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Abstract

An assessment was conducted on a sample of children (65 girls and 135 boys) in Lahore, Pakistan, to determine the level of cumulative adverse childhood events, including child labor, familial abuse, conflict, and poverty. Significant gender disparities were seen in the frequency of these encounters as well as the correlation between various stressor types and symptoms of posttraumatic stress disorder. In general, Male rumored more traumatic occurrences overall, with involvement at home being particularly prevalent. This is demonstrated by the fact that boys were more likely than girls to have probable PTSD (28% versus 12%). In addition to being a prevalent occurrence in the sample under investigation, child labor was also linked to a higher risk of family violence for females. The findings imply that children's interaction between several stresses at different levels raises their susceptibility to developing PTSD.

Keywords: Gender disparities, childhood experiences, PTSD symptoms, child labor, familial abuse, conflict, poverty.

Children, society's delicate tissues, may become strong, productive adults with care. Future investments for a nation, family, society, and planet. This investment required love, compassion, play, leisure, education, career skills, good food, and medical care in their early years. Without these life skills, kids will become sick, deviant, half-grown, and diminutive adults. Despite recognizing this, leaders fail to defend children's rights. Politician, bureaucrat, educator, parent, and intellectual speak. Several reasons were presented. Illiteracy, poor public-school education, an unappealing teaching style, a need for an outgoing situation, ruined homes, inhabitant migration. spoiled the second generation of the poverty cycle starting at birth, adult labor unemployment, an easily accessible supply side, low-cost labor force, children's tenderness are few of them.

The issue of child labor in Pakistan is a very complex multidimensional problem which is because of poverty and social security problems, including destitute families and substandard education. Children who are made to perform forced labor are examined not only to economic abuse but also long-term psychological trauma. In spite of international initiatives! the problem remains especially in Sindh where high dropout rates are worsened? by poor working conditions. Just a ban on child labor isn't sufficient; a solution to the root causes should be sought! through the development of the education system, social welfare, and strict enforcement of protective laws which leads to the actual change.

Due to the country's criticism of the use of children in industry on the grounds that it destroys their childhood and ambition for success, Pakistan's exports have experienced considerable losses. The teenagers in this town are underprivileged and forced to choose between paying for their family and living like kids with goals, ambitions, and hopes for a brighter future. However, it has been argued that preventing individuals from finding work won't

help them socially or economically and may even exacerbate their health and financial problems (Khan, et al., 2007).

It is estimated that between 8 and 10 million Pakistani high school and middle school students worked during the 2004-2005 academic year. An estimated 3.5 million minors can now claim employment status. Reports indicate that the number of youngsters aged 10 to 14 who held jobs gained from 1.8 million in 1990-91 to 2.0 million in 1992-93. Women are entering the workforce at a quicker pace than men or boys. Young adults in metropolitan areas are more likely to find work in the service industry (52%), compared to manufacturing (38%). In addition, research shows that about 70% of young people work 35 or more hours per week, much beyond the norm (Sm & Raishad, 1997).

The issue of child labor in Pakistan is multifaceted, with concerns about education, social welfare, and economic stability. It also puts children at risk for experiencing childhood trauma and perhaps developing post-traumatic stress disorder (PTSD). Millions of Pakistani children are forced to work in settings that might cause them to experience childhood trauma, in addition to compromising their personal development, despite international attempts to end child labour. Child labor and the traumas it causes are persistent due to a number of factors, including low social security, broken households, inadequate public-school education, and illiteracy. The negative effects may be seen in the high dropout rates, especially in Sindh, where physical punishment and child labor are the main causes that may have long-term psychological effects.

Research Questions

The research' main objectives will be to address the following inquiries:

1. How do poverty and broken homes make it possible for children to work in Pakistan? What role do they play in causing childhood stress and possibly PTSD in the children who are affected?

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2. What effect does not get enough schooling, not being able to read or write, and bad school conditions have on the continuation of child labor?
3. How do dangerous working conditions put children in labor at risk physically and mentally, adding to the cycle of child labor and the chance of long-term trauma?

Research Objectives

- Examine the socioeconomic variables influencing child labor and how they relate to early trauma and possible PTSD.
- Investigate dangerous working conditions in certain industries, such as Peshawar's car repair shops, in order to comprehend the psychological and physical hazards that child laborers face and to find solutions that would end the cycle and lessen suffering.
- Analyze the interrelated elements that contribute to child labor, such as socioeconomic status, educational attainment, and working circumstances, and make thorough policy recommendations for resolving the underlying reasons. Meant to increase efficiency and quality.

Research Hypothesis

H₁: There is an impact of relationship between socioeconomic factors and child labor, early trauma, and PTSD.

Significance of Study

The effects of child labour in Pakistan on the mental aspect of children should be defined if the country should overcome the social provocation in the time ahead. It is children that are considered the soft wires of society; this means that everyone benefits when they are brought up in any good environment. The aim of this study is twofold, to enlighten the continuous child labor issue which implicitly connected with other societal issues such as early trauma. The study has as its major goal to provide findings that can help in the setting of policy changes and interventions which can lead to the elimination of child labor and also in the investigation of the probable long-term psychological effects by looking into the factors that cause child labor like education, socioeconomic conditions and family relations. At the end of the day, what matters is the development of a culture that fully nourishes its children to bring them to adulthood free from the scourge of childhood trauma and improve their lives, thus ensuring a better future for the country.

Literature Review

Psycho-Social Risks of Child Labor

According to the ILO research, child workers' psycho-social development is negatively impacted by lengthy work hours, significant obligations, and little social interaction. According to Forastieri (2002), children who work regularly miss out on the opportunity for normal growth during a critical life period, which inhibits their ability to respond to both intellectual and emotional inputs.

The Effects of Child Labor on Health

Children who work have higher calorie requirements, which increases their risk of sickness from insufficient nutrition. According to (Edmonds, 2009), psychological difficulties from infancy are linked to mental illnesses and chronic health concerns in maturity, while physical injuries from employment can cause long-term health issues. A research conducted in the Bangladesh found that child laborers had a number of concerning health

concerns, including physical discomfort, respiratory troubles, vision problems, skin illnesses, and psychological immaturity. Each kid laborer experienced health issues on average.

Occupational Risks and Diseases

Working in a variety of occupations that expose workers to chemicals, pesticides, and carcinogenic agents raises their chance of developing cancer, bronchial problems, and other illnesses. According to Parker (1997), companies in India that use child labor have high rates of tuberculosis and silicosis, and exposure to asbestos and aniline dyes greatly increases the risk of cancer. The folks above the shop are not safe as well from the health hazards of chemicals as those who are on the floor. The risk of getting addicted to the substances which are harmful and diseases that are curable even with little efforts like cancer, bronchopneumonia among others is very high. These diseases are apocalyptic to the life of a person, and they might suffer a psychiatric disorder even after a hope of cure for them is lost. Staff members should be protected by using protocols that entail the correct safety gears to help reduce chemical exposure in the workplace.

Long-term Health Consequences

Children who are in labor are more likely to have long-term exposure to risk factors, which increases their chance of developing chronic health issues. Rapid cell proliferation is a biological process that shortens the time it takes for illnesses to manifest, making people more vulnerable to long-term health problems (Fassa, et al., 2000; O'Donnell, et al., 2002).

Emotional and Attitude Disorder

Compared to their non-working peers, child laborers have greater rates of emotional and behavioral issues. Among these issues are social conduct issues and a deficiency in pro-social behavior. Child work has an effect that goes beyond short-term repercussions and results in undesirable social habits. Child work has been connected to difficulties building relationships, melancholy, anxiety, and low self-esteem.

Diminished Self-Esteem

Research indicates that working with children lowers their self-esteem since they perform slavish labor and endure verbal, physical, and psychological abuse at the workplace.

Different Psychological Difficulties

According to UNICEF, child laborers frequently experience a range of psychological challenges. These include becoming the targets of prejudice, marginalization, abuse, and neglect. There are many parties involved in child labor issues, including parents, educators, employers, legislators, and the general public. The chapter ends with the prediction that children will continue to suffer at the price of the nation's general health if none of the variables addressed are considered (Parker, 1997; Fassa, et al., 2000; Forastieri, 2002; O'Donnell, et al., 2002; Edmonds, 2009).

Impact on Future career chances

Child labor has an adverse effect on physical and emotional development, as well as future career chances. Child laborers frequently lack access to basic medical care as well as psychological support, which can lead to the development of poor self-esteem and harmful conduct. The repetitive nature of the task and the early responsibility placed on child workers cause psychological strain that may have effects on the children's

wellbeing. These future impacts may lead to a violent family with does not grew up in any society and it is very impaired by these childhood events that kids' faces during their work in hazardous society. In conclusion, there is a psychological concern all around connected to child work, from behavioral and emotional disorders to long duration effects on self-worth and general psychological health.

Research Methodology

We're carrying out a simple quantitative investigation. The research is descriptive in nature. There will be a thorough explanation of the problem and a comprehensive answer to the WH inquiry. The study offers comprehensive demographic data on the sample population, encompassing age, gender, experience, and educational attainment. The fact that a survey was used to collect the data has reduced the researcher's influence. The role of the researchers is reduced in this correlation study since questionnaires is used. This study was conducted between June and November of 2023 at auto shops located on university road, Lyari, Korangi, and market area in Karachi.

The children were given basic demographic questions as well as specifics about their jobs, income, whether or not they were exposed to hazards at work, and the severity of any long-term illnesses they were experiencing. It included the father's salary, family size, and profession. PTSD symptoms in children were assessed using this tool was used to determine the sorts of traumatic events that resulted in PTSD symptoms. The UPID was administered as a structured interview by qualified counselors, as opposed to a self-assessment tool. By using the corresponding 17 items of the UPID.

Population & Sample size

200 young boys and girls, aged 6 to 15, were selected at random from automakers and factories in Karachi. In order to be included, individuals needed to satisfy three criteria: (1) be between the ages of 5 and 15; (2) be easily distinguishable as belonging to that age group; and (3) work exclusively in auto workshops including any other occupation. Respondents were interviewed at their places of employment during working hours, with the approval of the workplace director. The interviews were conducted using a questionnaire that had already been designed to meet the aims of the study.

The duration of the study is six Months. The convenience sampling method based on non-probability will be used. Primary data will be gathered from surveys, while secondary data will derive from books, articles, and academic journals. Primary data will be collected using questionnaires, and secondary data from secondary sources.

Data Analysis

Table I: Characteristics of respondents

Characteristic	No. Of respondents (n = 200)	%
Age group (years)		
6-9	36	18.0
10-12	73	36.5
13-15	91	45.5
Education		
Never went to school	68	34.0
Dropped out before class five (age 10 years)	83	41.5
Completed primary school	34	17.0

Completed middle school or higher	15	7.5
Average monthly wage (rupees)		
< 5000	78	39.0
4000-5000	53	26.5
3000-2000	40	20.0
> 1000	29	14.5
Age at starting work (years)		
< 8	83	41.5
9-10	70	35.0
11-12	22	11.0
13-15	25	12.5

So, Table one shows he quality of respondents that works in some auto shops or other industries. A mega portion of 34% had not gone to school on the other hand 41.5% is dropped down before 5 class at the age on 10. 66% of individuals have income of 4000 rs. And the age in which they start work is below 10 years for 76.5% in the kids.

Table 2: Nature of work and Nature of job and their reasoning

Variable	No. of respondents (n = 200)	%
Reason for starting work:		
Went on own accord to help family financially	80	40.0
Sent by parents to help family financially	53	26.5
Own desire to work	17	8.5
Dropped out of school	13	6.5
Other	37	18.5
Nature of job		
Mechanical work	85	42.5
Painting	26	13.0
Welding	21	10.5
Factories	12	6.0
Electrical	9	4.5
Other	47	23.5

A significant percentage (34%) had never attended school, and 41.5% had left before class five (at age ten). The average monthly income for 66% of the respondents was seven hundred rupees. 76.5% of the youngsters started working at an age younger than ten years old. To support the family financially, people started working and stopped attending school. These individuals either did so voluntarily (40%) or because their parents sent them (26.5%) (Table 2). 42.5% of the workers were engaged in mechanical labor.

Table 3: PTSD Dominant Rates and Trauma Sign inflexibility

	Female		Male	
	M	SD	M	SD
inflexibility rate for kids with trauma	34.9**	10.3	25.7	10.9
inflexibility rate	6.8	13.9	9.5	12.8
Signs	2.7**	5.1	4.9	5.8
Unsound native of trauma role	0.45*	1.0	0.83	1.3

* $p < .05$. ** $p < .01$. *** $p < .001$.

Note. Symbols indicate noteworthy differ in boys and girls.

A summary of the severity ratings, the quantity of symptoms associated with the trauma, and the functional impairments in both samples is shown in Table 3. In order to investigate possible indicators of familial violence that a kid may encounter, we created different linear regression models for males and girls' of each household persons incident categories that the children reported was the dependent variable. Tables 3 and 4 exhibit the analysis' findings.

As we determine Pearson formula for every single item of var individually for Male and Female in order to identify the relations in the kids likelihood it show the no of kids' faces labour, personal issue traumatic events and civil var for matic issues and areas of

its functioning and Post event. The studies only included children who had listed at least one traumatic incident on the UPID event checklist.

Table 4: Standardized Beta Coefficients and Correlation Coefficients Resulting from a Linear Regression Model on the Amount of Family Violence Reported by Girls.

Predictor	β	R
Age	.04	.20
Female (no)	.03	.11
Male(no)	.05	.02
Persons in the home	.00	.07
Avg working of child per days	.24**	.42
Economic Status	.05	.16
Traumatic events happen per day	.20*	.52
Traumatic event happened earlier	.39***	.50

This model shows the R^2 which is adjusted= .40; $F(8,105) = 10.58, p < .0001$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 5: Based on the amount of family clash reported by boys, a linear regression model yielded systematized beta quantum and correlation quantum.

Predictor	β	R
Number of years	.10	.04
Female senses (no)	.08	.12
Male senses (no)	.10	.04
Associates in Chamber	.11	.07
Profit-making status	.11	.06
Child work per day in avg	.14	.19
Number of shocking events	.64***	.65
Premature display to shocking event	-.03	.43

Note. Full module adjusted $R^2 = .41$; $F(9, 68) = 7.05, p < .001$. Symbols show significant β .

*** $p < .001$.

Discussion

Significant gender inequalities exist in the prevalence of post-traumatic stress disorder (PTSD) and bad childhood events, according to a study done in Karachi, Sindh. Compared to females, boys experience trauma and PTSD at greater rates. violence of children, especially serious physical violence and witnessing partner beating, is shockingly common; over half of males and one-third of girls are employed as children.

Remarkably, there is no discernible correlation between family violence and poverty. Incredibly high rates of PTSD are present; 15% of females and one in four boys are afflicted. Physical symptoms and the severity of PTSD are correlated, particularly in females. Anxiety is increased by the combined effects of several stresses, including child labor, poverty, and family violence. The study emphasizes the value of family- and community-level interventions for children, underscoring the necessity for customized psychological therapies that meet the unique problems in post-conflict contexts. A limited sample size and the examined group's non-representativeness for the whole Sindh children population constitute a pair of limitations. Extensive surveys are essential for thorough comprehension. Research conducted in Karachi, Sindh province, shows a huge gender gap as far as the frequency of post-traumatic stress disorder (PTS) and adverse childhood events are concerned. Notably, violence against kids, extreme sexual and physical violence and witnessing partner abuse

are everyday experiences for many children. Believe it or not, there is no definite relationship between family violence and poverty.

High levels of PTSD are found in both men and women, with 15% of young ladies developing and one in four boys also being concerned. The intensity of symptoms also implicates physical manifestations in females, mainly, and anxiety is increased by multiple stressors such as children labour, poverty and family violence. The research accentuates the need for the family- and community-level interventions based on the specific difficulties seen in the post-conflict contexts. But, the limitations such as a small sample, unrepresentativeness of the studied group for the whole children population of Sindh, call for wide surveys for a deeper insight of the children of Sindh province.

Conclusion and recommendation

The encompassing finding displays the multidimensional effect of bad childhood episodes on the mental fitness of children in Pakistan, such as high rates of trauma, child abuse, and child labor. Especially high rates of PTSD, predominantly in the domain of child labor and poverty, emphasize the necessity for tailored psychiatric therapies to the extraordinary circumstances of these kids' lives. Considering these results, it is obviously apparent that the role of family violence is crucial in the consequences of orchestrated violence, and it is crucial to address these problems at the family and society degrees. Nevertheless, broader-scale investigations in zones of conflict are needed to broaden the findings due to the study's constraints, like a limited sample size and the rareness of the examined community.

Recommendations for Future Research

To expand our comprehension of the intricate connections between several stressors and their impacts on children's mental fitness, it has been recommended that additional research is completed in various locales, including Punjab, KPK, and Baluchistan. Consequently, this will boost the generation of specific treatments to accommodate to the requirements of children.

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