen industrial boy workers of the age group 8-16 years from slums of Sialkot city were studied through a "Walk Through Survey". Data about these children was recorded on the proforma which included age, education of child and education of parents, awareness of job hazards. Wages and labor hours of children were also recorded on the same questionnaire proforma. Children at labour were personally examined and social setup was evaluated i.e., under what circumstances children were doing labor. Employers and parents were also questioned personally by the medical personnel. Work place of all children doing labor were visited, working conditions, health, education and recreational facilities provided were recorded.

RESULTS

Out of these 619 children doing labor, 93 (15%) were of the age ≤ 10 yrs (Table 1). Three hundred and forty nine (56%) of the 619 children were illiterate and only 9% were middle school graduates (Table 2). The children's educational standards were well matched with their parents' educational standards (Tables 3, 4).

Table 1: Age distribution (n=619)

Age	Number	Percent
8-10 yrs	93	15
11-16 yrs	526	85
Total	619	100%

Table 2: Educational status of child (n=619)

Education	Number	Percent
Illiterate	349	56.3
Primary	203	33
Middle	54	9
Matric	13	3
Total	619	100%
Left school recently	119	19
Educational + recreational facilities at work place.	0	0

Table 3: Mother's Education (n=619)

Education	Number	Percent
Illiterate	485	78.3
Primary	67	11
Middle	50	8
Matric	4	0.6
Deaths	13	2
Total	619	100%

Table 4: Father's Education (n=619).

Education	Number	Percent
Illiterate	474	76.5
Primary	83	13.4
Middle	28	4.5
Matric	20	3.2
Died	14	2.2
Total	619	100%

Seventy eight percent (78%) mothers, were illiterate and very few mothers were having, qualification of matric or more (Table 3). Fathers education was also important, 76.5% were illiterate and only <5% were having matric or more qualification. Two percent fathers had died (Table 4). Fathers profession was also observed as an important factor in inducing child labor, the highest (48%) percentage was of laborers and lowest was of the fathers running their own small business (Table 5). The poorest relationship was observed with fathers income 41% fathers had income of Rs. >5000/month and only 30% had income Rs. <2000/month (Table 6). Children's own earnings were also negligible, 33% were not paid and only 9% were getting Rs. >1000/month (Table 7). Number of siblings were also found important, only 10% of the children doing labor had ≤ 3 siblings whereas 90% had ≥ 4 siblings in their families (Table 8). Seventy one percent (71%) children were working for ≥ 12 hours (Table 9).

Table 5: Father's Profession (n=619)

Profession	Number	Percent
Laborer	347	48
Service	265	40
Farmer	69	7
Small business	59	5
Total	619	100

Table 7: Child's income (n=619)

Income Rs./month	Number	Percent
Nil	203	33
≤ 500	279	45
600-900	79	20
≥ 1000	58	9.3
Total	619	100

Table 6: Fathers income (n=619)

Income Rs./mon	Number	Percent
< 2000	190	30
3000-5000	177	29
< 5000	252	41
Total	619	100

Table 8: Family size (n=619)

No. of siblings	Number	Percent
< 3	63	10
≥ 4	556	90
Total	619	100

Table 9: Working hours (n=619).

No. of workings hours	Number	Percent
< 6	177	29
≥ 12	442	71
Total	619	100

DISCUSSION

This report represents the first attempt to assemble existing data about child labor in Sialkot city by a "Walk-Through Survey". "Walk through surveys are recommended as a tool for routine use for surveillance of hazardous working conditions, case findings, and evaluating the efficiency of preventive measures¹. Sialkot is an industrial city where prevalence of child labor is not known. children are more vulnerable for hazards directly contributed to the machine due to lack of training and experience². This is also true because of physiological, differences in size, metabolism and absorption, children may be especially susceptible to work related injury and illness³. Fifteen percent of the total children doing labour were ≤ 10 years of age in our study (Table 1).

Majority (56%) of these laborer children were illiterate and only few had qualification of matric or more (Table 2). Banerjee collected data about children doing labor had reported 70% fathers and 96% of the mothers were illiterate⁴. In our study figures were 76 and 78 respectively (Tables 3, 4). Banerjee reported from Calcutta that 45.3% of the working children had discontinued school due to poverty but in our only 19% left school to join the labor force⁵. Rajur has reported that Karala, a state with best overall adult literacy, as well as child literacy rate, has the lowest child employment rate⁶. He also observed that greater increase in adult labor had a greater rise in child labor rate. The same findings, were observed in our study, 48% fathers of the 619 working children were laborers by profession (Table 5). In our study the poorest relationship was observed between father's income and child's labor. Forty one percent (41%) fathers were earning Rs. ≥5000/month and only 30% were earning Rs. ≤2000/month (Table 6). Children's own income was negligible also, only about 9% of the children were earning Rs. ≥1000/month whereas, 33% were not paid at all (Table 7). Our society is a poor self-dependent society and the existence of dependent capitalist economy are often undertaken as the primary cause of child labor and abuse. The explanation also leads to the belief that very little can be done to improve the quality of children lives until the social setup is restructured⁷. Other important factor in child labor is size of the family with 90% of the working children having 4 or more siblings (Table 8). Only 29% of the total

working children were doing labor ≤ 6 hours, rest were doing the work for almost the whole day. (Table 9). Aftab Ahmad⁸ pointed out many problems of child labor in Lahore and gave his recommendations but no practical progress has been done for improving child labor. Evils of exploitation are increasing inspite of existing child labor laws. Eliminating the worst conditions and controlling hazards are the motives where there is no imminent alternative to child labor. Hazardous child labor continues to occur, even inspite of Federal Child Law^{9,10}. The study raises questions about the adequacy of Federal Child Labor Law policy as minors continue to work under conditions that place them at higher risk for illness. So more data are needed to identify children at higher risk of injuries and illness, to target preventive programmes and to identify areas for additional legislation¹¹. We recommend that occupational health programmes should be implemented in which work hours, work-place educational and medical facilities should be standardized. Special efforts should be made to promote education to parents about the hazards of child labor. More and more walk through surveys of child labor should be done. Compulsory on-job-education through the cooperation of the employers and the government should be started immediately. The World Health Organization recommendations should be emphasized to provide on-the-job health and social services to working children.

REFERENCES

1. Feingold E, Wasser J. Walk through surveys for child labor. *Am J. Ind Med* 1994; 26(6): 803-807.
2. Knight EB, Castillo DN, Lagne LA. A detailed analysis of work related injury among youth treated in emergency department. *Am J Ind Med* 1995; 27(6): 793-805.
3. Cooper SP, Rothstein MA. Health hazards among working children in Texas. *South Med J* 1995; 88(5): 550-554.
4. Banerjee SR. Agricultural child labor in East Bengal Indian *Pediatr.* 1993; 30(12): 1425-1429.
5. Banerjee SR. Child labor in suburban areas of Calcutta, West Bengal. *Indian Pediatr* 1991; 28(9): 1039-1044.
6. Rajer TN. Child labor, adult literacy and employment rates in India. *Indian J Pediatr* 1989; 56(2): 193-200.
7. Wilson Oyelaran EB. The ecological model and the study of child abuse in Nigeria. *Child Abuse Negl* 1989; 13(3): 379-387.
8. Aftab Ahmad M. Department of Applied Psychology, Punjab University Lahore-Pakistan. *Child Welfare*, 1991; 70(2): 261-267.
9. Das PK, Shuka KP, Ory FG. An occupational health programme for adults and children in the carpet weaving industry, Mirzapur, India; 9 case study in informal sector. *Soc Sci Med* 1992; 35(10): 1293-1302.
10. Castillo DN, Malit BD. Occupational injury deaths of 16 and 17 year olds in the US: trends and comparison with older workers. *In Pre* 1997; 3 (4): 277-281.
11. Beyer D. Current trends in state child labor legislation and enforcement. *Am J Ind Med* 1993; 24(3) 347-350.

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