Journal of Institute of Medicine Nepal
Institute of Medicine, Kathmandu, Nepal

OPEN ACCESS

Original Article

JIOM Nepal. 2025 Aug;47(2):74-81.

Physical Status and Psychosocial Wellbeing of Child Domestic Workers in Selected Wards of Pokhara

Ratna Shila Banstola[1], Usha Kiran Paudel[2], Romina Shrestha[2]

Author(s) affiliation

[1]*Pokhara Nursing Campus, Institute of Medicine, Tribhuvan University, Pokhara, Nepal*

[2]*Maharajgunj Nursing Campus, Institute of Medicine, Tribhuvan University, Kathmandu, Nepal*

Corresponding author

Romina Shrestha, MN, MA
rominashrestha72@gmail.com

ABSTRACT

Introduction

Child domestic workers (CDWs) face unique physical and psychosocial challenges; however, research on these issues is limited. This study assesses the nutritional status, physical health, and psychosocial problems among CDWs in selected wards of Pokhara.

Methods

A cross-sectional study was conducted among 125 CDWs using a snowball sampling. Data were collected via semi-structured interviews and physiological measurements. Descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Chi-square test) at a 5% significance level were used. Odds ratios were calculated at a 95% confidence interval. Data analysis was performed using SPSS version 16.

Results

Among the CDWs, 50.9% reported inadequate fulfilment of basic needs; 50.4% exhibited stunted stature, 35.2% had low weight for age, and 16.8% were underweight based on BMI. Male CDWs (p = 0.001, OR = 4.929) and those obtaining less than seven hours of sleep per night (p = 0.003, OR = 5.77) demonstrated significantly greater odds of being underweight. Health problems were reported by 47.2%, while 50.9% had sustained work-related injuries. Older CDWs (p = 0.011, OR = 2.679) were significantly more likely to report health problems. Psychosocial problems were observed in 25.6% of the CDWs and were significantly associated with working over eight hours daily (p = 0.036, OR = 2.450), inadequate fulfilment of basic needs (p = 0.002, OR = 3.868), and dissatisfaction with work (p = 0.003, OR = 3.471).

Conclusion

Poor nutrition among child domestic workers was associated with inadequate sleep and male sex; health and psychosocial problems correlated with older age, long hours, unmet needs, and dissatisfaction, warranting further longitudinal research.

Keywords
BMI; child domestic workers; child labor; nutritional status; psychosocial problems

DOI
10.59779/jiomnepal.1369

Submitted
Feb 25, 2025

Accepted
Jul 28, 2025

INTRODUCTION

Child labour is a significant global issue, and Nepal is no exception (International Labour Organization.[1] Although the Children's Act is designed to protect children from harmful work that affects their education and development, Nepal's child labour report revealed that 1.1 million (15.3%) of the seven million children aged 5-17 in Nepal are engaged in child labor.[1] Worldwide, 7.1 million children are involved in domestic work that constitutes child labor.[2] The government aims to eliminate child labour by 2025, but child labour has increased in domestic work, agriculture, and brick kilns post-COVID-19.[3]

Child domestic work is linked to various hazards, including long working hours, carrying loads, handling sharp objects and hot pans, inadequate food, and poor accommodation.[4,5,6] The denial of fundamental rights like education, healthcare, rest, and regular contact with parents leads to irreversible physical, psychological, and moral harm.[2,6]

Girls are more likely to engage in hidden domestic labor, leaving them vulnerable to abuse. Studies show child domestic workers (CDWs) face physical abuse, malnutrition, and stunting.[2] In Pakistan, 8.3% of CDWs faced physical abuse, and 90% were stunted.[7] Similar issues were reported in Bangladesh and the Philippines, showing poor nutritional status and effects on school attendance and academic performance.[8,9]

In Kathmandu, working children suffer from significant growth deficits and poor health.[10] A study of 103 rescued children found 72% experienced maltreatment.[11] Child labour is linked to malnutrition, growth issues, infectious diseases, and emotional disorders. Despite these findings, there is a lack of studies in Nepal on the nutritional and health status of CDWs. This study aims to assess the nutritional status, physical health and psychosocial wellbeing of CDWs in selected wards of Pokhara.

METHODS

A descriptive cross-sectional study was conducted to assess the nutritional status. physical health and psychological wellbeing of child domestic workers (CDWs)in Pokhara Metropolitan City, Nepal. The study included a total of 125 CDWs, selected using the snowball sampling technique. Ethical approval was obtained from the Institutional Review Committee of Tribhuvan University, Institute of Medicine (Approval No:108), and permission was secured from employers for data collection.

Prior to data collection, participants were introduced to the study objectives, assured of confidentiality, and informed that their participation was voluntary, with the right to withdraw at any stage. Assent from the participants and the written consent from their employer was obtained. Data were collected through face-to-face interviews and physiological measurements. A semi-structured interview schedule, developed based on the survey questionnaire of the International Labour Organization (ILO) and CWISH, was employed.[12,13] Basic needs assessment was conducted using a 10-item questionnaire, where the median score was used to categorize participants into below-average and average/above-average fulfilment groups. The questions included to measure basic need were; do you get regular meal?, do they give same food as other in the employer's family eat?, does it satisfies your hunger?, do you have seasonally appropriate clothes to wear?, where do you sleep?, how many hours do you sleep?, do you have your warm bed and mosquito net?, does your employer give concern if you are sick?, what your employer does if you get sick?, and do you get time to play or a free time to do your own work/recreation/ rest etc.?. Psychosocial well-being was assessed using the Nepali version of the Pediatric Symptom Checklist (Y-PSC), which had a Cronbach's alpha of 0.77, comprising 35 items on a 3-point scale with a cutoff score of 28.[14]

Physical health was evaluated by inquiring about reported health issues and injuries. Nutritional status was determined through height and weight measurements, with height-for-age, weight-for-age, and BMI percentiles calculated and interpreted using the CDC growth chart (<5th percentile classified as low weight/height for age). All collected data were used solely for research purposes. Statistical analysis was performed using SPSS version 16, employing both descriptive statistics (frequency, percentage, and mean) and inferential statistics (chi-square test, Fisher's exact test, and odds ratio), with a significance level set at $p < 0.05$.

RESULTS

Socio-demographic Information

Table 1 found that the mean age of child domestic workers (CDWs) was 14.2 ± 1.67 years. The proportion of female respondents (60%) exceeded that of male respondents (40%). In terms of ethnic composition, 42.4% of the participants belonged to the Janajati group. Additionally, 41.6% of CDWs commenced employment at or before the age of 10 years.The majority of respondents (60%) were engaged exclusively in household tasks within their employers' residences, while the remaining 40% also assisted in business-related activities, such as working in hotels, restaurants, shops, and farms. With regard to working hours, a significant proportion (51.8%) reported working for eight or more hours per day. Furthermore, access to weekly rest was notably limited, with only 1.6% of respondents receiving a weekend off.

Table 1. *Socio-demographic and work related characteristics of the respondents (n=125)*

Characteristics	Frequency (%)
Age	
11-13 years	44 (35.2)
14-16 years	81 (64.8)
Mean ± SD = 14.2 ± 1.67	
Sex	
Female	75 (60.0)
Male	50 (40.0)
Ethnicity	
Janajati	53 (42.2)
Brahmin/ Chhetri	38 (30.4)
Dalit	34 (27.2)
Age at started work	
≤ 10 years	52 (41.6)
>10 years	73 (58.4)
Mean age 11.01 years and SD ± 2.09	
Type of work	
Household work only	75 (60.0)
Housework + outside	50 (40.0)
Working Hours	
<8 hours	53 (48.2)
≥8 hours	57 (51.8)
Weekend Holiday	
Yes	2 (1.6)
No	123 (98.2)
Basic need	
≥average met	54 (49.1)
<average met	56 (50.9)

Table 2. *Reported physical health problems, physiological measurements, and psychosocial well-being of respondents (n=125)*

Characteristics	Frequency (%)
Physical Health Problems	
Physical illness in the past six months	
Yes	59 (47.2)
No	66 (52.8)
If Yes, Reported Health Problems (n=59)	
Fever	18 (30.5)
Headache	18 (30.5)
Common cold and cough	15 (25.4)
Sore throat and tonsillitis	7 (11.9)
Abdominal pain	5 (8.5)
Diarrhea and vomiting	2 (3.4)
Eye problem	2 (3.4)
Joint pain	2 (3.4)
Physiological Measurements	
Weight for Age	
<5th Percentile (Low Weight)	44 (35.2)
5th – 50th Percentile (Normal Weight)	81 (64.8)
Height for Age	
<5th Percentile (Short Stature)	63 (50.4)
5th – 50th Percentile (Normal Height)	62 (49.6)
BMI Classification	
<5th Percentile (Underweight)	21 (16.8)
5th to 85th Percentile (Normal Weight)	101 (80.8)
More than 85th Percentile (Overweight)	3 (2.4)
Psychosocial Problems (Y-PSC)	
Problem Not Present	93 (74.4)
Problem Present	32 (25.6)

Table 2 revealed that nearly half (47.2%) of the respondents reported experiencing a health problem in the past six months, with fever and headache being the most common (30.5% each), followed by common cold (25.4%), sore throat (11.9%), abdominal pain (8.5%), and joint pain (3.4%). Regarding physiological measurements, 35.2% of the respondents had low weight for their age, while 50.4% had short stature, indicating possible nutritional deficiencies. BMI data showed that 16.8% were underweight, 2.4% were overweight, and the majority (80.8%) fell within the normal range. Additionally, 25.6% of respondents exhibited psychosocial problems, emphasizing the need for attention to mental health. Overall, the findings highlight significant concerns related to physical health, nutrition, and psychosocial well-being, necessitating interventions in preventive healthcare, nutritional support, and mental health programs.

Table 3 demonstrated that, among the selected variables, only age showed a statistically significant association with reported physical health problems. CDWs were found to be 2.6 times more likely to report physical health problems as their age increased.

Table 3. Association of socio-demographic and work related variables with reported health problem of the respondents (n=125)

Socio-demographic and work related characteristics		Physical Health Problem		OR (95%CI)	p value
		No	Yes		
Age					
	11-13 years	30(68.1)	14(31.8)	1	0.011*
	14-16 years	36(44.4)	45(55.5)	2.679 (1.239- 5.791)	
Sex					
	Female	41(54.6)	34(45.3)	1	0.609
	Male	25(50.0)	25(50.0)	1.206 (0.589- 2.470)	
Ethnicity					
	Brahmin/Chhetri	20(52.6)	18(47.3)		0.536
	Janajati	22(41.5)	31(58.4)		
	Dalit	17(50.0)	17(50.0)		
Type of work					
	Household work only	43(57.3)	32(42.7)	1	0.214
	Household + outside work (Helping employer's business work)	23(46.0)	27(54.0)	1.577 (0.786- 3.241)	
Working hour					
	<8 hours	30(50.8)	29(49.2)	1	0.679
	≥8 hours	36(54.5)	30(45.5)	0.862 (0.426 - 1.743)	
Basic need					
	<average met	33(55.0)	27(45.0)	1	0.636
	≥average met	33(50.8)	32(49.2)	1.185 (0.586 - 2.395)	
Work satisfaction					
	No	38(52.8)	34(47.2)	1	0.995
	Yes	28(52.8)	25(47.2)	0.998 (0.490 - 1.907)	
Abuse by the employer					
	No Abuse	65(53.7)	56(46.3)	1	0.343 a
	Abuse present	1(25.0)	3(75.0)	3.482 (0.3523-4.428)	

Table 4 illustrated a significant association between sex, night sleep, and the BMI percentile of the CDWs.

Table 5 illustrated the association between work-related variables and the occurrence of psycho-social problems. Among the various factors, a significant association was found between working hours, the fulfilment of basic needs, work satisfaction, and abuse by the employer. An increase in working hours per day was associated with a higher prevalence of psycho-social problems, with the likelihood being 2.4 times greater. Children whose basic needs were not fully met were 3.8 times more likely to experience psycho-social problems. Additionally, those who expressed dissatisfaction with their work and working conditions were 3.4 times more likely to suffer from psycho-social issues compared to those who reported satisfaction.

DISCUSSION

This study identified that 51.8% of child domestic workers (CDWs) worked for ≥8 hours daily, with a mean working duration of 8.34 hours, and only 1.8% received a weekend holiday. These findings align with national studies reporting that most CDWs engage in household work for 12 to 18 hours per day, leaving inadequate time for rest and sleep, with the majority lacking weekly leave.[16] International studies also indicate that CDWs typically work over 8-10 hours daily, primarily indoors, without weekends.[18,19]

Table 4. Association between socio-demographic and work-related characteristics and BMI of the respondents (n=125)

Socio-demographic Characteristics		BMI		OR (95%CI)	p value
		<5th Percentile No (%)	<5th Percentile No (%)		
Age					
	11-13 years	10(22.7)	34(77.3)	1	
	14-16 years	11(13.6)	70(86.4)	0.534 (0.207- 1.381	0.191
Sex					
	Female	6(8.0)	69(92.0)	1	
	Male	15(30.0)	35(70.0)	4.929 (1.759 - 13.811)	0.001*
Type of work					
	Household work only	10(13.3)	65(86.7)	1	
	Household + outside	11(22.0)	39(78.0)	1.833 (0.713- 4.712)	0.204
Working hour					
	<8 hours	11(16.7)	49(83.1)	1	
	≥ 8 hours	10(16.9)	55(83.3)	0.980 (0.383 –2.506)	0.966
Night Sleep					
	≥7 hours	51(94.4)	3(5.6)	1	
	<7 hours	53(74.6)	18(25.4)	5.77(1.60-20.79)	0.003*
Basic need					
	≥average met	11(18.3)	49(81.7)	1	
	<average met	10(15.4)	55(84.6)	0.810 (0.317- 2.071)	0.660

The study further revealed that 50.9% of CDWs had below-average fulfilment of basic needs. Adolescents require sufficient rest and sleep; however, 88.75% of participants reported receiving less than seven hours of sleep per night. Prior research has similarly demonstrated that these children are deprived of rest, sleep, education, and healthcare when ill.[16,19] CDWs often face denial of their fundamental rights, including education and recreation, and are subjected to excessive workloads inappropriate for their age. They frequently experience physical confinement and food deprivation, with employers imposing unrealistic work expectations.[15,20]

Regarding health concerns, 47.2% of CDWs reported at least one health issue, including fever, headaches, colds, coughs, sore throat, and tonsillitis, findings consistent with prior studies. In Kathmandu, 40% of CDWs reported similar ailments, while a broader study found that over 71% of child labourers experienced health problems, with 19% suffering from fever, muscle cramps, and respiratory issues.[14,19] Work-related injuries were also prevalent, with 50.9% of participants reporting cuts, burns, or other injuries, comparable to earlier findings where 43.4% of CDWs experienced cuts and 25% reported both cuts and burns.[16] Prior studies also documented burns, cuts, eye injuries, and machine-related accidents among 37.6% of CDWs.[21] A significant association was observed between increasing age and health issues, with older children reporting more problems (OR=2.6, 95% CI: 1.239–5.791). Research suggests that prolonged engagement in child labour exacerbates health complications.[4] Further investigations are necessary to determine why older children experience greater health burdens.

Nutritional assessments indicated that 35.2% of CDWs were underweight (<5th percentile weight-for-age), while 50.4% exhibited stunted growth (<5th percentile height-for-age). According to BMI percentiles, 16.8% were classified as underweight. Nepal Demographic Health Survey also revealed that 25% of children under five years old are stunted and 19% are underweight.[22] Therefore, even in general population, the larger number of children has low weight and height for their age and they are tended to be less likely to achieve optimum growth afterwards as well. Similarly, report also identified that 27% of Nepalese adolescent girls are of short stature, and 26% are thin, while 41% of adolescent boys are thin.[22] In addition, findings of this study also align with previous studies, where 56.6%

Table 5. Association between work related characteristics and psycho-social problem of the respondents (n=125)

Work Related Characteristics	Psycho-Social problem		OR (95%CI)	p value
	Not Present	Present		
Age				
11-13 years	33(75.0)	11(25.0)	1	
14-16 years	60(74.0)	21(26.0)	1.050 (0.451- 2.442)	0.910
Sex				
Female	59(78.6)	16(21.3)	1	
Male	34(68.0)	16(32.0)	1.735(0.771- 3.906)	0.181
Type of work				
Household work only	59(78.6)	16(21.4)	1	
Household + outside work (Helping employer's business work)	34(68.0)	16(32.0)	1.735 (0.771- 3.906)	0.181
Working hour				
<8 hours	49(83.1)	10(16.9)	1	
≥8 hours	44(66.7)	22(33.3)	2.450 (1.046 – 5.739)	0.036*
Basic need				
≥ average met	56(86.2)	9(13.8)	1	
<average met	37(61.7)	23(38.3)	3.868 (1.612- 9.282)	0.002*
Work satisfaction				
Yes	61(84.5)	11(15.5)	1	
No	32(60.4)	21(39.6)	3.471 (1.492- 8.074)	0.003*
Abuse by the employer				
No Abuse	92(76.0)	29(24.0)	1	
Abuse present	1(25.0)	3(75.0)	9.517 (0.953-95.054)	0.051

of CDWs had low height-for-age, and only 5.3% had normal weight-for-age.[17] A Cambodian study similarly reported that over half of child labourers were stunted and underweight.[23] Research from Iran found that working children were, on average, 3.7 cm shorter and 5.7 kg lighter than non-working peers (P=0.02).[24] In Bangladesh, 26%, 15%, and 26% of child labourers were stunted, wasted, and underweight, respectively, with 39% classified as thin based on BMI-for-age.[8]

This study established a significant association between working hours, fulfilment of basic needs, job satisfaction, and psychosocial issues. CDWs working over eight hours daily were 2.4 times more likely to suffer from psychosocial problems. Those with below-average basic need fulfilment were 3.8 times more likely to experience psychosocial distress, while dissatisfaction with work increased the likelihood of psychosocial problems by 3.4 times. These findings are consistent with a comparative cross-sectional study in Jordan, which found that working boys aged 10-16 years had lower psychosocial scores, indicating poorer mental well-being.[25] Adolescents working over 20 hours weekly also demonstrated increased behavioural issues,[26] and neglect was linked to higher antisocial and violent behavior.[27] ILO and UNICEF emphasize that the deprivation of children's fundamental rights can have irreversible physical, psychological, and moral consequences.1 Studies from Bangladesh,[28] Pakistan, and Zambia[29,30] have also established a significant association between child labour conditions and psychosocial distress, with Ethiopian research further highlighting the link between child labour and mental health issues.[31]

The findings of this study underscore the heightened vulnerability of CDWs to physical and psychosocial health issues, as well as poor nutritional status, evidenced by their prevalence of underweight and stunting. Focused interventions are essential

to address the underlying determinants of their health challenges, promoting their well-being and development through targeted health and welfare initiatives. The study collected primary data through face-to-face interview and examined the physical and psychosocial wellbeing of child domestic workers. This study has filled the gap in knowledge on the wellbeing of a difficult to reach group of children. Despite these strengths the study is limited in Pokhara metropolitan and the findings could not be generalized to other areas.

CONCLUSION

The prevalence of short stature and underweight was notably high among CDWs, as a significant proportion did not meet age-appropriate weight and height standards, indicating poor nutritional status. Nearly half of the CDWs reported experiencing at least one health issue, while an equal proportion sustained injuries during work. Additionally, a quarter of the participants exhibited psychosocial problems. Although this study alone cannot establish a definitive link between increasing age and worsening conditions, further research is warranted to explore this association. Factors such as working hours, sleep duration, fulfilment of basic needs, and work satisfaction should be considered when designing interventions for this vulnerable group. The study recommends implementing humanitarian and welfare programs to address the challenges faced by CDWs in Pokhara, ultimately improving their nutritional status, physical health, and psychosocial well-being.

ACKNOWLEDGEMENT

The authors express their gratitude to the employers of CDWs for permitting the participation of study respondents.

FINANCIAL SUPPORT

The author(s) did not receive any financial support for the research and/or publication of this article.

CONFLICT OF INTEREST

The author(s) declare that they do not have any conflicts of interest with respect to the research, authorship, and/or publication of this article.

AUTHOR CONTRIBUTIONS

Ratna Shila Banstola: Research concept, research design, literature review, data collection and manuscript preparation; Usha Kiran Poudel: Data collection and data entry and; Romina Shrestha: Research design, literature review, statistical data analysis and manuscript preparation.

REFERENCES

1. International Labour Organization; Central Bureau of Statistics. Nepal Child Labour Report 2021 [Internet]. Kathmandu: ILO; 2021. Available from: https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/%40ilo-kathmandu/documents/publication/wcms_784225.pdf
2. International Labour Office; United Nations Children's Fund. Child Labour: Global Estimates 2020, Trends and the Road Forward [Internet]. New York: ILO & UNICEF; 2021. Available from: https://data.unicef.org/resources/child-labour-2020-global-estimates-trends-and-the-road-forward/
3. US Department of Labor. Findings on the Worst Forms of Child Labor: Nepal [Internet]. Washington (DC): USDoL; 2020. Available from: https://www.ecoi.net/de/dokument/2061952.html
4. Bharti S, Agarwal S. Physical and psychological hazards faced by child labour: a review. IOSR J Humanit Soc Sci. 2013;13(6):29–33. Available from: http://www.iosrjournals.org/iosr-jhss/papers/Vol13-issue6/D01362933.pdf
5. KC BK, Subedi G, Suwal BR. Forced labour of adults and children in agriculture sector of Nepal. Kathmandu: International Labour Organization; 2013. Available from: https://www.researchgate.net/profile/Bal-Kc/publication/250308517
6. Thi AM, Zimmerman C, Pocock NS, et al. Child domestic work, violence and health: rapid systematic review. Int J Environ Res Public Health. 2021;19(1):427. doi:10.3390/ijerph19010427
7. Zainab S, Kadir MM. Nutritional status and abuse among child domestic labourers in Karachi. J Pak Med Assoc. 2016;66(10):1243. Available from: http://ecommons.aku.edu/pakistan_fhs_mc_chs_chs/318
8. Rahman MN, Mistry SK, Hossain MI. Nutritional status of child labourers in Dhaka: cross-sectional study. Bangladesh J Child Health. 2014;38(3):130–6. Available from: https://www.banglajol.info/index.php/BJCH/article/view/22821
9. Cardoso MD, Casiño JM. Child labor, nutrition and academic performance among Filipino children. US-China Educ Rev. 2015;5(9):604–12. doi:10.17265/2161-6248/2015.09.007
10. Joshi SK, Shrestha S, Shrestha R, et al. Health status of child labourers in Nepal. Int J Occup Saf Health. 2012;2(1):31–8. doi:10.3126/ijosh.v2i1.5918
11. Dhakal S, Niraula S, Sharma NP, et al. Abuse, neglect and mental health among rescued child labourers in Nepal. Aust N Z J Psychiatry. 2019;53(12):1199–207.
12. International Labour Organization. Child Labour Baseline Survey 2009 [Internet]. Kathmandu: ILO; 2009. Available from: https://www.ilo.org/sites/default/files/2025-05/CL_Baseline_Survey_Report.pdf
13. CWISH; IPEC. Child Labour in Pokhara and Lekhnath City: Survey Report [Internet]. Pokhara: CWISH; 2012. Available from: https://www.cwish.org.np/
14. Bista B, Thapa P, Sapkota D, et al. Psychosocial problems among adolescent students in central Nepal. Front Public Health. 2016;4:158. doi:10.3389/fpubh.2016.00158
15. Ibrahim A, Abdalla SM, Jafer M, et al. Effects of child labor on health in LMICs: systematic review. J Public Health (Oxf). 2019;41(1):18–26. doi:10.1093/pubmed/fdy018
16. Kaphle M. Problems faced by domestic child workers in Kathmandu. J Manmohan Mem Inst Health Sci. 2011;1(1):36–9. Available from: https://www.nepjol.info/index.php/JMMIHS/article/view/9899
17. Banerjee SR, Bharati P, Vasulu TS, et al. Whole-time domestic child labor in Kolkata. Indian Pediatr. 2008;45(2):579–82. Available from: http://dspace.isical.ac.in:8080/jspui/bitstream/10263/5432/1
18. Khanikor S. Child labour in Assam: study in Dibrugarh. IOSR J Agric Vet Sci. 2013;5(9):10–3. Available from: http://www.iosrjournals.org/iosr-javs/papers/vol3-issue6/A0360104.pdf

19. Chanda P. Child domestic labour and education in Lusaka: case study. Eur Sci J. 2014. Available from: https://eujournal.org/index.php/esj/article/viewFile/4021/3832
20. Islam MR. Child domestic workers in Bangladesh: government initiatives and challenges. Elixir Int J. 2013;60:16498–503. Available from: https://umexpert.um.edu.my/file/publication/00012619_96393.pdf
21. Mondal S, Dalal K, Sahoo DK, et al. Health problems among child labourers in rural India. Health (Irvine Calif). 2016;8(10):931–8. Available from: http://file.scirp.org/Html/2-8203714_68374.htm
22. Ministry of Health and Population (Nepal); New ERA; ICF. Nepal Demographic and Health Survey 2022 [Internet]. Kathmandu; 2023. Available from: https://dhsprogram.com/pubs/pdf/FR379/FR379.pdf
23. Kana M, Phoumin H, Seiichi F. Impact of child labour on education and health in rural Cambodia. Oxf Dev Stud. 2010;38(3):357–82. doi:10.1080/13600818.2010.505682
24. Pasdar Y, Darbandi M, Nachvak SM. Nutritional status of working children in Kermanshah, Iran. J Community Health Res. 2014;3(2):124–31. Available from: http://jhr.ssu.ac.ir/article-1-186-en.pdf
25. Hawamdeh HM. Health and psychosocial impact of child labour in Jordan [dissertation]. Warwick (UK): University of Warwick; Available from: http://webcat.warwick.ac.uk/record=b1379521~S15
26. Clark-Bennett R, Hodne C, Sherer J. Child Labor and Health [Internet]. Child Labor Education Project; 2004. Available from: http://docplayer.net/21783920
27. Moran P. Neglect: Research Evidence to Inform Practice [Internet]. Action for Children; 2009. Available from: http://www.actionforchildren.org.uk/media/143188
28. Uddin MN, Hamiduzzaman M, Gunter BG. Physical and psychological risks among child laborers: Sylhet, Bangladesh. Bangladesh Dev Res Work Pap Ser. 2009. Available from: https://download.ssrn.com/09/07/01
29. Bandeali S, Jawad A, Azmatullah A, et al. Psychological problems in working children. J Pak Med Assoc. 2008;58(6):345. Available from: https://ecommons.aku.edu/cgi/viewcontent.cgi?article=1026
30. Nshimbi CJ. Emotional and behavioural difficulties among Zambian child labourers [dissertation]. Lusaka: University of Zambia; Available from: http://dspace.unza.zm/handle/123456789/1686
31. Fekadu D, Alem A, Hägglöf B. Mental health problems in Ethiopian child labourers. J Child Psychol Psychiatry. 2006;47(9):954–9. doi:10.1111/j.1469-7610.2006.01617.x