

PREVALENCE OF MENTAL HEALTH PROBLEMS IN WORKING AND NON – WORKING ADOLESCENTS: A COMPARATIVE STUDY.

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ABSTRACT

OBJECTIVE

To find out the prevalence of Mental Health Problems in working and non-working Adolescents.

STUDY DESIGN

Cross sectional research

PLACE AND DURATION OF THE STUDY

The study was conducted between January to August 2018.

SUBJECTS AND METHODS

200 adolescent boys and girls (100 working and 100 non-working Adolescent), with the age ranges from 11 to 18 years (M, 14.52, SD 1.73) were inducted. Non-working Adolescents were selected from 3 different schools of Lahore enrolled in 8th to 10th grade. The sample of Working adolescent (boys=50, girls=50) was taken from different canteens and restaurants of Lahore, through purposive sampling strategy. After selection participants were given a 42 items Depression, Anxiety Stress Scale (DASS), intended to assess three construct namely, depression, stress and anxiety, along with demographic Performa.

RESULTS

The results showed that among the non-working adolescents 28 % had depression, 30 % had anxiety and 30 % had stress, whereas in working adolescents 34 % had depression, 38% had anxiety and 46 % had stress. The result showed that working adolescents experienced more stress as compared with non-working adolescents.

CONCLUSION

The study showed presence of depression, anxiety and stress in working and Non-working Adolescents while stress was seen more prevalent in working adolescents. Therefore, it is deem necessary for all stakeholders to devise strategies to reduce mental health problems, before it aggravates and turns into serious psychopathology.

KEY WORDS

Depression, Anxiety, Stress, Adolescent labor, Child labor.

INTRODUCTION

Labor is multifaceted socio-politico-economic and insurmountable issue, which humanity is struggling for a long time. It is referred as the exploitation of children and adolescent through depriving them from their basic needs such as difficulty in attaining basic education, early drop out from school along with long hours of excessive work load and pressure, having devastating effect on their physical, social, emotional, and mental health¹. The roots of child labor could be dated back to 19th century, forcing children to work in factories, and mines. Child labor forms an inherent part of pre-industrial societies, lagging the concept of childhood. Many children were seen as adult at the age of 13 and they actively participated in child rearing, hunting and farming. Similarly, Victorian era is disreputable for employing young children for exposing children to dangerous fatal conditions. For decades, child labor has been an important issue at international level and despite of reported decline and numerous acts, it is still a major concern worldwide².

According to the reports of International Labor Organization (ILO) 245.50 million children were involved in child labor³, 178.90 million children with the age of 5-17 years were involved in child labor including child trafficking, manufacturing and construction sites, mining, debt bondage and serfdom.

A plethora of research highlighted the factors that indulge children into labor. There are numerous reason associated with child labor. Firstly, poverty and impoverished home environment, children have to work to ensure survival of the family. Secondly, lack of affordable schools and educational opportunities propel children to work as a laborer. Thirdly, employers are interested in hiring children as they are cheap and obedient. Fourthly, to support a cultural notion that it will enable character building and skill development. Fifthly, to provide support to family business, children should learn trade at an early age. Lastly, gender discrimination is supporting an inherent cultural belief that education of girls is not very important and they are pushed to child labor, depriving them of their basic rights of schooling and education.^{4,5}

Other line of research also suggests that labor has devastating effects on physical and mental health of children. A study was carried out in Pakistan that reported child labor is associated with chronic malnutrition⁶. In Bangladesh, child labor is associated with injury, exhaustion, infection, burns and lung disease⁷. The statistic of child labor in Iran showed injuries (58.20%), were mostly reported in industrial work room, falling from heights (44%) and cuts (49.6%) were the most commonly reported injuries⁸. General health symptoms were also investigated in different countries such as Pakistan, Iran, Egypt, Jordan and Indonesia reporting numerous forms of injuries and damage to physical health for instance permanent loss of organs, fracture of bones, and hearing impairment.⁹ A study carried out in Brazil revealed that musculoskeletal pain (17%) and back pain (23%) is more prevalent in domestic workers as compared with non-workers¹⁰. Similarly, the prevalence of eye strain in Indonesian workers is 26 %¹¹.

Child labor is also associated with mental and behavioral problems. In Ethiopia, emotional and behavioral problems were more prevalent in working children as compared with non-working children¹². A study carried out in Turkey showed alarming statistics of horrendous acts of employers with working children. At workplace 63 % of children were subjected to child abuse, and 29% of children had to bear emotional neglect¹³. Children separated from their families at a very young age, being deprived of their childhood and forced labor put them under a lot of emotional strain. It starts a vicious cycle of depression, shame, guilt, nightmares, loss of confidence and anxiety are the appalling consequences. These pessimistic indications put them in a cycle of self-blame¹⁴. Children exposed to these numerous experiences of victimization are at high risk of mental illness¹⁵.

Child labor is a multidimensional bitter reality and deep-rooted phenomenon in Pakistan's society¹⁶. A study conducted in Multan revealed risk factors associated with child labor were family income, parental education, large family size, credit scheme for poor, and to achieve financial prosperity¹⁷. Similarly, a study supported the fact that poor family who borrowed loans, had to work in brick kilns as forced/ bonded labor until they are able to pay the debt¹⁸. Depression and anxiety levels were assessed in 90 working children both males and females doing labor at different places. The results showed that females experienced more depression and anxiety as compared with males¹⁹.

Few studies were reported in Pakistan identifying prevalence of mental health problems in working adolescents. But there is a dearth of research providing a comparative account in the manifestation of mental health problems in working and non-working adolescents. Therefore, the aim of the current research is to find out the prevalence of mental health problems in laborer and non-laborer adolescents and to find out the difference in the manifestation of mental health problems in laborer and non-laborer adolescents.

SUBJECTS AND METHODS

Participants

The sample consisted of 200 adolescent boys and girls (100 Working Adolescents and 100 Non- Working Adolescent). The sample was further divided into boys=50 and girls=50 for each group, with the age ranges from 11 to 18 years. Non-Working Adolescents were selected from different schools of Lahore enrolled in 8th to 10th grade with the mean age of 14.52 years ($SD = 1.73$). The sample of Working Adolescents (boys=50, girls=50) was taken from different canteens and restaurants of Lahore with the mean age of 16.51 years ($SD 1.55$). The sample was selected through purposive sampling strategy.

Instrument

In the current research DASS²⁰ was used. The DASS is a 42 item self-report measure intended to assess three construct namely, depression, stress and anxiety. It has a four point Likert scale, with response options; 0 = "Did not apply to me at all", 1 = "Applied to me to some degree, or some of the time", 2 = "Applied to me a considerable degree, or a good part of the time", 3 = "Applied to me very much, or most of the time". The scale has sound psychometric properties with internal consistency of $\alpha=.63$, $\alpha=.60$, and $\alpha=.60$ for depression, anxiety, and stress scales respectively.

Procedure

The permission was taken from the authors of the scale. Permission was obtained from the departmental board of studies, the owner of the restraints and school authorities. Informed consent was obtained from the participant, after assuring them about the confidentiality and anonymity. The participants were given right to withdraw from the research at any stage. After obtaining formal permission, the data were collected from the different canteens, restaurants and schools of Lahore. Those adolescents who participated in the study were briefed about the purpose of the study, instruction were given to them about the test administration. Afterwards Urdu version of DASS was given in group setting, along with demographic Performa. The questionnaire was administered on working group verbally. After completing the administration participants were briefed about their queries. It took 20 minutes to complete the administration. For the analysis of the results, statistical packages for social science (SPSS), version 19 was used. Frequencies and percentages of demographic variables were calculated. To find out the mean differences between Working Adolescents and Non-Working Adolescents groups in the score of DASS t-test was carried out. To calculate the prevalence of Depression, Stress and Anxiety frequencies and percentages were calculated.

RESULTS

The table 1 showed that the sample is comprised of equal proportion of working and non -working adolescents, with the mean age of 16.51 years ($SD=1.55$) of working adolescents and 14.52 years ($SD=1.73$) of non-working adolescents. The sample consisted of 100 boys and 100 girls. 28% of the working adolescents were first born while 72 % were middle born. 60% were living in nuclear family system and 40% were living in joint family system. 25 % of the Non-Working Adolescents were first born while 75% were middle born. 68% of non working adolescents were living in nuclear family system while 32% were living in joint family system.

Results showed that stress and anxiety were more prevalent in working adolescents as compared with non-working adolescents as per descriptive statistics (see Table 3).

Results showed that working adolescent experienced more stress as compared with non-working school going adolescents on to statistics. No significant differences were found in depression and anxiety scores of the working and non-working adolescents (see Table 2).

Table 1

Frequencies, Percentages, Mean and Standard Deviation of Demographic Characteristics of Participants (N=200)

Characteristics	Working Adolescents		Non-Working Adolescents	
	f%	M(SD)	f%	M(SD)
Age in yrs		16.51(1.55)		14.52(1.73)
Gender				
Girls	50(50)		50(50)	
Boys	50(50)		50(50)	
Birth order				
First born	28(28.0)		25(25.0)	
Middle	72(72.0)		75(75.0)	
Family System				
Nuclear	60(60.0)		68(68.0)	
Joint	40(40.0)		32(32.0)	

Table 2

Means, Standard Deviations & t statistics of working and non working Adolescent on DASS

Non-working Adolescents	Working Adolescents					t	p<
	Variables	M	SD	M	SD		
Depression	18.17	7.82	19.03	6.14	.87	.347(ns)	
Anxiety	17.82	6.79	16.71	6.43	1.19	.237(ns)	
Stress	19.19	6.54	21.52	6.40	2.54	.012*	

df=199, *p<.05

Table 2

Depression, Stress and Anxiety in Working and Non- working adolescents on DASS

Non-Working adolescents	-1SD	M	+1SD	+2SD
Depression	16.30%	41%	28%	15%
Anxiety	25%	26%	30%	19%
Stress	17.30%	39%	30%	14%
Working adolescents		35%		
Depression	15.70%		34%	15%
Anxiety	20.60%	29%	38.30%	13%
Stress	12.70%	13.40%	46%	28%

Note.SD= Standard Deviation, M= Mean, -1SD= Below Mean, + 1 SD= Above Mean



Figure 1

Showing Mean Difference in Depression, Stress and Anxiety between Working and Non-working Adolescents

DISCUSSION

Children and Adolescent are exposed to hazardous working conditions such as in factories, workshops, restaurants, canteens, or as working as street hawkers etc. This is detrimental for their physical, social, emotional, psychological and spiritual health²¹. Child labor is becoming an endemic problem and menace for the society at large, as it is effects various facets of a child's life time development hampering him/her from attaining adequate educational opportunities, potential and dignity of the child, depriving them from their childhood and innocence. Child labor is a widespread problem which has moved from regional level to international forum²².

A plethora of research studies have shown adverse physical effects of child labor: for instance stunning physical growth, nutritional deficiencies, musculoskeletal pain, infectious diseases, tiredness, exhaustion, backaches, burns, hearing loss, fractures, skin diseases, HIV and Hepatitis. Studies also reported the prevalence of psychosocial problems in laborers. Most commonly reported problems were child abuse, emotional disturbances, mood and anxiety disorders, behavioral and conduct related problems^{17,18}.

The finding of the current research revealed that stress was more prevalent in working adolescents. A careful consideration of result revealed that depression was 34%, anxiety was 38% and stress was 48% in laborers which is quite an alarming state. Previous literature supported this finding. Children who became involved in different labor-related works had no opportunity to develop their natural psycho-social health; about 40% of child laborers were affected by abnormal psychological growth²³. In another study it was reported that working children had lower levels of adaptive skill, lesser physical health and demonstrate unwanted social behaviors, use of fowl words and excessive use of cigarettes. They indulged in self-blame, damaged their social and emotional well-being resulting in depressive symptoms and suicide. Some children also reported violence and antisocial behavior²⁴. As far as difference in the manifestation of symptoms of depression, stress and anxiety is concerned, the only statistically significant difference was found in stress among working and non-working adolescents. It is also supported by the research studies that environmental factors played a vital role in triggering stress reactions in adolescents exposed to hazardous working conditions. But if a closer attention is paid to the mechanisms of depression and anxiety, it pointed many different causes ranging from genetic vulnerability to environmental and personality factors in both working and non working groups. Therefore, it is suggested that preventative steps should be taken for both working and school going adolescent addressing their specific needs and problems²⁵.

CONCLUSION

The study showed presence of depression, anxiety and stress in working and non-working adolescents while stress was seen more prevalent in working adolescents. Therefore, it is deem necessary for all stakeholders to devise strategies to reduce mental health problems, before it aggravates and turns into serious psychopathology.

Limitations of the study:

Data should have been taken from more subjects and from different areas of Pakistan in order to make the results more generalized.

Subjects from different work settings should have been taken in order to make the comparison of mental health problems.

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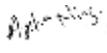
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