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“There are many factories where child workers have to do heavy work, like the welding factory. They have to weld the iron during day or night... As we (factory owners), we treat them (children/adolescents) a bit rudely and as he is a child so it hurts him. Otherwise if he would be adult it would not impact that much...But there are many (factory) owners who torture the child workers.
(Metal factory owner, Kamrangirchar, a peri-urban area in Dhaka, Bangladesh)”

Background

Bangladesh has the second highest burden of child labour in South Asia. Most children are employed in hazardous work within the informal sector, posing significant risks to their health and development. Children remain a largely invisible workforce and are excluded from essential social and legal protection frameworks

As the deadline for the Sustainable Development Goals to end child labour by 2025 is approaching, it is paramount to document the impact of child labour on health.

Aim

To generate new knowledge on the impact of child labour and exploitation on health, focusing on children working in informal factories in Kamrangirchar, Dhaka, Bangladesh.

The aim of this study is to contribute to this knowledge gap and highlight this largely invisible workforce by presenting medical data collected by Médecins Sans Frontières (MSF) occupational health clinics among children working in the informal sector in an urban area of Dhaka.

Methods

Study design:

Multiyear (2014 to 2023) retrospective analysis of health care records of children attending MSF occupational health clinics.

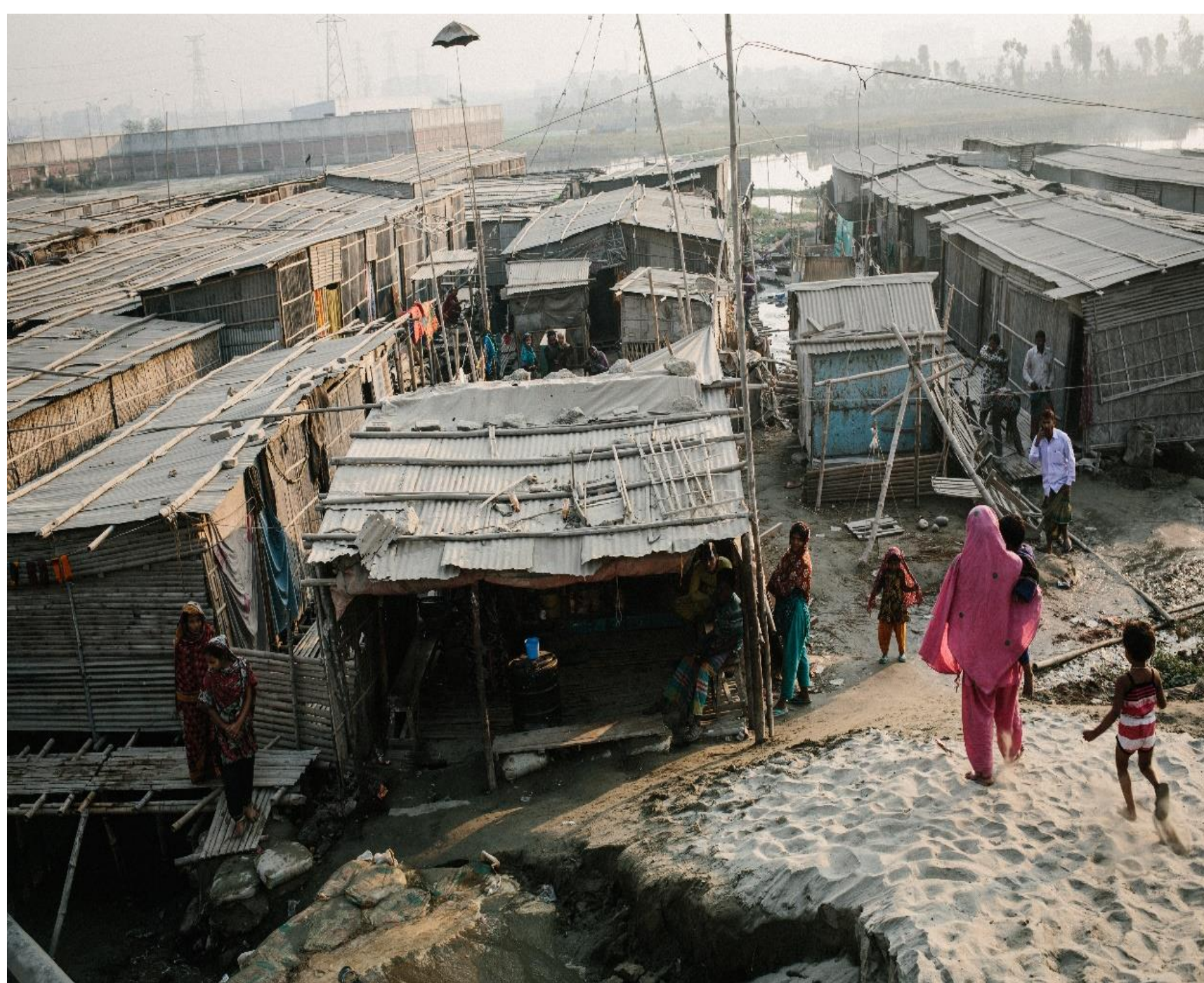
Definitions

New consultations were defined as patients who came for the first time for a consultation.

Follow-up consultations were defined as patients who came for subsequent appointments scheduled after the first consultations

Analysis

- Primarily focused on new consultations only
- Stratified by gender and age (under 14 years old and >=14-under 18 years old).
- Morbidities stratified according to type of factory, if children reported to work with machine (as a proxy of hazardous work) and examined mental health (2018-2023 only).
- Nutritional status among workers less than 18 years assessed using Body Mass Index (BMI) and those with a BMI for age more than two standard deviations less than the median for their age group were classified as malnourished.



Kamrangirchar 2013

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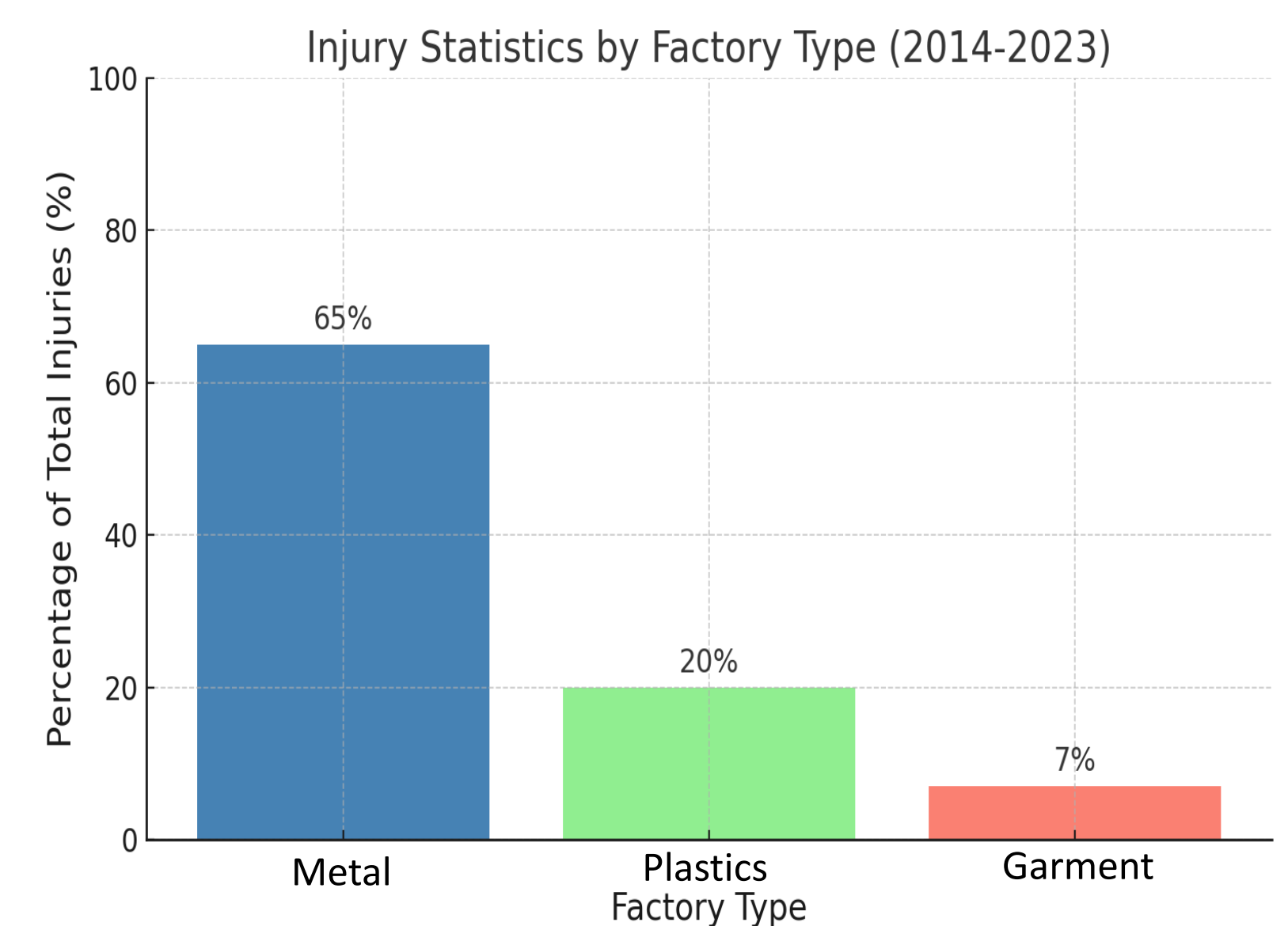
Conclusions

- Children are engaged in the worst form of labour, bearing important morbidity and injury burden.
- Poor nutritional status further compounds an already fragile health status.
- Weak enforcements of labour regulations for the informal sector ultimately enables child exploitation, suffering, and fuelling a society of poverty and exclusion.
- Further research is essential to explore the intersectional dimensions of child labour—such as gender, age, disability, and migration status— to identify specific vulnerabilities.

It is time to advocate fiercely for their rights and well-being, striving for a future where children are free from the worst form of child labour that hampers their ability to reach their full potential!

Results

Variable	Details	N, %
Total Consultations	Total Occupational Health Consultations (new and follow-up)	10,200
	Total New Occupational Health Consultations	4945
Demographics	Children Aged Under 14 Years	38%
	Mean Age	14.7 years
	Standard Deviation	2.02 years
	Gender Distribution	61% male
Living Conditions	Children Living Outside the Factory	85%
Place of Work	Garment Factories	32%
	Plastics Factories	30%
	Metal Factories	21%
Machinery Operation	Operating Machinery	96%
Morbidities	Musculoskeletal Conditions	26%
	Dermatological Conditions	20%
	Work-Related Injuries	7.5%
	Work-Related Diagnosis	83%
Nutritional Status	Malnutrition Rate (Under 14 Years)	63%
	Malnutrition Rate (Aged 14-17 Years)	40%
Mental Health Outcomes	Total Recorded Mental Health Outcomes	51
	Mood-Related Disorders	86%
	Behavioural Symptoms	10%
	Male Patients (Mental Health)	55%
	Patients Aged 14-17 Years	80%



Specific gender & age vulnerabilities

Males had higher injury rates (11%) compared to females (2.5%).

Malnutrition was higher in boys and those <14 years.

Domestic violence prevalence: 17% in females vs. 4% in males.

Ethics

This research fulfilled the exemption criteria set by the MSF Ethics Review Board for a posteriori analyses of routinely-collected clinical data and thus did not require MSF ERB review. It was conducted with permission from the Research Committee, Operational Centre, Amsterdam, MSF.

Acknowledgements

We would like to thank our study team and colleagues in the project for their support. All the children in Kamrangirchar and in the world experiencing exploitation and worst form of child labour.