

The Pakistan Development Review
34 : 4 Part III (Winter 1995) pp. 1093—1106

Changing Demographic, Social, and Economic Conditions in Karachi City, 1959–94: A Preliminary Analysis

MEHTAB S. KARIM

INTRODUCTION

Kingsley Davis (1961) had argued that the reason that the ancient cities failed to survive was that they were too deadly. He suggested that “three of their (cities) main traits...the crowding of many people in little space, their dependence on widespread contacts (due to in-migration), and their wealth...laid them open to contagious diseases, environmental contamination, occasional starvation and warfare”. Even in the medieval age, some European cities provide examples of such problems; but especially so following the Industrial Revolution. Do the events of the 1980s and the 1990s in Karachi suggest that the city may be heading in the same direction.

Recently, *The Times* London in a lead article in November 1994, labelled Karachi as a “City of Riches and Shattered Dreams”. It further said that Karachi had grown into a megalopolis where life moved fast and street violence had become a norm. Indeed, more than 65 percent of Pakistan’s industries and 80 percent of its finance, banking, and business are concentrated in the city and people come to it from all over the country to find jobs and fulfil their dreams [Husain (1994)]. During the past decade, street violence in the form of ethnic clashes has become a sort of regular event in Karachi. At times, these clashes have been more frequent and even bloodier than the ones before. According to the local newspaper accounts, between 1985 and 1988 (in four years), about 400 people died in Karachi due to violence, which has increased substantially over time. Thus, while the number of violent deaths remained between 350–500 during 1991–93, in 1994 alone the number exceeded 1,100, and during the first three months of 1995, over 300 persons have died due to violence. According to the Karachi Police sources, most of the victims of violent deaths in Karachi during 1994 were men in the age group 13–50. These

Mehtab S. Karim teaches in the Department of Community Health Sciences, The Aga Khan University, Karachi.

deaths constitute about half of all the deaths in Karachi, among men, in this age group in the city during the year. Thus sudden upsurge in violent crimes has had a tremendous impact on social and economic life in Karachi. Although much has been written on the political dimensions of problems of Karachi, its socioeconomic and demographic implications have remained unexplored. This paper looks into some of the changes in demographic, social, and economic spheres in Karachi during the past three decades.

POPULATION GROWTH

Karachi is one of the fastest growing cities in Asia. Its population has almost doubled during the past 15 years. With a population estimated at 9.5 million in 1995 (which is an underestimate), the United Nations (1994) ranked Karachi as the 18th largest city in the world and projects that, with an estimated population of 20.6 million in 2015, it will be ranked as the seventh largest city in the world. Thus, just in the next 20 years, Karachi's population is expected to exceed that of New York, Mexico City, Los Angeles, Beijing, Calcutta, Seoul, Buenos Aires, Osaka, Tianjin, Rio de Janeiro, and Delhi. Only six cities (Tokyo, Bombay, Lagos, Shanghai, Jakarta, and Sao Palo) are projected to be more populous than Karachi. Karachi Development Authority has estimated that during the 1980s it has been receiving between 300-400,000 migrants each year from within Pakistan as well as from the neighbouring countries, which has had a tremendous impact on the quality of life in the city. A majority of these migrants are in their twenties and new entrants to the job market and most of them end up living in *katchi abadis* (squatter settlements) where an estimated 40 percent of Karachi's population lives. These *katchi abadis* are devoid of most civic amenities, and thus become breeding grounds for violent protests and criminal activities (e.g., drugs and gambling dens, etc.). At the same time, many adults suffer from infectious diseases and the nutrition level of children is much poorer than of those living in middle-income neighbourhoods.

During the last 34 years, Karachi's population has almost quadrupled while that of Pakistan has only doubled (Table 1). Consequently, Karachi's share in Pakistan's population has increased from 4 percent in 1961 to about 6 percent in 1981. Its share in the country's population will increase to 7.8 percent in 2001 and 9.4 percent in 2015. One of the major consequences of a high population growth rate in Karachi is on the age structure of the population, on the one hand, (due to a high birth rate in the past, the proportion of dependents is high) and, on the other hand, due to a high rate of in-migration, a higher proportion is in the category of youth. Thus, since migrants to cities are usually in their twenties and thirties, they are in competition with the native population in the job market, which adds a new dimension to the problem. A city at the receiving end has an additional army of unemployed and uncontrollable youth. As shown in Table 2, while Karachi has a lower percentage of population below age 15, (due to a lower birth rate) than in

Table 1
Population Growth in Karachi and Pakistan, 1901–2001

Year	Karachi			Pakistan	
	Populations (in 000)	% Increase in 20 Years	% Annual Growth Rate	% Increase in 20 Years	% Annual Growth Rate
1901	117	–	–	–	–
1921	217	85	3.1	27	1.3
1941	387	75	3.0	34	1.5
1961	1,917	400	8.4	52	2.1
1981	5,208	175	4.5	96	2.6
1995*	9,909	–	4.3	–	2.6
2001*	12,406	138	4.0	88	2.3
2015*	20,600	108	3.2	63	2.1

Sources: 1901–1981: Census of Population.

1995–2015: Estimated by the United Nations (1993).

Table 2
*Percentage Distribution of Population of Karachi
 and Other Provinces by Age, 1981*

	Below 15	15–39	40 and Above	Total
Karachi	41	41	18	100
Rest of Sindh	47	34	19	100
Balochistan	49	33	18	100
NWFP	48	33	19	100
Punjab	45	34	21	100

Source: Population Census, 1981.

Balochistan, Punjab, the NWFP, and the rest of Sindh, the percentage of those between ages 15 to 39 is fairly high in Karachi as compared to the other provinces. This age group is the most vulnerable, to whom any radical ideology is easily acceptable; thus, it can become one of the most important forces behind the street power. Add to that their vulnerability to drugs and other related crimes, and/or political exploitations, along with the loosening control by elders, and any outcome is to be expected.

From the figures given in Table 3, a rough estimate of the total number of migrants to Karachi may be arrived at. For example, between 1901–21 about 70,000; and between 1921–41, about 1000,000 people migrated to Karachi from elsewhere.

Table 3
Migrants in Karachi's Population and Their Place of Birth, 1921–81

	1921	1961	1981
Total Population (in 000)	217	1,917	5,208
Total Number of Migrants (in 000)	101	1,154	1,700
Migrants as % of Total Population	47	60	33
<i>Place of Birth of Migrants (%)</i>			
<i>Total</i>	100	100	100
Sindh (excluding Karachi)	14	2	5
Balochistan	14	2	1
Punjab	8	12	25
NWFP	4	8	17
Kashmir, Frontier Region and Northern Areas	–	2	1
India and Other Countries	60	74	51

Source: Census of Population, 1921, 1961, and 1981.

Due to the influx of refugees who originated in India in 1947, the number of migrants to Karachi between 1941–61 swelled to about 1.3 million, of which about 300,000 originated from within the country. The next two decades (1961–81) registered about 2 million migrants to Karachi, a great majority of whom originated from within the country. The 1981 Census figures are largely disputed by most unofficial and even official agencies (e.g., KMC, KDA, etc.). But if the figures widely quoted by the local official agencies are to be believed, over 3 million people have been added to Karachi's population between 1961-81, through migration alone.

THE PRESENT STUDY

Since the 1991 Census has remained suspended, any proper estimate of Karachi's population is not available. In 1958-59, a city-wide sample survey, "The People of Karachi", was conducted by the Pakistan Institute of Development Economics [Husain *et al.* (1965); Hashmi (1965); Farooq (1966)], which provided information on the demographic and socioeconomic indicators for the city. However, since then, no such information has been made available on Karachi through a city-wide sample survey. In this background, as a part of Maternal and Infant Mortality Survey (MIMS), which was conducted in Sindh with support from

the UNICEF, a sample was specifically drawn from Karachi City, based on a sample design developed by the Karachi Development Authority. The Survey was conducted during the first three months of 1994 and interviews were conducted in all the 58 Analysis zones of the city [Karachi Development Authority (1990)].

Although this survey was aimed at identifying the risk factors associated with pregnancies and the causes of death among infants, children, and adults, yet comprehensive information on household infrastructure and socioeconomic and demographic indicators was also collected [Karim (1994)]. Thus a total of 8,558 females, in their reproductive ages who were living in 9,075 households, were interviewed. Information collected from the households included age, sex, marital status, educational attainment, and occupation of all household members, type of construction, availability of civic amenities, household assets, main language spoken, household income and expenditure, and disease patterns and health-seeking behaviour. All ever-married women in their reproductive ages were interviewed about their age, marital status, employment status and occupation, knowledge and use (past and current) of family planning and complete pregnancy history including year of delivery outcome, sex of child, birth attendant, place of delivery and infant-child mortality.

This paper is based on the preliminary analysis of data collected in the household survey in Karachi in 1994 and its findings are compared with “The People of Karachi” study of 1959.

MAJOR FINDINGS

The summary findings from the Karachi survey are given in Table 4, which suggests that household living conditions in Karachi are fairly better than in the rest of the country, with most population living in concrete houses, having access to basic civic amenities and a fairly high percentage having access to modern amenities.

About one-third of the women in reproductive age group are high school graduates, and only 36 percent are illiterate. However, their labour force participation rate at 8 percent is fairly low. Of the 9 percent who reported as currently pregnant, over three-fifths of them had antenatal checkups and thus are likely to have safe delivery. Contraceptive prevalence rate among currently married non-pregnant women was 35 percent, which was slightly higher than the percent reported in DHS among women in major urban areas [NIPS (1992)].

SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

1. Educational Attainment

The level of education in Karachi is substantially higher now than reported in the 1961 Census [Population Census of Pakistan (1961)]. Thus in 1961, among the

Table 4
Summary of Findings from MIMS Karachi, 1994

	%
Household Information (N = 9, 075)	
Average Household Size	6.2
% Own the House	70.8
Average Number of Rooms per Household	2.4
% Live in Semi <i>Pucca/Kutch</i> a Houses or <i>Jhuggies</i>	9.1
% Live in Flats	17.6
% Live in Concrete Houses	73.3
% Household Having Electricity	96.2
% Have Water Connection Inside	80.9
% Have Modern Toilet Facility	89.8
% Own TV	80.0
% Own Refrigerator	56.5
% Own Scooter/Motorcycle	22.7
% Own Car	12.2
Median Yearly Income	42,600 Rs
Women Age 15–49 (N = 8, 558)	
Average Age (Years)	31.8
<i>Level of Education (%)</i>	
Illiterate	35.6
Literate	10.2
1–5 Years	9.3
6–9 Years	10.6
10–12 Years	24.4
Graduate and Above	9.9
% Work for Pay or Profit	8.4
% Currently Pregnant	9.2
% Received Antenatal Checkups (during this Pregnancy)	63.2
% Currently Using Contraceptives (Married, Non-pregnant)	34.7

population 10 years and above, 44 percent of males and 51 percent of females were classified as illiterate (unable to read or write). On the other hand, as shown in Table 5, in 1994 only 16 percent of males and 27 percent of females were classified as illiterate. Furthermore, in 1994, 28 percent of males and 19 percent of females were reported to have attended college.

Table 5
 Percentage Distribution of Population by
 Age, Sex, and Level of Education, 1994

Age	Illiterate	Can Read and Write	1-5	6-8	9-10	11- 12*	Graduate* and Above Including Diploma
Males							
10-14	9.1	0.9	48.9	33.7	6.8	0.3	0.1
15-19	10.1	1.6	7.6	21.7	34.6	19.7	4.8
20-24	11.4	3.1	6.2	10.9	22.2	19.4	26.8
25-29	15.4	4.5	5.5	10.4	22.3	14.2	27.7
30-34	18.6	5.6	5.8	8.3	21.4	13.0	27.2
35-39	18.8	6.0	5.6	8.7	22.5	12.4	26.0
40-44	22.4	8.9	6.3	9.0	18.6	10.8	24.0
45-49	22.3	8.3	5.3	8.3	22.8	10.6	22.2
50-54	25.5	12.2	6.1	7.5	19.3	8.5	20.9
55-59	24.0	12.2	5.5	9.6	21.2	8.8	18.8
60-64	36.5	14.8	5.8	6.8	18.1	5.2	12.8
65+	37.9	13.9	5.3	6.3	20.7	4.4	11.6
N = 10+	16.3	5.0	14.2	15.7	20.7	11.5	16.5
Females							
10-14	10.1	1.3	44.7	36.2	7.0	0.7	0.2
15-19	14.9	2.6	9.4	19.3	29.1	19.6	5.1
20-24	20.2	4.7	7.6	9.5	20.0	16.3	21.7
25-29	26.0	6.4	9.0	9.9	17.8	13.5	17.4
30-34	31.2	8.6	9.8	9.2	16.9	10.9	13.5
35-39	36.6	10.1	9.2	10.4	17.3	7.4	8.9
40-44	42.1	11.1	9.6	8.3	15.3	5.1	8.6
45-49	45.0	14.2	7.3	9.2	13.9	3.5	6.9
50-54	45.0	17.5	7.2	9.4	11.5	2.4	7.0
55-59	56.1	19.9	5.7	7.5	7.3	1.2	2.3
60-64	68.2	15.5	6.2	3.2	4.9	0.7	1.2
65+	72.6	18.1	3.3	2.1	2.9	0.2	0.9
N = 10+	27.3	7.0	15.3	15.8	16.2	9.5	9.1

Source: MIMS Karachi 1994.

*Includes presently attending.

2. Economic Status

Table 6 provides occupational status of the members of the household who were in the labour force. A prominent shift is reported during the past 35 years, with a higher percentage of males working in sales and clerical-related occupations as well as professionals. Thus, the occupation of males is shifting away from unskilled labour and government employment, perhaps due to increased literacy level and shifting of capital from Karachi, and thus reducing employment opportunities with the government. About 13 percent of those in the labour force were reported to be not working, which is a reflection of high unemployment rate.

The impact of education and occupation of the household head is clearly reflected in the median family income. Thus those with a college education have over twice median income than those who are illiterate, and about 70 percent higher income than those who did not graduate from high school (see Table 7). Similarly, income level tends to differ substantially by occupation; government officials and professionals reporting twice higher median family income than those working in production and service-related occupations.

Table 6
*Occupation of Males (Those in Labour Force, Age Group 10–59):
1959 and 1994*

Occupation	Male	
	1959	1994
Professionals	2.1	8.0
Government Officials	9.1	5.6
Clerical and Related	3.2	11.5
Sales-related	7.9	18.5
Services and Transport Workers	12.0	11.2
Agriculture-related	3.4	2.3
Production-related	23.2	25.1
Unskilled Labour	20.8	4.7
Not Working	–	13.2
Unclassified	18.2	–
N		

Source: People of Karachi Survey, 1959.
MIMS Karachi, 1994.

Table 7
*Yearly Household Median Income, by Head's Level of
 Education and Occupation, 1994*

	Yearly Median Income (in Rs)
Level of Education	
Illiterate	30,000
Can Read and Write	36,000
1–5 Class	36,000
6–8 Class	36,000
9–10 Class	39,600
11–12 Class	54,000
Graduate and Above	75,000
Occupation	
Professionals	60,000
Government Officials	72,000
Clerical/Service	39,000
Sales-related	48,000
Service Worker	30,000
Agriculture-related	24,000
Production-related	35,000
Unskilled	24,000

Source: MIMS Karachi, 1994.

3. Marriage Patterns

In Karachi there has been a substantial increase in age at marriage, as was observed by Korson (1990). The increase in age at marriage is clearly demonstrated in Table 8, especially among females. Thus, between 1959 and 1994, there is a substantial decline in the percentage of women married in age group 15–19 (from 49 to 10 percent) as well as in age group 20–24 (from 87 to 47 percent). This will be reflected in the considerable increase in the singulate mean age at marriage for females, with major implications for fertility. The increase in the proportion of single women is also a reflection of increased education among females as discussed earlier.

Table 8
*Percentage Distribution of Currently Married Persons,
 By Age and Sex: 1959 and 1994*

Age	Male		Female	
	1959	1994	1959	1994
15–19	4.3	0.9	49.1	9.6
20–24	28.8	12.8	87.0	47.0
25–29	65.6	50.3	94.2	78.6
30–34	83.0	82.5	93.2	88.4
35–39	90.1	91.6	91.3	91.1
40–44	89.2	96.0	81.2	85.6
45–49	87.4	95.3	74.0	82.5

Sources: "People of Karachi" Survey, 1959.
 MIMS, Karachi, 1994.

4. Demographic Indicators

Based on a purposive sample of working women, Sathar (1989) had pointed out that women in Karachi have taken a lead in reducing their fertility. As shown in Table 9, overall crude birth rate of 26 per 1000 is fairly lower than the rate of 40 reported for the country and 35 for the urban areas [Federal Bureau of Statistics (1994)]. Similarly, the crude death rate of 6 for Karachi compares favourably with 11 for Pakistan and 8 for its urban areas. As compared with the 1959 "People of Karachi" study, the 1994 MIMS survey reports 46 percent decline in crude birth as well as death rates and 59 percent decline in the total fertility rate.

Table 9
Demographic Indicators for Karachi 1958-59 and 1991-93

Year	CBR*	CDR*	TFR**	IMR***
Karachi				
1958-59 ¹	48	11	6.6	N.A
1991-93 ²	26	6	2.7	50
Pakistan Urban³				
1990	35	8	5.2	74

Sources: "People of Karachi" Study (1958-59).
 MIMS, Karachi, (1994).
 Pakistan Demographic Survey (1990).

* Per 1000 population.

** Per Woman 15-49.

*** Per 1000 live births.

Information on Infant Mortality Rate on Karachi is not available from the earlier survey. However, the IMR of 50 per 1000 live births is about half reported for the country and about 34 percent lower than the urban areas as reported in the 1990 Pakistan Demographic Survey. Given the fact that about 40 percent of Karachi's population is living in *katchi abadis* where living conditions are fairly poor and infant mortality rate substantially higher see Karim *et al.* (1990), infant mortality rate in the middle and the upper class areas of the city is likely to be much lower. Analysis using this data set are underway to look into the impact of income and socioeconomic status on infant mortality.

SUMMARY AND CONCLUSIONS

On the basis of data collected in 1994 from a city-wide sample survey, we see a major change in socioeconomic and demographic indicators for Karachi. Even though over the three decades Karachi's population has increased phenomenally due to constant migration from the rural areas of the country, adding to the city's problems aggravated further due to a general neglect and non-availability of developmental funds, but on its own, the people of Karachi have shown great strides in education (especially for women) and their own development. Thus, even with 40 percent of the city's population living in *katchi abadis*, the overall living standard of the population is a reflection of a better future for the citizens of Karachi. Furthermore, in the absence of general failure of the family planning programme in the country, it is shown by the residents of Karachi that by properly educating the women fertility in Pakistan could also be substantially reduced as it results in delaying their marriage and a wider use of contraception.

REFERENCES

- Davis, Kingsley (1961) In J. E. Rhode Why the Other Half Dies. *Assignment Children*. 1983. 61-62.
- Farooq, Ghazi Mumtaz (1966) *The People of Karachi: Economic Characteristics*. Karachi: Pakistan Institute of Development Economics.
- Federal Bureau of Statistics (1993) *Pakistan Demographic Survey 1991: Summary Report*. Islamabad.
- Hashmi, Sultan H. (1965) *The People of Karachi: Demographic Characteristics*. Karachi: Pakistan Institute of Development Economics.
- Husain, Imtiazuddin, *et al.* (1965) *Social Characteristics of the People of Karachi*. Karachi: Pakistan Institute of Development Economics.
- Karachi Development Authority (1990) *Karachi Development Plan 2000*. Karachi: Karachi Master Plan and Environmental Control Department.
- Karim, Mehtab S. (1994) Maternal and Infant Mortality Survey: Methodology and Conduct in *Proceedings of International Workshop on Maternal and Infant Mortality*. Karachi: The Aga Khan University.

- Karim, Mehtab S., *et al.* (1990) Economic Factors Explaining High Infant Mortality in Baba Island. *The Pakistan Development Review* 28:4.
- National Institute of Population Studies (1992) *Pakistan Demographic and Health Survey 1990-91*. Islamabad.
- Sathar, Zeba, and Afifa Akhtar (1989) Evidence of Fertility Decline in Karachi. *The Pakistan Development Review* 27:4 659–674..
- United Nations (1993) *World Urbanisation Prospects: The 1992 Revision*. New York.
- United Nations (1994) *Urban Agglomerations 1994*. New York.

Comments

The paper throws light on various aspects of the population situation in Karachi. The author highlights the growth potential in the size of the city's population and the problems it is facing, specially during the recent years. It mentions how this city's population base grew tremendously due to the large influx of migrants from across its borders after the country's independence, and later from the same source as well as from other areas within the country. The development of this city's economic base, both industrial and trade, which was much more in comparison to any other part of the country, contributed not only to attracting people but also to the expansion of its socioeconomic infrastructure. This development over the last five decades has resulted in significant changes as reflected by the corresponding economic, social, and demographic indicators. As in other cities of the world, the largest city of Pakistan has segments of population with uneven social, economic, demographic, environmental, and political attributes, as well as by ethnic and linguistic background of the people. The author has highlighted the incidence of violence in recent years and its impact of the social and economic life, particularly the criminal activities and hazards to life including those of infectious diseases, nutritional deficiencies, economic and social problems in the poorer segments of the population.

The author has further pointed towards the paucity of representative data to reflect the latest situation regarding various aspects of this city and its population. The lack of census information, or of any large-scale survey similar to the 1958-59 "People of Karachi" survey, has led to making guesses or speculative portrayals of the demographic and other aspects of the city. The author has, however, results from the Maternal and Infant Mortality Survey, which was conducted in Karachi during the first three months in 1994. The survey collected data from 9075 households, which were selected to from different parts of the city to represent all the socioeconomic segments of the population in the sample. The author has presented some preliminary results of the survey and compared its findings with the 1959 "People of Karachi" survey. The salient findings show an improvement in literacy and the educational status of women, relatively higher income among the more educated persons, more than 70 percent having own house, 96 percent having electricity, more than 80 percent having water connection in house, 80 percent having own television, 56 percent having a refrigerator, 34.7 percent married and non-pregnant women currently using contraceptives, significant reduction in the proportion married in ages less than 35 years, but much more in the younger years, and significant decline in the birth rate (from 48 in 1958-59 to 26 in 1991-93) and death rate (from 11 to 6, correspondingly). Indeed, a more spectacular decline in

Total Fertility Rate (TFR) from 6.6 per woman in 1958-59 to 2.7 in 1991-93, and also in the Infant Mortality Rate, the level of which is reported as 50 per thousand live births.

The paper is very interesting, specially in the part which provides the results from the 1994 Maternal and Infant Mortality Survey (MIMS). But the results are lacking in detail both in terms of contents and analysis. The two important implications that clearly emerge from the paper are the need for city-based comprehensive surveys and a much more serious and comprehensive analysis of data. With the availability of more technical knowledge, data processing facilities, and analytical experiences from other major cities of the world, it is highly desirable that periodic surveys and research efforts are regularly undertaken not only in a metropolis like Karachi, but also in the other cities of the country, specially Lahore, Faisalabad, Peshawar, Quetta, Rawalpindi, Gujranwala, Sialkot, Multan, etc. It would be very interesting to look at the detailed analysis of the MIMS. Perhaps the author could refer to other widely ranged demographic and related studies done in Pakistan. Also, the problems of data collection through such surveys and the quality of responses to different questions could have been highlighted in this paper. The author could have put forward some policy implication and suggestions for future surveys in Karachi and other areas of the country. There have been a number of surveys recently conducted by National Institute of Population Studies and some health-related survey data collection done by other agencies. These can be utilised by the author in elaborating his findings, specially on contraceptive use and on the decline of fertility and infant-child mortality in the country. Then there are other, related demographic concerns like the changing patterns of interactions between the demographic, economic, social, and environmental variables which can be studied on the basis of city-based data and then compared with data from the other sources.

Mohammad Afzal

Pakistan Institute of
Development Economics,
Islamabad.