SOCIAL ENTERPRISE DEVELOPMENT CENTRE
SEDC
LAHORE UNIVERSITY OF MANAGEMENT SCIENCES

the David & Lucile Packard FOUNDATION

LUMS
Suleman Dawood School of Business

Family Planning and Reproductive Health (FPRH) Issues in the Football Industry of Sialkot, Punjab

Pakistan occupies the niche market for production of high-quality hand-stitched 'match or field' footballs and is one of the major exporters of hand-stitched footballs in the world. This industry is almost exclusively focused in District Sialkot of Punjab and has an industrial strength of over 300 manufacturing units. There are 44,000 persons employed in stitching producing nearly 30-40 million units of footballs annually. 60% of employees in the football industry, including home based stitching are women.

Objectives

The aim of this study was to identify Sexual & Reproductive Health (SRH) needs of women employed in the football industry and develop an analysis of currently established practices of Corporate Social Responsibility within the industry and the extent to which these address SRH concerns.

Methodology

Qualitative methodology was adopted to develop an understanding of currently adopted CSR policies by manufacturing units and SRH needs of workers employed within the football industry. Primary and secondary data was collected and analysed.

Primary sources of data included:

- Key Informant Interviews with
- Managers of football production units (Anwar Khwaja Industries, Forward Sports and Awan Sports)
- Members of academia and researchers studying the Sialkot industry cluster
- Members of UNIDO, IMAC, and Sialkot Chamber of Commerce and Industry (SCCI)
- Local public and private sector healthcare providers
- Focus Group Discussions with male and female stitchers

Secondary sources of data included:

- Literature review of published works, including scientific literature published in national and international journals, and reports of the International Labour Organisation and local NGOs involved in CSR reporting and monitoring in Pakistan.

Transcripts of interviews conducted by researchers of the football industry.

Findings

- 390 registered manufacturers with 2600 registered stitching units, including 869 exclusive female stitching centers
- International moral outrage and threats of export blockade forced local industrialists to eliminate child labor within the industry and relocate production from home to factories. This lead to a drop in female participation in formal production units
- Factory based workers, though better paid have to undergo a tedious process for seeking sick leave., Piece-rate workers employed in Stitching Centers and at home are financially harmed when off from work. Such policies deter workers from seeking care for illnesses and may further aggravate SRH problems among women
- 10,000 women serve as home-based stitchers and are not recognized as "workers" in the industry. This leads to lowered wages, little bargaining power and poor working conditions.
- Lack of information about worker rights, poor social support, limited income and non-availability of social and medical benefits all serve to compound health problems for home-based stitchers, majority of whom are women
- AKI Industries have implemented women friendly policies; grant of maternity leaves and provision of day care facilities

Reproductive Health Needs:

- 68% of married women of 15-19 years of age have begun child bearing
- Close to 90% of adolescent girls want to postpone current or future pregnancies; yet reported use of contraception within this age group was the lowest
- 37% of eligible couples are currently using contraception & 19% had unmet need
- 78% of pregnant women received at least 1 ANC (Antenatal Care) visit; only 50% received all four essential components of ANC
- None of the married female workers interviewed reported negative foetal or maternal outcomes associated with football stitching

Unmarried Women

- Access is limited to traditional healers as opposed to trained healthcare providers
- There is poor knowledge of family practices and Sexually Transmitted Infections (STIs)

Married Women

- Adoloscent marriages & Early child bearing
- Poor contraception uptake & Abortions by untrained care providers
- Closely spaced pregnancies
- Poor knowledge of STIs

Recommendations:

- The existing public healthcare system in Sialkot needs infrastructure development and trained human resource. Sustainable sources of funding, equipment and supplies can be devloped through collaboration with Sialkot Chamber of Commerce and Industries (SCCI)
- Promotion of women industrialists for greater involvement within SCCI workings/activities along with greater inter-committee collaboration to improve coordianted response to worker health and benefits
- Regular off-site visits conducted by panel/industry physicians to improve workers' access to healthcare services
- Institutionalisation of health education/ promotion activities at all production sites especially SRH. Linkages between existing trained healthcare staff and stitching sites should be created for SRH awareness among workers
- Promotion of awareness of worker rights, labour laws and unionization should be promoted; local NGOs, CBOs and Labor Unions must identify home-based stitchers, and engage with the Labor Department and industry representatives to ensure and expand benefit provision to home based workers
- Review and revise policies on employee benefits to include gender-responsive facilities/benefits; Maternity Leave and Daycare facilities
- Promotion of corporate ownership among local supply chains for promotion & adoption of CSR policies within independent production units to meaningfully improve working conditions at Stitching Centers and at home