

Poverty, Health, and Safety Nexus: A Study on Child Labor in Hotels and Restaurants of Mahendranagar, Kanchanpur

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Abstract

This research studies the intersections of poverty, health and safety in 50 child workers aged 5-20 years in the hospitality sector in Mahendranagar, with a mixed-method study to delve into the socioeconomic situations of the child workers, health risks and rehabilitation needs. The findings indicated that most of the child workers in the study were boys (80%) between the ages of 11 and 17 years, with over half of the child workers belonging to the Tharu community (54%). Educational history was also unremarkable: 28 percent were illiterate, and 12 percent received only secondary education; poverty was the primary reason for a school drop-out (62%). With regards to health, health problems were common among children who were working: 44 percent were in poor health (oftentimes headaches, chest infections, and injuries). In terms of health, one-third reported working long hours (9-12 hours a day) and 22 percent experienced harassment, while the other 22 percent indicated there was no personal safety equipment. One-third of the children had ease of access to health services. Despite these challenges, 40 percent of the children indicated that they would return to school, and 28 percent would rather receive vocational training. An overall conclusion is that poverty remains the primary driver of child labor in the hospitality sector in Mahendranagar, working at the expense of children's safety and well-being. There is an urgent need for simple to strengthen policy implementation, address poverty and introduce rehabilitation services.

Keywords: child labor, health, security, poverty, working conditions

Introduction

Child Labor is different from child work. The International Labour Organization (ILO) characterizes the worst forms of child labour as work that is mentally, physically,

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socially or morally dangerous and harmful to children; and work that interferes with their schooling by not allowing them to attend school (ILO, 2024). In Nepal, the hotel and restaurant sector, which is highly informal, is a meaningful site for child labor. Child workers in the restaurant setting are subject to a range of health risks, including burns from kitchens, cuts, musculoskeletal disorders from heavy lifting, and respiratory issues related to bad ventilation and smoke exposure (ILO, 2021; KC & Adhikari, 2020). Security risks are also serious, including verbal, physical and sexual abuse, non-payment, and forced overtime (Human Rights Watch, 2022).

The lack of formal contracts, low wages, and an urgent lack of protective measures to mitigate such hazards, increases the health and safety risk for children in informal work (ILO, 2023a). Child labor is a significant contribution to the global crisis of social justice, sustainable development, and children's rights (UNICEF, 2023). Although countries around the world ratified international treaties and have national laws in place, millions of children still engage in work that is dangerous to their physical and psychological development, limits their education, and prevents them from reaching their full potential (ILO & UNICEF, 2023). In Nepal, while the Labour Act, 2017 made it illegal for children under 14 to work, and for anyone under 18 to work in hazardous conditions, the labour laws have very little enforcement capacity in the enormous informal economy and hospitality sectors (ILO, 2023b). In Mahendranagar, a major commerce and transit center of Kanchanpur, socio-economic vulnerabilities such as high levels of poverty, anchors of migration, parents without jobs and limited access quality education, continue to normalize child labor (Central Bureau of Statistics, 2022).

Theoretically, frameworks explain these relationships and dynamics. Structural theory explains how socio-economic inequalities and lack of appropriate social protection generate a supply of child-laborers (Edmonds & Shrestha 2022). Families of working children, for instance, are seen through Human Capital Theory to be trying to obtain income in the short-term, rather than ensuring children attend school for the long term and developing their potential (Beegle et al., 2022). Working children are excluded from social systems and programs of protection and networks for education, as per Social Exclusion Theory. Work environments, poverty situations, and lack of education lead to increasing vulnerability to exploitation in informal employment and limited pathways to rehabilitate them (UNICEF, 2023). Ecological systems theory places children within systems (microsystem-family and workplace, mesosystem-family dynamics with work,

ecosystem-community and labor legislation and regulation, and macro system-culture, cultural norms and legislation) which create a holistic perspective through which to think about potential health, security, and rehabilitation interventions and supports (Bronfenbrenner, 1979).

In practice, evidence from South Asia illustrates these dangers. Restaurant and hotel working children are subject to both occupational injuries and risks to their safety, even as they face poverty pressures to be breadwinners, and nourished aspirations of education and better futures (Guarcello & Lyon, 2023; UNICEF & CWISH, 2021). While the predominant cause is poverty, economic necessity, beset by ill parents, large families, migration, social hierarchy, and low education returns compound it (Edmonds & Shrestha, 2022; OCHA, 2023). Socio-economic shocks - including the 2015 earthquakes, and COVID-19 - deepen vulnerabilities and bring more children into the labour force (World Bank, 2022). Evidence in Nepal from research interventions that rehabilitate children who were working, illustrated that integrated approaches, including withdrawal from work, education, cash transfer conditions, and community awareness, help prevent re-entrance into labour processes (UNICEF & CWISH, 2021).

While there is a significant amount of literature on child labor in Nepal, there is a clear lack of empirical evidence on children working specifically in the hotel and restaurant industry in Mahendranagar, Kanchanpur (Khanal et al., 2023). Most studies related to child labor are either national studies or studies of sectors other than hotels and restaurants, such as agriculture, domestic work, or brick kilns (Pradhan & Shrestha, 2022). Furthermore, only a limited number of studies have discussed the socio-economic changes during the post-pandemic period or the importance of Mahendranagar's role as a key transit point, both of which are key elements of child labor (UNICEF Nepal, 2022). This study serves to fill this gap in the literature by offering place-based, empirical evidence about child workers in relation to working conditions within the industry, health and security risks, mental health, future goals and potential options for recovery as workers. The goal of the study is to provide place-based and contextualized understandings to guide local action and strengthen national and international strategies aimed at addressing child vulnerabilities in the hospitality industry in Far-Western Province of Nepal.

Methodology

This research plan utilized a mixed methods design to investigate the relationships among poverty, health, and safety between child laborers in the hospitality sector in Mahendranagar, employing both quantitative and qualitative designed (Creswell & Plano Clark, 2018). In a Protected Food Environment 2025, the research took place within four central wards of Mahendranagar Municipality. Using a purposive sampling method, we recruited 50 child workers aged between 5-20 years working in hotels and restaurants. Semi-structured surveys were administered to the children, followed by two Focus Group Discussions (FGDs) to gain collective knowledge from their experiences. These child workers were mostly from illiterate families and possessed low levels of school completion; therefore, additional perspectives on their work experiences were expressed through interviews with ten Key Informants (KIs), including employers/minimum wage workers, community elders, and members of local NGOs, to provide context to their perspectives in the hospitality sector jobs (Almeida, 2018).

The quantitative data from the surveys was statistically analyzed descriptively, while qualitative data collected from FGDs and KIs underwent thematic analysis to identify patterns and themes related to their lived experiences, health and future aspirations (Nowell et al., 2017). The research adhered to established principles of ethical practices, including collaboratively obtaining informed assent from children and consent from their guardians, protecting anonymity and confidentiality, as well as prioritizing participant well-being throughout the research process and minimizing risk of harm (World Medical Association, 2013).

Results and Discussion**Health and Security Conditions of Child Workers**

Assessing health and safety conditions among children working in hotels and restaurants in Mahendranagar is paramount in understanding the extreme dangers facing kids daily. Children are frequently required to work long hours in unsanitary conditions, perform physically demanding work, and work with dangerous equipment, all of which endanger their physical health and cause significant mental distress (International Labour

Organization (ILO), 2023). Moreover, their precariousness is heightened by the potential for exploitation and violence, with little to no prevention strategies or regulation (Human Rights Watch, 2023).

Investigating their lives is not only an exercise in academic research, but the first step to recognizing their existence and the possible avenues for achieving safer working conditions. The knowledge generated from some of that work is critical to creating specific plans and policies for intervention to protect children from abuse and secure their most basic rights, and to promote their healthy development (UNICEF, 2023).

Socio-demographic Characteristic

This research investigates the experiences of child laborers in hotels and restaurants in Mahendranagar. Most children work there due to poverty, family difficulties, or exploitation. It includes data presented in 50 respondents, aged 5–20, and covers child laborers age, place of birth, ethnicity, and education. They childhood typically concludes at 14–15 years of age in this study, older youths are included because they began work as children and remain working now in the face of continued poverty. The socio-demographic conditions of child laborers, their health and safety, attitudes, and aspirations for the future are examined in relation to poverty and vulnerable contexts.

Age and Sex Distribution

Among the sample population of child Worker 80 percent are male and 20 percent female. The populations studied have also been categorized based on age.

Table 1

Distribution of Sample Population by Age and Sex

Age Group	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
5-8 Year	1	2.00	0	0.00	1	2.00
8-11 Year	7	14.00	1	2.00	8	16.00
11-14 Year	14	28.00	3	6.00	17	34.00
14-17 Year	13	26.00	4	8.00	17	34.00
17-20 Year	5	10.00	2	4.00	7	14.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

The research demonstrates that the majority, over two-thirds of child laborers in the hotels and restaurants in Mahendranagar, fall within the range of 11

to 17 years of age, and participants scholarly identified as belonging to this age category. Out of 50 total participants, 80 percent identified as boy identified, and 20 percent identified girl, showing an apparent gender trend. Very few participants were younger (5 to 8 years old) or older (17 to 20 years old).

The age trend suggests that boys are more often pushed to provide for their family, while girls desire to develop themselves into narrow, social constructs. Most of the adolescent labor is dominated by the school-aged group, demonstrating that poverty has coerced many children to exit school and is able to suggest a loss of educational experiences and opportunities for enrichment in all areas of development.

Caste/Ethnic Distribution

Most child workers found in the hotels and homes of Mahendranagar are from upper-caste groups, such as Brahmin, Chhetri and Tharu. Employers prefer children from ‘touchable’ castes because of the existing social norms around ‘untouchability’ for cooking, cleaning and washing. Tharu children mostly performed cleaning jobs, while Brahmin and Chhetri children also worked retaining the caste system at work.

Table 2

Distribution of Respondents by Caste/Ethnic Composition

Age Group	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Brahmin	7	14.00	1	2.00	8	16.00
Chettri	11	22.00	4	8.00	15	30.00
Chaudhary	22	44.00	5	10.00	27	54.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

Table 2 illustrates that 17.5 percent of male child laborers were Brahmin, 27.5 percent were Chhetri, and 55 percent identified as Tharu, and that no child laborers identified as Dalit. Although all children were living in precarious poverty, the Dalit children were particularly excluded from working in hotels and restaurants. This exclusion was largely based on caste-based untouchability. Overall, the children were predominantly Tharu by ethnic identification.

Literacy Status

The research noted low levels of literacy among child laborers working at

hotels and restaurants in Mahendranagar. Poverty, family circumstances, and long working hours regularly compel children to withdraw from formal education, which prevents them from pursuing opportunities that could break the cycle of labor and poverty in which they find themselves, which indicates the harsh socio-economic conditions faced by these children and corresponds with this research's concentration on their socio-economic histories, health, and ambitions against a backdrop of poverty, health, and safety.

Table 3

Distribution of Respondents by Educational Status

Age Group	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Illiterate	10	20.00	4	8.00	14	28.00
Literate	15	30.00	3	6.00	18	36.00
Primary	10	20.00	2	4.00	12	24.00
Secondary and above	5	10.00	1	2.00	6	12.00
Total	40	80.00	10	20.00	50	100.0

Source: Field survey, 2025

According to Table3, most child laborers have very limited educational attainment, with roughly two-thirds (28% illiterate and 36% literate but no schooling) receiving little or no education. Fewer than 25 percent of child laborers attained primary level, and only 12 percent continued to be secondary or higher. Boys are represented disproportionately across all categories, whereas girls in each category face similar issues. This suggests that the intersecting factors of poverty and child labor deprive children of the opportunity for education and thereby limit their future potential.

Reasons for Dropout/Not Joining School

The research identified direct and indirect schooling costs, as well as restrictions in children's schooling resulting from economic hardship, as factors preventing many child laborers in Mahendranagar from completing their education. Therefore, kids are often leaving the educational environment, reflecting the cycle of poverty and the socio-economic limitations related to child labor, and echoing the study's exploration of children's socio-demographic conditions and expectations for the future.

Table 4*Distribution of Respondents by Reasons for Dropout/Not Joining School*

Age Group	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Poverty	24	48.00	7	14.00	31	62.00
School not available	3	6.00	0	0.00	3	6.00
Not sent by parents	7	14.00	1	2.00	8	16.00
Failed	6	12.00	2	4.00	8	16.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to Table 4, most of the children spend their time working at home because their families could not afford to provide them with an education. Approximately 60 percent of boys and 70 percent of girls withdrew from school because of their families' poverty. This indicates that about 15 percent of boys and 20 percent of girls withdrew from school because they failed their exam(s). The primary motive for leaving school among the boys for 7.5 percent of them was because there were no schools in their vicinity, and for girls, staying home was not a consideration for getting there, as the boys generally came from a greater distance than the girls, who came from the nearby town. Additionally, 17.5 percent of boys and 10 percent of the girls left school because parents did not make visits toward their education. This supports that poverty is the main obstacle to providing their education.

Health and Security Conditions

Attention must be drawn to the health and safety of child laborers working in hotels and restaurants in Mahendranagar. Many of these children work long hours in unsanitary conditions performing difficult physical labor, compromising their physical and mental wellbeing. They frequently suffer from malnourishment and poor health, experience illness frequently, and often have almost no access to medical services. These children are also extremely susceptible to exploitation, abuse, and dangerous labor with virtually no protection through their employers or legal system. Children working under such conditions suffer immediate threats to their health and safety and longer-term threats

to their development and future. This directly relates to the study's aim in the assessment of the health, safety, and overall socio-economic status of child laborers.

Table 5

Distribution of Respondents by General Health Status

Health Status	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Good	10	20.00	3	6.00	13	26.00
Fair	12	24.00	3	6.00	15	30.00
Poor	18	36.00	4	8.00	22	44.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

As depicted in Table 5, a considerable number of children working as child laborers are confronted with more severe health difficulties. Of all child laborers, 44 percent exhibit 'poor health,' 30 percent present as 'fair health,' and 26 percent assess as having 'good health.' There are slightly more boys, but girls are also working. The long hours they spend working, inadequate amounts of food, and limited access to health care puts them at higher risk, indicating an urgent need for improved health, nutrition, and child protection for these children.

Health Issues

Children working in hotels and restaurants in Mahendranagar have poor health because of long work hours, strenuous and physically hard work, and unsanitary working conditions, often suffering from malnutrition and unaddressed illness. To uphold their welfare and rehabilitation, these issues need to be addressed.

Table 6

Distribution of Respondents by Health Issues

Health Issues	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Frequent Headache	10	20.00	3	6.00	13	26.00
Cough/ Chest Infection	9	18.00	2	4.00	11	22.00
Stomach Problem	7	14.00	0	0.00	7	14.00
Injury/Burns	6	12.00	2	4.00	8	16.00
Fatigue/Weakness	5	10.00	3	6.00	8	16.00

No Major Health Problems	3	6.00	0	0.00	3	6.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to Table 6, many child laborers working in Mahendranagar's hotels and restaurants exhibit health problems, with the most reported issues being headaches (26%), coughs (22%), stomach issues (14%), and fatigue or related injuries (16%) with only 6 percent indicating serious health problems.

Predominantly, boys are more affected, although girls experience the same health issues. This indicates working conditions that are unsafe and the need for urgent healthcare and/or protective health measures, which relate back to the study which identified child laborers in Mahendranagar's hotels and restaurants as concerns related to their health, safety, and well-being.

Security

It is essential to analyze the safety conditions of child laborers in Mahendranagar, as they experience dangerous and precarious working conditions, abuse and harassment, long working hours, and minimal safety protections. The understanding of the risks puts into perspective the system failures in protecting children and the steps that are required to prevent harm to children, given the aims of protecting children, promoting their development, rehabilitation, and future opportunities, given the scope of the existing study/looking at their health, safety, and socio-economic circumstances in the qualities of working conditions.

Table 7

Distribution of Respondents by Security Conditions

Security Issues	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Long Working Hours	12	24.00	3	6.00	15	30.00
Workplace Harassments/ Abuse	9	18.00	2	4.00	11	22.00
Lack of Safety Equipment	8	16.00	3	6.00	11	22.00
Working in Hazardous Areas	6	12.00	2	4.00	8	16.00

No Major Security Concern	5	10.00	0	0.00	5	10.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

Table 7 indicates that hotel and restaurant children are exposed to serious security concerns, including long hours (30%), harassment and/or lack of safety equipment (22%), and dangerous conditions (16%). Though boys tend to be more vulnerable than girls, 10 percent of child workers reported no major concerns. Overall, these unsafe working conditions create opportunities for child exploitation and impact the physical and emotional health of child workers in the long term.

Medical Facilities

Children engaged in labor in Mahendranagar’s hotels and restaurants work in long hours, unhygienic conditions, and demanding work, thereby increasing the risk of injury and illnesses. Limited access to health care reinforces the need to asses’ medical facilities, identify gaps and act to protect their health, safety, and overall development, as stated previously, which is the intent of the study.

Table 8

Distribution of Respondents by Access to Medical Treatment

Treatment Access	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Easily Available	15	30.00	2	4.00	17	34.00
Sometimes Available	18	36.00	5	10.00	23	46.00
Not Available	7	14.00	3	6.00	10	20.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to the data revealed in Table 8, Mahendranagar reports large gaps in access to health care among working children: only 34 percent have ready access, 46 percent have occasional access, and 20 percent have no access. Boys do slightly better than girls, and this indicates another aspect of gender differences. These findings also indicate a pressing need to improve access to health care to protect children's health and well-being and are in keeping with the emphasis of the study on the health, safety, and socio-economic circumstances of children.

Security Issues

Child laborers working in hotels and restaurants in Mahendranagar work for long hours, endure harassment, and are exposed to hazardous conditions threatening their well-being. The interconnectedness of risk, vulnerability, and exposure makes it important for evaluating workplace safety to be conceptually linked to risks associated with these children's health, safety, and welfare, which are also the focus of the study.

Table 9

Distribution of Respondents by Security Issues at Workplace

Security Issue	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Long Working Hours	12	24.00	3	6.00	15	30.00
Workplace Harassment	8	16.00	3	6.00	11	22.00
Lack of Safety Equipment	10	20.00	1	2.00	11	22.00
Hazardous Environment	6	12.00	2	4.00	8	16.00
Major Issues	4	8.00	1	2.00	5	10.00
Total	40	80.0	10	20.00	50	100.00

Source: Field Survey, 2025

As depicted in Table 9, child laborers in hotels and restaurants in Mahendranagar encounter serious operational hazards. Long working hours (30%) were the most noteworthy concern, followed by harassment and no safety equipment (22% each), and unsafe work environment (16%). A smaller group (10%) reported multiple significant issues, which speaks to the overlap between the issues. Males felt the impact greater than females, although both groups have unsafe, unregulated conditions. The results highlight the urgent need for stronger workplace safety and protection measures to protect young workers.

Working Hour of Child Worker

Numerous children engaged in labor in Mahendranagar's hotels and restaurants are forced into working long hours, damaging their health, education, and welfare. Working hours are a key mechanism for understanding child exploitation and for developing a safer and supportive environment for children, which is threaded within the study's focus on child health, safety, and socio-economic status.

Table 10*Distribution of Respondents by Average Working Hour Per Day*

Working Hours	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Less than 8 hrs	6	12.00	1	2.00	7	14.00
9 to 10 hrs	13	26.00	4	8.00	17	34.00
11 to 12 hrs	12	24.00	5	10.00	17	34.00
Above 12 hrs	9	18.00	0	0.00	9	18.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

As shown in Table 10, 68 percent of child laborers working in hotels and restaurants in Mahendranagar work for 9 or more hours a day, and a slightly higher proportion of boys compared to girls are affected. The long working hours jeopardize not only their health, but also their education, growth and development, which is again consistent in this study with the notion of the well-being and socio-economic status of the child laborers.

Attitudes, Future Aspiration and Rehabilitation

It is important to learn about the perspectives and ambitions of child laborers in Mahendranagar's hotels and restaurants, which can inform educational and skills training and rehabilitation to help them exit out of labor, improve their livelihoods, and seek better opportunities for the future, in relation to the study's purpose on looking into their attitudes and aspirations.

Attitude toward Current Work

Gaining insight into child laborers' viewpoints in hotels and restaurants in Mahendranagar will uncover their struggles, needs, and aspirations. For many, the motive for work is out of necessity, which creates a variety of perspectives. Understanding these viewpoints could streamline education, skills training, and other types of support for these children, and allow them to move toward safer labor and better opportunities, all of which are the focus of the study when considering attitudes, aspirations, and rehabilitation.

Table 11*Distribution of Respondents by Attitude toward Current Work*

Working Hours	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Satisfied	8	16.00	2	4.00	10	20.00
Dissatisfied	13	26.00	1	2.00	14	28.00
Forced to Work	12	24.00	7	14.00	19	38.00
No Opinion	7	14.00	0	0.00	7	14.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to Table 11, a vast majority of the child laborers in Mahendranagar's hotels and restaurants are either compelled to work or feel unwelcome in their current job site: 38 percent indicated that they had no choice and 28 percent indicated that they felt unwelcome, particularly women and girls. These findings underscore the exploitative conditions underlying child labor, necessitating the urgency of safety, education, and rehabilitation and speak to the focus of the study, as it encompassed the child laborers' attitudes, aspirations, and general well-being.

Job Satisfaction Level

The analysis of child labor in the hotels and restaurants of Mahendranagar sheds light on their welfare and their needs. Many children are working in challenging situations that have consequences for their health and development. Their experiences can help inform interventions aimed at promoting safer work, child protection, education or rehabilitation, and, to the extent aligned with the studies dimensions of attitudes, aspirations, and well-being.

Table 12*Distribution of Respondents by Children's Job Satisfaction Level*

Job Satisfaction	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
High	8	16.00	0	0.00	8	16.00
Medium	14	28.00	3	6.00	17	34.00
Low	18	36.00	7	14.00	25	50.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

As can be seen in Table 12, 50 percent of child laborers in the hotels and restaurants in Mahendranagar, are dissatisfied with their employment, and that boys are

more adversely affected than girls. These findings shed light on concerning conditions, and we highlight the need for safe, child-friendly venues, education, rehabilitation programs, and so on. These findings are aligned with the focus of our study on attitudes, well-being, and future scenarios.

Future Aspirations

Recognizing future aspirations of child laborers in Mahendranagar provides insights into their possible futures that do not involve labor. Many child laborers do not have education or skills, because they must work. By asking participants to share their aspirations, we can help facilitate education, skills training, and support in a child's transition to a safer, more desirable future, which relates to the qualitative study's dimension of attitudes, aspirations, and rehabilitation.

Table 13

Distribution of Respondents by Future Aspirations

Aspiration	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Continuing Hotel/Restaurant	7	14.00	0	0.00	7	14.00
Start Own Business	10	20.00	1	2.00	11	22.00
Continue Education	12	24.00	8	16.00	20	40.00
Skilled Job	7	14.00	1	2.00	8	16.00
Don't Know	4	8.00	0	0.00	4	8.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

Table 13 illustrates that many child workers in Mahendranagar wish to work outside of hotels with 40 percent desiring to finish their education, 22 percent wanting to start their own business and 16 percent are willing to work in a skilled job. Only 14 percent of the respondents wish to remain in hotel work. These findings show a need for guidance, training and support which is in line with the study's emphasis on child laborers' attitudes, aspirations and rehabilitation.

Preferred Rehabilitation Modality for Child Worker

By detailing rehabilitation pathways that are effective for child laborers in Mahendranagar, the programs will be able to deliver specific interventions and support, such as schooling, vocational skills training, and counseling, to help children exit hazardous labor, investigate new possibilities, and create safer and more prosperous

futures. This process ultimately fits within the project objectives, which centers on understanding attitudes, future goals, and rehabilitation approaches.

Table 14

Distribution of Respondents by Preferred Rehabilitation Modality

Rehabilitation Option	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Return to School	15	30.00	5	10.00	20	40.00
Skill Training	12	24.00	2	4.00	14	28.00
Family/Financial Support	7	14.00	1	2.00	8	16.00
Health/Counselling	4	8.00	1	2.00	5	10.00
No Interest	2	4.00	1	2.00	3	6.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

As seen with child laborers in Mahendranagar (Table 14), education or skills training were the highest ranked preferences for rehabilitation (40% of respondents chose to go to school while 28 percent chose skills development and training). Some children indicated that they would like to have parent support (16%) and others indicated health and counseling services (10%). Around 6 percent of the children had no desire to participate in rehabilitation. The results support the need for collaborative initiatives to build education and skills or promote overall well-being (learning and skills development or service access). This study directly connects to the overall study purpose focused on attitudes, aspirations, and rehabilitation.

Children’s Perception of Education

It is important to gain insight into perceptions of education among child laborers in Mahendranagar because going to work at an early age is highly damaging to ongoing schooling. These perspectives can be beneficial to the place of programs in advancing learning, school attendance, and potentially a better future, which is what the study is looking for regarding attitudes, aspirations, and rehabilitation.

Table 15

Distribution of Respondents by Children’s Perception on Education Importance

Perception	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Very Important	17	34.00	8	16.00	25	50.00
Important	13	26.00	2	4.00	15	30.00

Less Important	7	14.00	0	0.00	7	14.00
Not Important	3	6.00	0	0.00	3	6.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

Table 15 indicates that child labor around Mahendranagar highly values education, with 50 percent ranking it at very important and 30 percent reporting it is important, while few reported less or less important. This indicates a need for programs to encourage schooling and learning, helping children work and learn meaningfully and create better life opportunities, consistent with the study's purpose of addressing attitudes, future aspirations and rehabilitation.

Socio-economic Condition of Child Workers

Understanding the socio-economic contexts such as entrenched poverty, low family income, and limited access to quality education of child laborers in Mahendranagar is integral to uncovering the structural drivers of child labour (Khanal et al., 2023; UNICEF Nepal, 2022). The understanding of these root causes is critical for policymakers and practitioners as it is the evidence base needed to develop targeted policies and multi-sectoral programs. Such interventions need to be designed to achieve not only the immediate eradication of child labour, but also better prospects for children's overall well-being, educational reintegration, and future opportunities which are the broader objectives of this research (ILO & UNICEF, 2023; World Bank, 2023).

Family Income

The amount of money a family makes has a considerable impact on child labor in Mahendranagar, where low-income families depend on their children to contribute to the work of the household. The work children take on prohibits them from going to school and getting some of the basic educational experiences necessary for childhood development. Highlights of the economic factors in this context provide rationale for financial support in some way, alternate potential sources of income, or poverty reduction schemes. This places a higher emphasis on this research's larger aim, to study the socioeconomic conditions and their influence on child labor.

Table 16

Distribution of Respondents by Monthly Family Income

Perception	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Below 10,000	15	30.00	6	12.00	21	42.00

10,001-15,000	10	20.00	3	6.00	13	26.00
15001-20,000	8	16.00	1	2.00	9	18.00
Above 20,000	7	14.00	0	0.00	7	14.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

Table 16 indicates that many child labor participants in Mahendranagar are from economically disadvantaged households, with nearly 42 percent of participants facing a monthly income under NPR 10,000, lower percentages reported incomes of NPR 10,001–20,000, and only 14 percent reported living above NPR 20,000. The findings suggest financial distress compels children into the labor force and provide further rationale for poverty alleviation programs, financial assistance, and the provision of income-generating activities as a means to address the socio-economic conditions that are interpreted as drivers of child labor, which is one of the objectives of this research, to assess the socio-economic conditions of child laborers and their impact on child labor.

Family Occupation

A comprehension of family occupations in Mahendranagar provides an explanation of why children work. Low paying or unstable jobs force families to rely on children to provide income and reduces children's education. Understanding these systems informs interventions in livelihood, education, and training for skills-based work, benefiting families and reducing the burden children face in child labor, and supporting the objectives of study regarding socio-economic conditions and rehabilitation.

Table 17

Distribution of Respondents by Family Occupation

Perception	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Agriculture	15	30.00	5	10.00	20	40.00
Daily Wage Labor	12	24.00	1	2.00	13	26.00
Small Business	6	12.00	1	2.00	7	14.00
Foreign Employment	5	10.00	2	4.00	7	14.00
Others	2	4.00	1	2.00	3	6.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to Table 17, many child laborers in Mahendranagar come from families who are in agricultural work (40%) and/or daily wage labor (26%) with only a

few working in some small business or foreign employment. These low-income jobs reason children are pushed into child labor emphasizing the need for livable wage support and income generating skills and educationally programming to diminish child labor and the impact of poverty on children in Mahendranagar, which are also a purpose of this research.

Reasons for Child Working

To completely understand (and address) child labor in the hotels and restaurants of Mahendranagar, it is important to understand why children work in those establishments: poverty, low household income, limited educational opportunities, and household responsibilities. In current study, these factors are introduced to deliberately lead to effort to address child labor through economic assistance, welfare educational opportunities, etc. Therefore, considering household economics (or socio-economic conditions) is inherently tied to the study's aims to identify and understand the contributing factors of impoverished children's experience of child labor, and better their experience of child labor, child, and/or household poverty.

Table 18

Distribution of Respondents by Reasons for Child Working at Hotel and Restaurant

Reasons	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Family Poverty	14	28.00	3	6.00	17	34.00
Lack of Education	8	16.00	2	4.00	10	20.00
Family Debt	8	16.00	1	2.00	9	18.00
Orphan/ Single Parent	7	14.00	2	4.00	9	18.00
Learn Skills/Earn	3	6.00	2	4.00	5	10.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to Table 18, nearly the majority of children work in the hotels and restaurants of Mahendranagar because of poverty in their families (34%), to pay off family debts or have situation of single parent or orphan living (18% each), or lack of access to education (20%); 10 percent of children respondents work either to earn or to gain skills. This information indicates that poverty and lack of education are the main reasons involved with child labor. This raises issues about poverty alleviation, education, and skills development programming to help students have more opportunities in the future.

Type of Employment in Hotels/Restaurants

Understanding the labor of child workers in hotels and restaurants in Mahendranagar is important for assessing their hazards and extrication pathways from the conditions of labor. Many of these children take part in physically demanding, dangerous tasks, such as cooking, serving, and cleaning, subjecting the children to other health and safety hazards. To address their hazardous labor conditions, we needed to evaluate the labor conditions to assist with interventions related to safety, skills training opportunities, and improved pathways to livelihoods and rehabilitation plans for the children; this is reasonable, given the research interests regarding health, safety, and socio-economic conditions.

Table 19

Distribution of Respondents by Types of Employment in Hotels/Restaurants

Work Type	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Cooking Helper	15	30.00	6	12.00	21	42.00
Dishwashing	13	26.00	2	4.00	15	30.00
Serving	5	10.00	1	2.00	6	12.00
Cleaning	7	14.00	1	2.00	8	16.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to Table 19, many child laborers in hotel and restaurant work in Mahendranagar occupy physically demanding positions as cooking helpers (42%), dishwashers (30%), cleaners (16%), and servers (12%). All these long-hour jobs involve exposing children to serious health and safety hazards. Again, the need for safety measures, training, and support programs to protect children is urgent, consistent with the children's health, safety, and socio-economic conditions discussed in this study.

Working Experience Duration

It is important to know the amount of time that children work in hotels and restaurants in Mahendranagar to evaluate how this affects their health, education, and overall growth and development. Longer hours of work increase their physical stress and limits their schooling and exposes children to increased risk of exploitation at work. To understand their work experience is to grapple with how work experience varies and to generate intervention approaches to safety, rehabilitation, and education in ways that will further the aims of the study to analyze health, safety, and socio-economic circumstances.

Table 20*Distribution of Respondents by Working Experience Duration*

Work Type	Male		Female		Total	
	Respondent	Percent	Respondent	Percent	Respondent	Percent
Below 1 Year	8	16.00	3	6.00	11	22.00
1-2 Year	14	28.00	4	8.00	18	36.00
3-4 Year	10	20.00	3	6.00	13	26.00
Above 4 years	8	16.00	0	0.00	8	16.00
Total	40	80.00	10	20.00	50	100.00

Source: Field Survey, 2025

According to Table 20, most children working in hotels and restaurants in Mahendranagar worked for 1 to 2 years (36%), mostly boys (28%), 26 percent worked for 3 to 4 years, 22 percent for less than 1 year, and 16 percent, all boys, for more than 4 years. The duration of work is dangerous to children's health, education, and security, so urgent attention is required with respect to rehabilitation, educational support, and protection consistent with the study's objectives, with respect to examining their socio-demographic, health, and socio-economic conditions.

Conclusion and Implication

The research indicates that child labor in the hospitality sector of Mahendranagar is predominantly caused by poverty and social-economic vulnerability. Most of the affected children are from poor households with earnings below NPR 10,000 a month. Of the children interviewed, 62 percent left school because of financial issues. Most of the children working in the hospitality sector are boys (80%) and the majority are from the Tharu community (54%) and did not attend school, with 28 percent illiterate and 12 percent completed secondary school. The children generally worked as cooking assistants, dishwashers, or cleaners and under unsafe and exploitative conditions most children worked for more than nine hours a day, with some children working for more than four years. The nature of child labor in the hospitality sector is demanding and is detrimental to children's well-being: 44 percent reported illnesses related to headaches, chest infections, and fatigue; 22 percent experienced harassment or did not have protective equipment.

Access to healthcare services is poor, with only one-third of children able to access health facilities with ease. Regardless of these challenges, children have positive

aspirations: 40 percent of respondents would like to return to school, while 28 percent would like to pursue vocational training, indicating children's desires to have more productive, safer futures. The results demonstrate the urgent need for a series of effective, integrated interventions: poverty alleviation and enhancement of family livelihoods, ease of access to education, occupational health and safety, access to healthcare services and counseling, and vocational training. Coordinated action at the government, NGO, local authority and community levels, will be especially important to better protect children's rights, address issues of poverty and provide safe options to remove children from exploitative labor within the hospitality sector in Mahendranagar.

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