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Occupational Health of Self-Employed Skilled Labourers and Daily-Wage Workers in Pakistan

Sir,

Occupational health is a neglected and heedless domain within the healthcare system in Pakistan. Despite the formulation of a National Action Plan for Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan in 2004,¹ little has been achieved and much needs to be improved.² Foremost is the need for legislation to enforce work-safety regulations and raise the status and standard of occupational health of workers, working in industries and factories. In this regard, a vulnerable population of skilled labourers, masons and welders is often overlooked, who are mostly self-employed and know little about the hazards of their occupation.

In most developed countries, regulations promulgated by the Occupational Safety and Health Administration (OSHA) are implemented and strictly enforced. However, in Pakistan, most factories and industries do not follow these regulations, as reported in previously published studies.³ Predictably, the situation is even worse when it comes to self-employed skilled labourers and daily-wage workers. Most of such workers are unaware of occupational hazards, do not use appropriate personal-protective equipment, do not seek help for occupation-related injuries and often cannot

afford the cost of treatment (Table I). Perhaps, poverty, fear of unemployment and desperation for earning a living coerce these workers to adopt a health-oblivious attitude.

Serious consequences of occupational and work-related injuries are common in Pakistan. There are instances in which construction workers have suffered permanent disability as a consequence of work-related injury.⁴ Worldwide, there are measures and mechanisms for compensating workers who suffer disability or serious morbidity due to occupational injuries. However, no such systems are in place in Pakistan, especially for self-employed skilled labourers and daily-wage workers. This problem is further compounded by a virtual absence of health insurance, as the cost of treatment has to be paid out-of-pocket. Considering the fact that most daily-wage workers are sole breadwinners for their families, this can put an acute financial strain on already stricken households.

Child labour is another issue that is rampant among families of daily-wage workers and self-employed skilled labourers.⁵ Probable reasons for this include poverty and customary obligation on children to adopt and continue with their ancestral occupation. Sadly, despite efforts to curtail this scourge, child labour continues to afflict a substantial proportion of children in Pakistan.

The issues identified in this letter are not unique to Pakistan. Many countries have witnessed decades of inequitable health provisions and continue to do so. However, many of these issues can be remedied through goal-directed health policy initiatives. Only a strong political will and commitment to improve, can help implement appropriate interventions in these domains. At the moment, there is an urgent need to design

Table I: Findings of research studies conducted in Pakistan regarding self-employed workers.

Study	Citation	Setting	Findings
Shaikh, M.A. (2001)	J Pak Med Assoc 51(2):71-3	208 welders and 104 lathe machine operators in Islamabad and Rawalpindi	30.3% and 73.8% reported injuries in the past 12 months; 21.6% welders never used any PPE
Tabassum, F., & Baig, L.A. (2002)	J Pak Med Assoc 52(11):507-10	150 boys involved in child labour in Bhutta Village (Sindh)	Average family size and income were 7 members and Rs. 2,884 /- respectively
Shaikh, M.A., & Shaikh, I.A. (2005)	J Ayub Med Coll 17(2):9-11	208 welders in Islamabad and Rawalpindi	105 injuries were reported by 61 welders
Khan, M.H., et al. (2006)	Pak J Med Res 45(2):46-8	120 children involved in auto-labour in Peshawar and 30 controls (children not involved in labour)	Boys involved in auto-labour had higher blood lead levels compared with controls
Ahmed, N.N. (2006)	Professional Med J 13(4):572-6	35 patients with chemical ocular injury (ophthalmology OPD of CMH, Hyderabad)	All suffered accidental injury at workplace; none used any eye-protection
Babar, F.T., et al. (2007)	J Coll Physicians Surg Pak 17(3):148-53	1,105 cases of ocular trauma at Hayatabad Medical Complex (Peshawar)	Occupational injuries was leading cause; majority were male <30 years; patients sought medical attention late
Isthiaq, M., et al. (2014)	J Dow Uni Health Sci 8(3):117-20	400 Cherat coal miners (Nowshera)	Most (83.2%) had no knowledge of mine safety measures; PPE were not used by 58.9% of coal miners

CMH = Combined military hospital; OPD = Outpatient department; PPE = Personal protective equipment.

targeted vertical programmes of occupational safety that focus particularly on daily-wage and self-employed workers. We urge all health professionals in general, and occupational health activists in particular, to raise public awareness through social media in this regard.

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