

“Nobody Likes a Person Whose Body Is Covered With Mud”: Health Hazards Faced by Child Laborers in the Brick Kiln Sector of the Okara District, Pakistan

Muhammad Zakria Zakar, Rubeena Zakar, Nauman Aqil, Shazia Qureshi,
Noshina Saleem, and Sajjad Imran
University of the Punjab

In this study, the authors investigated the health hazards faced by child labor in the brick kiln sector in the district of Okara, Pakistan. Using both quantitative and qualitative data collected from the parents and child laborers, the authors demonstrated that the children were exposed to various health hazards at their workplace. They also investigated children’s perceived reasons for child labor and their level of awareness about the health hazards. Some recommendations are presented to protect the children from risky and hazardous situations.

Keywords: child labor, health hazards, brick kiln, Pakistan

Children need a protective, loving, and supportive environment to develop the capabilities necessary to protect themselves from the atrocities of future life (Muntaner et al., 2010; Venkatapuram, 2011), otherwise they may not be able to develop their capabilities to defend and protect their health and other human rights. “The promotion and protection of human rights and promotion and protection of health rights are fundamentally linked” (Mann et al., 1994, p. 17). Children also have a right to education as guaranteed and defined under the Universal Declaration of Human Rights, 1948, as well as under Article 25-A of the Constitution of Pakistan. The denial of these basic human rights to the child and the substitution of the responsibility of earning for their families is a major humanitarian concern. It pushes the child into the unpredictable and dangerous world of labor and restricts a child’s potential growth, thereby restricting his or her physical and mental development (International Labor Organisation, 2013). Affected children are excluded from mainstream society, and this process of exclusion involves their continuous exploitation, causing an inability to integrate with society (Ennew, Myers, & Plateau, 2005; Fyfe, 2012).

As of 2013, the estimated population of Pakistan is 184.35 million, and approximately one half of these are children age <18. Among the total population, 40 million (21.93%) are children age 5–14 years, that is, of school age (Ministry of Finance, 2013). In

2011, three out of every five children of school age were not attending school or had never been to school (Jillani, Shaiq, Waheed, & Hasan, 2012). The situation is further aggravated by that two out of every five enrolled children drop out before they reach Grade 4 (i.e., 9–11 years old). All these children are vulnerable to being recruited into some form of child labor, which, in turn, is one of the significant hurdles in the way of ensuring universal primary education (Singh, 2013). The brick kiln industry is one of the many sectors where children (illiterate or out of school) are put to work, and this sector is generally characterized by familial debt bondage (a person pledges his or her labor or services as security against the repayment of a debt or other obligation; Bhukuth, 2005).

Understandably, children who have never been to school, along with those who drop out, appear to be in a doubly disadvantageous state: (a) They are denied the chance of availing themselves of educational opportunities (a handicap for life), and (b) these children assume adult responsibilities at a very early age, which has negative implications for the development of a balanced personality. Thus, they are denied the opportunity of enjoying the richness of life’s experiences (Kamm, 1993). Children, often those belonging to working-class families, are forced to work as laborers, usually in the informal sector. Whether these child laborers work as “trainees” or simply as wage earners, there appears to be a strong element of exploitation at their workplaces. They are typically paid far less than the minimum wage (Bequele & Boyden, 1988) and are usually engaged in environments which are highly injurious to their health and overall growth (Hussain, 1997; Watch, 2011). Hazardous child labor not only stunts child development but also perpetuates and strengthens the vicious cycle of poverty and underdevelopment of the whole community (Hindman, 2011).

Child Labor and Child Health

In Pakistan, about 14% of children between ages 10 and 14 years and 43% of children age 15–19 years participate in the workforce

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Muhammad Zakria Zakar, Rubeena Zakar, and Nauman Aqil, Institute of Social and Cultural Studies, University of the Punjab, Lahore, Pakistan; Shazia Qureshi, University Law College, University of the Punjab, Lahore, Pakistan; Noshina Saleem, Department of Mass Communication, University of the Punjab, Lahore, Pakistan; Sajjad Imran, Institute of Social and Cultural Studies, University of the Punjab, Lahore, Pakistan.

Correspondence concerning this article should be addressed to Muhammad Zakria Zakar, Institute of Social and Cultural Studies, University of the Punjab, New Campus, 54590 Lahore, Pakistan. E-mail: mzzakir@yahoo.com

(Federal Bureau of Statistics, 2011), and most of these children are involved in the most abusive and worst forms of child labor in different agricultural and manufacturing industries. It is argued that adequate nutrition and safe working conditions are two of the most important determinants of good health (Daniels, 2008), but child laborers are generally denied these (Cigno & Rosati, 2005). The workplaces, by and large, are extremely hazardous and harmful to the physical, cognitive, and social development of children (Basu, 1999; Ecrelawn & Nauman, 2001). Working children are prone to physical injuries, mental stress, long-term psychosocial traumas, and sexual harassment at their workplaces (Awan, Nasrullah, & Cummings, 2010; Beegle, Dehejia, & Gatti, 2009).

This study analyzes the health consequences for child laborers working in the brick kiln sector in the Okara district of Pakistan by investigating their family characteristics and the patterns and nature of their employment, health, and work environment. The specific research questions were (a) In what type of environment were child laborers working, and (b) What type of health hazards were they facing in the brick kiln sector?

Method

Our study is an expansion of a study conducted previously by the first author in Okara and Muzaffargarh districts (Zakar, 2013). The Zakar (2013) study was sponsored by the Provincial Child Labour Unit Punjab. Zakar explored the worst forms of child labor in these two districts of Punjab in February–March 2013. To build on the previous research experience and familiarity with the social indicators, we decided to collect more data by focusing on the health hazards faced by child laborers, specifically in the brick kiln sector of the Okara district. In order to ensure credibility, we adopted the same tools and research methods used in previous research on the same topic; it was conducted in July–August, 2013.

To conduct a situation analysis of child laborers engaged in the brick kiln sector as well as their sociodemographic characteristics, we conducted a sample survey of households that included such child laborers. To capture the perceptions and experiences of the relevant child laborers about their working environment and its subsequent health consequences, we also used a qualitative approach. This triangulation of methods enabled us to increase the validity, credibility, and transferability of the findings (Guion, Diehl, & McDonald, 2011; Shenton, 2004).

Our methodology was reviewed and approved by the University of the Punjab's institution review board. Data were collected by four trained interviewers who have masters' degrees in Sociology and considerable experience conducting field research in the local setting. The interviews were conducted in private, away from others' interference. Throughout the data collection process, confidentiality of information and the anonymity of respondents–participants were ensured.

This study was conducted in the suburbs of the Okara district, located 110 km to the southwest of Lahore, Pakistan. Administratively, it is subdivided into three *tehsils* (administrative areas) namely (a) Okara, (b) Renala Khurd, and (c) Depalpur. The total population of the district is 2.7 million with a population density of 510 people per square kilometer (Bureau of Statistics, 2009). Three out of every four people in the district were living in a rural setting. The livelihood of the district's population was mainly based on agriculture, livestock raising, and the agro industry. In

recent years, the district has emerged as the major source of vegetable, meat, and milk supplies in the province. Nevertheless, the benefits of development have not been evenly distributed, and a substantial number of people are still poor and marginalized. Like other districts in the Punjab province, Okara has a fairly extensive network of public and private schools. Despite this, the net attendance rate of children age 5–9 years and 10–14 years is 54% and 24.7%, respectively (Bureau of Statistics, 2008). These proportions indicate that a substantial number of children were out of school and presumably engaged in some sort of labor. This inference has been substantiated by a survey that documented that 5,704 children age 5–14 years are involved in child labor in the Okara district (Bureau of Statistics, 2008).

Household Survey

Mapping of the universe of families with children working in the brick kiln sector was done through a multistage sampling procedure. The district of Okara has three tehsils. In the first stage, we decided to identify brick kiln clusters in these three tehsils. Field observations and local informants revealed that there were eight brick kiln (*bhatta*) clusters where about 450 to 500 children were engaged in labor. It was also identified that families with child laborers in the brick kiln sector lived in close proximity to their workplaces.

In the second stage, four clusters (out of eight) were randomly selected to survey 55 households. The respondents were parents of the child laborers, and an interview schedule was used to gather information. Given the Pakistani family system, it was usually the father who responded to the interviewers. If the father was absent, the mother of the child was interviewed. Descriptive statistics were used for data analysis.

Focus Group Discussions and Observations

To capture the perceptions, opinions, judgments, and personal views of child laborers, four focus group discussions (FGDs) were conducted. These FGDs provided an opportunity for the child laborers to express their views on specific issues relevant to the topic. Focus groups each comprised five to seven children. Before the discussions, candidates were asked several questions regarding their sociodemographic characteristics, salary, work environment, health hazards, and health condition. Being in the group discussion, the views of the participants stimulated spontaneous expression of their opinions. The participants were selected from the households already surveyed, and the focus group discussions were held in the work environment. Participation was voluntary, and no incentive or cash award was given to the children. Two trained researchers conducted the FGDs; one was the facilitator while the other acted as recorder. Audio recording of the FGDs was made where permitted. Another method used to gather qualitative data was observation at the workplace and in the household to gain an overall understanding of the life world of the child laborers. A discussion guide and checklist were used for FGDs and field observation, respectively.

Data generated from FGDs were transcribed verbatim. Data were analyzed by using thematic analysis. After reviewing data line by line, data were segregated into codes, and themes were identified among these codes to address the research questions. We

met regularly to ensure accuracy and consistency during the process of data collection. In this way, the refinement of categories was carried out. The first author shared the initial article with all of the authors and, after receiving their input, corrected errors and improved the clarity of specific points.

Results

Sociodemographic Background of Child Laborers

The household survey was intended to gather information about (a) the key socioeconomic characteristics of the family; (b) educational characteristics of child laborers, their siblings, and parents; (c) major reasons for engaging in child labor; and (d) the housing and living conditions of the children under study.

Key socioeconomic characteristics of the child laborers' families. Data on the characteristics of families with child laborers were obtained from 55 parents. The details of the data, presented in Table 1, showed that in these households 151 children were engaged in the brick kiln sector. A majority of these children were male (83%). The age distribution showed that more than half of the children were aged 10–14 years, 19% were in the age bracket of 5–9 years, and about 25% were 15–17 years of age.

Of all the children, 18% were basically literate (i.e., they could write their name but may not be able to fulfill the definition of “literate” as given in the Population Census of Pakistan, 1998 [i.e., a person is literate if he or she can read a newspaper and write a simple letter]). Most of these were primary school dropouts from Grades 2 and 3. A larger proportion had primary level schooling (32%), and the remaining 19% had middle school education. Multiple reasons were given for dropping out of school. Poverty was cited as the most important reason (86%) along with other reasons such as inaccessibility of the school, poor physical condition of the school, and unfriendly behavior of teachers. Nevertheless, about 13% of the working children were also continuing with

their schooling; these were most commonly engaged as seasonal workers or part timers (see Table 1).

Child labor was hazardous. Parents of the child laborers were asked to give their concerns about the hazardous nature of the jobs in which their children were engaged. Although parents had an understanding of the jobs in which their children were engaged, they were not clear about how they could be hazardous for their children's health. Table 2 shows that the five most frequently mentioned reasons for considering their children's jobs as hazardous were job was injurious to health, job was likely to lead to injuries, job involved night work, job had long working hours, and job affected education. In a few cases, participants cited emotional, physical, or sexual abuse, although such reservations may also be concealed in the responses of those who mentioned the long working hours and night work as the reasons for considering the job to be hazardous.

Family characteristics of working children. The respondents in the household survey were mainly from the poor rural communities in the district. Most of the interviews were conducted with the male heads of family; only two women were interviewed (because in one case the male head had died and in the other case, he was away because of working in a distant area).

Table 3 shows that 45% of the respondents had >7 family members, suggesting a high dependency ratio in the family as about 60% of the population in the sample families were below the age of 18 years. About 49% of the family members were illiterate (cannot read a newspaper and write a simple sentence), whereas only 20% had completed their primary education. Therefore, mostly the families with working children had low educational attainment with the resultant low monthly income being around 100 Canadian Cdn (10,000 PKR = 100 Cdn) per month. About 33% of the family members were earning their living through agriculture, and about 30% reported that skilled jobs were their means of livelihood.

Reasons for child labor. The parents were asked a question about the reasons for their children's involvement in the brick kiln sector. An overwhelming majority of the parents (83%) perceived poverty as the main reason; followed by learning useful skills (7%), family tradition (5%), and unemployment or death of the father (3%). About 5% of the respondents specified poverty, inaccessibility of schools, and an unfriendly school environment as the reasons.

Table 1
Sociodemographic Characteristics of the Child Laborers
(N = 151)

Characteristics	Frequency	%
Age (in years)		
5–9	29	19.2
10–14	85	56.3
15–17	37	24.5
Gender		
Male	126	83.4
Female	25	16.6
Education		
Illiterate	46	30.5
Basic literate	28	18.5
Primary	48	31.8
Middle	29	19.2
School dropouts (n = 105)		
Yes	70	66.6
No	35	33.4
Reasons for school drop out (n = 70)		
Poverty	60	85.7
Education unavailable or inaccessible, school physical condition, teachers' behavior	10	14.3
Currently working and getting education	19	12.6

Health Hazards Faced by Child Labor in the Brick Kiln Sector

Long working hours and scanty remuneration. Given their long, hectic working hours, child laborers worked for low wages (around 1000 PKR a week [10 Canadian Cdn]). Some children reported working for more than 11 hr a day. Despite the extra work, children were not given any extra incentive by their employer. In cases where the work was contracted out to their father on a fixed contract, they received no money for their labor. It was more like work, but they were left with no alternative. One 13-year-old boy, while narrating the feelings of his mother, said

When my mother sees my red eyes [due to sleeplessness], she gets sad and depressed. Sometimes, she tries to press my father to look for other safe work for me. But my father has no option. We cannot find anything except this.

Table 2
Parents' Reasons for Considering Their Children's Job as Hazardous (N = 55)

Reasons	Frequency	%
Prone to injuries	12	21.8
Injurious to health	14	25.4
Night work	11	20.1
Long working hours	07	12.7
Affects education	07	12.7
Emotional, physical, or sexual abuse or risk	04	7.3

Another 14-year-old boy, who was visibly pale (anemic), said

as such, I get only nominal money for this work. But actually, my father gets the money because he has the contract with the thaikedar [supervisor or contractor]. But I still work because if my father did not get the money there would be no food in our home. So I have no option but to work here.

On average, the work schedule for adults and children was the same (i.e., almost 12 hr a day, from 9 a.m. to 9 p.m.). In addition, if there were work deadlines, children were compelled to work with adult workers at night. Additionally, they were exposed to various insects (e.g., wasps, ants, fleas, mosquitoes, etc.) and their sexual integrity was also at risk while working late hours during the night. One 12-year-old boy, while narrating his experiences, stated

When we work in sakht mousam [harsh weather], especially in the middle of the night, there are many insects on the earth, in the grass, and in the air. There are many thumbories [wasps] of different kinds whose bite is very painful. I have also seen some snakes and bichcho [scorpions], but I am lucky; I was never bitten by snakes or bichcho.

Children, if they were not merely family help, only received 100–150 PKR per day, which could scarcely make any substantial difference in their living standards or help to meet household expenses. With such a minimal amount, they could hardly even manage to purchase an appropriate meal during working hours. Thus, to save money, most of the paid children had to cut down on expenditure for meals, which resulted in undernourishment. One 16-year-old child laborer who had 5 years of schooling said

This is very heavy and tough work, if you are involved in this work for years it will break you [referring to bodily ailments]. If you do not have really good food and a strong body, you will not stay healthy for long; it is a deadly job.

Children were not given any work-related incentives for high productivity during the course of their work throughout the entire month, or even within a quarter of a year. However, there were certain cases where the employer provided clothing or shoes to the working children on the eve of Eid (an Islamic festival or celebration).

Work environment. The nature of the work entailed many hazards for the health and well-being of children. A majority of children made bricks and prepared mud. It was reported that they were sometimes involved in high-risk activities (e.g., putting bricks in the kilns or loading them on trucks). It was noted that, in the winter, children worked with mud and cold water for long

hours. In contrast, during the summer, they had to work directly under the scorching sun and cases of dehydration and sunstroke were reported.

It was unusual for the children to operate in a congenial workplace characterized by respectful treatment from employers. A majority of the children did not consider their supervisors' behavior to be cordial. In cases of minor mistakes, they rebuked the children. Incidents of verbal abuse (e.g., calling them bad names, humiliating them in front of others, etc.) and physical violence (e.g., slapping, throwing something at them, hitting, etc.) were common. One 15-year-old boy who had been working for the last 3 years, while narrating his feelings, stated

Table 3
Sociodemographic Characteristics of Parents and Siblings of Child Laborer

Characteristics	Frequency	Percentage
Place of residence (<i>n</i> = 55)		
Rural	42	76.4
Urban	13	23.6
Age of respondent (in years; <i>n</i> = 55)		
25–34	18	32.7
35–44	14	25.5
>44	23	41.8
Gender (<i>n</i> = 55)		
Male	53	96.4
Female	2	3.6
Total number of family members in the household (<i>n</i> = 55)		
≤7	30	54.6
>7	25	45.4
Age group of family members (<i>n</i> = 389)		
0–4	19	4.9
5–9	73	18.8
10–14	93	23.9
15–17	43	11.1
18–60	153	39.3
>60	8	2.0
Gender of family members (<i>n</i> = 389)		
Male	202	51.9
Female	187	48.1
Educational status of family members (<i>n</i> = 370) ¹		
Illiterate	182	49.1
Basic literate	62	16.9
Primary	74	19.9
Middle	29	7.8
High	19	5.2
More than secondary	4	1.1
Occupation of family members (<i>n</i> = 370) ^a		
Employed	189	51.1
Students	52	14
Housewife	46	12.4
Family worker	32	8.6
Unemployed	51	13.8
Monthly family income (in PKR; <i>n</i> = 55)		
<10,000	21	38.2
10,000–15,000	23	41.8
>15,000	11	20.0
Major family income sources (<i>n</i> = 55)		
Agriculture	18	32.7
Skilled labor	16	29.2
Unskilled labor	13	23.6
Child labor	08	14.5

^a 0–4 years age group is excluded.

Here we work like a Janwar [an animal]; we have to complete our work within the deadline. If we fail to complete the work in time, the thakadar [contractor or supervisor] is very rude and violent to us. Sometimes, he is unpredictably harsh and cruel. Once, in a fit of anger, he threw a brick at my working friend, but fortunately he was not injured.

A majority of the participants believed that the noncongeniality of the workplace not only resulted in cuts, wounds, injuries, and bruises but also caused other health hazards in the form of fatal diseases such as hepatitis, asthma, tuberculosis, and anemia. Insomnia, weight loss, and undernutrition were common symptoms reported by the children.

Health hazards. Almost all of the participants reported that the brick kiln working environment was very frightening to them and that they were always in danger of health-related issues. The major occupational hazards for children included working without any protective clothing (e.g., sun shades, gloves, and safety shoes [shoes with ankle support and toe protection]). During FGDs, a majority of children were surprised by the question when they were asked about personal protective equipment (PPE), such as glasses, helmets, gloves, safety jackets, and safety shoes. It was widely reported that working without any PPE often resulted in bodily injury and sometimes even the death of a child.

Child laborers reportedly often suffered from the extremes of summer and winter. Suffering from fatigue and backache was quite frequently mentioned by the participants, and it was observed that one of them could not even walk properly because of severe backache. Participants were weary from carrying heavy loads and operating earth-digging tools. Hand and foot injuries were very common among the participants, and some showed their fresh wounds. Participants also reported a lack of proper sleep because of long working hours. As a result, they suffered from feelings of slipping and tripping (imbalance) and dizziness. About one third of the participants stated that their coughs and eye problems had become chronic.

It was revealed that, with the exception of life-threatening emergencies, they were never taken to doctors, thereby leaving their injuries to heal on their own. Reportedly, a separate cloth used as a bandage in case of wounds was available in some workplaces. For minor cuts, injuries, and bruises, employers-supervisors provided sunny plast or pyodine as first medical aid. The availability of first aid kits was virtually nonexistent. In cases of major injuries, children were taken to hospital in a vehicle typically provided by employers. It was observed that most of the brick kilns were in suburbs, and there was no medical facility nearby. This observation was supplemented by a 13-year-old participant who said

One of my cousins lost his finger due to a cut caused by the kudaal [earth-digging tool]. His finger was bleeding, and the maalik [employer] was not there. We tried to put a bandage on but the blood did not stop. He was taken to hospital in the evening, but by then it was too late . . . I think if he had been taken to hospital in time, his finger might have been saved.

Additionally, the workplaces lacked potable water, sanitation, and civic facilities (e.g., a park or an entertainment area). The workplaces did not have separate places where children

could eat and rest. The nonavailability of these facilities further aggravated the health risks for children, some of whom were visibly anemic.

Child labor and future opportunities. Younger children at work had relatively little understanding about their bleak future and the hazardous working conditions. However, the older children did realize that their engagement in work, at the cost of education, was detrimental to their future as their existing jobs could not lead to prosperity or a bright future. A child laborer (aged 16), having 3 years of schooling and working for the last 4 years, said

I have been working here for the last 4 years, day and night, like a donkey. I work too much, but the money I earn is too little. I have no respect and no future. Nobody likes a person whose body is covered with mud most of the time . . .

Although the older children could not switch from work to school because of a lack of resources and being over age, they wanted their younger siblings to study and never enter the workplace during childhood. An overwhelming majority of the children thought that they would have opted to study instead of work and earn during their childhood, provided they were given a friendly learning environment and sufficient economic resources. Few people entered into labor as a matter of their own choice or because they thought of it as a chance to learn, which would help them to establish their own work-business in future. A 15-year-old child who had only two years of schooling and was barely literate, said

Now I realize that studying at school is great. You wear clean clothes and sit under a fan with respect and a good atmosphere. It is only possible if your parents have money to fund your education. My parents never had money for education.

Children's perceptions of the causes of child labor. A majority of the children believed that poverty forced parents to send their children to work. On probing, it was noted that the perceived causes of child labor were rooted in various socioeconomic and institutional structures of society. On the whole, such factors included the following: poor conditions in government schools, violent and punitive behavior by teachers, extreme household poverty, the absence of a marketable education, and the high rate of unemployment. All these factors created a disincentive for parents to support their children's education. In this context, the workplace became a viable alternative where children could learn some skills and also earn money.

Participants strongly believed that doing this type of labor would never change their fate. However, they worked not only to contribute toward household expenditures but, as elders, they were also helping their younger brothers and sisters to study. One 13-year-old boy, whose entire family had been involved in brick making for the last several years, said:

Here [referring to the brick kiln] you learn nothing: you have to work, work, and work with mud. There is no skill learning here. If you work as an electrician or in an automobile workshop, you learn something, but your ustaad (trainer) beats you if make a mistake.

Discussion and Recommendations

Discussion

The data suggested that child laborers engaged in the brick kiln sector were exposed to various health hazards and human rights violations. This occurred in the presence of a supervisor and the family of the child laborers, although the family was expected to protect the interests and welfare of their child and resist his or her exploitation (Warren, 1997). It appears that families have been rendered so weak and ineffective they have failed to shoulder their basic responsibility (i.e., to ensure the welfare and well-being of their children). Given the circumstances, the families had no viable options to prevent their children from engaging in brutal and dangerous labor. This study also suggested that intergenerational child labor has become a cultural norm for these families as it is necessitated by their prolonged hardships (Hilson, 2012). This makes it difficult to devise intervention strategies for alleviating the conditions of the child laborers (Khan, Westwood, & Boje, 2010). The brick kiln industry in Pakistan is one of these sectors where the families themselves reinforce the use of child labor and, thus, the exploitation of children is protected against remedial measures.

Illiteracy amongst parents, larger family size, and low household income were the primary factors leading to children's involvement in the workplace (Awan, Waqas, & Aslam, 2011; Bhalotra, 2007; Sawada, 1999). Low adult literacy and an unfriendly schooling system (poor school infrastructure and untrained teaching staff) further increased the prevalence of child labor (Chaudhary & Khan, 2002). It was noted that parents were not fully aware of the hazardous nature of the work and the potential damage it could do to the health and well-being of their children. Probably the parents' level of health literacy was low, and hence they did not realize the massive damage the hazardous working environment could inflict on the health of their children. Similarly, keeping in view the negligible literacy levels of the child laborers, it could not be expected that they would be aware of the risks involved in their work and, therefore, they may not be able to devise appropriate coping strategies to ensure their own safety (Fassa, Facchini, Dall'Agnol, & Christiani, 2000).

It seems that the core issue is a lack of awareness about the health and well-being of children on the part of parents as well as the community at large. Arguably, this ignorance is rooted in the highly inadequate level of knowledge and common sense about the sensitive and crucial developmental stages of children and how children's health can be damaged by putting them to work in places with multiple health hazards. It may be noted that simple literacy is not enough to enable people to save themselves and their children from the myriad health risks; they need health literacy to comprehend the impending dangers and the damage to their immediate and long-term health.

The consequences of poor *health literacy* have been identified by the World Health Organization (Kickbusch, Pelikan, Apfel, & Tsouros, 2013). The poor health literacy results in less healthy choices, riskier behavior, and poorer health of people (Kickbusch et al., 2013). Health literacy is defined as

people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make

judgments and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course. (HLS-EU Consortium, 2012, p. 7)

Because health literacy is essentially linked to education, a minimum level of schooling is a prerequisite for the development of health care capabilities in child laborers.

According to Article 11 (3) of the Constitution, *Child Protection and Welfare Act (2010)* and *Bonded Labour Abolition Act (1992)*, the government of Pakistan is bound to protect these children from exploitation and various human rights violations. Additionally, Article 25-A of the Constitution of Pakistan guarantees education to children. The implementation of compulsory education is significantly associated with the protection of children from labor (Ray, 2000; Weiner, 1991). Nonetheless, it seems that these legal obligations have serious implementation issues and require the immediate attention of the government. The ruthless exploitation of children also underlines the total neglect of public institutions that were intended to protect children. There are various departments, such as the child protection bureau, labor welfare department, social welfare department, health department, and department of education that are responsible for the emancipation of these children. These departments have an elaborate bureaucratic structure with a clear mandate to protect the health, well-being, and human rights of citizens, including children. But these government departments have a minimal presence in protecting the rights of these children.

The empirical data highlighted various hazardous conditions detrimental to the health and well-being of these working children. It was observed that the child laborers were experiencing an environment that was socially, psychologically, and physiologically injurious to their health. It was noted that most of the hazardous conditions could be minimized by improving the physical conditions of the workplace. But there is no technical fix to protect these children from this situation. There needs to be a holistic approach and concerted efforts to mobilize all the stakeholders to protect these children (Smith, 2005).

The findings of this study support other studies conducted in Pakistan (Chaudhary & Khan, 2002; Green, 2001; Hussain, 1997; Silvers, 1996) and other countries (Bequele & Boyden, 1988; Hendriks, 2003; Ray, 2000). These studies highlighted that poverty and a lack of adult literacy are the major factors causing child labor. In addition to exploring the causes of child labor, this study specifically focused on the health hazards faced by children working in the brick kiln sector. To the best of our knowledge, thus far, no other study has exclusively focused on the health of children, although health issues have been partially dealt with while documenting the causes and consequences of child labor in Pakistan.

Recommendations. Given the findings, it is recommended that (a) children's working hours should be fixed; (b) working at night should be prohibited for children; and (c) under exceptional circumstances, appropriate light may be arranged and other safety measures should be taken to protect children from various dangerous insects, snakes, and bites from stray dogs. It is also recommended that, at each brick kiln, potable water, a toilet, and hand-washing facilities should be ensured. Transportation arrangements should also be made in case of emergency. To protect the children from harsh weather, shades should be built at workplaces to protect

children from the sun and other harsh weather conditions. It is also suggested that gloves, masks, and safety shoes should be provided to avoid physical injury. Furthermore, children should not be required to work with sharp-edged tools. For future research, it is recommended that a longitudinal study focused on the nature of each task in the brick kiln sector and its associated health hazards be conducted. Given the lack of reliable and authentic data on child labor, particularly in the brick kiln sector, there is a need of nationally representative survey identifying the extent of child labor in this sector. It could be incorporated in the regular, larger survey of Federal Bureau Statistics. Additionally, gender perspective should be addressed in future research related to brick kiln child labor in Pakistan.

Résumé

Dans cette étude, les auteurs ont examiné les risques pour la santé que subissaient les enfants travaillant dans le secteur des fours à brique du district d'Okara, au Pakistan. Utilisant à la fois des données quantitatives et qualitatives obtenues des parents et des travailleurs juvéniles, ils ont montré que les enfants étaient exposés à de multiples dangers pour la santé dans leur milieu de travail. Ils ont aussi examiné les raisons perçues par les enfants pour expliquer le travail juvénile ainsi que leur niveau de sensibilisation aux dangers pour la santé. Les auteurs formulent quelques recommandations en vue de protéger les enfants contre des situations à risque et dangereuses.

Mots-clés : travail des enfants, risques pour la santé, four à brique, Pakistan.

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