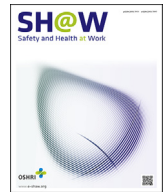




Contents lists available at ScienceDirect

Safety and Health at Work

journal homepage: www.e-shaw.org

Original Article

Psychological Health Problems Among Adolescent Workers and Associated Factors in Istanbul, Turkey

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ARTICLE INFO

Article history:

Received 15 November 2016

Received in revised form

24 March 2017

Accepted 16 June 2017

Available online xxx

Keywords:

adolescent workers

child Workers

occupational health

psychological problems

social support

ABSTRACT

Background: Work and work environment have a critical influence on adolescent workers' health. They are subjected to more risks than adults. The aim of this study is to examine psychological health outcomes in adolescent workers in the areas of depression, somatization, anxiety, hostility, and negative self-concept, and to investigate any related factors.

Methods: This is a descriptive and cross-sectional study. Research samples were collected from adolescent workers between 15 and 18 years old attending a 1-day mandatory education course at vocational training centers, working 5 days per week in small enterprises. Data were collected using the following instruments: Brief Symptom Inventory, Multidimensional Scale of Perceived Social Support, and Descriptive Characteristics of Children's Assessment Form.

Results: The investigation covers 837 young workers, of whom 675 were males and 162 were females. The majority of the families had low incomes (68.1%). Overall, 33.5% of the adolescents had been hospitalized because of health problems. Their average weekly working hours were 78.1 ± 10.7 . Almost 50% of adolescent workers scored above the mean average in the Brief Symptom Inventory, indicating serious psychological health symptoms. Those who scored high for hostility, depression, negative self-concept, anxiety, and somatization were between 45.4% and 48.9% of the sample. Logistic regression analysis was conducted to determine the underlying factors: a perception of "feeling very bad" health conditions was 2.07-fold whereas the rate of "no annual leave" was 0.73-fold, and both were found to be effective on psychological problems.

Conclusion: In this study, it seems likely that psychological health problems are the result of multiple adverse factors including working conditions, annual leave, and health considerations.

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Q1 1. Introduction

The increasing worldwide concern over the well-being of adolescent workers has raised awareness over adolescents' working conditions, mainly centering on physical health, but recently also on psychological health. Adolescence is a crucial part of the child development process because of the ongoing physical and psychosocial developments that occur during this stage. Adolescents are subjected to more risks than adults when they are exposed to negative work-related factors [1]. Adolescence refers to ages 10–19 years. Anyone younger than 18 years is defined as a child [2]. According to a report in 2008 by the International Labour Organization, 308 million children between the ages of 5

years and 17 years worldwide were involved in child labor. Comparison of findings in a previous report published by the International Labour Organization in 2004, shows that the number of child workers has decreased by only 17 million. It is also important to note that the total number of child workers in the age group 15–17 years has increased from 127 million to 129 million across the same period [3]. These statistical trends parallel those in Turkey. According to the last Child Labour Survey by the Turkish Statistical Institute, 2012, that covers only registered workers. There were 17 million children in the age group 6–17 years, of which 893,000 were working and almost 67.3% of them were 15–17 years old (boys comprising 68.8%). Almost 45% of them were engaged in agriculture, and half of the rest were

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engaged in household chores (shopping, cooking, and ironing, looking after younger brother/sisters or older family members, washing dishes, working on the family farm, etc.). However, the majority of them (46.2%) were unpaid family workers [4]. Compared with the Child Labour Survey in 2006, the incidence of adolescent workers has decreased. According to an informal comprehensive report, 75.2% of 15- to 19-year-old adolescent workers living in cities were unregistered in 2006 [5].

There are many side effects of harsh working conditions on adolescent workers' health. They will likely be exposed to violence, accidents, or injury incidents more than nonworking at-school adolescents. In particular, work-related accidents and physical health symptoms on skin, eyes, the respiratory system, and musculoskeletal system were common among adolescent workers [6]. Rates of fatal work accidents have increased in recent years. More than 1,700 workers lost their lives owing to work-related accidents in Turkey in 2015, and of these, almost 4% ($n = 63$) were younger than 18 years. [7]. The work of Servili and Yartey [8] found that 20% of adolescents who were not working experienced psychological problems, most commonly depression or anxiety. According to limited research on such adolescents, working conditions and environment have a strong influence on their health. For example, in a comparative research project in India and the Philippines on adolescent workers by Hesketh et al. [9], long working hours as well as lack of support from peers and adults were correlated with low psychosocial scores in both countries. Also, working at a young age, not having a day off, and being subjected to nonverbal punishments such as beatings and withholding food were found to be significantly correlated with low psychosocial development in India. Moreover, it was found that adolescent workers smoke more and also report more frequent abuses compared to school adolescents of the same age. They had more psychopathological health problems [10]. In a similar research in Nigeria and Turkey, the workers had poor physical development compared to their nonworking counterparts [11,12]. Moreover, psychological factors also have an important influence on the prevalence of physical symptoms [13].

However, the assessment and prevention of work-related health problems at an early stage in life decreases negative risk factors, and consequently averts psychological issues in later life [8]. In this context, occupational health services have a crucial function to protect the health and safety of youth exposed to work. As key members of the health team, nurses can observe and identify psychological changes in adolescents and initiate an action plan to resolve their problems or refer them to an expert if needed. They can implement health protection and promotion at an early stage prior to the development of problems in adulthood. Based on these considerations, the aim of the study was to examine psychological health outcomes in adolescent workers for symptoms of depression, somatization, negative self-concept, hostility, and anxiety, and to investigate social and work-related factors.

The following research questions were addressed by this study.

Research question 1: What is the prevalence of psychological health symptoms (depression, somatization, negative self-concept, hostility, anxiety) among adolescent workers?

Research question 2: Which factors are related to psychological health in a sample of adolescent workers?

2. Materials and methods

2.1. Sample and settings

This study is descriptive and cross-sectional. The study population comprised adolescent workers in the 15–18 years age range. The sample was selected using a purposive sampling method from

five vocational training centers (VTCs), which had 500 enrolled adolescent workers on the European side of Istanbul. The data were collected in March, April, and May 2012.

The centers are a kind of formal and mandatory school for those who prefer having a specific occupational certificate (hair-dressing, electric technician, cooking, etc.) and support their family financially, rather than enrolling in high school after leaving mandatory elementary school at age 14. The adolescents are permitted to attend the VTC 1 day per week, working 7 hours per day for a total 35 hours per week according to the labor law [14] (they work longer in practice). Istanbul is the most developed and crowded city in Turkey with almost 15 million residents. It is the main target of internal migration from inside Turkey and also from abroad [15]. The European side of Istanbul is an attractive place for such migrants owing to the variety of work positions available.

The study consisted of 1,085 adolescent workers, of whom 70 did not fully complete the questionnaire, 126 were absent during the data collection in the VTCs, and 54 refused to participate in the study. The study was conducted during their study days at these VTCs. The researcher informed all participants about the study and then let them complete the questionnaire. It took participants 25–30 minutes to complete all the questionnaires. The final total of children participating in the research was 837 (77.1%).

2.2. Measures

The survey comprised three measurements:

- Descriptive Characteristics of Adolescent's Assessment Form—this was modified by the researcher according to similar academic studies, research, and literature. It consisted of the following:
 1. Sociodemographic characteristics—including sex, age, education, birthplace, the length of time living in Istanbul, the adults he or she lives with
 2. Family characteristics—including the parents' level of education, amount of family income, number of siblings, and their education and working environment
 3. Health characteristics—including perceptions about their health, body mass index, any chronic disease under medical control or treatment, any disease or symptoms requiring a medical visit in the past 6 months
 4. Working characteristics—including working hours, the amount of time spent at work and off work, number of work breaks, and duration of annual leave

The initial version of the survey form was piloted using 40 students in one of the VTCs. It was found that most of the adolescent workers did not account for all the time they spent at work such as having lunch, break times, and spare time. The survey form was consequently amended to identify the time spent at the job center and time spent on and off work in detail.

- Multidimensional Scale of Perceived Social Support (MSPSS) is a self-reporting inventory that consists of 12 items. It measures perceived social support from family, friends, and significant others [16]. The MSPSS has been translated and adapted for use among Turkish respondents [17]. In this study, the Cronbach alpha was found compatible with previous studies in this research ($\alpha = 0.85$).
- Brief Symptom Inventory (BSI), developed by Derogatis (1992), is a 53-item inventory adapted from SCL 90. The validity and reliability of the scale were investigated by Şahin et al in 2002 [18]. It was standardized for use with Turkish adults and

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