Background Despite ‘child domestic’ remains the worst victims of child-labour, few reports are published on this virtual slavery. However, It is crucial that their health/psycho-social-state are normal. We report here findings of socio-demographic-context and public-health status of such ‘hidden-exploited’-children in Bangladesh.

Purpose Study socio-demographic characteristic and public health status of child domestics working in urban-Dhaka residences.

Methods Cross-sectional survey on child-domestics from randomly-selected 90-households in nine areas in urban Dhaka. Data were collected employing house-to-house visit to interview child-domestics (household master/mistresses) using structured-questionnaire/checklists.

Outcome All-these 113 child-domestics (mean age 11.7±2.2) came out from grossly-poor families/poverty-stricken areas and had no schooling, but few signed names, scrappily. While 42% non/relatives and 19% parents brought them-in to such slavery, 36% masters/mistress trapped them in. Just for mere-wage of Tk.750–950 (~11–13 US$)/month, they look-after 4–6-member-families, 98% on verbal-agreement(wage and free-food/lodging). Nail was not trimmed in 81%, clothes were dirty in 76%, scabies in 46% and helminthiasis/anemia in 88%. Some 77% had no separate rooms to sleep, ~49% slept on floor/veranda and 69% on thin-mat/Kantha. While 89% work dawn-to-dusk (45% until late-night), with ½-1-hr interval when master’s-family enjoy mid-day-nap. Nearly 67% never plays-out, 70% never saw a doctor, 35% sustained battering, 26% endured physical-torturing and 31% stayed-locked inside-out. Even-than 57% reportedly lived there happily (?).

Significance/Contribution These-findings demonstrate that child-domestics, often deployed on verbal-agreement, sustain physical-torturing, endure psycho-social threats and suffer from ill-health. Even-than, extreme-poverty compel these child-domestics live happily. While we advocate banning this ‘silently-exploited virtual-slaves’, we recommend to accomplish it through phase-wise
rehabilitation-programs, employing public-private partnerships approach.