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Health Risks and Morbidity Patterns Among Child Laborers in Chattogram: A Sociological Analysis of Social Class and Workplace Hazards

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Abstract

The present study tries to reveal the socio-economic status, health risks and the morbidity patterns of child laborers. Similarly, to explore whether there is any connectivity among social class, workplace hazards and morbidity patterns of child laborers. The study was conducted in Chattogram from July to December, 2024 and both quantitative and qualitative methods were employed. A total of 174 respondents were purposively selected for data collection. Data were collected through interviews and case study methods. Three major sociological perspectives-Structural Functionalism, Conflict, and Symbolic Interactionism were used in analyzing data. The study reveals that child laborers originate from low economic status, forced to work under extreme physical and mental pressure, while having no entertainment. The problems they mostly face at the workplace are heavy workload, loud noise, boiling hot, untidy and unhygienic environment at workplace. Though male child laborers are mostly involved in hazardous jobs, female child laborers face more susceptibility due to their genital health vulnerability. 97% of the respondents struggle with backache, muscle pain, tiredness, while 84.3% contracted any disease in the last 6 months of the interview. Furthermore, almost all the diseases they suffer from are infectious, which are connected to their socio-economic status and workplace hazards.

Key Words: Child Labor, Health Risks, Workplace Hazards, Morbidity.

1. Introduction

Imagine a child who is supposed to go to school, remain under the touch of mother's love, at that age he/she has to work for subsistence, then how

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should a child feel? If childhood is untimely interrupted, then they will have to put up with difficulties in adult life. Since the historic times, children have been involved in various paid and unpaid activities. Thus, voluntary activities help children to develop a sense of responsibility with proficiency (ILO, 2022). However, the reality is like chalk and cheese, where countless children are forced to hazardous jobs just to receive their daily provisions. It is estimated that more than 160 million children are involved in labor worldwide, where 70% are in agriculture, 20% in services and rest 10% in industrial sector. A grand total of 79 million are engaged in hazardous work (GCF, 2021).

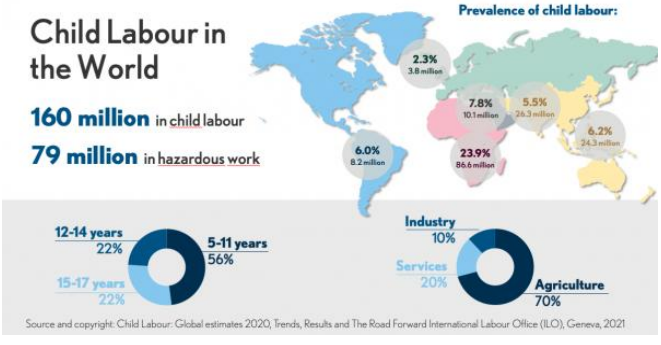
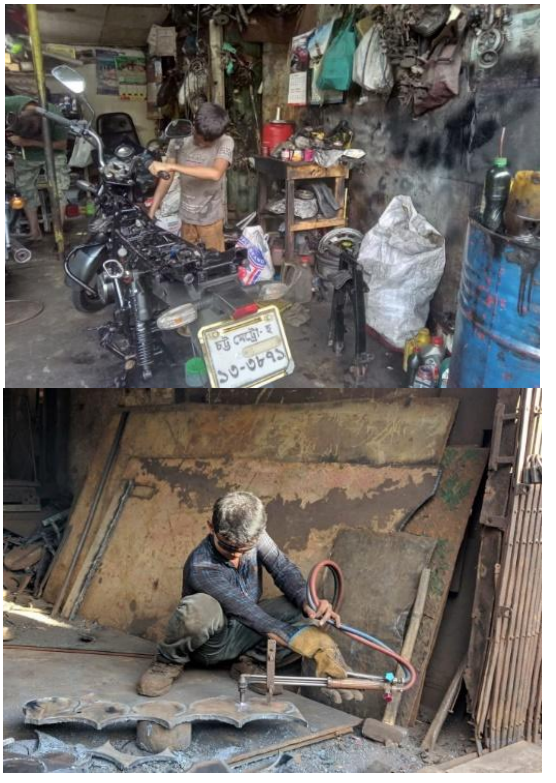


Figure 1: Child Labor in the World; Source: Global Child Forum, 2021, site visited December 21, 2024

After Sub-Saharan Africa, Eastern and South Asia has the highest number of child laborers (ILO, UNICEF, 2020). Bangladesh, a developing South Asian nation, has around 3.5 million children aged 5 to 17 involved in child labor and 1.06 million of them are in hazardous work (NCLS, 2022). Since Chattogram is the commercial capital of Bangladesh, it has the highest number of child laborers.



Photographs: Child laborers in Chattogram, Bangladesh; Source: Field Survey, 2024

Several factors like poverty, natural disasters, exclusive development in urban areas, and the shock of COVID-19 pandemic the country has been going through high inflation have plunged many families into poverty for a long time. These pushed and pulled many families migrate from rural to urban areas. But, the increasing high living cost of city life compelled parents to send their children to work rather than schooling (Hoque, 2024).

Sociology of health & medicine suggests that distribution of health and diseases are varies from societies and social classes. (Honjo, 2004). Since child laborers in Bangladesh are from lower economic background, their socioeconomic status and unhealthy workplace environment have a reflection to their health. Because poverty is not just a matter of what someone have, but also shapes what someone is (Macionis, 2018).

Numerous studies were conducted on child labor situation, its causes and wider consequences in Bangladesh. However, there is a limited study on

child health and morbidity in Chattogram city. This sector is almost unexplored. Thus, the present study intends to:

Explore the socioeconomic and demographic status of child laborers;

Understand the child laborers' health risks and morbidity patterns; and

Recommend necessary policies to eliminate child labour from Bangladesh.

Besides these objectives, the study has been developed based on the following research question:

Is there any connectivity among social class, workplace hazards and morbidity patterns of child laborers in Chattogram city?

As 2025 is the deadline to fulfill the target 8.7 of Sustainable Development Goals (SDG), the Government of Bangladesh is trying to eliminate child labor, but it is still pervasive in society and normalized to all. The actual data regarding their health risks, morbidity patterns and even impact of child labor on health are limited. Moreover, the link between social class, workplace hazards and morbidity patterns of child laborers are widely unexplored in Chattogram. Present study tries to fulfill the knowledge gap through sociological understandings. We, therefore, used three major sociological perspectives to explain the connectivity among variables. Thus, the study intends to identify the social factors behind the curse of child labor, and their morbidity patterns. Only if the challenges identified in this study are addressed, will it be easier to eliminate child labour and simultaneously achieve the SDG target 8.7 (elimination of child labour).

2. Literature Review

According to UNCRC (1989), a child is an individual under 18. Though Bangladesh has ratified this convention, there exists a pluralistic legal system. The Muslim Law has not specified the age of a child, rather considers until his/her puberty. In this case, girls in Bangladesh reach puberty earlier than boys (Khair, 2005). Similarly, the National Child Policy, 2011 defines a person under 18 years as a child, and between 14 and 18 are adolescents. In addition, according to the Labour Act, 2006, citizens under the age of 14 are children (National Labour Act, 2006).

In contrast, the terms 'child work' and 'child labour' are interchangeably used in writings. Child work is the activity which is not forcefully done, not harmful to children's health, but willingly participated by children to develop a sense of responsibility. In contrast, there is no precise definition

of child labor rather it depends on some criteria such as age, working hours, work type, and workplace environment. The work that affects children's health and impedes their normal physical and mental development is considered as child labour (Hoque, 2024).

The latest National Child Labour Survey (2022) reveals that in the last 10 years about one lakh child laborers have increased in Bangladesh. Currently, over 3.5 million child laborers are active in three sectors-agriculture, industry and services where the service sector has the highest number of child laborers in Bangladesh, and almost 2 (1.7) million are in hazardous jobs. In 2013, the government of Bangladesh has identified 38 activities as hazardous and are prohibited to children engaged in. Again, section 24 of Bangladesh Factories Act also identified some dangerous professions for children are cleaning inside a factory, adjusting moving parts on a machine, or working with moving machinery. Children cannot be employed in these jobs due to excessive risks (ILO, 2014). Although risky jobs are banned, children are widely engaged in road transport, welding, auto workshop, battery recharging, tobacco factories, carpenter, hotel and restaurant. Working in these sectors for long hours is physically threats to children (Nahar, 2020).

Khair, (2005) examines that working for long hours makes children more tired than an adult labor and puts them at risk of illness, and even permanent disability. Injuries, amputations, burns, infections, anemia, tuberculosis, kidney disease, eye infections, and respiratory diseases are common among children working in the formal industrial sectors in Bangladesh. In the agricultural sector, children commonly experience skin diseases, heat stroke, dehydration, tuberculosis, diarrhea and dysentery. On the other hand, domestic child laborers are more likely to struggle with mental health problems because they are forced to work like a prisoner person, and subjected to beatings, and verbal or sexual abuse.

Physical and psychological consequences of child labor studied by Perambudur (2024) in India concludes that long working hours has a direct impact on children's health, and hazardous works result in injuries, and illness. Body discomfort of child labor also studied by Singh & Kiran, (2013) in Lucknow, India. Their findings show that children employed in the construction have a higher rate of body discomfort than in brick kilns, workshops, hotels and restaurants, and chikankari. In contrast, children working in bakeries, brick kilns, and workshops have a high rate of

physical injuries and body pain because of carrying heavy weight during work. Again, the effects of child labor on physical growth was studied in Izmit, Turkey. It was a comparative study between two groups (school going children, and child laborers) of the same age. Both studies compared 401 students and 243 child laborers aged 15-17.9 years, and found that the weight and height of child laborers are negatively affected than the students (Etiler et al. 2010).

A comparative study of 25 research papers on the impact of child labor on health in low and middle-income countries was conducted in 2018, where 15 studies have examined the effects (together with nutritional position, physical development, work related illness, musculoskeletal pain, HIV infection, infectious diseases) of child labor on physical health. In Pakistan and India, a similar study examined that chronic malnutrition, stunning and wasting are related to child labor in Pakistan, while lower BMI, short stature and slow down genital growth are positively related to child labor. Injury or illness is positively related to child labor in Bangladesh, where in Jordan and Indonesia it is negatively connected. Studies were conducted also in Iran, Egypt, Lebanon, Brazil, Nicaragua, Nigeria, Ethiopia, and have common findings of morbidity patterns (including infectious diseases, viral infections, tuberculosis, malnutrition, permanent disability, vitamin deficiencies, skin diseases, anemia, gastrointestinal tract infections, diarrhea, and chronic cough) that the child laborers suffer (Ibrahim et al., 2018). Thus, Rosati et al. (2007) have found the connectivity between mortality, morbidity, and disability to child labor in developing countries.

Again, morbidity patterns of child laborers in Bangladesh have been studied by Caleo et al. (2024). The study was based on primary healthcare records (2014 to 2023) from an occupational health medical service, MSF (Medecins Sans Frontieres which means Doctors Without Borders). Study highlights the morbidity patterns of child laborers engaged in recycling, metal, plastic, leather and garments sectors of Dhaka city. The most common recorded diseases that the child laborers go through are musculoskeletal, skin, respiratory infection, gastro-intestinal tract, injury, dental, ENT, and infectious diseases.

Thus, the previous studies have mainly focused on the reasons, prevalence, consequences, and morbidity patterns of child laborers. But, their health issues are widely explored. Standards of health and disease

patterns are not just a biological issue, but some other socio-economic and psychological factors also connected to health and morbidity. Sociological perspectives on connectivity among the variables of child labor, social class, workplace hazards, and morbidity patterns are almost ignored in previous studies. The present study aims to explore the connectivity among these variables through sociological understandings and contribute to filling the gap.

3. Theoretical Relevance of the Study

Child Labour

The concepts of child labour, health and morbidity patterns are discussed in following on the insights of three major perspectives of Sociology-

- Structural Functional,
- Conflict, and
- Symbolic Interactionism

Functionalists think society is a living organism where its parts are interrelated and interdependent to maintain stability (Macionis, 2010). According to functionalism, the social fact child labor is functional for society, because it exists in society and also institutionalized. Merton says about two types of functions in society: manifest functions (obvious and intentional) and the latent functions (unintentional and not obvious). The manifest functions are- children engaged in employment to provide financial support to families to survive; similarly, it is functional for the employers since children can be paid less, easy-going and protests less compared to adults. Again, child labor is functional for the children, and also for another social institution, like economy. Children can bear their pocket money, buy whatever they need or want. On the other hand, being involved in various production and service activities can contribute to strengthening the economic institutions of society. These are the latent functions (Suyadi & Soepeno, 2017). Child labor can be dysfunctional to children, families and societies as well. Early work leads to drop out children from schooling, incompetence leads to unproductive risky jobs. In this turn has a negative impact on children's health. Again, an important function of family to care & protect the children hamper due to forceful child labor. While family is the first school to socialize children, working away from family for a long time at an early age is reducing the feeling of attachment to family bonding. Similarly, overworking at early stage loss their physical abilities, and become unskilled

due to lack of education make them future industrial reserve forces in adult life, which disrupts the function of economic institutions. Moreover, Child labor can also be dysfunctional for children's mental health. Overworking hinders the psychological development of children, which leads to various diseases in later life thus ultimately affects other social institutions which disrupts the normal functioning of society and creates imbalance. This is called latent dysfunction (Ritzer, 2011).

Conflict perspective see society with a continual struggle of social classes. Extreme capitalist exploitation creates mounting inequality of wealth, and divides society into clear classes of the capitalist, and the proletariat. Being proletariat (lower class) child laborers are forced to perform hazardous work for subsistence. There the employer (capitalist) pays them low wages and forces them to produce more goods. However, it's true for the capitalist societies that the more a worker produces the poorer he becomes. Because the capitalists always want to earn more profit with cheap labor. As a result, he aims to create a social system where a group of labor force remains reserve (Marx calls 'the industrial reserve army) (Ritzer, 2011). Thus, children are forced to sell cheap labor, and capitalists make this more normalize to societies. In addition, this is what Michel Foucault calls the normalizing power (Mills, 2003).

The symbolic interactionism explains child labour differently than functionalism and the conflict. Symbolic interactionism focuses on micro level analysis in sociology discusses how society is created and maintained through everyday interactions among individuals (Carter & Fuller, 2015). According to Max Weber social action is highly affected by people's world view and ideology. In his view, this world has mainly two worldviews – traditionalism and rationalism. Traditionalism mainly found in rural areas and developing countries that emphasizes on values, norms, collectivism, cultural believes, and people encourages collectivism rather than individualism. In traditionalism, prestige, values, believes are more important than economic profit and desire. On the other side rationality found in modern urban areas which emphasizes individualism, objectivity, personal career and desire, profit motives, change oriented belief. Rational people often give priority to their personal needs and worldly desires upon the traditional values, and collective well-being. Here the relationships are impersonal, shallow and goal oriented. So, most of the time build relations for their profit. Therefore, many problems as like as child labor arises because of these two worldviews. People think there is no point in

studying for long years to be educated, rather worth to join their children in working for earning, because they have many other priorities in life than education (Macionis, 2018).

Health and Illness

Health is a complete well-being of physical, mental and social. It is not only a personal or biological matter but interconnected to society. According to Functional view of R. K.Merton, illness of child laborers is dysfunctional to society. Because, it undermines their capacity to perform roles. If lots of people became ill, society could not run properly. So, in Parsons's analysis, other functions like sick role of child patients and physicians' role (treatment or medicine) collectively try to cure patients (children) to operate social functions. Additional to that, if they do not accept society's determined way of cure, it will create a dysfunction in society. For instance, if the patient (child) does not take proper treatment from Public Health Care Centre or do not complete the course of treatment intentionally, it will cause dysfunction (diseases) in a society. Which calls deviant behavior, not accepting goal or mean of society. Again, according to Durkheim, in organic solidarity, type of work division, task orientation often involves heavy staff workload, and these circumstances have profound impact on health and morbidity pattern of child laborers (Macionis, 2011, Schaefer 2011).

Karl Marx, draws a relation between health and social class or society. In capitalist society child laborers (lower class) have little access to medicine, because capitalists make health a commodity where excellent healthcare is not affordable for much of the population, but only for the rich. Thus, excluded from healthcare, medicine and treatment their morbidity patterns are different than upper class, and connected to their social class, living and working standards, which is normalized through capitalist's power (See https://medium.com/@asteria1881/understanding-foucaults-theory-of-power-and-control-in-discipline-and-punish-5c1da9008a5e).

Symbolic Interactionists say health and morbidities are socially constructed. Weberian analysis is that it depends on children's individual ideology and world view. They have many other priorities in life than health, personal hygiene, illness and morbidity (Macionis, 2018)

Table 1: Sociological Perspectives of Health and Illness: An Overview

Sociological Perspectives	Views on Health and Illness
Structural Functional	The sick role releases people who are ill from responsibilities while they try to get well. Control of the number of people who are considered sick. Rural and Urban areas have different types of solidarity pattern and division of labor, which defines their morbidity pattern. Illness is dysfunctional for society because it prevents people from carrying out their daily roles. Urban areas create impersonal relationship which makes people more vulnerable to diseases.
Conflict	Health is linked to social inequality with rich people having more access to care than poor. Capitalist medical care places the drive for profits over the needs of people. Scientific medicine downplays the social causes of illness, including poverty, racism, and sexism. Over medicalization. Gross inequities in health care. Normalizing power, knowledge and cultural hegemony creates a philosophical ground to maintain capitalism.
Symbolic Interactionism	People's ideology and worldview highly affect their behavior on health, illness and treatment. How people define their own health affects how they actually feel (psychosomatic conditions). Societies define "health" and "illness" differently according to their living standards. "Cycle of deprivation" preserves the morbidity pattern of the poor.

Source: Developed by the authors

4. Methodology

It is a mixed method research. Both qualitative and quantitative approaches were adapted to conduct the research. Data were collected from Chattogram Metropolitan city areas: Muradpur, Newmarket, Halishohor, Sholoshohor, Bahaddarhat, Agrabad and Chakbazar, with a total of 174 (160 survey, and 14 case studies) respondents. The study covered those child laborers engaged in diverse hazardous jobs and who all belong to the age of below 18, and are claimed to be unfit for those kinds of hazardous jobs. A representative sample was collected purposively followed by a survey method based on one-to-one interview with a semi-structured questionnaire.

Figure 2: Study Area Map

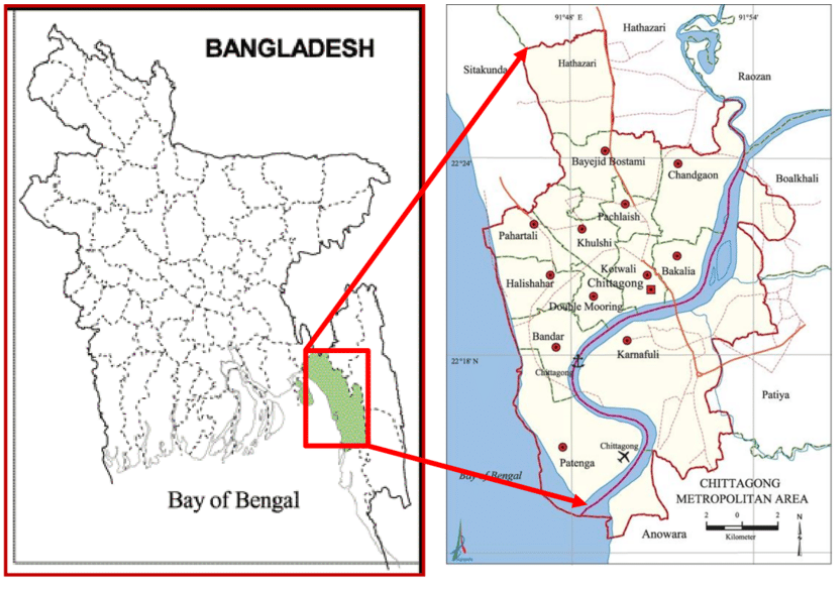


Figure: Chattogram Metropolitan Area Map; Source: Banglapedia, The National Encyclopedia

In this research, the population is not accurately measured. Different organizations identified the number of child laborers in Chattogram area in varying quantities and the amounts are surprisingly too vast to consider for the study. That's why, in addition to time limitation, it was not possible to construct the complete frame of the working children. Thus, we considered them as an infinite population and decided to determine the sample size by assuming it as ''unknown''. We did a pre-test before

finalization of interview schedule. We've designed the draft schedule and completed a pre-test on 15 child laborers in Chattogram, where 13 respondents replied labor is harmful to their health, and another 2 replied 'no'. Based on the pre-test findings, we have determined the sample size through a statistical method. So, determination of sample size on the basis of proportion where the population is infinite, the formula is-

$$n=\frac{z^2pq}{d^2}$$

$$=\frac{2.58^2\times.13\times.2}{.1^2}$$

$$=\frac{6.6564\times.26}{.01}$$

$$=173.0664$$

$$=174$$

$$\therefore n=174$$

Where,

p=.13

q=.2

d=.1, here d means the highest % of error is at best 10%. That's why d=.1.

On the other, 90% is the power of determination of sample.

z=2.58 (99% confidence on sample size determination)

After collecting data from the field, it was processed through the SPSS-23 version software, and analyzed through some figures made by Microsoft Excel software. For the qualitative part, hermeneutics and narratives were used to analyze data.

5. Results & Findings

Table 2: Socio-economic and Demographic Data

Variables	Characteristics	Percentage (%)
Age	7-10 years	4.8
	11-14 years	44.4
	15-17 years	50.8
Education	No formal education	11
	Primary	51
	Secondary	36.4
	Higher Secondary	1.6
Working Hours	0-6 hours	3.4
	7-12 hours	89.6
	13-18 hours	7
Daily Income (In	00-100	4.9

taka)		
	101-300	69.9
	301-500	20.8
	Above 500 taka	4.4

Source: Field Survey, 2024

Field survey delineates the grounding of child laborers where the lower limit of participants' age is 7 and the upper limit is 17 years. Of the total respondents, 4.8% belong to the age group of 7-10 years, 44.4% are 11-14 years, and 50.8% are in 15 to17 years. Almost 11% never received any formal education while 51% completed the primary level and then drop out, 36.4% partially completed the secondary level but not finished the SSC, and rest 1.6% was admitted to HSC at the time of interview. Most of the respondents (89.6%) work from 7 to 12 hours a day, while only 3.4% engaged into work from 0 to 6 hours, and 7% of respondents work 13-18 hours a day. Here, the study also explored that 4.9% receive only 0-100 taka a day (a few of them don't get any wages), most of them (69.9%) get 101-300 taka per day, 20.8% get 301-500 taka, and only 4.4% get above 500 taka in a day.

Case Study 1

A 16-year-old garment worker Mst. Sharmin Sultana, is a resident of Muradpur railway slum in Chattogram city which lacks adequate light & ventilation, hygienic toilets, security, and safe water. Currently, she is the sole breadwinner of the family of 6 individuals. She is irregular in personal hygiene practice, and works 10 hours a day, 6 days a week, including 2 or 3 days overtime (3 hours) in a month. Her average daily income is 300 taka, and she spends 100 taka per day. In addition, she transfers the rest of the money to her mother living in the village through bKash payment. Due to the rising prices of daily necessities, she avoids buying fish, meat, egg most of the time. In addition, sitting in the same position and glancing closely at the sewing machine for long hours including extreme workload, loud noise, and excessive temperature, she has developed back pain, headache, muscle pain, and leg pain. In the past 6 months of interview she suffered from diarrhea and consequently had to take 5 days off from work. Besides, she is recently struggling with irregular menstruation, and severe abdominal pain, waist pain including heavy blood flow and mood swings during her menstrual cycle. She has

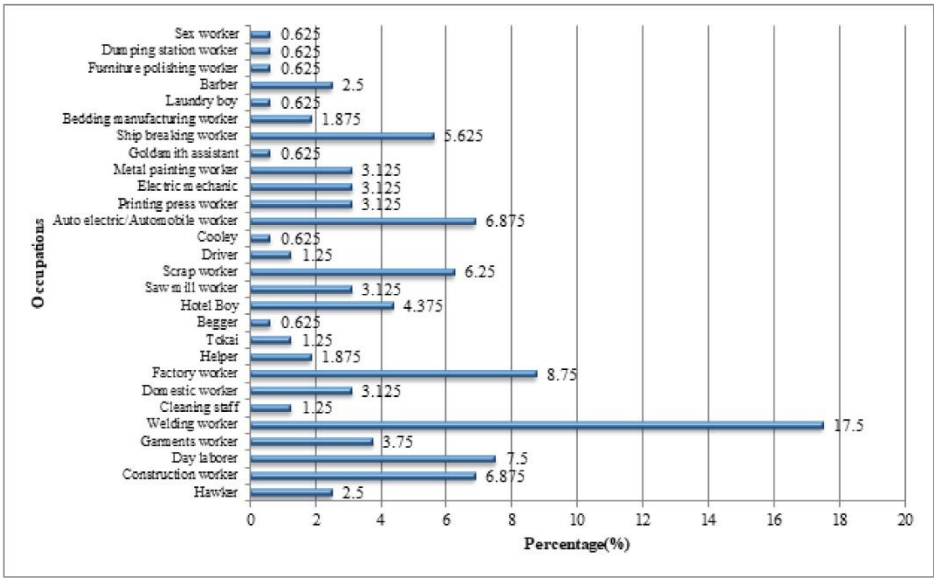
never used sanitary pads as it remains a luxury item to her.

Case Study 2

Ismail, an 11-year-old boy, works as a cleaning staff assistant at Halishohor in Chattogram. He grew up in Chattogram city and never received any formal education. A couple of years ago, his father married elsewhere and abandoned them. His mother works as a housemaid. He has two younger sisters in his family. Due to poverty, he joined this job with his cousin to help his mother financially. Every morning within 7 to 8 am he goes to Halishohor with a dumping van to collect trash from residences. He collects trash till 1 pm, then goes to the dumping station and before getting a 3 hours break. Then around 4 pm he returns to the station and load the trash into trucks. He works 7 days a week and earns 200 taka daily. He hardly uses any safety equipment except boots, and an iron tool when loading trashes. Thus, often gets cut/scratches from glass or other broken objects into the trash piles, often suffer from common cold, cough, scabies, and discomfort feeling. Besides, Ismail has asthma, but never consults any doctor except homeopathic. For comfort, he carries an amulet on his right hand.

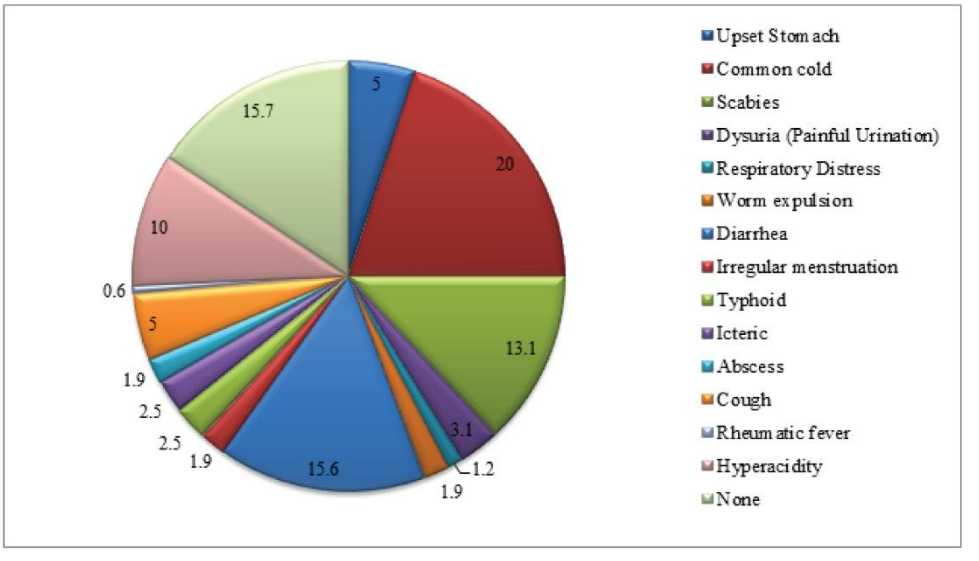
Field data demonstrate that there are 28 occupations found in the study, as shown in Figure 3: the highest number of respondents were engaged in welding workshop (17.5%), above 8% in different small factories, 7.5% in day labor, 6.9% in automobile workshops and similarly, 6.9% in construction, in addition, and child laborers in Chattogram also work as hawker, garments worker, cleaning stuff, domestic worker, helper, tokai (waste picker), beggar, hotel & restaurant worker, saw mill worker, driver, printing press worker, electric mechanic, goldsmith assistant, ship breaking worker, bedding manufacturing worker, laundry boy, barber, furniture polishing worker, and dumping station worker. Almost all these works are hazardous in nature and harmful for children.

Figure 3: Present Occupations



Source: Field Survey, 2024

Figure 4: Morbidities



Source: Field Survey, 2024

Survey delineates that 84.3% had suffered from any illness in the past 6 months of the interview. Some illnesses were not severe and recovered

without medication, many respondents took self-medication, some consult to the quack (hature doctors), homeopaths, government doctors, and only a few (1.6%) to the private doctors. Most of the time, they took medicine from nearest drugstore without any prescription or consultation. Prevalence of common cold has been observed most (20%). Besides, headache, scabies, hyperacidity, cough, upset stomach, urinary infection, abscess, typhoid, respiratory distress, irregular menstruation, icteric (Jaundice), worm expulsion, rheumatic fever, also observed. Urinary infection and irregular menstruation is most common in female child workers in garments and domestic workers. In addition, presence of tiredness (almost 97%), musculoskeletal pain (73%), itching (38%), rash (6%) also observed during interview. Besides, most of the children had dirty cloths and nails during data collection. Due to excessive physical exertion, they sweat a lot, but in comparison, they don't drink adequate water in a day. As a result, they remain dehydrated, and thus urinary tract infection, tiredness, and irritable mood, also found. Again, most of the children are irregular (91%) in personal hygiene practice (regular bath, nail trimming, washing hands after toilet and before taking meal, brushing teeth every day).

Case Study 3
Shahin Mia, 17, is a temporary cleaner of Chattogram City Corporation lives at Chaumuhani Bazar slum in Chattogram city. He has no parents or siblings. Thus, he has been raised by his grandmother since childhood. His grandmother used to beg, but now her age can't, and hence Shahin has taken the responsibility of earning. He collects household waste in the Halishahar residential area for more than eight hours daily. In addition to a monthly salary of 6,000 BDT from the city corporation, he receives a monthly payment of 1,000 BDT for cleaning the waste bins of a residential building. He never uses any safety tool except hand gloves while working, thus causes dermal irritation, and malodorous. Shahin frequently suffers from fever and cough but never consults a doctor, he purchases medicine from a pharmacy based on their advice.
Case Study 4
Saidur Rahman, a 13-year-old child, lives in Sholoshohor slum. His family consists of 7 members. After one year of schooling, he dropped out from school due to poverty. Then he started working at the age of 9 years. Now, he is employed as a day laborer at the Sholoshahar Karnaphuli

Kitchen Market. His responsibilities include poultry processing at a meat shop and manual portaging of heavy wholesale grocery sacks. His daily income is 200 taka, and expenditure is 20 taka. The problems which he faces at workplace are- boiling hot, heavy weight, loud noise, sharp machineries, and inadequate safety equipment. He frequently sustains incised wounds while processing poultry; notably, during the period of data collection, he was suffering from a febrile condition and had sustained a laceration on his hand, but didn't stop working. Last month he suffered from diarrhea for 4 days, and took medicine from nearest drugstore. In case of injuries or illness, he usually consults to quack (hature doctor according to him). Due to carrying heavy weight, he has a common illness of extreme tiredness, joint and muscle pain, headache, toothache but ignores these ailments.

Case Study 5

Mim (Anonym), 16, is a resident of Chowmuhoni, Agrabad. Her family is made up of 7 members. She is a professional child sex worker in a residential hotel, for the last 4 months. Poverty has driven her to engage into this job. She usually works 4-5 days in a week, and accompanies an average of 5/6 clients every day, according to her. Though she is a commercial sex worker, she never receives any payment directly from the clients. According to her, the Mohajon (hotel manager) takes the payment instead, and at the end of the day, the Mohajon gives her the wage. She earns only 400 taka a day. According to her words, "*I know this job is illegal and shameful. As a Muslim I know this is a crime, but I have no other option for earning. However, recently I am going through some problems for taking pills regularly. For instance, excessive bleeding during menstruation, after working feeling weak, and constant nausea. In addition, constant muscle pain, anemia, and hidden psychological discomfort are common to me. Besides, I have no dignity in society, and hence I am searching for another job''.*

Social Epidemiology and Morbidity Patterns of Child Laborers

Social epidemiology implies that social structures, institutions, and their relationships influence health and morbidity (see figure 5).

Figure 5: Social Epidemiology and Morbidity Patterns of Child Laborers

Social Epidemiology and Morbidity Patterns of Child Laborers		
Social Factors	Biological Factors	Economic Factors
Social Class Age Gender Education Social Control Migration Self-Medication Holistic Medicine Socialization Ideology Urbanism	Types of Diseases Infectious Diseases Injuries Water Based and Water Transmitted Diseases Under Nutrition Food Poisonous Disease Mental Health Bio Terrorism Sources of Disease	Poverty Capitalism Inequality Income Stratification Profit Motive Commercialization of health Over Medicalization

Source: Developed by the authors

This figure shows, social epidemiology, that means interplay between biological factors and socio-economic factors of morbidity. Thus, social epidemiology is the study of the distribution of disease, impairment, and general health status across a population. Initially, epidemiologists concentrated on the scientific study of epidemics, focusing on how they started and spread. But, social epidemiology is much broader in scope, concerned not only with epidemics but also with non-epidemic diseases, injuries, drug addiction and alcoholism, suicide and mental illness (Schaefer, 2016).

Compared to developed nations, people of developing nations are underprivileged. Thus, in Bangladesh child laborers are the segment of population having least capacity of basic needs. Similarly, the health and the patterns of morbidity of child laborers are vastly determined by their socio-economic statuses, living standards, life styles, and hazardous work environments. Child laborers in Chattogram experience more severe forms of the diseases and higher morbidity rates due to the blend of their intrinsic vulnerabilities and existing poor health and working environments. Here, children involved in highly hazardous jobs are impacted by prolonged physical and mental illness, which lead to premature elderly and increase the risks of chronic diseases. Thus, these

vulnerabilities act as a bioterrorist attack on health of the child laborers in Chattogram.

All these social, economic and biological factors that affect child laborers morbidity patterns are discussed below-

Food Poisoning, Undernutrition and Waterborne Diseases

Among the respondents, 87% are undernourished. They spend only 50-100 taka for their daily meal. Besides, many respondents have meals supplied by their employer from low-quality pathway hotels. Thus, food poisoning, water transmitted, and under nutritional diseases are also remarkable to child laborers in Chattogram city. We found that respondents suffer from diarrhea, typhoid, icteric (jaundice), hyperacidity, anemia. These diseases are directly connected with water transmission, food habits, or food poisoning, and undernutrition.

Education, Personal Hygiene and Infectious Diseases

Underprivileged people are more vulnerable to infectious diseases. A large portion of respondents are irregular in maintaining personal hygiene. Study also found that child laborers have a prevalence of infectious diseases (urinary tract infection, toothache, itching) due to lack of personal hygiene. So, lack of education & awareness of personal hygiene also responsible for these kinds of diseases.

Poverty, Social class, and Morbidity

Social and economic contexts of child laborers also influence on diseases. Their living environment, housing, sanitation, education social norms & values, socialization, economic status, healthcare facilities, social inequality all influence their patterns of morbidity. In addition, poverty is the main cause of malnutrition of these children. Thus, malnutrition related diseases, and infectious diseases related to living standards (upset stomach, common cold, scabies, worm expulsion, abscess, rheumatic fever) have prevalence on them.

Mental Health

Childhood is the most important stage of socialization. According to George Herbert Mead, the game stage (7 years and up) is the most essential stage of development of the self. And the self develops when people interact to beat others in many situations. Normally, people introduce with economic behavior at adult stage. In the case of child laborers, they have to behave like adults in childhood. It poses a negative

impact on their mentality. When they need love and affection, they get torture, punishment and slang. Field data shows that a remarkable number of respondents are abused verbally, physically and mentally during work, which have a direct and indirect impact on their mental health and personality.

Workplace Hazards and Morbidity

Throughout the world, low-income and low-prestigious jobs have less facilities and are riskier. It is also true for child laborers of Chattogram city. Infectious diseases and specially injuries are associated with the workplace risks of respondents. And almost 72% suffered some kinds of injuries (muscle injury, cuts, burns, eye infections, broken bones, electric shocks, respiratory infection), at the workplace in the past 6 months of the interview.

Less Access to Quality Medical Care

Respondents ask for medical care when they need it most. Most of them never feel the necessity of medication for their minor injuries or diseases. Even in tough situations, they only take the medicine when it goes beyond tolerance, and do not complete doses due to high cost of medicines.

Analysis of Social Class, Workplace Hazards and Morbidity Patterns of Child Laborers in Chattogram

According to Karl Marx, people from lower classes have different kinds of problems associated with their class, job, family, gender and surroundings. The study observed that, female child workers have muscle pain, waist pain, severe abdominal pain, sometimes irregular bleeding, perineum irritations during or after menstruation, but they hardly use sanitary pads. Female garments workers often take pill to stop the menstruation during the time of overtime work (2/3 days in a month). And even they don’t take any treatment because they have many other priorities than health. Thus, their illness and treatment seeking behavior is directly connected with their profession and social class. This is also a characteristic of the proletariat.

In another case, to understand why the child sex worker entered this profession, we don't see in direct pressure from upper class. So, the view of Karl Marx is not directly applicable here. But the study of Michel Foucault helps us to understand how the social structure pressurizes her to involve into this risky job. According to Michel Foucault there are two

types of power - one is oppressive power and the other is normalizing power. We see both kinds of power practice in the case of a child sex worker. Due to poverty, her family forced her to join this job. But the society has normalized this harmful profession (sex work). In addition, any kind of child labour becomes normalized in society. This is what Michel Foucault calls normalizing power.

Some respondents hardly seek treatment from government hospitals, only a few from private doctor, some from homeopath or local pharmacy, a little from kobiraj, and many never receive any formal treatment after being injured during work. This is all about respondents' understanding about health and illness. According to Symbolic Interactionists, people create their own meaning of health and illness. Obesity is a major health issue in the west. But in contrast poverty is very normal in Africa and in South Asia. So, according to the view of Erving Goffman our surroundings especially doctors and physicians define who is healthy and who is ill. Besides that, according to Max Weber peoples' ideology and worldview play the vital role behind their social action. If we consider the situation, lower class people do not recognize them as ill because of some minor physical disorders. Because, they have many other priorities to do against their health issue. Most of the respondents are important earning members of their family, and thus, their world view is that family is more important than their health. They have many immediate issues to solve. So if only health or illness become intolerable immediate issue, they consider it as a problem, otherwise not. This same thing explained definitely by Oscar Lewis. He considers it as 'culture of poverty'. People only think about their present loss and gain, and deny their long term advantages and disadvantages. But this sense is not true at all. It can be considerable to personal hygiene practice issues only. But, in critical cases like children involved in hazardous jobs this is not true. Because they know about their illness, but are helpless because of poverty. This is called the 'cycle of deprivation', which means a certain group of people remain unprivileged to healthcare.

According to R. K. Merton, if we consider illness as dysfunction, then, in the case of female child laborers, they are not compatible with their goal and means set by the society. Besides, as they are involve in informal sectors, there is no one to certify their 'sick role', mentioned by Talcott Parsons. If they feel themselves as sick, then they are sick otherwise not. So, this is also dysfunction but latent dysfunction. Because social system fails to recognize these dysfunctions. If they were corporate workers, their

weakness (menstruation, pain, etc.) which affects their job must be considered as illness. As child laborers, and sex workers work in the informal sectors, the dysfunctions of these informal sectors remain latent and their illness never socially sanctioned. As a result, this dysfunction that means morbidity pattern survives year after year.

Another important concern is that the pattern of city life has organic solidarity (gesellschaft), shapes the social organs to create these kinds of vulnerable situation. In the case of child sex worker, this work is highly impersonal relation based job, considered as normal in city life. And this is the core of gesellschaft and anomic situation. So, according to Emile Durkheim and Ferdinand Tonnis, child labor and its morbidity patterns are the products of modern society.

6. Limitations and Recommendations

The present study dealt with a number of limitations of time, fund, and data. In addition, there is a want of adequate qualitative data to explore the health risks and the impacts of labour on children. Data in this study is reliant on children's self-reports and may not be free from unintentional response biases. In addition, the research results would have been more accurate and meaningful if the survey and case studies included parents, employers, and policy advisors in addition to children. Therefore, this is also a crucial limitation where we need to focus more on in future studies. However, considering the limitations, the study fulfilled all the steps required to conduct this study properly. The findings are indicative and can be confidentially used for future decision-making processes.

What should be done about the pervasive nature of child labour? After doing this research, we have come to know that the government has to take several initiatives to eradicate hazardous and as well as all kinds of child labour. Though immediate eradication is almost impossible, some effective initiatives can be taken to turn it into a more manageable situation. For that, we have recommended some policies:

- **a.** Reduction of chronic poverty by creating alternative employment opportunities for parents, and increasing awareness among parents through campaigns at the grassroots level.
- **b.** Creating awareness by making education more inclusive, flexible and adaptive for children. Education can enhance their world view and ideology to change their life. Here, collaboration of families,

schools, governments, local and international organizations have to be ensured without delay.

c. Increase healthcare facilities, especially for adolescents and children with strong application of international and national child labour elimination policies and regulations.

d. Social media campaigns must be implemented to transform public perceptions of children's rights and the exploitation of child labour.

7. Conclusion

Poverty is the prime reason for pushing children to work in Chattogram city. Furthermore, child labour persists in Chattogram because of social norms and perspectives towards poor children. Being a commercial city, Chattogram has a huge demand for cheap labour, and the employers choose children first. For the reason that children can be paid less, easy-going, and are submissive. Besides, the profit incentive of employers makes child labour a normal social phenomenon here. Thus, child labor causes long term harm not only to the children and their families, but also to society as a whole. It deprives children of their physical and mental development. Hard work damages their health, robs them from education, and destroys their life prospects. In hazardous jobs, children are often victims of injuries and go through long-term illnesses. As a result, in adult life he/she will become a burden to society. However, belonging to the lower classes, these children live in urban slum areas characterized by dense settlements, unhealthy and unhygienic environment, less access to pure drinking water, poor sanitation, and insecurity are at high risk of infectious diseases. In addition, due to inadequate formal education and lack of skills, these children are compelled to work in hazardous sectors for low wages or sometimes just for subsistence. All these factors make children vulnerable to illness and diseases. Study also revealed that their health problems and morbidity patterns have direct and indirect connection to their workplace hazards and social class. Besides, their ideologies and worldviews are also related to their behavior on health, morbidity and treatment.

Almost 90% children want to go back to a normal life, everyone deserves a childhood. So, it is indispensable to take proper initiatives to remove poverty (because poverty is the main reason). The Government of Bangladesh, NGO's, the capitalists and the society as a whole can play a more proactive role in eliminating child labour from Chattogram. In conclusion, for the greater interest of the nation, we all need have to come forward to eliminate child labour once and for all, and build a healthy and functional future generation.

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