Situation analysis of child labour in Karachi, Pakistan: a qualitative study

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Abstract

In Karachi, large employment opportunities, burgeoning population and the availability of cheap labour might be the contributing factors for the increasing prevalence of child labour. A literature review was conducted in 2007 that included published and unpublished literature since 2000. Various organizations working in the field were also covered, while the perception of the child labourers was covered through three focus group discussions. Common health issues among the child labourers in Karachi included respiratory illnesses, fever and generalised pains, as well as drug and sexual abuse. Organisations working for child labour could be broadly categorised into those working for legal advice and advocacy; those generating statistics; and those that are providing interventions. Discussion with children showed that irrespective of the immediate cause, the underlying determinant for child labour was poverty. The best practices identified included evening schools and drop-in centers for working children with provision for skill-based education and basic health facilities. There is need to have more such centres.

Keywords: Child labour, Child health, Situation analysis, Best practices, Karachi, Pakistan.

Introduction

The International Labour Organisation (ILO) Conventions 138 and 182 describe child labour as children younger than 12 years working in any economic activity, or children 12-14 years old engaged in more than light work, or children of any age engaged in the worst forms of child labour — in which they are enslaved, forcibly recruited, prostituted, trafficked, forced into illegal activities or exposed to hazards.1,2 Article 321 of the Convention on the Rights of the Child (CRC) calls for the recognition of the rights of children to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with their education, or to be harmful to their health or physical, mental, spiritual, moral or social development.1 In Pakistan, the age of 14 is considered to be a threshold for child labour under the Employment of Children Act 1991 (ECA).3

Globally, there are approximately 215 million children trapped in child labour, of which 115 million are in hazardous work.2,4 Worldwide, agriculture is the sector where by far the largest number of working children can be found and Asia and Pacific regions harbour the largest number of these children,2 who are at high risk of all kinds of abuses, including drug addiction and sexual abuse.5 Although the number of child labourers globally fell by 10 per cent from 2000-2004, this pace slowed down considerably from 2004-2008 — with a modest decline of only three per cent.2 Causes of child labour are divided into the supply side, which includes poverty, large family size, lack of education and cultural/social acceptability of child labour, and the demand side, which mostly includes demand for cheap labour.3

The population of Pakistan is estimated to be 171,297,000 with approximately 32.5% living in urban and 67.5% in rural areas.6 According to a governmental survey on child labour in 1996, there were an estimated 3.3 million child labourers in the country;7 the Human Rights Commission of Pakistan (HRCP) put that figure at 10 million in 2005.8 Karachi, a mega city and the largest urban centre of Pakistan, has an estimated population of 15 million, which is currently growing at about 5% per year, mainly on account of internal migration.9 Being the financial capital of Pakistan, Karachi accounts for the lion's share of national GDP and revenue.10 The city has 4,500 industrial units in the formal sector and although there are no estimates available for the informal sector, 75% of the working population is employed there.10 According to the type of residence, Karachi can be divided into planned or unplanned areas ('katchi abadis' or 'Goths'). There are an estimated 702 squatter settlements, or 'katchi abadis,' in the city harbouring 40 to 61 percent of the population.10,11

Large employment opportunities coupled with burgeoning population and the availability of cheap labour from poverty stricken, unplanned areas of the city might be the contributing factors for the increasing prevalence of child labour in Karachi.12,13 However, there is a dearth of published literature regarding this important social and Public Health problem from the city. Therefore, this study aimed at reviewing the available literature (published and
unpublished) on child labour in Karachi, assessing the activities of various organisations working for child labour, and gathering children's perspective regarding their work as child labour. Finally, based on our findings, we tried to formulate recommendations for 'best practices' to improve the health and well-being of children in Karachi.

**Methodology**

The study was conducted in Karachi from September to December 2007 (Figure). Ethical approval was taken from the Ethics Review Committee of Aga Khan University. The review included published and unpublished literature by state and non-state sources, and web sources since the year 2000. MEDLINE and internet sources were searched using keywords 'child labour', 'child labour AND urban settings', 'child labour AND Pakistan', and 'child labour AND Karachi'. Different public and non-governmental organisations (NGOs) working for child labour in Karachi were contacted with the help of the literature search and through snowball technique. A list of these organisations was made and their activities regarding child labour were assessed. We purposively included those organisations in the study whose main focus of activity was on child labour or those that have been part of any research work or ongoing intervention on child labour. Organizations working for legal advice, advocacy and those involved with regulation and implementation of laws and legislation related to child labour were also included.

In-depth interviews were conducted with a resource person from each of the organisations that we visited. Respondents were informed about the study through a telephone call and the interviews were scheduled as per their convenience. A semi-structured questionnaire was used for the interviews with questions pertaining to the activities of the organisation regarding child Labour, any research work conducted by the organization, publications...
from the organisation regarding child labour, recommendations for possible interventions on child labour and their impact on the well-being of children. All interviews were conducted by two trained physicians who were well versed with qualitative methods of data collection. Data was collected manually on the questionnaire and extra notes were taken where necessary. Data analysis was performed as three concurrent flows of activity: data reduction; data display; and conclusion drawing and verification. Preliminary analysis of data was conducted after each interview. Thereafter, data was coded and categorised into themes (data reduction). Data was organised into matrices to make the information accessible and draw justified conclusions (data display). Finally, the conclusions were verified by going back to the data and assessing their plausibility and sturdiness (conclusion drawing and verification).

Focus group discussions (FGDs) were conducted with children aged < 15 years, involved as child labour present at a drop-in-centre as well as with those doing odd jobs at shops, offices or on the streets. The interviewer guide developed for FGDs comprised relevant thematic areas which included; reasons for working and/or leaving home, way of earning, health issues, various psycho-social problems being faced (including drug and sexual abuse) and suggestions for appropriate interventions for child labour. FGDs were conducted in local language (Urdu) by two trained physicians and data was recorded manually by taking notes. The qualitative data from the FGDs was analysed manually by going through transcripts developed from notes taken during the FGD sessions. Data was summarised, coded and categorised into themes (data reduction). Continuous iterative revision of texts was required to identify and code the main patterns and categories in the data. Matrices were used to organise the data and interpreting and synthesising it into conclusions (data display). Conclusions were then verified by going back to the transcripts (conclusion drawing and verification).

Results

Most of the literature that was reviewed described the global scenario of child labour or the scenario in Pakistan in general. Very little data was available on the problem of child labour in Karachi. After critical analysis of the relevant literature, following were the main themes that emerged.

Policy interventions/ratifications:


Child Labour in Pakistan:

This first ever nationally representative child labour survey estimated the population of child labour in Pakistan to be 3.3 million in 1996, out of which 2.4 million (73 percent) were boys and 0.9 million (27 percent) girls. Sector analysis showed that only a minority worked in the formal sector (textile, leather, paper, ceramics, pharmaceuticals, sports and surgical instruments industries), while the majority worked in the informal sector (agriculture industry, carpet industry, carpentry, restaurants, street workers, beggars, and rag-picking). Bonded labour and domestic child labour were also major informal sectors where children were working in Pakistan. Majority of child labour was employed in the agriculture sector. According to the survey, only one-third (33.2 percent) of the children in labour were literate compared with the national literacy rate of 51.6%. Male child labour was more educated than females and child labourers in urban areas were more educated than in the rural areas. This compared well with the general trend in Pakistan where male literacy is 63.7% and female is 39.2%. Overall, 69.7% of population on child labour in 1996, Task Force for combating child Labour constituted in March 1998, National Action Plan and Policy on child labour in May 2000, ratification of most of ILO conventions related to child labour, and ratification of ILO Convention on the worst forms of child labour (No 182) in August 2001.

Poverty has been identified as the root cause of child labour in Pakistan by various studies. In spite of their susceptibility to various health outcomes, the child labourers are reluctant to utilise the available health services. Reasons include monetary, long waiting time and attitude of the health providers. Provision of education, especially female education, along with work and infrastructure investment in basic amenities have been suggested as possible interventions.

Child Labour in Karachi:

The available literature from Karachi focuses on child labour in general or sub-groups such as street children. A large study on street children and youth was conducted by...
Azad Foundation in collaboration with Pakistan Voluntary Health and Nutrition Association (PAVHNA) titled: Knowledge Attitude Behaviour Practices Study for Street Children in Karachi (KABPS) in 2004. Strengths of this study included the fact that it had a large sample size of 503 participants aged 10-24 years representing diverse social, ethnic and linguistic segments of the population of Karachi. Although this was a descriptive study, it highlighted some important aspects regarding health issues, sexual habits, social life and source of income of this population.

Reasons commonly mentioned for leaving home included; poverty, peers/friends influence and violence, behaviour of the parents, and drug addiction. These children and youths were mostly part of a group, which usually had a group leader. While investigating the criminal record of the street children, it was found that the majority had an arrest record (51.7%). Most (78.1%) were illiterate and only a small proportion knew some type of technical work (14.1%). The major source of income was cleaning/washing cars (39.4%), followed by garbage collection/scavenging (23.1%), begging (11.5%), working in hotels/shops as labourers (7.6%).

Information drawn under medical and health related issues showed that majority of the sample usually had three meals per day, mostly free of cost from hotels. Major diseases they suffered from were respiratory problems (42.1%), fever (26.4%), and generalised pains (17.3%). They availed the services of government or private hospitals for treatment, if needed (55.3%), but quite a few did nothing (19.8%) about their ailments. The reason for not consulting a doctor etc. was primarily due to non-availability of funds (52.7%). This study also revealed that 89.9% of children reported substance abuse; ('charas' and heroin) while majority of them were sexually active (63.4%). Most of the interviewed children knew about condoms (53.5%), but did not use them personally (79.1%). They had heard about the human immunodeficiency virus and the acquired immunodeficiency syndrome (HIV/AIDS) but were not sure about its route of spread and preventive measures.

Another study was identified regarding situation analysis of street children in Karachi, also conducted by Azad Foundation in 2001. This study used both qualitative and quantitative methods to assess various aspects of the lives of street children. However, only 15 interviews were conducted. All participants were boys aged 6 to 13 years who cited the most common reason for being on the street to be violence at home. Others included: parents' attitude, drug addictions and unavailability of food. Approximately half of the children had attended school in their life and were able to read. Most of them were involved in car polishing or begging or switched between these two while others also reported garbage picking. Commonly cited health issues included continuous fever, cough and respiratory complaint. Survey showed that more than half of children were using samad bond - an adhesive material commonly abused through sniffing - while others were also taking narcotics.

Mansuri conducted in 2002 a cross-sectional study regarding child labour in ancestral occupation among the washermen community of Goharabad, Gulberg Town, involving 40 children aged 7 to 15 years. The study found that 70% of the children helped their families in miscellaneous steps of washing irrespective of their age and school status; 35% of children were enrolled in primary and 10% in secondary schools. A statistically significant association was found between parental illiteracy and child neglect.

Some research work has been done by students of the Sociology Department of Karachi University as part of their Masters thesis and it includes one by Noor-us-Sabah who did her 2005 study on street children in and around the area of Jehangir Park in Saddar Town of Karachi. This is one of the major downtown areas of the city and has large number of street children involved in different activities. The major cause of leaving home was related to the family size; there was relationship between the illiteracy of parents and the involvement of children in child labour, but no relation was found between the age of child and addiction or family income and decision to go back home. The 2003 study by Mohammad Ali on child labour in auto workshops of Gharibabad, a large squatter settlement of Gulberg Town, found association between household monthly income and child labour, child's income and his involvement in drug addiction, area of residence and involvement in drug addiction, whereas no association was found between child's age and involvement in work.

Organisations and interventions on childLabour in Karachi:

Activities of the organisations working for child labour can generally be categorised into those working for legal advice and advocacy and reinforcing laws regarding child rights; those that are generating statistics; and those which are working at intervention level for the improvement of child labour situation in Karachi (Table-1). However, most of the identified public and private organisations are working on the protection and reinforcement of the children's rights in different manners.

The Government's Social Welfare Department has a crucial role in this regard and it also has a referral system for the child abuse victims. This department, in collaboration with NGOs, evaluates the existing laws and services for
children and is responsible for CRC execution. The labour Department of the Sindh Government has a team of inspectors, that visits different organisations to identify working children and any kind of abuse, if occurring. However, prior notice of the visit leads to under-estimation. In addition, private organisations are also working on child rights and their work include provision of free-of-cost legal support in cases of child abuse at workplace through official lawyers and legal aid committees as well as creating awareness among school children regarding their rights in the state. Helplines have also been established by government and NGOs for immediate notification of child abuse cases, including child labour victims in Karachi.

The organisations that are primarily generating statistics regarding child labour in Karachi include those which are working on estimating magnitude and dynamics of child labour and those trying to determine associated factors and causes. Drop-in centres in Karachi for working children and street children also maintain data bases and followup records while the work being done by students of the Sociology Department of Karachi University is also encouraging.

Interventions for improving the current situation of child labour in Karachi are being carried out by both private and public organisations in Karachi. At the government level, particularly noteworthy are countrywide centres for working children rehabilitation, established in 1995 with the name of National Centre for Rehabilitation of Child Labour (NCsRCL) by the Pakistan Bait-ul-Mal, which is a welfare found created throng by the government in 1991. These centres are working for the rehabilitation of those children, who are removed from labour work due to the involvement in hazardous occupation. However, proper maintenance and record-keeping need to be promoted at these centres. Various private organisations have established some drop-in centres at different places in Karachi which are providing basic health and education facilities for children, including primary healthcare, washing and bathing, provision of food and medications, vocational trainings and formal and informal skill-based education. Few drop-in centres have been established in Karachi by NGOs since 2000, and some of them are working on day timings while others are providing 24-hour services. Capacity of these centres varies from 30 to 100 children at a time. For the provision of education to working children, few evening schools are also currently operating in Karachi with the help of NGOs and the local government.

**Children’s Perspective:**

In order to determine children's perspective regarding their work as child labour, FGDs were conducted at two different settings; one session at a drop-in centre, and two sessions along one of the major roads of Karachi (Table-2).

The drop-in centre was located in the densely populated downtown area of Saddar Town, with facilities for 25 to 30 children at a time. The group comprised five children, who were present at the center at the time of our visit, aged between 10 to 15 years. All of them had voluntarily run away from their homes due to physical abuse by their natural or step parents. All the children had been drug abusers (one of them had recently quit with the support of the centre staff); their work experience ranged from rag-picking or shoe shining to work at auto-repair shops or road-side eateries. Although three of them went home occasionally to meet their families, none of them was eager to go back home permanently. The most important reason given for visiting the centre was the respect that they received while being there; other reasons included getting meals and bathing/washing facilities.

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**Table-1: Results of the in-depth interviews.**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Activities of the organization</th>
<th>Research work</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Laws and advocacy</td>
<td>Interventions</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>generation of statistics</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>3</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>4</td>
<td>X</td>
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<td>5</td>
<td>X</td>
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<tr>
<td>9</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>10</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Interventions: these were either in the form of drop-in centers or evening schools.
Research work: mostly includes descriptive studies on magnitude, determinants and health effects associated with child Labour.
Recommendation: regarding 'best practices' for child Labour.
FGD sessions 2 and 3 were conducted at roadside along the University Road, which is a major artery that runs across Gulshan Town, with many shops, restaurants, roadside eateries, offices, hospitals and educational institutions located on both sides in addition to residential buildings and houses, offering multiple working opportunities for child labourers. The two FGDs included a total of nine children aged 8 to 15 years, spotted along the roadside at the time of our visit. All of them cited economic reasons as the main factor that forced them to work. Almost all of them had been to school at least once, but had dropped out due to the harsh attitude of teachers or lack of interest in studies. Nature of work varied and included shoe-shining, rag-picking, cleaning of cars/windscreen, begging, dancing/playing musical instruments and work as peon at offices. Most of them were working for 10 hours or even more. The picture that emerged after meeting these kids was that of loads of responsibility had been put on these little children, who were trying hard to survive and support their families and, in turn, ignoring their own needs of social and educational development.

Regarding the social determinants of child labour in Karachi, there were two themes that emerged from the three FGDs. Either the children were working to financially support their families or they had left their families and were now working in order to make ends meet. Regardless of the immediate reason, the underlying determinant seemed to be poverty. These children were working because they needed money for food, shelter and other basic human necessities. Poverty forced them into labour and the constant struggle for survival kept them working.

**Best Practices in Child Labour Interventions:**

A number of interventions on child labour with different perspective are going on in Karachi, some targeting legal issues and the removal of children from child labour, while others are focusing on somehow ensuring a better future for these children and their upcoming generation through provision of basic healthcare and educational skills. At present, both kinds of intervention are required for the working children in our country. However, provision of vocational training, education and healthcare to these children is the acceptable solution for this problem at the large scale and in the longer run. Children with whom

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**Table-2: Results from Focus Group Discussion (FGDs) with child Labourers.**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for working and/or leaving home</td>
<td>economic reasons</td>
<td>“… I am never able to earn enough… my father left us and I have to take care of four sisters and my mother…”</td>
</tr>
<tr>
<td></td>
<td>physical abuse by parents</td>
<td>&quot;I left home because my step father used to hit me a lot, on the street we are free to roam about…”</td>
</tr>
<tr>
<td>Way of earning</td>
<td>rag picking</td>
<td>&quot;I work from 10:00 AM till 9:00 PM on these streets, polishing the shoes of people…”</td>
</tr>
<tr>
<td></td>
<td>shoe shining</td>
<td>&quot;I have worked at different offices as a peon but these days I am mostly on the street cleaning cars or doing other odd jobs”</td>
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<tr>
<td></td>
<td>work at auto repair shops or roadside eateries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>cleaning cars</td>
<td></td>
</tr>
<tr>
<td></td>
<td>begging</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dancing/playing musical instruments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>work as peon at offices</td>
<td></td>
</tr>
<tr>
<td>Psycho-social problems being faced</td>
<td>feel over-worked due to increased demands from employer</td>
<td>&quot;It is easy to earn on the street, but most of what we earn is spent in [drug] addiction&quot;</td>
</tr>
<tr>
<td></td>
<td>physical abuse</td>
<td>&quot;...on the street the police misbehaves with us all the time, sometime we even have to pay them money”</td>
</tr>
<tr>
<td></td>
<td>drug abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>verbal/physical abuse and demand for extortion money by the police</td>
<td></td>
</tr>
<tr>
<td>Suggestions for improving conditions of child Labourers</td>
<td>provision of shelter with washing, bathing facilities and respectful staff</td>
<td>&quot;I come here [at drop-in center] because I get respect here, they also give me lunch and teach me skills… and they talk nicely&quot;</td>
</tr>
<tr>
<td></td>
<td>provision of basic health care services</td>
<td>&quot;I left school because the teachers used to hit me a lot, besides I had to earn money for my family…I would like to continue my education but I am not sure how”</td>
</tr>
<tr>
<td></td>
<td>provision of primary and technical education</td>
<td>&quot;We get ill all the time, but we are not sure where to go…we are scared of the staff at the large hospitals&quot;</td>
</tr>
<tr>
<td></td>
<td>Provision of night shelter for street children</td>
<td></td>
</tr>
</tbody>
</table>

Foot notes: 3 sessions of FGDs were conducted with a total of 14 child Labourers from Karachi.
we conducted FGDs also expressed similar views and they were eager to continue their schooling. Similarly, representatives from most of the organisations were also of the view that skill-based education and basic healthcare services are essential for children to survive through the vicious cycle of poverty and child labour - a finding which has also been discussed by other studies.12,13

Keeping these views in mind, this review identified evening schools and drop-in centres as some of the best practices for the mitigation of child labour in Karachi. These facilities are providing free basic health facilities and psychological support, washing, bathing, food and vocational trainings in addition to skill-based education to working children, thereby helping them in securing their future. Currently these centres are not present in sufficient numbers to cover the bulk of working children in Karachi, but, if expanded and sustained, in the long run these services will provide benefit to the working children in the most efficient way.

In order to improve the condition of child labour, a multi-pronged strategy is required. Action at various fronts may include poverty alleviation, ensuring the provision of education especially to female children, establishment of codes of conduct and standards for child labour, involvement of trade unions, corporate social responsibility, legal protection, services provision for rehabilitation of child labour, advocacy involving all stakeholders, appropriate data collection and monitoring along with capacity-building of relevant public or private organisations, and action-based research.13,21,27 Specific international examples of successful interventions include ILO-IPEC time-bound programmes and conditional cash transfer programmes in various countries.27

Since the review was based on published and unpublished reports from various agencies and organisations working in Karachi, the chance remains that some of the unpublished data in different universities and organisations may have been missed by as due to lack of information. This was a limitation of the current study. Beside, maximum number of organisations in Karachi was identified using snowball technique, and, again, there is a possibility of missing some organisations due to time constraint. Finally, as this was an observational study, and for information it relied mostly on the organizations' representatives and published sources. Despite the limitation, the review will add significant information to the present literature regarding child labour in Karachi.

Conclusion

Literature on child labour in Karachi is scanty, making it tricky to focus on particular pushing factors for child labour in Karachi. One of the main themes that emerged from the literature review as well as the FGDs is that poverty plays a basic role behind most of the health and social issues in the lives of child labourers in Karachi. In addition, lack of basic education of parents, norms and culture, large family size and physical and verbal abuses by family members were the major factors identified. Interventions are primarily led by NGOs in Karachi. Although it is difficult to evaluate the effectiveness of these interventions due to lack of research in this area, but, some of the best practices identified through the study include, evening schools and drop-in centres with provision of skill-based education, basic health facilities, food and washing/bathing facilities. However, there is need for greater number of such facilities in locations to make them accessible for larger number of child labourers in Karachi.

Recommendations

♦ In Karachi, reinforcement of currently undergoing interventions by private and public organisations is needed for the better implementation of such programmes at a larger scale.

♦ Current support and collaboration of government with different NGOs working on child labour issue is commendable and needs to be further emphasised.

♦ Evening schools and drop-in centres for working children are the role model in such urban settings and their numbers should be increased.

♦ There is an immediate need for the measurement of the magnitude of child labour in Karachi, and an assessment of the health status of these children.

♦ An adequate set of child-friendly laws and legislations are required for protection and well-being of children, with emphasis on proper implementation and continuous monitoring.

♦ There is need for continued advocacy involving all stakeholders.

♦ Suggestions for a sustainable approach to eliminate child labour include elimination of hazardous forms of child labour; better education; child labour should be considered an indicator of poverty and child labour elimination should be part of the national poverty alleviation programmes; rural unemployment needs to be tackled with more of agro-based industries so that labour influx into urban areas is reduced which will thus reduce poverty; promotion of population control programmes; and compulsory primary schooling laws should be enforced with proper facilities, especially, for girls.

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