SURVEY QUESTIONNAIRE

Informal child labor in Dhaka city: Exploring the pull factors and health sufferings of children involved in waste management

Inclusion criteria: Children aged 5-17 years working in waste management sector.

General information			
Respondent ID			
Respondent name			
Respondent address/ (street address/slum name)			1. Slum |__|__| 2. Non-slum |__|__|
location of STS (based on codebook)			
Mobile/ Parents/guardian's mobile			
Date of interview:			
Start time:			
End time:			
Interviewee Name:			
Interviewee contact no:			
City corporation:	South Dhaka	North Dhaka	Other urban Dhaka city
Consent	Consent given for the interview		
	Consent given for the interview and verbal consent taken (make sure consent is recorded)		
	Consent withheld		Reasons:
Interview status	Completed interview		
	Incomplete		Reasons:

SECTION A: Socio- Demographic Profile			
SN	**Questions**	**Response**	**Logic**

A01.	Age of respondent (Please mention in Years, Please prove)		
A02.	Please indicate your gender	1. Female 2. Male 3. Others 4. Prefer not to say	
A03.	What is your current marital status?	1. Single 2. Married 3. Widowed 4. Divorced 5. Others	
A04.	Is anybody in the family engaged in waste management work as the main source of earning?	1. Yes 2. No	If no, please skip to **A08**
A05.	If yes, who is engaged in waste management? (multiple response)	1. Father 2. Mother 3. Brother/sister 4. Uncle /aunt 5. Grand parents 6. Other	
A06.	Is your father involved in any other profession besides waste management?	1. Yes 2. No	If no, please skip to **A011**
A07.	If yes, please specify	1. Agriculture; forestry and fishing 2. Manufacturing 3. Water supply; sewerage, waste management and remediation activities 4. Sewerage 5. Remediation activities and other waste management services 6. Construction 7. Transportation and storage 8. Accommodation and food service activities	
A08.	What is your father's occupation?	1. Agriculture; forestry and fishing 2. Manufacturing 3. Water supply; sewerage, waste management and remediation activities 4. Sewerage	

		5. Waste collection, treatment and disposal activities; materials recovery 6. Remediation activities and other waste management services 7. Construction 8. Transportation and storage 9. Accommodation and food service activities	
A09.	Is your father involved in any other profession besides waste management?	1. Yes 2. No	If no, please skip to **A011**
A010.	If yes, please specify	1. Agriculture; forestry and fishing 2. Manufacturing 3. Water supply; sewerage, waste management and remediation activities 4. Sewerage 5. Remediation activities and other waste management services 6. Construction 7. Transportation and storage 8. Accommodation and food service activities	
A011.	What is your mother's occupation?	1. Agriculture; forestry and fishing 2. Manufacturing 3. Water supply; sewerage, waste management and remediation activities 4. Sewerage 5. Remediation activities and other waste management services 6. Construction 7. Transportation and storage 8. Accommodation and food service activities	
A012.	With whom are you living now? (Multiple response)	1. With Parents 2. Parents and joint family 3. with siblings 4. with friends 5. Only with mother	

		6. Only with father 7. Alone/on my own 8. With work partner 9. Others (Please specify)	
A013.	How many earing members in your family?		
A014.	What is the average monthly income of your household? (Please mention in BDT)		
	A. Member 1		
	B. Member 2		
	C. Member 3		
A015.	Please specify the type of your Household/residency?	1. Rental house 2. Own house 3. Floating/don't have a house live/ rough sleeper 4. Others (Specific others)	
A016.	If rental, what is the amount of rent per month? (Please mention in BDT)		
A017.	What is the materials of house?	1. Floor |___|___| 2. Wall _|___|___| 1. Roof |___|___|	
A018.	What is the sources of drinking water?	1. Pipe-borne inside house 2. Pipe-borne outside house 3. Tube well/deep well 4. Dug out/pond 5. Other (Please specify) 6. Supply/pipe water 7. Outside	
A019.	What is the source of lighting in the house you live?	1. Electricity 2. Solar panel 3. Kerosene lamp 4. Others	
A020.	What do you use for cooking in your house	1. Kerosene oil 2. Firewood 3. Gas stove 4. LPG gas stove 5. Bio-gas 6. Others	

A021.	Do you have to share any of the following?	1. No 2. Yes, shared kitchen 3. Yes, shared washroom 4. Yes, shared electricity 5. Yes, Shared toilet	
A022.	How long have you been living in this(current) locality? (Please mention in years)		
A023.	Where did you used to live before this place?	1. In another area of Dhaka city 2. Outside of Dhaka city but not in home district 3. My home district	
A024.	where were you born?	1. In another area of Dhaka city 2. Outside of Dhaka city not home district 3. My home district	If 1, please go to **A028**
A025.	If you born in outside of Dhaka, then when you migrate? (Please mention in years)		
A026.	With whom you migrate? (Multiple response)	1. Parents 2. Brother/sister 3. Relatives 4. Friends 5. Neighbors 6. Alone 7. Community people 8. Others	
A027.	If you have migrated/or moved to Dhaka, then what is the reason? (Multiple answer)	1. Loss of parent's land/home 2. Conflict 3. Political reason 4. Natural disaster 5. In search of employment 6. Losing income opportunity, 7. Had to follow parent's decision 8. Others (Please specify)	
A028.	If you born in Dhaka, did your parents migrated to Dhaka?	1. Yes 2. No	If no, please skip to **A030**
A029.	If yes, then what is the reason? (Multiple answer)	1. Loss of land/home 2. Conflict 3. Political reason	

		4. Natural disaster 5. In search of employment 6. Losing income opportunity, 7. Others (Please specify)	
A030.	Did you ever enrolled in any educational institute?	1. Yes 2. No	If Yes, please skip to A**032**
A031.	Why have you never attended school?	1. Family do not allow 2. Cannot afford schooling 3. Parents unable to work 4. Need to support the family financially 5. Need to work full time 6. Disable/illness 7. School too far 8. Education not considered valuable 9. Help parent's/family members at work as unpaid worker 10. School not safe 11. Not interested in school 12. To learn a job 13. Others	
A032.	Do you go to any educational institute at present?	1. Yes 2. No	If no, please skip to A**033**
A033.	What is your highest educational status?	1. No class 2. Class-01 3. Class-02 4. Class-03 5. Class-04 6. Class-05 7. Class-06 8. Class-07 9. JSC/ Equivalent 10. Class-09 11. Secondary Equivalent 12. Higher Secondary/equivalent 13. Religious education 14. Technical & vocational education 15. Night School	
A034.	At Which class you have stopped going to the school/ completed school?	1. Class-01 2. Class-02 3. Class-03	

		4. Class-04 5. Class-05 6. Class-06 7. Class-07 8. JSC/ Equivalent 9. Class-09 10. Secondary Equivalent 11. Higher Secondary/equivalent 12. Religious education 13. Technical & vocational education 14. Night School	
A035.	If you stopped going to school, what is the reason behind this?	1. Family do not allow 2. Cannot afford schooling 3. Parents unable to work 4. Need to support the family financially 5. Need to work full time 6. Disable/illness 7. School too far 8. Education not considered valuable 9. Help parent's/family members at work as unpaid worker 10. School not safe 11. Not interested in school 12. To learn a job 13. Failed in the exam 14. Others	
A036.	Are you willing to start formal education?	1. No 2. Yes, with free schooling 3. Yes, with free schooling and incentives 4. Depends on my parents 5. Others (Please specify)	
A037.	If no, the why you don't want to start formal education?	1. No interest 2. Can't cope due to long break 3. Classmate and friends are not cooperative 4. Fear of being neglected by teachers 5. Fear of being avoided by community people	
SECTION B: Facts pertaining to the workplace			

Now I'd like to ask you about your workplace			
B01.	What's your role in this job?	1. Waste collector 2. Waste recycler 3. Both as waste collector and recycler	
B02.	How long have you been involved in this work? (Please specify in years)		
B03.	Who introduced you with this work?	1. Self 2. Family member 3. Friends 4. Community member 5. Neighbor 6. Others (specify)	
B04.	How did you find this job?	1. Through formal recruitment 2. Through local leader 3. Through family member, 4. Working informally with support of friends and relatives 5. With the help of relatives 6. Others	
B05.	Why did you choose this work? (Multiple response)	1. Due to family crisis 2. Due to hunger 3. To manage self-expenditure 4. To contribute to family 5. To get study expenses 6. For savings 7. Easily accessible 8. This is what was available for me 9. Lost previous job due to COVID-19 10. Due to high salary comparing to previous job 11. Sustainability in job 12. Family business 13. Others (Please specify)	
B06.	Before working as a waste collector/picker/, what did you do?	1. Student 2. Nothing 3. Working in another sector 4. Other (Please specify)	
B07.	How many hours you working in the morning i.e., after sun comes up?		

	please mention in hours)		
B08.	How many hours you working the after lunch i.e., until it gets dark? please mention in hours)		
B09.	How long you have to work in a week? (Please mention in hours)		
B010.	Do you have any weekly leave for your work?	1. Yes 2. No	
B011.	If yes, how many days?		
B012.	What are the major activities that you perform in a day?	1. Yes 2. No	
	1. Picking up waste		
	2. Separating organic and non-organic waste		
	3. Only Collecting waste		
	4. Only Driving the rickshaw van carrying the waste		
	5. Repeated bending & lifting		
	6. Carrying heavy loads		
	7. Pulling the van towards STS		
	8. Dumping the waste into the STS		
	9. Others		
B013.	How much did you earn in the last month? (Please mention in BDT and fill one cell)	1. Taka per day _____ 2. Weekly _____ 3. Monthly _____	
B014.	How much do you earn by selling recyclable products? (Please mention in BDT and fill one cell)	1. Taka per day _____ 2. Weekly _____ 3. Monthly _____	
B015.	Did you get your salary on time?	1. Yes, 2. No	

B016.	Do you have access to safe drinking water in the place where you work?	1. Yes 2. No	
B017.	Do you have access to toilets in the place where you work?	1. Yes 2. No	
B018.	Do you have availability of designated place for eating at the worksite?	1. Yes 2. No	
B019.	Last month, are you exposed to any of the following at work? (Multiple answer)	1. Dust, fumes, smoke 2. Fire, gas, flames. 3. Loud noise or vibration. 4. Extreme cold or heat 5. Dangerous tools (knives etc.) 6. Work underground 7. Work at heights 8. Work in water/lake/pond/river 9. Workplace too dark or confined. 10. Insufficient ventilation. 11. Chemicals (pesticides, glues, etc.) ... 12. Explosives Other things, processes or conditions bad for your health or safety (Specify).....	
B020.	When working, do you come into contact with any of the following animals?	1. Dogs 2. Cats 3. Birds 4. Horses 5. Poisonous animal (spider's, scorpions) 6. Rodents (rats, guinea, pigs) 7. Reptiles (snakes, lizards) 8. Organic material (disposable diapers, toilet paper) 9. Hospital waste (gauze, disposable syringes, needles)	
B021.	Do you feel safe at work?	1. Yes 2. No	
B022.	Have you ever been punished for mistakes made at work?	1. Yes 2. No	

B023.	Have you ever been subject to the following at work?	1. Constantly shouted at 2. Repeatedly insulted……. 3. Beaten /physically hurt… 4. Sexually abused (touched or done things to you that you did not want) 5. Other (Specify)……	
Workplace violence			
B024.	Do you have to face any of the following during work?	1. Never 2. Yes, once 3. Yes, a few times 4. Yes, multiple times	
	1. Slapped or punched you anywhere on your body?		
	2. Thrown something at you in order to hurt you?		
	3. Kicked you?		
	4. Made you stand or kneel in a way that hurts in order to hurt or punish you?		
	5. Burnt you as punishment?		
	6. Took your food away from you as punishment?		
	7. Done anything else to physically hurt you?		
B025.	Who did this to you?	1. Parents 2. Other family member 3. Employer 4. An adult colleague 5. Another child colleagues 6. Unknown community people 7. Others….	
B026.	Since you've worked at this job, has anyone at work ever threatened to hurt?	1. Yes 2. No	
B027.	Who did this to you?	1. Employer 2. An adult colleague	

		3. Another child colleague 4. Unknown community people 5. Others….	

Section C: knowledge, practices in collecting & sorting waste Now I'd like to ask you about your knowledge, practice in collecting and sorting waste			
C01.	What types of solid waste you collect daily?	1. Paper/cardboard 2. Plastic 3. Iron 4. Electronic waste 5. Aluminum 6. Glass 7. Copper 8. Other	
C02.	Do you use separate bag for recyclable waste?	1. Yes 2. No	
C03.	What do you do with recyclable waste such as paper, plastic, metal, glass, cloths etc.?	1. Selling them in the shop 2. Give it to others 3. Collect them and store 4. Other, specify:	
C04.	How often do you sell of your collected waste?	1. Everyday 2. Weekly 3. Monthly	
C05.	**Knowledge on Personal Protective Equipment**		
		Yes =1 No = 2	
	1. Wearing glove can reduce damage to your hand		
	2. Wearing mask can reduce damage to respiratory organs		
	3. Wearing rubber boots can reduce damage and injury to feet		
	4. Wearing apron can reduce dirt's		
	5. Wearing apron may prevent germs		
	6. Having shower after work prevent diseases		
	7. Working with clean cloth can prevent skin diseases		

	8. Changing cloth after work gives you aesthetical satisfaction		
Use of safety tools and hygiene practices of the waste pickers.			
C06.	What problems do you face at work?	1. Heavy workload 2. Health Risk 3. Unfriendly atmosphere 4. Hazardous work environment 5. Low paid 6. Can't cope as strong physique needed 7. Other	
C07.	Do you have any personal protective equipment?	1. Yes 2. No	
C08.	If yes, then what type of equipment's you have?		
	1. Eye googles		
	2. Face shield		
	3. Safety hats/helmets		
	4. Ear protection		
	5. Respirators and dust masks		
	6. Protective clothing (overalls, long sleeves, waterproof trousers/coat)		
	7. Safety footwear (boots/shoes)		
	8. Safety gloves		
	9. Others		
C09.	Did you use any personal protective equipment while collecting waste from the households?	1. Yes 2. No	
C010.	If yes, then what type of equipment's you use while collecting waste?	1. Yes 2. No	
	1. Eye googles		
	2. Face shield		

	3. Safety hats/helmets		
	4. Ear protection		
	5. Respirators and dust masks		
	6. Protective clothing (overalls, long sleeves, waterproof trousers/coat)		
	7. Safety footwear (boots/shoes)		
	8. Safety gloves		
	9. Others		
C011.	If you use any of the above protective equipment's, who has provided those? (Multiple answer)	1. Employer provided 2. Given by NGO 3. Bought myself 4. Borrow from others 5. Donated by others 6. Others	
SECTION C3: Personal Hygiene Practice at workplace			
	Now I will ask you about your practice at workplace. Last week how many times you have done this?		
C012.	1. Bathing after finishing work		
	2. Using disinfectants in washing work clothes		
	3. Washing work clothes		
	4. Washing hands with disinfectant		
	5. Wearing protective rubber trousers		
	6. Wearing mask while handling garbage		
	7. Wearing special shoes during work		
	8. Wearing protective gloves during work		

SECTION D: COVID-19 influence on income and employment Now I'd like to ask you about your			
D01.	Any of your family member had suffered from COVID-19?	1. Yes 2. No	
D02.	Did anyone of your family died from COVID-19?	1. Yes 2. No	
D03.	Have you been unemployed during the pandemics?	1. Yes 2. No	
D04.	If yes, how long? (Please specify the total months)		
D05.	How lockdown due to COVID-19 effect your income?	1. Earning increased 2. Earning decreased a little 3. Earning decreased a lot 4. Earning stopped 5. No effect at all	
D06.	How covid-19 lockdown played effect on your family income?	1. Earning increased 2. Earning decreased a little 3. Earning decreased a lot 4. Earning stopped 5. No effect at all	
D07.	If earning reduced, did you involved in any other job to earn money?	1. Yes 2. No	
D08.	Since the recycling sector are closed in lockdown, how you manage your livelihood then?	1. Doing nothing 2. Relief from government 3. Food support from NGO 4. Relief from Social organizations 5. Help from relatives 6. Others (specify)	
D09.	How many of your earning family members have become/remained unemployed during lockdown?		
D010.	Have you been able to recover the economic losses of pandemic after the strict lockdown?	1. Completely 2. negligible 3. moderate 4. not at all	

		5. I am still in debt	
D011.	How you recover the economic losses?	1. Government support 2. NGO support 3. Others	

SECTION E: Behavioral Factor							
E01.	E02.		E03.	E04.	E05.	E06.	E07.
Question	Have you ever had any habit? (From bellow)		If yes, when you started?	Have you indulge in the last 1 month?	Who influenced you?	How frequently do you indulge in this?	How much do you spend for these?
		1= Yes 2= No	Age	1= Yes 2= No	In age	Per day	Per month
A	Smoking cigarettes or bidis						
B	Alcohol consumption						
C	LSD						
D	Marijuana						
E	Cocaine						
F	Crack						
G	Zarda/gul						
H	Drug /Dandy/Gum (Local term)						

I	Others						

Section F: Occupational Health sufferings of Children Now I'd like to ask you about your health in general and health sufferings due to occupation			
F01.	Now I'd like to ask you about your health in general. Compared to other children your age, would you say your health is Very good, Good, Fair or Poor?	1. Very good 2. Good 3.Moderate 4. Poor 5.Very poor	
	Nordic Musculoskeletal Questionnaire (NMQ)		
F02.	Have you at any time during your work had trouble (ache, pain, discomfort) in last 12 months?	1. No 2. Yes	
	1. Neck		
	2. Shoulders		
	3. Elbow		
	4. Wrists/hands/fingers		
	5. Upper back		
	6. Lower back		
	7. Hips/Thighs		
	8. Knees		
	9. Ankles/Feet		
F03.	**Respiratory problems**		

F04.	1. Have you ever had wheezing or whistling in the chest at any time in the past?	Yes =1 No =2	If no, please skip to
	2. Have you had wheezing or whistling in the chest in the last 12 months?	Yes =1 No =2	If no, please skip to
	3. How many attacks of wheezing have you had in the last 12 months? (Please mention the number)		
	4. In the last 12 months, how often, on average, has your sleep been disturbed due to wheezing?	1. Never woken with wheezing 2. Less than one night per week 3. One or more nights per week	
	5. In the last 12 months, has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?		
	6. Have you ever had asthma?	1. Yes 2. No	
	7. In the last 12 months, has your chest sounded wheezy during or after exercise?	1. Yes 2. No	
	8. In the last 12 months, have you had a dry cough at night, apart from a cough associated with a cold or a chest infection?		
F05.	**Skin problems**		
F06.	Have you experienced any of the following in the last year?	1. Yes 2. No	
	1. Itching and rash		
	2. Sores with pus		
	3. Blisters		
	4. Calluses		
	5. Nail problems		
	6. Lice		
	7. Scabies		

	8. Sand flea bites		
	9. Myiasis, human botfly infection		
	10. Shingles		
	11. Marks on the skin accompanied by numbness		
F07.	Have you suffered from any of the following health problems in last 12 months?	1. yes 2. No	
	1. Chronic fever		
	2. Chronic heart disease		
	3. Diarrhea		
	4. Gastric/ulcer		
	5. Arthritis		

Section F : Occupational injury									
SN	F08.	F09.	F010.	F011.	F012.	F013.	F014.	F015.	F016.
	In the past 12 months, have you suffered any bruises, cuts, burns or other injuries in this job?	If yes, how many times?	If yes, which part of the body affected	How long you have to stop working because of an accident at your job?	What type of service are you looking for?	If you did not seek any health care service, then what's the reason?	How many days you have to be hospitalized?	Did the injury cause any limitation that remained after you voted to work?	If yes, then what types?
	1. Yes 2. No		1. Hands 2. Feet's 3. Upper limb except hands 4. Lower limb except feet 5. Head 6. Truck 7. Other part	(Please mention in days)			If no, please write down as 0		1. pain 2. movement limitation (bend less, stiffened joint) 3. loss of touch/sensibility, numbness 4. loss or reduction of vision 5. decrease or loss of hearing ability 6. decrease or loss of ability to smell 7. other, which one
A	Cut								
B	puncture wound								
C	hit/bruise								
D	burn								
E	graze / wound								
F	breakage / fracture								
G	loss of limb / amputation								

H	Other types								

Code for F012	
1.	Govt. Health Worker
2.	Community Clinic
3.	Govt. Satellite Clinic/EPI Outreach Center
4.	Union Health & Family Welfare Center/Union Sub Center
5.	Govt. District /Sadar/General Hospital
6.	Govt. Medical College/Specialized Hospital
7.	NGO Health Worker/Satellite Clinic
8.	Private Medical College/Specialized Hospital
9.	Pharmacy/Dispensary
10.	Homeopath
11.	Ayurbed/Kabiraj/Hekim
12.	Other Traditional/Spiritual
13.	Family/Self Treatment

Code for F013
1.Not serious problem
2.Treatment cost is too much
3.Afraid of discovering serious illness
4.There was none to accompany
5.Didn't know where to go
6.Clinic is too far
7.Suspecting for a serious disease
8.Unable to take decision about health services
9. Others (Please specify)