ANXIETY AND DEPRESSION LEVEL AMONG CHILD LABOUR

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ABSTRACT

The current study was conducted to assess the depression and anxiety level among children doing labour at different places. A total number of 90 children, 60 male working children and 30 female working children were selected through purposive sampling from different organizations and workplaces. The participants were administered Depression and Anxiety Scale to measure their depression and anxiety levels. The score of male and female working children was compared. Pearson's Product Moment and the t-test were used for statistical significance of data. It was found that there was a significant relationship ($r=0.879$, $p<.01$) between depression and anxiety. This indicates that there is a strong positive correlation between depression and anxiety. Moreover a significant difference was found between men and women on depression and anxiety scores, which indicate that female child labour have high level of depression and anxiety as compared to male child labour. It was also found that male child labour working in hazard conditions have high level of depression and anxiety as compared to male child labour working in non hazard conditions.

Keywords: Anxiety, depression, child labour.

INTRODUCTION

Pakistan is a devolving country, there has been increasing international concern over the number of children involved in labour. This global challenge affects both industrialized and developing countries. The definition refers to children working in more than light work, exposed to hazards, forcibly recruited, prostituted, trafficked and driven into illegal activities. It has been estimated that 218 million children between the ages of 5 and 17 years are involved in child labour worldwide, with a trend of a slight decline in the last 5 years (Hagemann et al. 2006).

Of those, nearly 58%, of 126 million, work in hazardous conditions such as in mines, with chemicals and pesticides, in agriculture, or with dangerous machinery. Asia and the Pacific region harbor the largest number, followed by Sub-Saharan Africa, Latin America and the Caribbean. Large numbers of children are trafficked each year and forced into slavery, prostitution and/or pornography, or recruited as child soldiers in armed conflict .

Further it was reported that child labour violates human rights, and is in contravention of the International Labour Organization (article 32, Convention Rights of the Child 1991 – Unicef 2006). Working children are more exposed to work-related illness and injuries than adults. They are also less aware of risks involved in their occupation and place of work. About one-third of children of the developing world are failing to complete even 4 years of education (International Labour Organization 2003).

Family poverty is widely recognized as one of the specific determinants. Most research with working children has so far been on the underpinning socio economic factors (Ali 2004; Ferguson 2005). Despite the multitude of risk factors involved, there has been limited research on these children's health, even less so on their mental well-being (Nuwayhid et al. 2005; Khan et al. 2007).

Children on the street come to the streets to work in order to supplement their family's income. They return home to their families at night time. The largest group in this typology is the 'children at risk' category. These are the children of the urban poor and they form the reservoir from which street children emerge (UNESCO 2009; UNICEF 2009; Ali 2004; Baybuga and Celik 2004).

Miserable living conditions, poverty and domestic violence are three of the major reasons why these children either leave home or are sent to the streets to make money to support their family (Polat 2009; TURKIS 2009; UNICEF 2009; UNICEF 2006; Kurt et al 2005).
Children working on the streets are at higher risk for experiencing abuse (Polat 2009; TURKIS 2009; Kurt et al 2005; Hadi 2000). They hitch hike for transportation and work in crowded traffic or out in the open on the street or in parks and in front of bars. Children working on the streets suddenly appear in front of cars asking to clean car windows or begging for money. Consequently they are often rejected, yelled or sworn at or denigrated in other ways (Polat 2009; TURKIS 2009; UNICEF 2009; Subaşı 1996).

A study by Audu et al (2009) found 87.8 percent of girls working on the streets (total 171 girl children in the sample) had been exposed to sexual assault. The same study concluded the girls in the sample were found to be significantly more likely to be sexually assaulted when they had no formal education and worked for more than eight hours per day. Abuse is a universal problem, which negatively affects the physiological, psychological and social health of the victim (Ahmadkhaniha et al 2007; Gharaibe and Hoeman 2003; Rew 2000)

One study compared the effects of work on growth of 135 Jordanian boys aged 10–16 and their non-working male siblings. Working children were at risk of stunting, wasting and anaemia; and many were established smokers (Hawamdeh & Spencer 2001).

A descriptive survey on child labour in automobile workshops of Peshawar, Pakistan, randomly selected 200 boys (age 6–15 years) from 32 workshops, 40% of whom were engaged in mechanical work. Watery eyes (31%), chronic cough (29%) and diarrhea (22%) were the commonest symptoms reported by the children, while 38% had suffered major injury (Nuwayhid et al. 2005).

In a cross-sectional survey of urban Lebanese children aged 10–17 working full-time in small industrial shops and compared with non-working matched schoolchildren, significant differences were detected with respect to physical health such as injuries, skin lesions or ear complaints, and social care needs (frequent abuse) (Nuwayhid et al. 2005). A

retrospective cohort study in Morocco randomly examined 200 children working in the handicraft sector. They founded a high prevalence of respiratory, digestive and skin conditions, as well as mental health presentations such as migraines, insomnia, irritability, enuresis and asthenia (Laraqui et al. 2000).

A study in Lebanon investigated children exposed to solvents, and found significantly higher rates of light headedness, fatigue, impaired memory and depression, compared with a non exposed group (Saddik et al. 2003).

A cross-sectional study in Addis Ababa, Ethiopia, used diagnostic interviews to establish the prevalence of mental disorders in 528 child labourers aged between 5 and 15 years comprising of street workers, child domestics and private enterprise workers. The prevalence of mental disorders was 20.1%, compared with 12.5% in the general population (Fekadu et al. 2006). In conclusion, studies focussed on child labour are on the increase. Most of them have concentrated on physical and social consequences, with limited research on child mental health, and this research gap was behind the rationale for this study (Fekadu et al. 2006).

Rationale of study

Pakistan is developing country; now a days faces many problems like flood, terrorism, degrading social status and earthquake etc. unfortunately pak government is fail to release pressure of these problems and according to pak act of child labour, children below age of 14 cannot work in hazard and any kind of work place. Our half population is consisting of children. Due to these problems these children are worked in different very undesirable conditions. Not only male children but female children are also worked in these conditions. And these problems cause different physical and psychological problems e.g. depression, anxiety, stress, child abuse etc. and children attempt subsides etc. Our basic purpose to conduct this study is to point out these problems and government take interest in these problems and minimize the causes of these problems.

Hypothesis

1. There would be a positive relationship between depression and anxiety level among child labour.
2. There would be a significant difference in depression and anxiety level among male child labour and female child labour.
3. There would be a positive relationship between hazard work conditions and depression, anxiety level among child labour.

Method

The 90 children and their ages were 11 to 17, selected from Mahmood textiles mills (MTM), different Hozaries & Dying, low standard Hotels and other working places. The purposive sampling technique was used t collect the data from the desired participants. The sample of study is divided into two groups, first group consists of 60 male children and they further divide into two groups according to their workplace conditions e.g. hazard work conditions and non hazardous working conditions. Second group is consists of 30 female children, working in non hazard conditions.

Measures:
Depression, Anxiety, Stress Scale

Depression, anxiety, stress scale is used in this scale. Scale consists of 42 items of depression, anxiety and stress. For our study, we used only 28 items of depression and anxiety. We separate these items by scoring sheet attached with scale. This scale has 0 to 3 scores according to severity of condition. Maximum score for depression and anxiety is 42.

Variables
Definition of anxiety
Anxiety is an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints and rumination (Seligman, Walker & Rosenhan, 2002).

Definition of depression

Depression is a low sad state in which life seems bleak and its challenges overwhelming (Krauthammer & Klermen, 1997).

Hazard conditions

Hazard conditions are those workplaces, which can expose employees to hazardous materials or chemicals, some of which can be immediately harmful, while others can have destructive effects years later (*Ingram & Media, 2009).*

Procedure

In order to fulfill the requirements of current research 90 subjects were selected from Mahmood textiles mills (MTM), different Hozaries & Dying, low standard Hotels and other working places. The age range of the subject was 11 to 17 years.There were many expected and unexpected hurdles for collecting the data, so for reducing these difficulties permission letter was provided to the administrators of the university so that encounter hurdles in the data collection process may be dealt easily. This permission letter was shown to authorities and assurance of confidentiality also given to them. The rationale of study was explained to the participants. Brief instructions about questionnaire were given to participants on first page. It was made that all information would be kept confidential and would be utilize only for research purpose. They were requested to complete the questionnaire. Approximately all the participants completed the questionnaires in the presence of researchers. Researchers clarified or interpreted the questions to the less educated or illiterate participants. It took 20 to 25 minutes for the completion of the protocols. They were also mention their age, gender, qualification and working type in which they work as demographic variables.

Pearson's product moment correlation method and t-test were used to find out the significance level of data through SPSS.

Results

Table I: Pearson's Correlation between depression and anxiety N=90

	Depression (Dep)	P value
Anxiety (Anx)	0.879(**)	0.008

Table: I indicates that the results are significant at 0.008 levels. It also shows that there is a strong positive correlation between anxiety and depression among child labour.

Table II: Mean values of male and female child labour on depression and anxiety N=90

Group	Mean	S.D	df	t-test	p
Depression (Dep)					
Male (N=60)	22.1	3.04	56	2.67	.000
Female(N=30)	29.3	2.78			
Anxiety (Anx)					
Male (N=60)	18.87	4.64	49	3.89	.000
Female(N=30)	25.7	3.78			

Table: II indicates that female child labour had higher depression and anxiety levels than male child labour. It also support the results that there is a significant deference between female and male child labour score on depression and anxiety.

Table III: Mean values of male child labour working in Hazard conditions and Non hazard condition on depression and anxiety (N=60)

Group	Mean	S.D	df	t-test	p
Depression (Dep)					
Hazard (N=30)	27.4	4.24	63	5.67	.000
Non hazard(N=30)	14.9	3.78			
Anxiety (Anx)					
Hazard (N=60)	23.8	3.64	59	6.94	.000
Non hazard(N=30)	12.03	1.78			

Table: III indicates that male child labour working in hazard condition had more depression and anxiety levels as compared to male child labour working non hazard conditions. It also supports our results that male child labour working in hazardous condition has more depression and anxiety levels as compared to male child labour working non hazard conditions.

DISCUSSION

Pakistan is developing country; due to this fact it faces many problems like flood, terrorism, degrading social status and earthquake etc. unfortunately pak government is fail to release pressure of these problems and according to pak act of child labour, children below age of 14 cannot work in hazard and any kind of work place.

Our half population is consisting of children. Due to these problems these children are worked in different very undesirable conditions. Not only male children but female children are also worked in these conditions. And these problems cause different physical and psychological problems e.g. depression, anxiety, stress, child abuse etc. and children attempt subsides etc.

While working with these children, it has been observe that these children have many physical as well as psychological problems, including depression, anxiety, restlessness, helplessness, worthlessness and low self esteem etc. the result of current study indicated that children working in different places suffer from depression and anxiety and increase in depression causes increase in anxiety and vice versa. This is infect is a direct relationship between the two variables. As it can be seen in result section, table # 1 indicates that there is a strong positive correlation (r = 0.879) between depression and anxiety among child labour, which also indicates that the results are highly significant at 0.008 level.

The table # 2 of the current study also shows that female child labour has high scores on depression and anxiety as compared to male child labour and results are significant at 0.008 levels. The probable causes of these findings may be more independent status of males than of females, which is given them by culture. Hence this given status makes males comparatively more social and strong. The findings of the current study are consistent with a number of other studies.

The table # 3 of the current study indicates that male child labour working in hazard conditions has high scores on depression and anxiety as compared to male child labour working in non hazard conditions and results are significant at 0.008 levels. The probable cause of these findings are the conditions of the working places, which make children to more depressed and create anxiety as compared to those male child labour working in non hazard conditions. The findings of the current study are also consistent with a number of other studies. Saddik et al (2003) in a study in Lebanon investigated that children exposed to solvent, and found significantly higher rates of light headedness, fatigue, impaired memory and depression, compared with a non exposed group.

During the process of data collection it has been observed that when these children ranked themselves low, and started feelings unable to perform their normal functions, they develop the feelings of worthlessness, hopelessness, inadequacy, inferiority and insecurity which further raised their level of depression and anxiety. In a society like Pakistan where people are emotionally attached with each other, they like to share their feelings of sorrow and happiness, which is one of the basic element of the values and custom of this culture.

CONCLUSION

Keeping in view the findings of the current study it is concluded that there exists a strong positive correlation between depression and anxiety levels in child labour. Furthermore, it can be said that high level of depression leads to anxiety. It has been found that female child labour had higher depression and anxiety levels as compared to male child labour. It has also been found that male child labour working in hazard conditions had higher depression and anxiety levels as compared to male child labour working in non hazard conditions. However, considering the limitations of the current study, it is recommended that in future studies data may be increased and random sampling technique may also be used to get more accurate results. More variables like age and education may also be studied

References

Abdelgalil, S., Gurgel, R., Theobald, S. & Cuevas, L. (2004) Household and family characteristics of street children in Aracaju, Brazil. Archives of Disease in Childhood, 89, 817–820.

Ali, M. (2004) Street children in Pakistan: a situational analysis of social conditions and nutritional status. Social Science and Medicine, 59, 1707–1717.

Bildik, T., Tamar, M., Vesek, S., Bukusoglu, N. & Aydiric, C. (2005) The mental health of young workers. Social Behaviour and Personality, 33, 295–306.

Birleson, P., Hudson, I., Buchanan, D. & Wolff, S. (1987) Clinical evaluation of a self-rating for depressive disorder in childhood. Journal of Child Psychology and Psychiatry, 22, 73–88.

Fekadu, D., Alem, A. & Hagglof, B. (2006) The prevalence of mental health problems in Ethiopian child labourers. Journal of Child Psychology and Psychiatry, 47, 954–959.

Ferguson, K. (2005) Child labour and social capital in the mezzosystem: family- and community-based risk and protective factors for street-working children in Mexico. Journal of Social Work Research and Evaluation, 6, 101–118.

Ford, T., Vostanis, P., Meltzer, H. & Goodman, R. (2007) Psychiatric disorder among British children looked after by Local Authorities. British Journal of Psychiatry, 190, 319–325.

Goodman, R. (2001) Psychometric properties of the strengths and difficulties questionnaire. Journal of the American Academy of Child and Adolescent Psychiatry, 40, 1337–1345.

Hagemann, F., Diallo, Y., Etienne, A. & Mehran, F. (2006) Global Child Labour Trends 2000 to 2004. International Labour Office, Geneva, Switzerland. Hawamdeh, H. & Spencer, N. (2001) Growth of working boys in Jordan: a cross sectional survey using non-working male siblings as comparisons. Child: care, health and development, 28, 47–49.

Huemer, J. & Vostanis, P. (2010) Child refugees and refugee families. In: Mental Health of Refugees and Asylum Seekers (eds D. Bhugra, T. Craig & K. Bhui). Oxford University Press, Oxford, UK. (in press).

Ingram, D. & Media, D. (2009). Definition of Workplace Hazards. Retrieved from http://smallbusiness.chron.com/definition-workplace-hazards-10517.html.

International Labour Organisation (2003) Combating Child Labour through Education. ILO, Geneva, Switzerland.

International Labour Organisation (2008) Action Against ChildLabour. ILO, Geneva, Switzerland.

Khan, H., Hameed, A. & Afridi, K. (2007) Study on child labour in automobile workshops of Peshawar, Pakistan. Eastern Mediterranean Health Journal, 13, 1497–1502.

Laraqui, C., Caubet, A., Laraqui, O., Belamallem, I., Harourate, K., Curtes, J. & Verger, C. (2000) Child labour in the handicraft sector of Morocco: causes and repercussions on health. Sante Publique,12, 31–43.

Nuwayhid, I., Usta, J., Makaren, M., Khuds, A. & El-Zevi, A. (2005) Health of children working in small urban industrial shops. Occupational Environmental Medicine, 62, 86–94.

Rammohan, A. (2000) Interaction of child labour and schooling in developing countries. Journal of Economic Development, 25, 85–99.

Saddik, B., Nuwayhid, I., Williamson, A. & Black, D. (2003) Evidence of neurotoxicity in working children in Lebanon. Neurotoxicology, 24, 733–739.

Seligman, M.E.P.; Walker, E.F.; Rosenhan, D.L. (2002). Abnormal psychology (4th ed.). Retrieved from http://en.wikipedia.org/wiki/Anxiety.

Spence, S. (1997) The structure of anxiety symptoms among children: a confirmatory factor analytic study. Journal of Abnormal Psychology, 106, 280–297.

Thabet, A. A., Stretch, D. & Vostanis, P. (2000) Child mental health problems in Arab children: application of the strengths and difficulties questionnaire. International Journal of Social Psychiatry, 46, 266–280.

Thabet, L., Thabet, A. A., Hassann, S. & Vostanis, P. (2007) Mental health problems among orphanage children in the Gaza Strip. Adoption and Fostering, 31, 54–62.

Thabet, A. A., Tawahina, A., El Sarraj, E. & Vostanis, P. (2008) Children exposed to political conflict: implications for health policy. Harvard Health Policy Review, 8, 158–165.

Unicef (2006) Guide to the Convention on the Rights of the Child. Available at: http://www.unicef.org/crc/ (last accessed June 2010).