

# Child Laborers' Exposure to Neglect in Rural Bangladesh: Prevalence and Risk Factors

Md. Abdul Ahad<sup>1,2</sup> · Yvonne Karen Parry<sup>2</sup> · Eileen Willis<sup>2,4</sup> · Shahid Ullah<sup>3</sup>

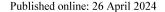
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#### Abstract

Abuse and neglect among child laborers are serious public health concerns. In particular, neglect of child laborers both at home and in the workplace exacerbates their social and health risks. Despite this, the issue continues to be overlooked by researchers and policy makers. In this study, we investigated the prevalence and factors of child labor neglect in rural Bangladesh. Using the snowball sampling method, 200 parents and employers were recruited for this cross-sectional study. We performed a multivariable linear regression analysis using SPSS 28 version. Child laborers are found to be severely neglected, primarily deprived of food and water, and are inadequately supervised. Elements of parental risk, including poor household income ( $\beta$ =0.07, CI=0.03, 0.11, p<0.01) and a history of their own early childhood maltreatment ( $\beta$ =0.22, CI=0.07, 0.36, p<0.01) were identified as significant predictors of neglect among child laborers. Further, child laborers working in agriculture were significantly more likely to experience neglect than those in the domestic sectors. This finding was based on their vulnerable traits, such as working with more than five co-workers ( $\beta$ =0.08, CI=0.02, 0.15, p<0.01), working for extended hours ( $\beta$ =0.14, CI=0.01, 0.28, p=0.04), and suffering from malnutrition  $(\beta=0.30, CI=0.04, 0.57, p=0.03)$ . The findings of this study suggest further research on outcome variables are required. Specifically, the study suggests that two intervention strategies could be implemented to alleviate child labor and neglect in Bangladesh, namely financial support programs and amendments to existing policies.

**Keywords** Neglect · Child labor · Rural · Informal sector · Bangladesh

Extended author information available on the last page of the article





## 1 Introduction

Child maltreatment denotes acts of commission which includes harmful actions i.e., physical, psychological or sexual abuse directed towards the child and acts of omission which comprises inappropriate care usually referred to as neglect (Moody et al., 2018). Neglect is one of the most common forms of child maltreatment, which impacts on the health and well-being of children worldwide. While extensive research has been conducted on physical, psychological, and sexual abuse of children, the understanding of neglect is yet limited due to the complexity of measuring this phenomenon (Schumacher et al., 2001; Irenyi et al., 2006; Moody et al., 2018). Generally, child neglect implies depriving the child of necessities or denying their human rights resulting in actual or potential harm (Melville and McDowell, 2018). The World Health Organization defines child neglect as,

...the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers, and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, emotional, or social development (World Health Organization, 1999).

In general, neglect indicates the failure to meet the minimum requirements for care of children, which comprises of the failure to ensure physical needs such as food, clothing, shelter, education, medical treatment, and supervision as well as emotional needs such as nurturing or affection of children to ensure a feel of safety, security, love or worthiness (Stoltenborgh et al., 2013; McCoy & Keen, 2022; Massullo et al., 2023). However, this study specifically focused on child neglect, defined as caregiver's failure to provide adequate food/nutrition, adequate healthcare, and supervision that are required to protect children from danger (Runyan et al., 2009).

There has been an increase in child neglect in recent years to almost 40% worldwide, especially after the Covid-19 outbreak (Huang et al., 2023). According to a meta-analysis conducted in 2013, the prevalence rate has been estimated to be 16.3% (physical neglect) and 18.4% (emotional neglect) worldwide (Stoltenborgh et al., 2013). Neglect of children in Asian countries is also widespread (Moody et al., 2018), especially in South Asia. There is substantial evidence that children in South Asian countries are very unsupervised (Kumar et al., 2019; Abbas & Jabeen, 2020), feel unloved (Daral et al., 2016), deprived of adequate medical facilities (Sathiadas et al., 2018; Abbas & Jabeen, 2020; Ahad et al., 2021a; Haque et al., 2021); and found to be hungry or thirsty (Haque et al., 2021; Abbas & Jabeen, 2020). The studies conducted by Kumar et al. (2019), Abbas and Jabeen (2020) and Neupane et al. (2018) found the prevalence rates of neglect at 70%, 40%, and 46% in India, Pakistan, and Nepal respectively.

The reports of child neglect are increasing in Bangladesh. Haque and colleagues estimated that over 78% of Bangladeshi children suffered from at least one form of neglect during their lifetime (Haque et al., 2021b). The severity of child neglect in Bangladesh is also reflected in the KidsRights Index 2021, with Bangladesh ranked



110th among 182 countries. This index indicates how the child rights are neglected in a particular country (World Vision, 2020). However, child neglect is still underrepresented in Bangladeshi research, resulting in a dearth of data on broader aspects of child neglect in Bangladesh. By extrapolating the deprivation of food, clothing, healthcare, education, supervision, and emotional care suffered by Bangladeshi children, very few studies examined the neglect of children in Bangladesh (Haque et al., 2021a; Hague et al., 2021b; Hadi, 2000; Norpoth et al., 2014; Uddin et al., 2009). Part of the explanation for neglect in Bangladesh arises from poverty. Up to 20.5% of the population in Bangladesh live below the poverty line (Asian Development Bank, 2023) resulting in a substantial proportion of children going without adequate provision of food, nutrition, and education (Mohajan, 2014; Quattri & Watkins, 2019; Islam, 2020). Reza and Henly (2018) found that children from low-income families in Bangladesh are at high risk of malnutrition and various diseases, and lack of adequate health care. Moreover, the government of Bangladesh has succeeded in providing primary education for most children, but still fewer than 50% of them receive secondary education (Bromfield et al., 2023). Of note, children who are in labor are most likely to experience these forms of neglect (Ara et al., 2011; Öncü et al., 2013; Banday et al., 2018; Jalili Moayad et al., 2021). A substantial proportion of children aged 5–17 years (3.4 million) work for extended hours each day within the informal sectors in Bangladesh (Bangladesh Bureau of Statistics, 2015) with children in rural areas mostly involved in agricultural and domestic labors where neglect highly prevalent (Ara et al., 2011; Ali, 2021). This study specifically sheds lights on the neglect of these child laborers.

It is evident that neglect is more prevalent among child laborers than other groups of children (Hadi, 2000; Das & Chen, 2019; Jalili Moayad et al., 2021). Neglect of child laborers is predominantly characterized by the inadequate provision of food, healthcare, education, personal care, and supervision (Öncü et al., 2013; Dhakal et al., 2019; Jalili Moayad et al., 2021). However, the existing research exhibits a considerable variation in the degree of neglect of child laborers within different South Asian countries. For example, in Nepal, around 33% of child laborers were not provided with adequate food, clothing, and medical treatment (Dhakal et al., 2019). Iqbal et al. (2021) also reported that more than 51% of child laborers in Pakistan suffer from food insecurity. Reza et al. (2005) argued that working children in Bangladesh have poor dietary habits, and are largely deprived of nutritious meals, resulting in high levels of malnutrition. Physically or emotionally impaired child laborers in Bangladesh are not being treated well (Mohajan, 2014). More than 54% of child laborers engaged in agricultural and domestic labor in Bangladesh are exposed to the high risk of occupational injuries (Quattri & Watkins, 2019). Nevertheless, over half of child laborers are found to be received medical treatment at local pharmacies or from non-medical personnel rather than being hospitalized or treated by a qualified health professional in Bangladesh (Uddin et al., 2009). Additionally, they were found to be inadequately supervised and cared for, as well as unappreciated for their positive contributions (Ara et al., 2011; Reza & Bromfield, 2019). The rise in neglect of child laborers, therefore, calls for urgent action. The development of preventive strategies is urgently needed for the elimination of neglect of child laborers, particularly in a country such as Bangladesh (Haque et al., 2021b).



Neglect of children is understood as stemming from distinctive social and familial risk factors, including complex interactions with the children in their care environment. Factors related to the caregivers' level of unemployment and poverty typically determine the major risk factor of neglect for these children (Schumacher et al., 2001; Berliana et al., 2019; Abusaleh et al., 2022). Children in families with low household incomes, headed by uneducated and unemployed family members, disorganized family environment including substance abuse, high levels of conjugal violence, or the parents themselves experienced early childhood maltreatment, are significantly at risk of neglect (Clément et al., 2016; Berliana et al., 2019; Sedlak, 1997; Mulder et al., 2018; Slack et al., 2011). There has also evidence that the child's own internal vulnerability factors, such as their young age, dropout from school, and health complications precipitate negligent behaviors from their primary caregivers (Lakhdir et al., 2021; Berliana et al., 2019; Klevens et al., 2018). These factors have also been linked to the neglect of children in Bangladesh (Haque et al., 2021b; Islam, 2020), though not examined explicitly for child laborers. Notably, the conditions of child laborers—living with parents or their employer, working long hours, and living in poverty—are explicitly associated to their exposure to neglect (Jalili Moayad et al., 2021; Öncü et al., 2013). Of note, similar to the etiology of maltreatment among child laborers, the determinants of neglect of child laborers remain largely unknown. Very few studies have exclusively measured the neglect among child laborers (Ahad et al., 2021b). Accordingly, this study aimed to determine the prevalence of neglect of child laborers in rural Bangladesh as well as potential risk factors associated with it.

### 2 Methods

## 2.1 Study Setting

This cross-sectional study was conducted in Bishwamvarpur, Dharmapasha, and Dowarabazar sub-districts of Sunamganj district of Bangladesh. The purposive selection of the three Upazilas was based on the higher rates of illiteracy, poverty, and agricultural holdings compared with other Upazilas of this district (BBS, 2015; BBS, 2013).

A substantial proportion of the population of this district live in poverty. Almost 70% of children within the district aged 7 to 14 have dropped out of secondary school, and 15% of children are engaged in the labor market (BBS, 2015; BBS, 2013). Figure 1 provides a map of the district.

## 2.2 Participants

Data was gathered from parents and employers as proxies for child laborers. A snow-ball sampling approach was utilized to select 200 participants comprising 100 parents and 100 employers of child laborers employed in either agricultural work or domestic labor. The sample size was selected based on the proportion of maltreated children found in a prior study in Bangladesh (82.41%) (BBS and UNICEF, 2016). A sample of 114 individuals was targeted from each of participant groups to estimate a preva-





Fig. 1 Map of Sunamganj district

lence of 82.4% with a two-sided 95% CI of 73.7-88.6%. The margin of error of 7% was considered as per the method proposed by Lwanga and Lemeshow (1991). The sample size calculation was based on an exact Clopper-Pearson two-sided confidence interval for one proportion. Power Analysis and Sample Size Software (PASS) software was used to calculate the sample size (PASS, 2022). Each participant group had an 88% response rate.

### 2.3 Data Collection Tools

A structured questionnaire was administered in order to collect data. Following the exploratory variables identified and measured in previous studies (Hadi, 2000; Öncü et al., 2013; Haque et al., 2019b), the current study incorporated a range of socio-demographic, health, substance abuse characteristics, and early childhood maltreatment experiences from parents and employers. In particular, the study included questions on education, occupation, income, the parents' early childhood maltreatment history, their own child's health status, living arrangements, and substance abuse characteristics. The employers' version of the questionnaire included questions regarding the number of employees at the workplace and the age and working hours of the children. The ISPCAN Child Abuse Screening Tool-Parents (ICAST-P) instrument was used to measure child neglect (Runyan et al., 2009). The instrument was also used for employers who were caregivers of child labourers while they are at work.

The ICAST-P was developed by The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) for children aged 11 to 18 years. There are four



maltreatment domains in the ICAST-P instrument. Of these, neglect has three items (Runyan et al., 2009). Responses to these three items are dichotomous. We calculated the mean of three neglect items for each participant. The level of consistency of this tool has been tested in several national and cultural contexts throughout South Asia and found to be reliable (Chen et al., 2020; Lakhdir et al., 2021, Haque et al., 2021a). In a study conducted by Chen et al. (2020), the ICAST-P had an internal consistency level between 0.60 and 0.87. Of note, the neglect items included in the ICAST instrument, were found to be effective in assessing the nature of neglect at home and at work (O'Leary et al., 2018).

The survey data provided by parents and employers revealed an acceptable level of reliability regarding the neglect-related item scales of the ICAST-P instrument. The Cronbach alpha was above 0.81 for the three neglect-related scales.

We translated the English questionnaire into Bengali and then back translated it for comparison. The translation was performed by three bilingual certified transcribers, and then verified by two academic social science research experts. We tested the Bengali version of the questionnaires with three parents and three employers of different child laborers aged 10 to 17 years and found the questions to be clear and unambiguous.

#### 2.4 Collection of Data

Parents and employers were surveyed by three field investigators. Due to the restrictions associated with COVID-19 the lead researchers were unable to deliver the survey in person (Bratan et al., 2021). The principal researcher provided training to the field investigators regarding the survey and techniques for approaching and collecting data from parents and employers of child laborers. The field investigators were trained on how to establish rapport, obtain consent, maintain confidentiality, avoid conflict, and respond appropriately. The principal researcher regularly communicated with the field data investigators via Skype to resolve any issues that may have arisen during data collection. The surveys were conducted between April 2021 and June 2021. In order to ensure data integrity, the data collectors regularly checked the data and uploaded it to a password-protected Google Drive. Upon completion of the data collection, the data were transferred into an Excel sheet and also exported to IBM SPSS software for analysis.

## 2.5 Data Analysis

Socio-demographic characteristics of parents and employers are expressed as absolute frequencies. Proportions are presented as percentages of the respective denominator. To verify the normality of the data, a normal Q-Q plot and a frequency histogram are used. The risk factors associated with neglect among child laborers were identified using a multivariable linear regression analysis. An adjusted R-squared was used to explore the proportion of the variance in child neglect that is explained by the factors in the multivariable model. A two-sided test was performed for all analysis, 95% confidence intervals were reported, and the level of significance was set at  $\alpha$ =0.05.



Statistical analyse was carried out according to the study objectives using IBM SPSS software version 26.

## 2.6 Ethical Consideration

In order to conduct this study, formal ethical approval was obtained from the Social and Behavioural Research Ethics Committee of the University (inserted on acceptance).

The data collectors explained the purpose of the study to the parents and employers of child laborers and ensured that they freely consented to be interviewed. During the interview, they were informed that they could withdraw from answering any questions. The participants were assured of confidentiality and compensated with \$2.5AUD (157 BDT). Since many of the respondents may not have been literate, the data collectors read out the questions and filled out the form on their behalf.

#### 3 Result

## 3.1 Sociodemographic and Economic Characteristics of Parents and Employers of Child Laborers

Of the 100 parents surveyed, 55% of them had never enrolled at school and only 44% of parents said their children were currently in primary school (see Table 1). Half of the parents were engaged as agricultural laborers followed by 34% working in the service sector. Income levels of parents ranged from an individual monthly income of BDT5001-10,000 (63%), with 45% reporting that their monthly household income fell between BDT10,001-19,999. Around 63% of parents owned land outside of their household, although nearly 52% had less than 0.5 bigha<sup>1</sup> land. Approximately 83% of parents were maltreated themselves when they were children and nearly half of the parents reported being victimized between zero and 24 times during their childhood.

As Table 2 shows nearly half of the employers had completed secondary education and were mostly agricultural farmers (85%). Approximately half of the employers said that the child employees working for them toiled for more than 9 h per day and the majority (58%) were paid between BDT2001 and BDT5000 per month. Most employers (76%) assumed that child employees experienced feelings of psychological distress and 42% stated that the children working for them had chronic physical illnesses. In addition, 35% noted that the children suffered from chronic fevers and headaches. Notably, above 85% of employers were victimised during their own childhood, with 46% experiencing severe maltreatment between 25 and 49 times during their childhood.

<sup>&</sup>lt;sup>1</sup> The bigha is a traditional unit of measurement of land. In Bangladesh, 1 bigha is one-third of an acre MINISTRY OF LAND. 2016. *Standard Land Measurement Rules of Bangladesh* [Online]. Available: https://minland.gov.bd/site/page [Accessed 22 March 2021 2021].



| Table 1 Demographic and  | Characteristics                              | Categories                 | %    |
|--|--|----------------------------|------|
| socio-economic characteristics<br>of parents of child laborers | Parents' education                           | Primary                    | 45.0 |
|  | Taronis datamen                              | No school enrolment        | 55.0 |
|  | Parents' occupation                          | Agricultural laborer       | 51.0 |
|  |  | Service employee           | 34.7 |
|  |  | Self-owned businessmen     | 14.3 |
|  |  | Unemployed                 | _    |
|  | Parents' income/month                        | BDT1000-5000               | 21.4 |
|  |  | BDT5001-10,000             | 63.3 |
|  |  | BDT10,001-15,000           | 15.3 |
|  | Parental exposure to child-hood maltreatment | Yes                        | 83.0 |
|  | Times of parental exposure                   | ≤24                        | 49.5 |
|  | to childhood maltreatment                    | 25-49                      | 25.8 |
|  |  | 50-74                      | 24.7 |
|  | Spouses' education                           | Primary                    | 37.8 |
|  |  | No formal education        | 62.2 |
|  | Spouses' occupation                          | Service employee           | 35.2 |
|  |  | Housewife                  | 52.7 |
|  |  | Unemployed                 | 12.1 |
|  | Household income/month E                     | BDT5000-10,000             | 36.0 |
|  |  | BDT10,001-20,000           | 45.0 |
|  |  | ≥BDT20,001                 | 19.0 |
|  | Amount of land owned                         | ≤0.5 biga                  | 52.4 |
|  |  | 0.6-1 bigha                | 47.6 |
|  | Education of working children                | Primary                    | 44.0 |
|  |  | Secondary                  | 40.0 |
|  |  | No formal education        | 16.0 |
| N. Maga Dettor   | Chronic physical illness of children         | Yes                        | 42.3 |
| Note US\$1=BDT107 at time of printing, 1 bigha=one-third       | Living arrangement of                        | Return to home             | 86.0 |
| of an acre   | children                                     | Employer's house/workplace | 14.0 |

## 3.2 Prevalence of Neglect of Child Laborers Reported by Parents and Employers

Approximately 78% of parents and 61% of employers reported that child laborers did not receive medical care when they were injured or ill and around 63% of parents and 60% of employers indicated that the children were deprived of food or liquid at some time. Additionally, above 60% of parents and employers reported that the children had been injured or hurt when someone was supervising them inappropriately (Table 3).



| Table 2 Demographic and  | Characteristics                                     | Categories               | %    |
|--|---|--------------------------|------|
| socio-economic characteristics<br>of employers of child laborers | Level of education                                  | Primary                  | 31.0 |
|  |   | Secondary                | 48.0 |
|  |   | No formal education      | 21.0 |
|  | Current occupation                                  | Agricultural laborer     | 85.3 |
|  |   | Service employee         | 14.7 |
|  | Employers' exposure to childhood maltreatment       | Yes                      | 85.7 |
|  | Times of employers' exposure to childhood           | ≤24                      | 33.7 |
|  |   | 25-49                    | 46.1 |
|  | maltreatment  | 50-74                    | 20.2 |
|  | Employers' exposure to chronic physical illness     | Yes                      | 13.3 |
|  | Employers' exposure to psychological disorders      | Yes                      | 74.5 |
|  | Number of employees                                 | Less than 2              | 33.0 |
|  |   | 2-4                      | 48.0 |
|  |   | 5-9                      | 19.0 |
|  | Age of child employees                              | 10-14 years              | 24.7 |
|  |   | 15-17 years              | 75.3 |
|  | Working hours of child laborers                     | 5–8 h/day                | 54.0 |
|  |   | ≥9 h/day                 | 46.0 |
|  | Income/month of child employees                     | ≥BDT2000                 | 24.0 |
|  |   | BDT2001-5000             | 58.0 |
|  |   | BDT5001-8000             | 18.0 |
|  | Child laborers' exposure to psychological disorders | Yes                      | 76.9 |
|  | Child laborers' exposure to physical illness        | Yes                      | 42.0 |
|  | Type of physical illness                            | Fever and headache       | 35.4 |
|  |   | Musculoskeletal disorder | 21.5 |
|  |   | Malnutrition             | 18.5 |
|  |   | Dermatological problem   | 24.6 |
|  | Living arrangements of                              | Often                    | 43.0 |
| Note US\$1=BDT107 at time of                                     | child laborers                                      | Sometimes                | 23.0 |
| printing   |   | Never                    | 34.0 |

## 3.3 Determinants of Child Labor Neglect

## 3.3.1 Risk Factors Associated with Neglect of Child Laborers Reported by Parents

Parents engaged in the service sectors reported that their children had a reduced risk of being neglected by a score of 0.19 ( $\beta = -0.19$ , 95% CI=-0.32, -0.07, p<0.01) compared to those parents who were farmers. Likewise, children residing in families with low land ownership had a lower risk of neglect than those in families with additional land ownership outside of their household ( $\beta = -0.26$ , 95% CI=-0.39, -0.13, p<0.001). Importantly, neglect of child laborers increased when the parents had experienced maltreatment themselves as a child and the household income is



| <b>Table 3</b> Prevalence of neglect of child laborers reported by parents | Neglect  | Parents' reported neglect (%) | Employers' reported neglect (%) |
|--|--|-------------------------------|---------------------------------|
|  | Child didn't get medical care for an injury or illness   | 78.0                          | 61.2                            |
|  | Child didn't get food or liquid  | 63.0                          | 60.0                            |
| Note Data presented as n (%) unless stated otherwise                       | Child was seriously hurt or injured (cuts,<br>broken bones or worse) when you or<br>another adult should have been supervis-<br>ing them | 61.0                          | 67.0                            |

low. For parents who had experienced 50-74 times of early childhood maltreatment themselves, their children had an increased risk of being neglected ( $\beta$ =0.22, 95% CI=0.07, 0.36, p<0.01) compared to child laborers whose parents were victimized less often (between 0–24 times). Additionally, child laborers from low-income families (BDT5000-10000) were also at higher risk of neglect by a score of 0.07 ( $\beta$ =0.07, 95% CI=0.03, 0.11, p<0.01) compared to those from families earning between BDT10,001–20,000 (Table 4).

## 3.3.2 Factors Associated with the Child Labor Neglect Reported by Employers

As Table 5 illustrates, the number of co-workers is a factor that contributes to the neglect of children in the workplace. There was an increase in the risk of neglect among children who worked with five to nine employees ( $\beta$ =0.08, 95% CI=0.02, 0.15, p=0.01) in comparison to those who worked alone. The employers' data further revealed that physically ill child laborers were also neglected. As demonstrated in this study, malnourished child laborers had a 0.30 score higher risk of being neglected ( $\beta$ =0.30, 95% CI=0.04, 0.57, p=0.03) compared to children with fever and headache syndromes.

## 4 Discussion

Globally child labor is on the rise (Ahad et al., 2020). Alongside exploitative work practices, these children experience intentional abuse and neglect. Notably, neglect among child laborers not only involves a lack of care and attention but also violates their fundamental rights, such as the right to education, healthcare, and protection from harm (Berliana et al., 2019; Jalili Moayad et al., 2021; Ara et al., 2011). These children often lack the support systems and resources needed for their well-being and development (Quattri & Watkins, 2019; Ara et al., 2011, Ahad et al., 2021a; O'Leary et al., 2018). However, due to the clandestine nature and complexities of child neglect and challenges in collecting data, especially in least developed countries, this area of neglect remains underreported (Das & Chen, 2019). To address neglect among child laborers, a multi-faceted approach is required. This study explored the prevalence and determinants of neglect of child laborers engaged in agricultural and domestic areas through surveying parents and employers.



**Table 4** Risk factors associated with the neglect of child laborers reported by parents

| Characteristics               | Categories                             | β         | CI at 95%    | p       |
|-------------------------------|--|-----------|--------------|---------|
| Parents' education            | No school enrolment                    | Reference | -            | -       |
|                               | Primary                                | 0         | -0.12, 0.12  | 0.98    |
| Parents' occupation           | Agricultural laborer                   | Reference | -            | -       |
|                               | Service employee                       | -0.19     | -0.32, -0.07 | < 0.01  |
|                               | Self-owned business                    | -0.21     | -0.38, -0.03 | 0.02    |
| Parents' income/month         | BDT1000-5000                           | Reference | -            | -       |
|                               | BDT5001-10,000                         | -0.01     | -0.08, 0.07  | 0.94    |
|                               | BDT10,001-15,000                       | -0.01     | -0.07, 0.06  | 0.83    |
| Parents' exposure to child-   | No                                     | Reference | -            | -       |
| hood maltreatment             | Yes                                    | 0.06      | -0.09, 0.22  | 0.43    |
| Times of parental exposure to | ≤24                                    | Reference | -            | -       |
| childhood maltreatment        | 25-49                                  | 0.18      | 0.04, 0.33   | 0.01    |
|                               | 50-74                                  | 0.22      | 0.07, 0.36   | < 0.01  |
| Spouse's education            | No school enrolment                    | Reference | -            | -       |
|                               | Primary                                | 0.04      | -0.08, 0.17  | 0.49    |
| Spouse's occupation           | Unemployed                             | Reference | -            | -       |
|                               | Service employee                       | -0.07     | -0.18, 0.06  | 0.31    |
|                               | Housewife                              | 0.08      | -0.04, 0.19  | 0.18    |
| Household income/month        | BDT10,001-20,000                       | Reference | -            | -       |
|                               | BDT5000-10,000                         | 0.07      | 0.03, 0.11   | < 0.01  |
|                               | ≥BDT20,000                             | 0.01      | -0.02, 0.04  | 0.65    |
| Land ownership pattern        | No                                     | Reference | -            | -       |
|                               | Yes                                    | 0.01      | -0.12, 0.13  | 0.95    |
| Amount of land ownership      | 0.6-1 bigha                            | Reference | -            | -       |
|                               | ≤0.5 bigha                             | -0.26     | -0.39, -0.13 | < 0.001 |
| Education of child laborers   | No formal education                    | Reference | -            | -       |
|                               | Primary                                | 0.14      | -0.02, 0.31  | 0.09    |
|                               | Secondary                              | 0.29      | 0.13, 0.46   | < 0.001 |
| Children's exposure to        | No                                     | Reference | -            | -       |
| chronic physical illness      | Yes                                    | -0.06     | -0.18, 0.07  | 0.37    |
| Living arrangements of        | Return to home                         | Reference | -            | -       |
| children                      | Stay at employer's house/<br>workplace | -0.02     | -0.19, 0.15  | 0.82    |

Note US\$1=BDT107 at time of printing1 bigha=one-third of an acre,  $\beta$ , - Beta unstandardised coefficient, CI – Confidence Interval, \*P significant at p < 0.05, p < 0.01, p < 0.001

Understanding the prevalence of neglect among child laborers is a crucial step towards determining the extent and nature of the problem and formulating effective policies. According to data from numerous studies and reports, neglect of children is extensive and prevalent worldwide, consistent with the estimates of neglect among child laborers in this study (Haque et al., 2021b; Kumar et al., 2019; Al-Eissa et al., 2015). Furthermore, the current study indicates that neglect of children is comparatively higher in Asian countries than on other continents. For instance, a longitudinal study in the USA found that only 11.8% of children are physically neglected, while the current study observed that above 60% of parents and employers reported neglect of child laborers in their care (Hussey et al., 2006). Compared with the global preva-



**Table 5** Risk factors associated with the neglect of child laborers reported by employers

| Characteristics                                      | Categories               | В         | CI at 95%    | p       |
|--|--------------------------|-----------|--------------|---------|
| Employer's level of                                  | No formal education      | Reference | =            | -       |
| education  | Primary                  | -0.03     | -0.23, 0.17  | 0.77    |
|  | Secondary                | 0.02      | -0.17, 0.19  | 0.86    |
| Current occupation                                   | Agricultural laborer     | Reference | -            | -       |
| •  | Service employee         | 0.08      | -0.12, 0.28  | 0.43    |
| Employer's exposure                                  | No                       | Reference | -            | -       |
| to early childhood<br>maltreatment                   | Yes                      | 0.05      | -0.16, 0.25  | 0.66    |
| Times of employer's                                  | ≤24                      | Reference | -            | -       |
| exposure to childhood                                | 25-49                    | 0.03      | -0.14, 0.20  | 0.73    |
| maltreatment   | 50-74                    | -0.01     | -0.20, 0.19  | 0.95    |
| Employer's exposure to                               | No                       | Reference | -            | -       |
| physical illness                                     | Yes                      | -0.03     | -0.24, 0.18  | 0.77    |
| Employer's exposure to                               | No                       | Reference | -            | -       |
| psychological disorders                              | Yes                      | -0.09     | -0.25, 0.08  | 0.31    |
| Number of employees at                               | <2                       | Reference | -            | -       |
| workplace  | 2–4                      | 0.03      | -0.05, 0.11  | 0.45    |
|  | 5–9                      | 0.08      | 0.02, 0.15   | 0.01    |
| Age of employees                                     | 10-14 years              | Reference | -            | -       |
|  | 15-18 years              | -0.04     | -0.21, 0.13  | 0.63    |
| Working hours of child laborers                      | 5–8 h/day                | Reference | -            | -       |
|  | ≥9 h/day                 | 0.14      | 0.01, 0.28   | 0.04    |
| Income/month of child laborers                       | BDT2001-5000             | Reference | -            | -       |
|  | ≤BDT2000                 | -0.08     | -0.25, 0.08  | 0.33    |
|  | BDT5001-8000             | 0.09      | -0.09, 0.28  | 0.29    |
| Employees living arrangements at workplace           | Never                    | Reference | -            | -       |
|  | Often                    | -0.03     | -0.19, 0.13  | 0.69    |
|  | Sometimes                | -0.05     | -0.14, 0.04  | 0.29    |
| Child laborers' exposure to chronic physical illness | No                       | Reference | -            | -       |
|  | Yes                      | -0.24     | -0.37, -0.11 | < 0.001 |
| Type of physical illness of child laborers           | Fever and headache       | Reference | -            | -       |
|  | Musculoskeletal disorder | 0.18      | -0.08, 0.43  | 0.18    |
|  | Malnutrition             | 0.30      | 0.04, 0.57   | 0.03    |
|  | Dermatological problem   | 0.06      | -0.19, 0.31  | 0.62    |
| Child laborers' exposure                             | No                       | Reference | -            | -       |
| to psychological disorder                            | Yes                      | 0.04      | -0.14, 0.21  | 0.68    |

*Note* US\$1=BDT107 at time of printing,  $\beta$  - Beta unstandardised coefficient, CI - Confidence Interval, \*P significant at p < 0.05, p < 0.01, p < 0.001

lence ratio of neglect, these figures are three-four times higher for child laborers in Bangladesh (Stoltenborgh et al., 2013). These figures also show that the prevalence of neglect of child laborers is higher than for children in general. Several studies indicate that children in the home environment experience neglect ranging from 10 to 40% (Zolotor et al., 2009; Zhao et al., 2018; May-Chahal & Cawson, 2005), which is a lower level of prevalence than that of children who are employed.



The estimated prevalence of neglect of child laborers in Bangladesh is consistent with the findings of several international studies on child labor abuse and neglect (Hadi, 2000; Islam et al., 2013; Öncü et al., 2013; Jalili Moayad et al., 2021). For example, in Iran, over half of child laborers were found to be neglected (Jalili Moayad et al., 2021). Recruiting child laborers is motivated by the desire for cheap labor and it deprives them of various benefits and incentives at work (Norpoth et al., 2014; Abusaleh et al., 2022). In this study, parents and employers reported that a substantial proportion of child laborers had been injured due to inadequate supervision at work and insufficient medical treatment when they were ill or injured. Likewise, Ara et al. (2011) and Islam et al. (2013) found that a considerable number of child workers in the informal sectors in Bangladesh suffered from occupational health difficulties and did not receive timely medical attention when they were ill or injured. Often, this is a result of employers not covering the treatment costs of child laborers in Bangladesh (Abusaleh et al., 2022). Several other studies have also found that child laborers working in the informal sectors are exposed to serious health hazards, resulting in illnesses, injuries, and long-term health complications, without any compensation for these risks, such as providing them access to health care (Gharaibeh & Hoeman, 2003; Ibrahim et al., 2019; Avdibegović & Brkić, 2020). Prior studies also indicate that working children often do not get adequate food (Gharaibeh & Hoeman, 2003; Yunus, 2020) resulting in malnutrition (Ara et al., 2011; Hakim & Kamruzzaman, 2015; Abbas & Jabeen, 2020).

It is often considered that child labor itself is a form of neglect of children (Reddy, 1995). In many cases, child labor is caused by economic hardship, a key measure of poverty. Poverty contributes to a lack of food, clothing, shelter, and medical care for children in a household. Families affected by poverty are compelled to resort to child labor as a means of survival (Khatab et al., 2019; Qin et al., 2023; Schumacher et al., 2001). As a result of belonging to a poverty-stricken family, these children are further neglected in the workplace (Hadi, 2000). This study identified similar findings for agricultural and domestic child laborers.

The parent's occupation can significantly impact on the well-being and care provided to their children (Sidebotham & Heron, 2006). This study found that children whose parents worked as service employees were less likely to be neglected than those whose parents worked as agricultural laborers. Notably, employment intensity in the service sector in Bangladesh (particularly wholesale and retail trade, manufacturing, and personal and public services) has increased recently due to wage increases but has not occurred in the agricultural or industrial sectors. As a result, the living standard of service employees and their families has also improved (Mujeri et al., 2021). Children of agricultural laborers are often compelled to work in the fields for long hours and are exploited (Bhalotra & Heady, 2003). A common practice in Asian agricultural farming is the use of bonded labor. In some cases, parents opt to practice this. This increases their children's risk of exposure to frequent neglect within the workplaces (Kara, 2014). Again, the findings of this study are in agreement with the results of the study conducted by Bhalotra and Heady (2003), who found that a reduction in land ownership is associated with a reduction in child labor neglect. This interpretation, however, is at odds with the findings of several prior studies where authors reported that that child laborers from landless families, indicating the



poor household economy, are at increased risk of experiencing abuse and exploitation (Hadi, 2000; Jalili Moayad et al., 2021). Notably, working children in Bangladesh are mainly recruited from landless and poverty-stricken families, where employers are able to exploit them due to their easy-to-control nature (Abusaleh et al., 2022). It is therefore recommended that future studies examine the relationship between the land ownership pattern of parents and neglect of their children as laborers.

Similar to the influence of resource and financial vulnerabilities, the history of the parents' own childhood maltreatment is also a significant predictor of child neglect. This indicates an inter-generational effect of childhood abuse and neglect (Greene et al., 2020). Consistent with the findings of this study, several prior studies also show that a history of early childhood maltreatment increases an individual's likelihood of becoming a child perpetrator in later life. This, in turn, leads to the development of an inter-generational cycle of negligent behaviours (Mulder et al., 2018; Lakhdir et al., 2021). Inter-generational childhood neglect and its consequences can be eliminated through initiating awareness raising programmes on positive parenting (Lakhdir et al., 2021).

This study further investigated the impact of children's vulnerability predictors on their exposure to neglect. Education is a factor here with schooling playing a significant role in the elimination of child labor and abuse (Doftori, 2004; Ahmad, 2012). Jalil Moyad and colleagues found that child laborers who only went to elementary school were more likely to be exposed to neglect compared to those who received a secondary education (Jalili Moayad et al., 2021). Contrary to these findings, this study found that child laborers who have attended school for longer periods were more prone to experience neglect. In Bangladesh, the government encourages children to seek secondary level education as the country is close to universal primary school enrolment. However, it is the quality of the education that matters. No matter what level of education a child receives, poor quality education often leads to them dropping out of school and creates an oversupply of unqualified workers for the informal labor market. These children are highly vulnerable to exploitation (Quattri & Watkins, 2019; Bromfield et al., 2023). Many studies on child neglect overlooked the role of school attendance as a protective factor (Mulder et al., 2018; Berliana et al., 2019), hence, the findings of this study indicate the need of exploring the impact of quality education in child neglect in future studies.

The study also noted that there is a contradiction in the findings regarding the relationship between child illness and neglect. Contrary to previous studies that have shown that physically and emotionally vulnerable children are more likely to be neglected, this current study found that physically ill children were less likely to be neglected (Mulder et al., 2018; Berliana et al., 2019). In Bangladesh, physically ill or disabled child workers are often stigmatized, leading to them being marginalized or discriminated. Accordingly, less attention and care is provided for their health needs as well (Ara et al., 2011; Islam et al., 2013). These findings differ from the outcomes of this study, with the discrepancy warranting further investigation. While fevers or headaches are seen as the common symptoms of physical illness among children, child laborers frequently suffer from malnutrition (Ibrahim et al., 2019). Among Bangladeshi impoverished children, such as child workers, stunting and undernutrition are common (Das et al., 2022). Working children who are malnourished are often too



weak to work, exposing them on a regular basis to abuse and neglect at home and at work (Kisely et al., 2018). This is also consistent with the findings of this study. Moreover, workplace characteristics, such as coworkers and working hours often make them vulnerable to neglect. Many prior studies show that negligent behaviour is ubiquitous in larger organisations with more employees than in smaller organisations (Fevre et al., 2010). Likewise, the child laborers, in this study, who worked with more than one co-worker, were more likely to be deprived of adequate food, health care and supervision facilities. The extent of neglect also increased when they worked for extended hours (Pinzon et al., 2009), which was also noted in this study. Child laborers usually work more than eight hours a day, which makes them easy targets for exploitation at the workplace (Das & Chen, 2019; Jalili Moayad et al., 2021). Domestic child workers in Bangladesh may be obligated to live at the home of their employers. As a result of living in the workplace, they often deprived of a safe environment, adequate food, and access to healthcare (Ara et al., 2011; Islam et al., 2013).

The question of the way forward looms for the government. A number of laws and policies have been enacted in the country to protect the rights of children, including the National Plan of Action to Eliminate Child Labour (2020–2025), the Children Act 2013, the National Child Labor Elimination Policy 2010, and Bangladesh has also ratified the ILO convention on child labor (both the Minimum Age Convention and the Worst Forms of Child Labor Convention) (Siddiqua, 2004; Abusaleh et al., 2022). While these protective policies are in place, the recent Covid-19 pandemic has eroded a number of gains and the situation for the informal sector, particularly domestic and agricultural labor remains outside much current legislation. This is especially pertinent for child laborers. For example, in Bangladesh, adults are protected by laws pertaining to reasonable working hours, while children in employment are not and hence, this exacerbates their experience of neglect. Additionally, the Bangladeshi Labor Act does not protect child laborers in the informal sectors, thus they continue to be exploited (Ara et al., 2011; Norpoth et al., 2014). Nor has the Bangladeshi government enacted laws specifically addressing child domestic workers, thus long working hours and exploitation continue for these children (Siddiqua, 2004; Ara et al., 2011).

One positive development has been the recent European Union (EU) directive to the Bangladeshi government that in order to continue duty free exports to Europe it must implement the 9-point action plan by 2024. Given the EU is Bangladeshi's largest trading partner this is a strong incentive. The roadmap will require the country to bring its labor laws into alignment with the ILO and eliminate child labor by 2025 in order to maintain preferable tariff reductions (Kashem, 2023).

A second policy directive would be to increase school attendance. Once again, the COVID-19 pandemic forced many children out of school and into the informal and unregulated labor market (Redfern & Ahsan, 2022). There is a need to bring these children back into the school system. One positive initiative addressing this is the Reaching Out of School Children (ROSC) (Billah, 2023). ROSC programs concentrate on children who have never been to school or have dropped out and need to re-engage by providing them with intensive literacy, numeracy and pre-vocational skills that prepare them to transition to secondary education within five years. This



program is being managed by the Bureau of Non-formal Education and is conducted in informal learning centres rather than traditional primary schools (Billah, 2023).

Additionally, ensuring sustainable income opportunities, adequate and flexible access to micro-finance programs or social safety net programs such as cash transfer provided by government or non-government organisations for poverty-afflicted families could contribute to a reduction in child labor, thus reducing neglect of the children (Slack et al., 2011; Quattri & Watkins, 2019).

It is important to note that the current study has a number of limitations. The study had inadequate number of sample size. The sample size was not determined using a random sampling technique. Further to this, there was a limited number of neglect questions of the ICAST-P. These may have resulted in response bias. This study only considered responses from parents and employers overlooking the views of child laborers. Furthermore, the findings of the study may not be generalized as the current study only incorporated participants from one rural area. Accordingly, further methodical, and rigorous studies involving a large sample size and children's views on neglect of child laborers in rural Bangladesh are needed.

## 5 Conclusion

Child laborers face a double burden of being subjected to exploitative and hazardous work conditions and deprived of fundamental care and protection. This complex issue is primarily due to several challenges including inadequate household income, parents' early childhood maltreatment history and extended working hours of children. The findings suggested that the existing laws and policies should be modified by aligning them with the international laws regarding child labor protection. Efforts should be made to ensure that children in labor attend school and receive a quality education at the primary and secondary levels. A key recommendation of the study is to ensure that vulnerable children in Bangladesh have access to social safety net programs. Addressing this issue requires a comprehensive and coordinated effort from governments, NGOs, communities, and individuals.

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### **Declarations**

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#### **Authors and Affiliations**

## Md. Abdul Ahad<sup>1,2</sup> · Yvonne Karen Parry<sup>2</sup> · Eileen Willis<sup>2,4</sup> · Shahid Ullah<sup>3</sup>

- Md. Abdul Ahad ahad0005@flinders.edu.au
- Department of Rural Sociology and Development, Sylhet Agricultural University, Sylhet 3100, Bangladesh
- College of Nursing and Health Sciences, Flinders University, Bedford Park, SA 5042, Australia
- Ollege of Medicine and Public Health, Flinders University, Bedford Park, SA 5042, Australia
- School of Nursing, Midwifery and Social Sciences, Central Queensland University, Queensland 4710, Australia

