

Research Article

Breaking the Silence: Investigating the Prevalence and Key Risk Factors of Child Maltreatment among Male Working Children in a Rural Community in Bangladesh

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Introduction. Child labor is widely regarded as one of the most severe forms of child maltreatment (CM), but little is known about how working children, especially in low-income countries like Bangladesh, experience different forms of CM. This paper explores the extent of physical, psychological, and sexual abuse and neglect experienced by working children and determines the important risk factors for these forms of CM among them. **Methods.** This cross-sectional study included 398 working children from four local Bazzars (rural marketplace) of Raiganj Upazila, Sirajganj district, who were enrolled in this study in March and April of 2017, through a snowball approach, due to a lack of a list of working children. The International Child Abuse Screening Tools for Children (ICAST-C) was used to estimate the different forms of CM in this study. **Results.** Lifetime prevalence of psychological abuse (PsyA), physical abuse (PA), neglect, and sexual abuse (SA) were 100%, 100%, 82.7%, and 13.5%, while the past year prevalence rates were 100%, 84.2%, 67.1%, and 9.9%, respectively. Common forms of PsyA experienced by children include shouting, yelling, or screaming, as well as restrictions on outings and time-outs. PA typically involves slapping on the face or head, hitting with objects (excluding the buttocks), and ear twisting. Watching pornography is the primary form of SA, while the leading form of neglect is unmet medical needs. The prevalence of PsyA, PA, SA, and neglect was higher among children who lived with individuals other than their parents. Both PsyA and PA were found to be associated with family violence, such as the presence of weapons in the household and adults engaging in frightening screaming behavior. Additionally, children who were bullied by their siblings, had a parent with a primary level of education or less, and always felt safe at home were at an increased risk of experiencing PA. Children who did not feel safe at home all the time were more likely to experience SA. Furthermore, for every one-year increase in schooling, the likelihood of experiencing neglect decreased by 8.3% ($B: -.157, P \text{ value} < .003$). **Conclusion.** Nearly all male working children in rural areas of Bangladesh experienced PsyA and PA, and adult negligence was also prevalent. Although male SA is not a widely discussed issue in Bangladesh, the results of this study are alarming.

1. Introduction

Child labor is a significant public health concern, primarily associated with poverty and inequality [1], especially in low-

and middle-income countries [2–4]. Since there is no universally accepted definition of “child labor,” it is commonly defined as the employment status of children under an age decided by law or custom of an individual country [5]. The

International Program on the Elimination of Child Labor of the International Labor Organization (ILO) has defined child labor as follows:

“Work situations where children are compelled to work on a regular basis to earn a living for themselves and their families and as a result, are disadvantaged educationally and socially; where children work in conditions that are exploitative and damaging to their health and to their physical and mental development; where children are separated from their families often deprived of educational and training opportunities; and where children are forced to lead prematurely adult lives.” ([6], pp. 4)

Estimating the worldwide prevalence of child labor is extremely difficult [7]. However, UNICEF [2–4] reported that some 152 million children are engaged in child labor worldwide where half are in hazardous or intolerable conditions. South Asia is the habitat of about 627 million children under 18 years of age, approximately one-third of the total world population. About 12% of the children aged 5–14 years in South Asia are involved in child labor which is well over 41 million children [2–4]. There is substantial variation in child labor estimates among the eight South Asian countries, where Bangladesh is ranked second after India [8]. Although there have been significant achievements in recent days in fighting against child labor in Bangladesh, some 1.28 million children are still engaged in hazardous labor [9].

The consequences of child labor on children’s physical, psychological, and social well-being are incredibly shocking and result in extreme physical and mental harm and even death [10]. Not only is it detrimental given its consequences, but researchers also suggest that child labor is the worst form of abuse and exploitation [11].

Globally, a multitude of studies, especially from developing countries, focus on working children’s vulnerability to different types of maltreatment [12, 13]. For instance, Celik and Baybuga [14] found alarming statistics of verbal (50%), physical (50%), and sexual abuse (65%) experienced by working street children in Turkey. Ahmed et al. [15] reported that two in every three working children in Malaysia are abused psychologically, while 27% were subjected to physical abuse, approximately 10% endured sexual abuse, and the majority expressed dissatisfaction with their job status.

In the South Asian context, Mathur et al. [16] reported that working children in India were subjected to physical abuse, psychological abuse, sexual assault, health abuse, and verbal abuse. Only 1.6% of children reported mild abuse, whereas 61.8% experienced moderate abuse and 36.6% fell victim to abuse categorized as “severe” and “extremely severe” in terms of its intensity. Kacker et al. [17] added to the gravity of the situation, revealing that two out of every three working children in India experienced physical abuse, and around half faced sexual and emotional abuse.

Turning attention to Bangladesh, it is worth noting that there has been a limited number of scientific studies on the maltreatment of working children [18–20]. An earlier study by Hadi [19], in rural areas of Bangladesh, reported relatively lower rates of physical abuse (2.3%), financial exploitation (2%), involvement in appropriate activities (1.7%), and

forced long working hours (3%). However, several recent studies revealed a high prevalence of various forms of CM including physical and psychological abuse and neglect in general [20, 21].

Although our understanding of CM among working children remains somewhat limited, numerous scientific publications have explored the risk factors of CM as a whole. A significant breakthrough in understanding the risk factors of CM was the adoption of Belsky’s [22] ecological model which underlined that CM occurs due to the interaction of parental characteristics (ontogenic), socioeconomic environment (exosystem), family structure, or family relationship (microsystem), and child characteristics [23]. Belsky’s ecological model provides a holistic and comprehensive explanation of the risk factors of CM. However, Das and Chen [24] attempted to address CM in the context of child labor by considering factors like capitalism’s role in creating a workforce with limited labor contract freedom, children’s physical conditions, and their subordinate status, all of which are associated with CM.

The imperative to identify these risk factors associated with the maltreatment of working children in Bangladesh cannot be overstated. This knowledge is indispensable for grasping the magnitude and nature of the issue, as well as for developing child rights and safety policies. Given the dearth of up-to-date empirical studies on CM among working children, this study endeavors to bridge this research gap and contribute to a more comprehensive understanding of this critical concern.

2. Methodology

2.1. Study Site and Population. This cross-sectional survey was conducted at Raiganj Upazila (subdistrict) of Sirajganj district, located about 150 km northwest of Dhaka, the capital city of Bangladesh [25]. Male children working in different grocery shops, restaurants, and transport sectors of four local Bazars (markets), namely, Chandaikona, Bhuyagati, Dhangara, and Rajganj, of Raiganj Upazila were the study population. Male children are more likely than female children to participate in market and transportation work, so we chose only male children as the study population [26].

2.2. Sample and Sampling. The sample size was calculated using the formula proposed by Lwanga and Lemeshow [27], considering the 70% child abuse prevalence from a previous study [28] and a 4.5% margin of error. A total of 392 working children were included in this study, with two percent being nonresponders. In March and April of 2017, samples were chosen using the snowball sampling method, as no comprehensive list of working children was available.

2.3. Operational Definition. Child: We considered the maximum age of the child up to 18 years, adopting the same definition of the child as the Child Act 2013, Bangladesh, and the United Nations Convention on the Rights of the Child (UNCRC).

Child labor: According to Bangladesh Labor Law 2006, children under 14 years of age are prohibited from employment,

and children under 18 years are not permitted to perform hazardous forms of labor. However, we considered children under 18 engaged in different paid labor as working children [29].

2.4. Tool. In this study, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Child Abuse Screening Tools (ICAST) for children (ICAST-C) was used to find out about the maltreatment experiences of working children that have happened at their home and workplace.

ICAST-C is a self-reported measurement tool used to estimate the prevalence of different types of CM. ISPCAN and UNICEF have been working together to improve knowledge about the prevalence of child abuse worldwide. Version 1 of the ICAST-C tool had a home version and an institutional (school) version. After thorough revision, version 3 included only one tool for children by combining previous home and institutional versions. This tool is suitable for collecting and comparing CM data across cultures and between research groups [30].

ICAST-C has 20 questions related to psychological abuse, 17 related to physical abuse, four related to sexual abuse, and six related to neglect. All questions regarding children's experiences with abuse consist of multiple-choice responses: "once a week or more often," "2-4 times a month," "about once a month," "several times (<12) a year," "once or twice a year," "not in the past year," and "never in my life." The respondents were supposed to select only one of these options. The past year (PY) prevalence included the first five response options, while lifetime (LT) prevalence included the first six response options.

Besides, the working child's age, birth order, number of total siblings, religion (Muslim and Hindu), education level (no schooling, primary up to 5 grade, secondary 6 to 10 grade, and higher secondary), marital status (married and unmarried), smoking status, living arrangement (i.e., with biological parents or others), safety feeling at home (yes or no), witnessing domestic violence like adult's shouting frighteningly, adult's hurting each other physically at home and adult's using weapon to hit others, bullying by siblings, parent's education level, and educational level (i.e., nonformal, primary, and others) were collected.

The forward and backward translation method was used to translate the original (written in English) ICAST-C instrument into Bangla, the official and colloquial language of Bangladesh. Four focus group discussions (FGD) were conducted to ensure cultural validity, each one with parents, adolescent boys, adolescent girls, and professionals, respectively.

2.5. Data Collection Procedure. We developed an interviewer's manual in the local language, with a focus on consent, ethical considerations, and the proper use of electronic devices for data collection. A comprehensive three-day training session was conducted during which five female data collectors received training on how to introduce themselves, clarify the study's objectives, secure informed consent, utilize the data collection tool, approach questions about abuse without judgment, maintain confidentiality, and identify potential adverse reactions and respond appropriately.

The interviews took place in a quiet or isolated location for the convenience of the children, following a face-to-face approach for data collection. We designed the questionnaire using REDCap (Research Electronic Data Capture) for data collection.

2.6. Ethical Clearance. Ethical permission was obtained from the Ethical Review Board of the Center for Injury Prevention and Research, Bangladesh (memo number: CIPRB/ERC/2016/14), and the Institutional Review Board of Bangabandhu Sheikh Mujib Medical University, Dhaka (memo number 2017/3228A). Before the interview, consent was obtained from the local guardians of the children and assent from the child. As there are some sensitive questions in the ICAST-C tool, we advised them to talk with their caregivers or any adult they trust if they felt discomfort after the interview. Data were collected through face-to-face interviews in an isolated place.

2.7. Data Analysis. Descriptive statistics were used to analyze the features of the sample, considering the child's socio-demographic variables.

Maltreatment occurring in the PY was counted as 1 if "once a week or more often" or "several (2-4) times a month" or "about once a month" or "several (<12) times a year" or "once or twice a year" was checked. The LT occurrence of abuse was counted as 1 if any of the above responses or "not in the past year but it has happened before" was checked. The PY and LT prevalence were estimated as the proportion of children who have experienced abuse during the last one year and their childhood, respectively.

A scoring system was developed considering "once a week or more often" = 7 or "several (2-4) times a month" = 6 or "about once a month" = 5 or "several (<12) times a year" = 4 or "once or twice a year" = 3, not in the past year, but it has happened before = 2, never in my life = 1. Total scores of PA, PsyA, SA, and neglect were constructed by adding scores of all 17 items related to physical abuse, 20 related to PsyA, four related to sexual abuse, and six related to neglect, respectively. The range of physical, psychological, and sexual abuse scores was 17-119, 20-140, and 4-28, respectively, and the neglect score was 6-42.

The relationship between variables was evaluated by the Pearson correlation coefficient, independent *t*-test, and one-way ANOVA. Child physical, psychological, and sexual abuse scores as well as neglect scores were considered outcome variables. Explanatory variables included child factors: age, birth order, number of siblings, religion, education, marital status, smoking status, living arrangement (biological parents only vs. other living arrangements); parental factors: parental education; and family factors: safety feelings at home, bullied by siblings, and witnessed domestic violence among adults which included shouting frighteningly, hurting other physically and using of weapons to hit others. Multiple linear regression was used to determine the risk factors associated with each of the four types of CM separately. Data were analyzed using the Statistical Package for Social Sciences, (SPSS, version 21). A *P* value of less than 5% was considered a level of significance.

3. Results

3.1. Demographic and Sociocultural Information. The sampled children had a mean age of 14.64 (SD = 1.67) years, ranging from 10.57 to 17.96 years. About 70% of the families of the respondents had more than two children, and the majority (94%) of the study participants belonged to the Muslim religious faith. Nine of the children in the sample were married, and only 2.4% had higher secondary-level education. Approximately 25% of the children were current smokers, and almost 95% of them lived with their biological parents.

Regarding the education level of the parents, 83% of the fathers and 84% of the mothers had a primary level of education or lower. The vast majority of the children (93%) reported feeling safe at home. However, 67% witnessed adults shouting frighteningly, 77% witnessed physical violence among adults, and 13% saw adults using weapons (sharp objects, knives, and sticks) to hit others in their homes. Additionally, nearly 34% of the children reported being bullied by their siblings at home (as shown in Table 1).

3.2. Prevalence of LT and PY Exposure of Maltreatment. All of the children experienced some form of psychological abuse during both their lifetime (LT) and the past year (PY). Regarding physical abuse, 100% of the working children experienced at least one form of physical abuse, with 84% of them being exposed to physical abuse during the PY. The prevalence of sexual abuse was lower, with 13.5% of children reporting lifetime experience and 10.3% reporting PY experience (as shown in Table 2). The LT and PY prevalence of neglect or negligent behavior were found to be 83.1% and 68.3%, respectively.

3.3. Characteristics of CM against Working Children. Table 3 summarizes the LT and the PY prevalence of different forms of PA, PsyA, SA, and neglect.

The most commonly reported forms of psychological abuse (PsyA) among the working children were being shouted, yelled at, or screamed at (with a prevalence of 84.9% during the PY year and 91.5% during their LT), being forbidden from going out (57.7% during the PY and 68% during their LT), being put in time-out (56.1% during the PY and 68.3% during their LT), and being publicly embarrassed (48.7% during the PY and 60.8% during their LT). The four least common forms of PsyA reported by the children were being embarrassed because of their orphan status (with no reports during the PY and .5% during their LT), being threatened with physical harm or death (1.1% during the PY and 5.3% during their LT), being threatened with undeserved bad marks (1.9% during the PY and 5.6% during their LT), and experiencing hurtful prejudice (3.7% during the PY and 7.1% during their LT).

The study found that the most prevalent types of physical abuse in both PY and LT were being slapped in the head or face (60.3% and 95.2%, respectively), hit elsewhere except on the buttocks (55.0% and 77%), twisted ear (46.8% and 70.9%), and stand/kneel for punishment (44.7% and 65%). Uncommon forms of physical abuse reported were pinching

TABLE 1: Respondents' demographics and sociocontextual details, $n = 378$.

Characteristics	No. of participants	% of the sample
Age (year)		
Up to 14	203	53.7
15 and above	175	46.3
Birth order of children		
1 st baby	118	31.2
2 nd baby	102	27.0
3 rd baby	91	24.1
≥4 th baby	67	17.7
No. of children in the family		
One	10	2.6
Two	96	25.4
Three	130	34.4
≥Four	142	37.6
Religion		
Muslim	356	94.2
Hindu	22	5.8
The education level of children		
No schooling	20	5.3
Primary (1-5 grade)	227	60.0
Secondary (6-10 grade)	122	32.2
Higher secondary (11-12 grade)	9	2.4
Marital status		
Married	9	2.4
Unmarried	369	97.6
Smoker	98	25.9
Living arrangement		
Biological parents	362	93.8
Other	16	4.3
Father's education level		
Nonformal	216	57.1
Primary	100	26.5
Others	62	16.4
Mother's education level		
Nonformal	168	44.4
Primary	156	41.3
Others	54	14.3
Feeling safe at home always	350	92.6
Adult at home shouted in a frightening way	255	67.5
Witnessed adults' physical violence (home)	292	77.2
Witnessed adults at home use weapons to hit others at home	49	13.0
Bullied by siblings	128	33.9

(2.6% and 2.9%), being beaten up (2.9% and 9.8%), and being burned or scalded (3.2% and 4.2%) for PY and LT, respectively. No child in the study reported experiencing

TABLE 2: Lifetime (LT) and the past year (PY) prevalence of different types of maltreatment, $n = 378$.

Types of maltreatment	Lifetime prevalence, n (%)	Past year prevalence, n (%)
Psychological abuse (PsyA)	378 (100.0)	378 (100.0)
Physical abuse (PA)	378 (100.0)	317 (83.9)
Sexual abuse (SA)	51 (13.5)	39 (10.3)
Neglect	314 (83.1)	258 (68.3)

physical abuse by having pepper or spicy food put in their mouths.

The study also revealed that an unmet medical need was the most commonly reported form of neglect. Additionally, the most common form of sexual abuse reported by children was being exposed to pornography.

3.4. Psychological Abuse, Physical Abuse, Sexual Abuse, and Neglect Scores. Table 4 displays the connection between explanatory variables and scores for psychological, physical, and sexual abuse, as well as neglect. In particular, children who live with someone other than their parents, witness adults shouting in a frightening manner, witness adults using weapons, are bullied by their siblings, and have fathers without formal education, had significantly higher average scores for psychological and physical abuse. Having a mother without formal education resulted in a significantly higher mean score for physical abuse. On the other hand, children who live with someone other than their parents, do not always feel safe at home, do not witness adults shouting, and have fathers and mothers without formal education, had significantly higher mean scores for sexual abuse. Children who live with someone other than their parents, have Hindu religious beliefs, have lower levels of education, and witness adults shouting in a frightening manner, as well as those whose mothers have completed primary or higher levels of education, had significantly higher mean scores for neglect.

3.5. Risk Factors. The multiple linear regression model for psychological abuse exhibits that children who lived with someone other than their parents ($B: 6.762, P$ value = .002), belonged to the Hindu religious faith ($B: 4.774, P$ value = .011), witnessed adults shouting in a frightening way ($B: 5.204, P$ value $\leq .001$), witnessed adults using weapons at home ($B: 5.144, P$ value $< .001$), were bullied by their siblings ($B: 3.388, P$ value $< .001$), and had fathers with a primary ($B: 4.657, P$ value = .003) or lower ($B: 4.60, P$ value = .006) levels of education were at a higher risk of being subjected to psychological abuse by adults.

Children who lived with someone other than their parents ($B: 6.695, P$ value $< .001$), witnessed adults shouting frighteningly ($B: 3.617, P$ value $< .001$), bullied by their siblings ($B: 2.942, P$ value $< .001$), had father's education level primary ($B: 4.797, P$ value $< .001$) or less ($B: 6.152, P$ value $< .001$) and felt safe always at home ($B: -3.170, P$ value = .013) were at an increased risk of physical abuse.

Similarly, those who lived with someone other than their parents ($B: .707, P$ value = .008) did not always feel safe at home ($B: .441, P$ value = .030) and were at an increased risk of sexual abuse.

The risk of neglect by adults is higher for children who do not live with their biological parents ($B: 1.359, P$ value = .030) and for children belonging to the Hindu religion ($B: 1.318, P$ value = .015). In contrast, every additional year of schooling is associated with a decrease in the risk of neglect by 15.7% ($B: -.157, P$ value $< .003$) (Table 5).

4. Discussion

This study explored the different types of CM, including physical, psychological, sexual abuse, and neglect perpetrated toward child laborers, and found that almost all children experienced at least one form of CM which is consistent with the previous studies [20, 21]. Due to poverty, hundreds of thousands of children are forced to work as laborers. The social position of these children is extremely poor, and in the majority of cases, they do not have any rights in society [31]. Likewise, in this study, the high prevalence of various types of CM is linked to their subordinate position in society and family [32].

Reddy [33] asserts that child labor is a form of abuse that is often hidden. However, most studies on child labor and CM focus only on the economic exploitation aspect, neglecting the intentional violence that child laborers may experience [24]. Hadi [19] noted that children who work are particularly vulnerable to intentional abuse.

In line with the World Health Organization [34], various studies have indicated that child laborers are more likely to experience psychological abuse compared to other types of abuse [14, 19, 35, 36]. Our study also supports these findings, revealing a higher prevalence of psychological abuse among child laborers compared to other forms of abuse. Similarly, other studies that have employed the ICAST tool to investigate CM have found higher rates of psychological abuse than other types of abuse [30, 37].

There is a close relationship between abuse and poverty, as highlighted by Skinner et al. [38]. They found that poverty, whether it is at the family, community, or economic level, is consistently and significantly linked to maltreatment. The lowest income groups in Bangladesh are day laborers, who earn between one and five USD per day, with child day laborers enduring the most challenging conditions, as reported by Shameem [39]. This factor may contribute to the high prevalence of CM in this study.

The application of the ICAST tool in our study uncovered a higher incidence of psychological abuse among child laborers, including instances of shouting, yelling, screaming, forbidding children from going out, separating them from others, and publicly embarrassing them. These results are consistent with other studies investigating maltreatment in children who are not laborers [40, 41].

The study findings indicate that child laborers commonly experience slapping, hitting (excluding the buttocks), and ear twisting. Studies utilizing the same ICAST tool as in this research found that children, even though they were not

TABLE 3: Lifetime (LT) and the past year (PY) prevalence rates for each PsyA, PA, SA, and neglect-related item, $n = 378$.

Items of abuse	Lifetime prevalence		Past year prevalence	
	$n = 378$	%	$n = 378$	%
<i>Psychological abuse</i>				
Shouted, yelled, or screamed at	346	91.5	321	84.9
Forbidden from going out	257	68.0	218	57.7
Put in time out	258	68.3	220	56.1
Embarrassed publicly	230	60.8	184	48.7
Privileges or money taken away	198	52.4	173	45.8
Ignored	192	50.8	148	39.2
Threatened to invoke harmful people, ghosts, or evil spirits against the child	229	60.6	136	36.0
Insulted by being called dumb, lazy	180	47.6	131	34.7
Food taken away	149	39.4	88	22.4
Threatened of being abandoned	139	36.8	94	24.9
Locked out of home	114	30.2	76	20.1
Cursed	126	33.3	84	22.2
Blamed for misfortune	94	24.9	50	13.2
Wished that the child had never been born or was dead	95	25.1	43	11.4
Stopped from being with other children	53	14.0	21	5.6
Stolen from or breaking of belongings	38	10.1	20	5.3
Hurtful prejudice (gender, race, ethnicity, skin color, etc.)	27	7.1	14	3.7
Threatened with bad marks not deserved	21	5.6	7	1.9
Threatened to hurt or kill	20	5.3	4	1.1
Embarrassed the child because s/he is an orphan	2	.5	—	—
<i>Physical abuse</i>				
Slapped in the head or face	360	95.2	228	60.3
Hit elsewhere except the buttocks with an object	291	77.0	208	55.0
Ear twisted	268	70.9	177	46.8
Stand/kneel for punishment	254	64.8	169	44.7
Shaken	112	29.6	76	20.1
Hit on the head with knuckles	121	32.0	74	19.6
Hit on the buttocks with an object	95	25.1	68	18.0
Spanked	119	31.5	53	14.0
Kicked	126	33.3	52	13.8
Hair pulled	75	19.8	51	13.5
Locked up	59	15.6	32	8.5
Given drugs or alcohol	40	10.6	24	6.3
Choked	72	19.0	17	4.5
Burned or scalded	16	4.2	12	3.2
“Beaten-up”	37	9.8	11	2.9
Pinched in	11	2.9	10	2.6
Putting pepper or spicy food in the mouth	—	—	—	—
<i>Sexual abuse</i>				
Watched pornography	47	12.4	39	10.3
Looked at their private parts	6	1.6	3	.8
Touched private parts	5	1.3	3	.8
Forced sex	1	.3	1	.3

TABLE 3: Continued.

Items of abuse	Lifetime prevalence		Past year prevalence	
	<i>n</i> = 378	%	<i>n</i> = 378	%
<i>Neglect</i>				
Unmet medical needs	239	63.2	177	46.8
Went hungry or thirsty	141	37.3	77	20.4
Inadequate clothing	100	26.5	59	15.6
Felt unimportant	105	27.8	26	6.9
Hurt or injured due to inadequate supervision	54	14.3	19	5.0
Felt not cared for	22	5.8	8	2.1

working, are primarily subjected to physical abuse through pushing, grabbing, kicking, beating, hair pulling, and being forced to bear heavy loads as punishment [40, 42]. No study was identified that focused solely on child laborers to compare our findings regarding the prevalence of different forms of abuse. These results underscore the need for more comprehensive studies to examine the extent of physical abuse experienced by child laborers.

According to our research, children who feel safe at home are more likely to experience physical abuse. Studies show that in the Bangladeshi context, almost all children experience abuse at home, as corporal punishment is a widely accepted cultural norm, and children believe parents administer punishment for their own betterment [32]. Naturally, a home is considered the safest place for children. However, we found that despite their feelings of safety at home, they are abused more frequently. The finding supports the literature that children are more likely to experience abuse at home from those who are closest to them (UNICEF, 2020).

Studies have revealed that neglect is the most prevalent form of CM [43], but it often remains unnoticed because there are no visible symptoms. de Silva [13] highlighted that neglect is not always recognized as maltreatment in South Asian countries, including Bangladesh. This study found neglect rates to be high, with approximately 80% of LT cases reporting at least one form. Other studies conducted in Bangladesh [21], Nepal [44], and India [45] using similar and different tools found comparable results. However, poverty in Bangladesh can overshadow neglect since families living in poverty struggle to provide basic needs and supervision to their children. The lower prevalence rate of neglect compared to physical and psychological maltreatment may reflect a lack of understanding of the concept in the local context.

In addition to the above, the current study revealed significant neglect toward child laborers, especially concerning essential needs like medical attention, food, and clothing. This outcome contrasts with the research conducted by Al-Eissa et al. [30], which identified feelings of being uncared for and unimportant as the prevalent types of neglect experienced by Saudi children. This difference can be attributed to the economic disparities between Bangladesh and Saudi Arabia.

Cases of sexual abuse among child laborers were less prevalent than other forms of maltreatment over the PY and LT. This finding is consistent with data reported by children in previous studies that utilized the ICAST tool [40].

However, unlike other studies [46], we found that child laborers were mostly victimized by being forced to watch pornography. Sexual abuse against male children is a severely neglected, overlooked, and invisible issue in the Bangladeshi cultural context. Female children are protected from sexual abuse by their families, whereas male children are disregarded, and family members are unaware of this form of abuse, leaving male children susceptible, particularly in institutional settings such as religious schools, boarding schools, and workplaces [47]. The higher prevalence of sexual abuse in this study revealed the fact that male child is also vulnerable to sexual abuse and need further exploration.

While previous research has predominantly focused on poverty as a factor in the occurrence of CM among child laborers [48, 49], this study measured a range of different variables, including religion, living arrangements, witness victimization, and parental education. The linear regression model showed that child laborers who lived with someone other than their parents were highly exposed to all forms of CM. This finding is consistent with a study on child labor in India that found that accommodation in the workplace away from parents increased working children's exposure to different forms of maltreatment [50].

The current study also revealed that children living apart from their primary caregiver were at a significantly higher risk of exposure to physical and psychological abuse, which was linked to witness victimization, including witnessing adults shouting and using weapons. Additionally, physical and psychological abuse was linked to being bullied by siblings.

Research has consistently shown that parental characteristics, particularly their education level, can influence the likelihood of CM. Children of parents with higher levels of formal education are less likely to experience CM [51, 52]. Conversely, the present study revealed that children of parents with nonformal education are at a higher risk of experiencing physical and psychological abuse, as well as neglect. In Iran, a study found that mothers with low levels of education and inadequate knowledge about child-rearing practices were more likely to use corporal punishment on their children [53]. In Bangladesh, traditional upbringing practices by lower-educated parents are a leading cause of CM.

Like previous studies [50], this research found that child laborers who live away from their parents or workplace are at greater risk of experiencing sexual abuse. Other studies have also reported that social stressors [54, 55], disorganized family

TABLE 4: Mean and standard deviation of psychological abuse, physical abuse, sexual abuse, and neglect scores.

	N	Psychological abuse score		Physical abuse score		Sexual abuse score		Neglect score	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Birth order of the child	118	37.38	9.5	28.31	7.46	5.3	1.21	9.37	2.47
	102	35.76	9.55	27.71	7.52	5.36	.83	8.97	2.53
	91	36.89	8.53	27.51	6.4	5.35	.86	8.95	2.23
	67	37.43	8.34	27.9	7.02	5.33	1.22	9.48	2.55
		<i>P</i> value = .937		<i>P</i> value = .773		<i>P</i> value = .957		<i>P</i> value = .739	
Marital status	369	36.75	9.14	27.88	7.14	5.32	.97	9.18	2.46
	9	40.22	5.63	28.11	7.49	5.89	2.67	9.22	1.99
		<i>P</i> value = .258		<i>P</i> value = .923		<i>P</i> value = .104		<i>P</i> value = .958	
Smoking	280	36.67	8.86	27.97	7.19	5.31	1.01	9.11	2.48
	98	35.37	9.73	27.63	7.02	5.39	1.12	9.38	2.36
		<i>P</i> value = .544		<i>P</i> value = .686		<i>P</i> value = .547		<i>P</i> value = .354	
Living arrangement	362	36.51	9.01	27.56	6.95	5.3	.94	9.12	9
	16	44.25	7.38	35.31	7.37	6.13	2.28	10.56	2.45
		<i>P</i> value = .001		<i>P</i> value < .001		<i>P</i> value = .002		<i>P</i> value = .021	
Religion	356	36.63	9.08	27.77	7.13	5.35	1.07	9.12	2.35
	22	40.14	8.63	29.73	7.09	5.05	.21	10.23	3.6
		<i>P</i> value = .079		<i>P</i> value = .212		<i>P</i> value = .180		<i>P</i> value = .038	
Safe feeling at home	350	36.93	9.16	27.99	7.21	5.29	.9	9.14	2.45
	28	35.71	8.17	26.5	6.07	5.82	2.06	9.68	2.44
		<i>t</i> value = .679; <i>P</i> value = .498		<i>t</i> value = 1.066; <i>P</i> value = .287		<i>t</i> value = -2.606; <i>P</i> value = .010		<i>t</i> value = -1.121; <i>P</i> value = .263	
Adult at home shouting in a frightening way	123	33.59	7.96	25.89	5.1	5.55	1.36	8.8	2.675
	255	38.4	9.19	28.85	7.76	5.23	.82	9.36	2.31
		<i>P</i> value < .001		<i>P</i> value < .001		<i>P</i> value = .004		<i>P</i> value = .038	
Witnessing adult's physical violence	86	36.03	9.48	27.2	5.48	5.43	1.32	9.44	2.95
	292	37.07	8.97	28.09	7.55	5.3	.94	9.1	2.28
		<i>P</i> value = .353		<i>P</i> value = .311		<i>P</i> value = .325		<i>P</i> value = .259	
Witnessing adult at home using a weapon	329	36.03	8.71	27.26	6.54	5.33	1.05	9.16	2.48
	49	42.24	9.74	32.06	9.34	5.33	.94	9.35	2.26
		<i>P</i> value < .001		<i>P</i> value < .001		<i>P</i> value = .961		<i>P</i> value = .609	

TABLE 4: Continued.

	N	Psychological abuse score		Physical abuse score		Sexual abuse score		Neglect score	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Bullied by siblings	250	35.51	8.99	26.74	6.69	5.35	1.05	9.13	2.49
	128	39.42	8.72	30.11	7.47	5.3	1.02	9.27	2.36
		P value < .001		P value < .001		P value = .702		P value = .596	
Father's education	216	36.88	10.28	28.96	7.71	5.51	1.27	9.02	2.66
	100	38.27	7.72	28.07	6.4	5.09	.51	9.6	2.22
	62	34.39	5.58	23.82	4.14	5.11	.52	9.05	1.92
		P value = .030		P value < .001		P value = .001		P value = .135	
Mother's education	168	36.27	10.18	28.6	7.785	5.55	1.34	8.81	2.55
	156	37.81	8.07	27.99	6.34	5.15	.65	9.65	2.47
	54	35.78	8.046	25.35	6.75	5.19	.68	8.98	1.74
		P value = .206		P value = .014		P value = .001		P value = .007	
Age of the children		Pearson $r = .067$; P value = .195		Pearson $r = -.026$; P value = .608		Pearson $r = .09$; P value = .08		Pearson $r = .015$; P value = .76	
		Pearson $r = .028$; P value = .585		Pearson $r = -.017$; P value = .743		Pearson $r = -.001$; P value = .980		Pearson $r = .073$; P value = .156	
Year of schooling of children		Pearson $r = -.038$; P value = .461		Pearson $r = -.022$; P value = .668		Pearson $r = .032$; P value = .532		Pearson $r = -.131^*$; P value = .011	

* P value less than .05 is statistically significant.

TABLE 5: Predicting factors of different types of CM.

	Psychological			Physical abuse			Neglect			Sexual abuse		
	B	Beta	P value	B	Beta	P value	B	Beta	P value	B	Beta	P value
Age	.490	.090	.085	-.082	-.019	.704	.076	.052	.360	.031	.049	.378
Birth order of the child												
1 st	1.543	.079	.335	1.625	.106	.183	.309	.059	.505	.033	.015	.865
2 nd	-.573	-.028	.707	.549	.034	.637	-.093	-.017	.832	.114	.049	.542
3 rd	-.031	-.001	.983	-.415	-.025	.704	-.164	-.029	.693	.004	.002	.980
No. of child	.011	.002	.978	.010	.002	.976	.191	.102	.120	.026	.033	.610
Marital status												
Unmarried (ref)												
Married	-.749	-.013	.792	1.062	.023	.624	.336	.021	.683	-.592	-.087	.089
Smoking												
No (ref)												
Yes	-.181	-.009	.864	-.539	-.033	.503	.116	.021	.706	-.015	-.006	.907
Year of schooling	-.079	-.022	.664	.072	.025	.604	-.157	-.161	.003*	.015	.035	.514
Living arrangement												
Parents (ref)												
Other than parents	6.762	.150	.002*	6.695	.189	<.001*	1.359	.112	.030*	.707	.137	.008*
Religion												
Muslim (ref)												
Hindu	4.774	.123	.011*	2.746	.090	.054	1.318	.126	.015*	-.298	-.067	.192
Safe feeling at home												
Always (ref)												
Not always	-2.778	-.080	.095	-3.170	-.116	.013*	.499	.053	.300	.441	.111	.030*
Adult at home shouting in a frightening way												
No (ref)												
Yes	5.204	.269	<.001*	3.617	.238	<.001*	.439	.084	.118	-.220	-.099	.064
Witnessing adult's physical violence												
No (ref)												
Yes	2.020	.093	.055	2.049	.121	.011*	-.333	-.057	.274	-.139	-.056	.280
Witnessing adult at home using a weapon												
No (ref)												
Yes	5.144	.191	<.001*	4.249	.200	<.001*	-.007	-.001	.986	-.027	-.009	.867
Bullied by siblings												
No (ref)												
Yes	3.388	.177	.001*	2.942	.195	<.001*	-.023	-.004	.937	-.151	-.069	.216
Father's education												
Secondary and above (ref)												
Nonformal	4.600	.251	.006*	6.152	.427	<.001*	.385	.078	.426	.159	.076	.436
Primary	4.657	.226	.003*	4.797	.297	<.001*	.567	.102	.211	-.111	-.047	.561
Mother's education												
Secondary and above (ref)												
Nonformal	-2.382	-.130	.182	-.759	-.053	.576	-.442	-.090	.392	.136	.065	.532
Primary	-.897	-.049	.562	-.632	-.044	.592	.414	.083	.356	-.118	-.056	.535
R squared		.229			.274			.108			.116	
Adjusted R squared		.188			.236			.061			.069	

B: unstandardized coefficients; beta: standardized coefficients (enter method). * P value is statistically significant.

environments [36], and abusive behaviors of perpetrators within the home environment [56] can create an unsafe and insecure environment for children, making them more vulnerable to sexual abuse. Similarly, this study also found that child laborers in these unsafe environments were highly susceptible to sexual abuse. The parent's level of formal education may also play a role, as children with parents who have lower levels of education were found to be at a higher risk of sexual abuse.

Belsky's ecological model suggests that socioeconomic and cultural factors at the macrolevel have a significant influence on the high prevalence of CM. The Bangladesh Labour Act of 2006 allows children aged 14 and above to work and defines a child as someone under 14 years old, whereas the Children Act 2013 defines a child as anyone under the age of 18, regardless of what other laws may state. This inconsistency in the definition of a child increases the risk of child labor and CM. Although Bangladesh ratified the Convention on the Rights of the Child in 1990, there are no explicit laws that prohibit CM. Moreover, several laws still permit the use of corporal punishment against children (global initiative to end all corporal punishment of Children, 2018). Collectively, these macrolevel factors contribute to the higher incidence of CM in Bangladesh.

Since gaining independence in 1971, Bangladesh has experienced recurring political violence, oppression against minorities, and natural disasters [57]. These macrolevel factors, along with poverty, contribute to social inequality. Social inequality, in turn, leads to social shame, which may be linked to family and community-level violence against children, especially in religious minority communities within a predominantly Muslim Bengali society [58]. Our findings on the risks of psychological abuse and neglect among the Hindu religious community may support this explanation.

Child labor is associated with various forms of maltreatment, such as being compelled to work at a young age and experiencing physical, psychological, and sexual abuse, as well as neglect at work and home. To combat this issue, South Asian countries like Bangladesh must adopt a multipronged strategy that includes implementing labor restrictions, providing education for both children and parents, promoting gender equity, and valuing cultural norms that prioritize child welfare.

4.1. Limitations of the Study. Despite being one of the distinctive studies in the perspective of Bangladesh, this study has the following shortfalls: As this study was conducted in a subdistrict of Bangladesh, hence lacks generalizability. Besides, this was a cross-sectional study, which may not exhibit real-time scenarios in some cases. We cannot differentiate between the abuses experienced by male children at home and at work because the ICAST C tool measures CM in a general way. Additionally, there was a constriction of time during study conduction. As a result, studies with a larger population of both urban and rural areas for a longer period or longitudinal nature are recommended.

5. Conclusion

The results of this study reported a vulnerable picture of the higher prevalence of CM among male working children in

informal employment sectors in rural Bangladesh. It is revealed that various demographic and sociocultural factors, including living arrangements, religious beliefs, exposure to distressing situations, and fathers' low levels of education, contribute to this vulnerability.

To effectively address these issues, targeted interventions are needed, considering the unique circumstances and characteristics of working children in this context to mitigate CM among this group.

Child labor is closely tied to poverty; therefore, the government should take the initiative to combat poverty in society. While Bangladesh has made significant economic progress over the last decade, child labor remains a problem. Recent surveys have shown a slight overall increase in child labor but a significant decrease in hazardous labor. Consequently, the government should take the initiative to increase public awareness regarding the harmful consequences of child labor and CM on children's physical and psychological well-being, including educational programs. Public awareness campaigns led by NGOs and government bodies can play a pivotal role in changing societal norms and perceptions surrounding CM.

The government of Bangladesh should prioritize developing and implementing robust, culturally sensitive, and inclusive child protection policies. These policies should focus on prevention and include intervention and rehabilitation strategies. Ensuring effective enforcement and monitoring of these policies is essential.

Child safety and well-being are closely linked to the achievement of Sustainable Development Goal (SDG) target 8.7, which calls for eradicating child labor and protecting children from all forms of abuse and exploitation. Aligning policies and initiatives with this SDG is crucial to ensure a brighter future for working children in Bangladesh.

By implementing these strategies, we can strive to create a more secure and nurturing environment for the vulnerable children of Bangladesh, safeguarding their rights and futures.

Data Availability

Our dataset contains sensitive information. Additionally, we have assured respondents and the ethical board that we will not make the data publicly available; it will be shared only upon specific requests.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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