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S. A. Gulzar
Aga Khan University

Samina Vertejee
Aga Khan University

Laila Pirani
Aga Khan University

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Special Communication

Child labour: A public health issue

Saleema Aziz Gulzar,¹ Samina Vertejee,² Laila Pirani³

School of Nursing,^{1,3} Advanced Nursing Studies Programme - Uganda Campus, East Africa,² Aga Khan University.

Abstract

Child labour is a global practice and has many negative outcomes. According to International Labour Organization, child labour is the important source of child exploitation and child abuse in the world today. The Human Rights Commission of Pakistan has estimated the number of Pakistani working children to be around 11-12 millions, out of which, at least, half the children are under the age of ten years. It portrays the society's attitude towards child care. It is therefore, essential to break this vicious cycle and hence, enable the society to produce healthy citizens. This article analyzes the determinants of child labour in the Pakistani context and its implications for child's life, in specific, and for the nation, in general, utilizing the model developed by Clemen-stone & McGuire (1991). Since this practice has complex web of causation, a multidisciplinary approach is required to combat this issue through proposed recommendations.

Introduction

Haneef, an eleven year old child, worked in a carpet weaving factory for 12-16 hours a day, seven days a week. He supported his family in paying off old loans which his family had taken years ago from their village landlord in order to survive. However, he was never told who in his family had borrowed the money or how much. His parents came to visit him and to collect the money from the owner of the factory for whom Haneef worked, but he never knew the amount or how long he would have to continue working.

Any time he made an error in his work, for which he was charged and consequently, the load of the debt increased. Once, when his work was considered too slow, he was badly beaten. On another occasion, after a particularly painful beating, Haneef tried to run away, but was caught by the local police and was forcibly returned to the loom's owner.¹

This scenario of child labour is quite common in Pakistan, and is still ignored; which depicts the society's attitudes towards child care. This paper analyzes the determinants of child labour in the Pakistani context and its implications for the life of children, in specific, and for the nation, in general.

Amongst many, one of the factors that helps us to judge quality of a life of any society is "How well it cares for its children". Childhood is that period of any human's life that requires physical and mental development in a conducive environment based on healthy activities due to the tender nature of that segment of age.² Unfortunately in our part of the world the situation is completely different because here children are forced to become part of the labour market hence being victimised to hostile environment.

Child labour is a phenomenon pervasive mostly in the transitional societies of the developing economies which is embedded with the social stratification system. Working children in these countries in general are subjected to abuse characterized by low wages, long hours of work, unclean, unhygienic and unsafe working and living conditions and more importantly denial of education which hamper their

physical and mental development.³

Children are engaged in work that is harmful, dangerous and/or exploitative such as slavery, trafficking, debt bondage, prostitution, pornography and other illicit activities.⁴

It is also important to realize that child labour is not confined to Pakistan; rather, it is a global issue. According to an ILO (2004a) report, more than 2 million children are found engaged in domestic labour in South Africa, 559,000 in Brazil, 250,000 in Haiti, 200,000 in Kenya, 100,000 in Sri Lanka, 300,000 in Bangladesh and 264,000 in Pakistan.⁴ However, the Human Rights Commission of Pakistan estimated the number of Pakistani working children to be around 11-12 million out of which at least half the children are under the age of ten.⁵

Similarly, it is believed that child labour does not prevail in developed countries or is relatively less severe, but the fact is that it prevails equally in privileged countries as well. Countries like the United States had also declared a child protection emergency in 1993.⁶

Despite recent series of laws prohibiting child labour children make up a quarter of the unskilled work force and can virtually be found in every industry, workshop and on the streets.⁷

Globally, we have not yet created a conducive nurturing environment for children to enjoy the best years of their childhood and groom as responsible leaders and citizens.⁸

This raises the question of quality and number of future leaders we are bringing up. Who would lead Pakistan in the 22nd century? In the light of the current situation it seems important to examine the issues with reference to possible and doable solutions in order to address the issue of child labour and ensure a healthy nation.

Introduction to Framework

Before analyzing the determinants, it is important to have the brief over view of the model that is used as framework for in-depth analysis of the issue. The model was introduced by Clemen-stone, McGuire in 1991.⁹ It summarizes the various parameters the health care providers could examine while analyzing the health status of any community. It comprises of physical, social and moral aspects of wellness which are interconnected with health care delivery system, people and environment resource characteristics that make an impact on a community's state of well being. If there are changes in any one component, the balance of health is altered in the community setting. This framework enables health care providers to assess a particular community and then implement accordingly to achieve the desirable outcome.

Moreover, it would be a stepping stone to sensitize stakeholders towards this most ignored issue.

Determinants of Child Labour

Psycho-socio-cultural:

Keeping in mind that South East Asia is amongst the fastest growing economies in the region, it has a high poverty level. It is also debated that poverty is not the only cause of child labour, but discrimination on the basis of caste, gender, tribal, religious reasons or school system are also contributing factors.¹⁰ The issue gets more severe in the absence of an effective social security system, and consequently, forms the basis of an even harsher type of child labour, the so called bonded labour. In the case of bonded labour the child is released only when the guardian pays off the debt or makes a lump sum payment to the employer as the parents or the family of the child have meager borrowing sources in the form of governmental loans or micro financing facilities to resolve such cases. In addition to this, the deficient economic framework of the country for the less privileged class lays the grounds for child labour; hence, inhibiting children from attending schools, and growing into illiterate adults working on meagerly paid jobs.

The inadequate schooling system also adds fuel to the fire, as parents feel that it is better to make their children work and learn home based skills than to send them to schools which are overcrowded, poor in sanitation and have dismal teaching. This lack of effective education system and availability of functional schools are both causes and consequences of child labour. Due to illiteracy, working conditions for these children gets worse as they are not even aware of the occupational benefits. It is necessary to work at all levels — organizational, governmental, as well as individual — to help such children get out of this vicious cycle of labour and poverty.¹¹

Organizational:

There exist laws formulated by the Government of Pakistan, both as part of its constitution and at other organizational levels, clearly mentioning, that forced labour resulting in disability or kidnapping, sexual abuse, and torture is severely punishable with maximum penalty up to life imprisonment. Apart from the constitution, such laws are also a part of other organizational laws, such as Factories Act, 1934; West Pakistan Shops and Establishment Ordinance; The Employee Children Act, 1991; The Bonded Labour System Abolition Act, 1992; and the Punjab Compulsory Education Act 1994,¹² but the most crucial problem is the implementation of these laws; and as ordinances. The so called enforcing agencies have failed to

effectively enforce these laws; as a result, this issue of child labour still remains unresolved.

Another indicator of negligence by the concerned agencies is that there is no enforcement data available: Pakistan still lacks an effective management information system related to child labour which could provide reliable quantitative information on the number of working children.¹³ "Obvious signs of neglect of their duties by the officials charged with enforcing child labour laws, is the failure to collect, maintain and disseminate accurate statistics regarding enforcement efforts."¹⁴ Whatever little bit of enforcement takes place to address this issue is again strongly hindered by the power manipulators of our society and system. Regarding child labour legislation, "Articles 3, 11(1-3), 17(1) and 37(C) are there in the Constitution of Pakistan to ensure removal of child labour."¹²

Environment:

In such a society where a child's youth is seldom respected, the issue of cheap employment makes the problem even more complex. In an economy where there is a struggle to compete by reducing labour cost, child labour prevails. According to the findings of a recent survey conducted at Peshawar, it was revealed that 150 children among which 120 were working in automobile workshops for 8-10 hours without any safety measures. Most of the children working in this industry are aged between 8-14 years¹⁵ which is certainly not an appropriate age for performing these sorts of stressful jobs. These children were found to be suffering from health problems due to working in unsafe, polluted environments for long time durations which led to their ill health.

Biological:

Children are considered delicate and biologically vulnerable, particularly when they are exposed to several unsafe working conditions. A variety of specific hazards can be found in a single workplace. Some of them can be specific to the occupation e.g. exposure to silica dust. It has also to be taken into account that children perform different tasks than adults in the same occupation and, therefore their exposure to hazardous agents may vary as well. Furthermore, working conditions which may not have an evident risk for an adult worker could have consequences to the growth and development of a child. For example, the variations that exist in the health and nutritional status of children from different social and cultural environments may influence exposure and modify response to chemicals.¹⁶ Behavioural characteristics of children can determine a greater exposure to chemicals, and the response of a growing child to a chemical may be different from that of a fully grown adult. The ability to eliminate substances

from the body is also important. There is also the possibility that the chemical absorbed may itself hinder growth. Some specialists have raised concern about the exposure to chemicals at a very young age, and fear that they might alter the body response to future toxic exposures.¹⁷

Apart from the exposure to an unsafe working environment, the tedious long hours also create severe biological pressures on children.

Children weaving carpets develop muscular deformities and respiratory infections from the fiber and chemical inhalation.^{16,18} In Lahore, 84 steel furnaces and spare parts manufacturing units were surveyed. Amongst them 27% of the workforce engaged in these sectors comprised of children; and were suffering from headache, nasal irritation, sore throat and skin rashes.¹⁹ It was reported that routine exposure to dangerous pesticides causes cancer and brain damage. Agriculture was found to be the most dangerous occupation open to children in Pakistan and in the USA which caused high rates of injury while working with knives, sharp tools, and other heavy equipment. An estimated 100,000 children suffered agriculture-related injuries in Pakistan annually.²⁰

A study conducted at Peshawar, Pakistan, on children involved in engine repairing indicated that the concentration of lead was high (54.4 ug/dl), whereas, calcium and haemoglobin level were low and due to lead levels above the safety limits, red cells morphology was altered.¹⁵ These findings are sufficient to reflect upon the degree of intense negative health outcomes on child's mental and overall development.

Technology:

In the present world all manual operations are being replaced by the latest technological advancements in the form of complex machinery. This is drastically increasing the proportion of unemployment. The ruthless profit oriented factory owners and industrialists are unable to beat the quality war driven by technology and modernization, hire cheap employees in the form of child labour in order to beat competition. The importance of the advancement of technology cannot be denied. However if children are hired for such purposes, they should be provided with children's right protection to be able to work in a healthy environment.

Recommendations

Child labour is a global practice and has many negative end results. Therefore, it is essential to break this vicious cycle and enable society to transpire healthy and responsible citizens and future leaders. A multidisciplinary approach is required to combat this issue in the form of the following recommendations:

◆ Health care providers particularly community health nurses (CHNs) in collaboration with other stakeholders, could introduce and create linkages between the community people and microfinance schemes to strengthen the capacity of the families to generate income, rather than choosing the option of child labour.

◆ The nursing and medical curriculum should also integrate this crucial component in courses such as advanced concepts in community health nursing.

◆ To raise awareness, community health nurses and other health care providers should write about and publicize the issue of protection of children's rights, and influence the media to portray various aspects of child labour, as television and media are an essential part of the society's life today. Moreover, nurses and other health care providers can undertake further research on the health impact of child labour.

◆ Seminars and conferences should be held for employers, and parents of children involved in child labour.

◆ If child labour is unavoidable then facilitation needs to be provided in finding new ways of educating children and young people, who are working, other than the traditional schools.

Conclusion

The problem of child labour in the third world countries is not only financial but is also a socio-economic problem which can be addressed by adopting certain measures for improving the economic conditions of the community and enabling it to provide education and leisure time to the children. At the same time, due diligence is required in effective implementation of child labour legislation. Perhaps abrupt eradication or demolishing child labour may not be the solution of a country like Pakistan, where poverty is the root cause of many problems because by doing so these children may end up in other more harmful professions such as drug trafficking, and sex workers; to earn their livelihood. However, provision of education along with work would help these children so that they can be equipped with necessary skills and in future they would be better able to work in a conducive environment and raise their family in a healthy milieu. A multidisciplinary approach is needed to work on the quality

of a working child, and therefore, as health care personnel, we should begin to reflect and work collectively to combat this issue.

Reference

1. Child labour. (Online) 2009 (Cited 2006 Nov 11). Available from URL: <http://hrw.org/children/labour.htm>.
2. Channar MS, Khichi GQK. Determinants of Child Labour in Bhalwalpur City. *J Coll Physician Surg Pak* 2000; 10: 395-8.
3. Chaudhri S. Incidence of child labour and, free education policy economic liberalization in a developing economy. *The Pakistan development review* 2004; 43: 53-71.
4. Akhtar S, Razzaq S. Child Domesftic Labour in Pakistan: overview, issues and testable hypothesis. Center for research and poverty reduction and income distribution 2005; 1-24.
5. Child labour remains a complex issue in Pakistan. 2008. International the news. (Online) 2009 (Cited 2009 May 25). Available from URL: www.thenews.com.pk/daily_detail.asp?id=113143 - 34k
6. Child labour: Position statement. (Online) 2007 (Cited 2005 Nov 2). Available from URL: <http://www.icn.ch/pschildren00.htm>.
7. Mansuri FA. Extent of child labour in ancestral occupation: a reflection from washer-men community in Karachi. *Pak J Med Sci* 2002; 18: 131-4.
8. Ariyo D. The Future host: The Economic and Social Consequences of Child abuse in Africa. *Africa Economic Analysis Newsletter*. (Online) 2001 (Cited 2005 Sept 10). Available from URL: <http://www.abusemuststop.org/>.
9. Clemen-stone S, McGuire SL. *Comprehensive Family and Community Health Nursing*. St. Louis: Mosby, 1991.
10. Kabeer N, Nambissan GB, Subrahmanian R. Child labour and the right to education in South Asia: Needs vs. Rights. *Pakistan Institute of Development Economics Islamabad* 2003; 77-80.
11. Law needed to curb child labour: Speakers. 2003. *The Daily Dawn*. (Online) 2009 (Cited 2003 Sept 5). Available from URL: <http://www.dawn.com/2003/09/07/nat14.htm>.
12. International and National Laws Related to Child Labour. (Online) 2009 (Cited 2005 Nov 5). Available from URL: www.dolpunjab.gov.pk/r2.htm.
13. Ahmed. A. 2008. Pakistan lacks adequate system of child labour statistics. *Daily Dawn*. (Online) 2009 (Cited 2009 May 25). Available from URL: www.dawn.com/2008/07/13/ebr14.htm.
14. Zahid F.E. 1997. *Critique: Human Rights Practices for 1996*, published by the Lawyers Committee for Human Rights. New York: Review of the U.S. Department of State's Country Reports. (Online) 2009 (Cited 2005 Oct 11). Available from URL: www.fge.com.pk/html/public_1.html.
15. Khan M H, Hussain T, Zakir S, Khan S H. Blood lead levels and occupational hazards in child labour in Peshawar. *Pak J Med Res* 2006; 45: 46-8.
16. ICN on child labour: Nurses can help safeguard the childhood of children. *International Nurse Review* 2003; 46: 126-8.
17. Forastieri V. Challenges in combating child labour from an occupational health perspective. *African Newsletter on Occupational Health and Safety* 2000; 2:8.
18. The State of the World's Children 2005: Childhood under threat. (Online) 2009 (Cited 2005 May 10). Available from URL: www.comminit.com/materials/ma2005/materials-2112.html.
19. Conley J. Child labour - robbing children of their youth. *Pediat Nurs* 2000; 26: 637-8, 646.
20. Siddiqui A. The issue of child labour. *The Daily Dawn*. (Online) 2009 (Cited 2005 Oct 10). Available from URL: <http://www.dawn.com/2004/04/12/ebr14.htm>.