

## ADOLESCENT WORK AND ASSOCIATION WITH DRUG USE, MENTAL HEALTH AND PROBLEMS FACED IN LIFE

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### ABSTRACT

**Objective:** To identify the frequency of adolescents who work and the association with drug use, mental health and problems of life they face.

**Methods:** Descriptive-analytical, cross-sectional and quantitative study conducted with 539 adolescents enrolled in the Family Health Strategy of a municipality in southern Minas Gerais. A characterization questionnaire, the Strengths and Difficulties Questionnaire, and the Drug Use Screening Inventory were used for data collection. Data were analyzed using statistical software to perform associations between variables, using the chi-square test, Fisher's exact test, odds ratio and Mann-Whitney tests

**Results:** It was found that 17.8% of the adolescents worked. There was no significant association between the variable work activity and drug use, change in mental health, and corrected global, absolute and relative density of problems faced in life.

**Conclusion:** Adolescents who worked had higher alcohol consumption, were mostly classified as normal in terms of mental health, and had lower means of behavioral, health and psychiatric disorders. More studies are needed to unravel the risks and benefits of work activity in the adolescents' life.

**Keywords:** Adolescent; Work; Mental health; Illicit drugs; Alcohol abuse.

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## INTRODUCTION

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Adolescence is one of the most important periods of human development, which can be characterized by physical, emotional and social transformations. To experience a healthy adolescence with lower risk of vulnerabilities such as drug use and mental distress, the adolescents depend on individual and social conditions, and interpersonal relationships[1].

In this context, the literature has pointed out the risks and benefits of adolescent work. Working adolescents may have a risk related to environmental conditions and to the work itself, with negative effects on physical and mental health[2]. Working adolescents are believed to have less time for leisure, education, family life, and peer interaction[3].

In view of the above, the insertion of adolescents in the labor market has been legally restricted. There is a counterpoint reinforcing that this process depends on the social and family background and the context in which the adolescents perform the work activity(4). Due to the importance of physical and psychosocial health, issues related to adolescent work should be a priority in the

public policy agenda[5]. For this reason, it is necessary to analyze the association of adolescent work with aspects related to mental health, drug use, as well as factors related to their daily life.

Although studies on the theme have focused on physical and social damage, there is a knowledge gap regarding the insertion of adolescents in labor activities, and also the association between mental health and work with this group[6]. Thus, this study may fill the gaps that exist in the national and international context regarding adolescent work and drug use, mental health changes, and problems faced in life, and may subsidize the knowledge of health professionals, especially those in the nursing area, to strengthen the health promotion among adolescents who work.

The aim of the present study is to identify the frequency of adolescents who work and the association with drug use, mental health and life problems.

## METHODS

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This is a descriptive-analytical, cross-sectional and quantitative study developed in a municipality in southern Minas Gerais, in the Family Health Strategy (FHS) units. The inclusion criteria were: adolescents aged between 12 and 18 years, as established by the Child and Adolescent Statute, literate and affiliated to an FHS unit in the urban perimeter of the municipality.

The survey of the number of adolescents belonging to the FHS units of this municipality resulted in a total of 2,998. Stratified random sampling was performed by means of sample calculation with a margin of error of 5%, in two stages; the "FHS units" and "micro areas" represented the sample units in the first and second stage. The sample size calculation resulted in a total of 548 participants. The R software version 3.0.2 was used to perform the draw. Nine (1.6%) adolescents were excluded for not answering the instrument, and the final sample was 539.

Data were collected by the researchers after training and a pilot test with 30 adolescents who were not included in the sample. This collection took place through a pre-scheduled home visit after a personal conver-

sation with the adolescent or guardian, from January to October 2014. Each interview lasted between 40 and 60 minutes and was conducted at the adolescent's own residence. The characterization of the sample was performed by applying a questionnaire containing the variables: gender; age; enrollment in formal education; school year; labor activity/occupation. The criterion of economic classification of Brazil, whose score ranges from 0 to 46, was adopted in the study(7).

The public domain, self-reported version of the Strengths and Difficulties Questionnaire (SDQ), validated in Brazil, was used in the study. The questionnaire has 25 questions and the following answer options: not true, somewhat true, and certainly true. Each item receives a specific score (ranging from 0 to 2). Normal scores range between 0 and 13, bordering scores between 14 and 16, and abnormal scores between 17 and 40. In all subscales except prosocial behavior, the higher the score, the greater the number of symptoms<sup>8-10</sup>. The questionnaire has the "Impact Supplement", which investigates whether the adolescent has any emotional or behavioral difficulties. If so, the chronicity, general distress, social impairment, and weight of these changes to others are evaluated. Only the questions about "general distress"

and "social prejudice" are evaluated. Scores greater than or equal to 2 are considered non-normal, 1 is considered bordering, and zero, normal[8-9]. This scale was used to track the mental health of adolescents, as it is widely used in assessments of this construct in Brazil and in other countries.

Another instrument used was the Drug Use Screening Inventory (DUSI), validated and adapted in Brazil[10] and authorized by Dr. Steve Weatherbe. This instrument is divided into two parts. The first identifies alcohol and drug use through a likert scale that ranges from "I don't know" to "I used it more than 20 times"[11]. The second part assesses the problems faced in life and is divided into 10 areas, with dichotomous answers (yes or no); affirmative answers are equivalent to the presence of alterations. This part allows the calculation of three indices: Absolute Density (AD), which indicates the severity of problems in each area; Corrected Relative Density (CRD), which indicates the percentage contribution of each area to the total of problems; and Global Density (GD), an indicator of the severity of problems in general[12]. This scale was chosen because it is considered a reference by the Ministry of Health and indicated to evaluate drug use and problems faced in life.

Some variables were categorized/dichotomized, namely, age (12 to 14 years and 15 to 17 years); economic status (AB and CD); school lag (yes and no); drug use (no and occasional use); and type of drug consumed (legal drugs - alcohol and/or tobacco; and illegal and legal drugs).

The database was structured in an Excel 2000 spreadsheet, and data were double-typed. Statistical analyses were performed with the aid of Statistical Products and Service Solutions (SPSS), version 15, and the statistical package R version 3.0.2. The chi-square test or Fisher's Exact test were used to evaluate the association between having work or not and the variables gender, age, economic classification, enrollment in formal education, school lag, drug use, mental health and life problems, because these are categorical variables. Odds ratios and 95% confidence intervals were estimated to check the extent to which a group was more likely to present a given outcome compared to the others. The Shapiro-Wilk test was performed to check the normality of the distribution of measurements in the comparison between AD, CRD and GD of problems faced with the "work" variable. As the distribution was asymmetric, the Mann-Whitney test was applied, since this is a numeric variab-

le. The significance level of 5% was adopted in all analyses.

The study was approved by the Research Ethics Committee under number 293/2013 (protocol 22739313.4.0000.5393), and followed the ethical precepts of Resolution 466/2012.

## RESULTS

It was observed that 17.8% of the adolescents reported to engage in some paid work activity. Twenty-nine different occu-

pations were mentioned, according to the Brazilian Classification of Occupations (BCO) [13]: food and beverage service attendants, supermarket clerk and secretary, store attendant, babysitter, administrative assistant, janitor, glazier and bakery attendant alike, among others.

Table 1 shows that male adolescents aged 15 to 17 years were more likely to be engaged in paid work activity, and adolescents who were not enrolled in formal education were more likely to work. School lag and economic status were not significantly associated with the exercise of work activity.

**Table 1 - Univariate analysis of the relationship between work activity and sociodemographic variables of adolescents. Minas Gerais. Brazil. 2015.**

Variables	Paid work activity		No paid work activity		OR	95% CI	P- VALUE
	N	%	N	%			
<b>SEX</b>							
Male	44	57,3	180	40,6	1,96	1,3-3,1	0,003
Female	41	42,7	263	59,4	1,00		
<b>AGE RANGE</b>							
12 to 14 years	12	12,5	171	38,6	0,22	0,1-0,4	<0,001
15 to 17 years	84	87,5	272	61,4	1,00		
<b>ECONOMIC STATUS</b>							
A and B	32	33,3	163	36,8	0,85	0,5-1,4	0,5
C and D	64	66,7	280	63,2	1,00		

Variables	Paid work activity		No paid work activity		OR	95% CI	P- VALUE
	N	%	N	%			
<b>ENROLLMENT IN FORMAL EDUCATION</b>							
Yes	73	76,0	391	88,3	0,42	0,2-07	0,002
No	23	24,0	52	11,7	1,00		
<b>SCHOOL LAG*</b>							
Yes	43	44,8	172	38,8	1,28	0,8-2,0	0,27
No	52	54,2	268	60,5	1,00		

\*Missing; Chi-square test application; OR: Odds ratio; CI: Confidence Interval.

Regarding drug use, there was no significant association with the variable "work activity" ( $P > 0.05$ ), but it was evident that those who worked had higher rates of licit drug use (22.9%). The most consumed drugs among adolescents who reported working and non-working were alcohol (51% and 41%, respectively), marijuana (7.3% and 8.4%), and tobacco (6.3% and 5.9%).

Regarding the relationship between the variable "work activity" and mental health demand, no significant association was found. However, it was found that the fact of working contributed to a higher percentage in all areas investigated in the normal category, except for relationship problems with colleagues (Table 2).

**Table 2 - Univariate analysis of the relationship between mental health and work activity of adolescents. Minas Gerais. Brazil. 2015.**

VARIABLES	WITH WORK ACTIVITY				P-VALUE	OR	IC
	Yes N=96		No N=443				
	N	%	N	%			
<b>TOTAL DIFFICULTY*</b>							
Normal	67	69,8	282	63,6		1,0	
Bordering	17	17,7	92	20,7	0,517	0,7	0,4-1,4
Abnormal	12	12,5	69	15,7		0,8	0,4-1,4
<b>PROSOCIAL BEHAVIOR†</b>							
Normal	88	91,7	388	72,0		1,0	
Bordering	5	5,2	27	6,1	0,519	0,8	0,3-2,2
Abnormal	3	3,2	28	6,3		0,5	0,1-1,6

VARIABLES	WITH WORK ACTIVITY				P-VALUE	OR	IC
	Yes N=96		No N=443				
<b>HYPERACTIVITY*</b>							
Normal	72	75,0	319	72,0		1,0	
Bordering	8	8,3	46	10,4	0,791	0,8	0,3-1,7
Abnormal	16	16,7	78	17,6		0,5	0,5-1,6
<b>CONDUCT PROBLEMS*</b>							
Normal	75	78,1	304	68,6		1,0	
Bordering	10	10,4	59	13,3	0,168	0,7	0,3-1,1
Abnormal	11	11,5	80	18,1		0,6	0,3-1,4
<b>EMOTIONAL PROBLEMS*</b>							
Normal	72	75,0	313	70,7		1,0	
Bordering	8	8,3	54	12,2	0,538	0,6	0,3-1,4
Abnormal	16	16,6	76	17,1		0,9	0,5-1,7
<b>PROBLEMS WITH COLLEAGUES*</b>							
Normal	67	69,8	309	69,8		1,0	
Bordering	20	20,8	95	21,4	0,979	1,0	0,6-1,7
Abnormal	9	9,4	39	8,8		1,1	0,5-2,3
<b>IMPACT*</b>							
Normal	75	78,1	312	70,0		1,0	
Bordering	10	10,4	61	13,8	0,314	0,7	0,3-1,3
Abnormal	11	11,5	70	15,8		0,7	0,3-1,4

\*Pearson's chi-square test. †Fisher's exact test. OR = Odds Ratio. CI = Confidence Interval.

There was no significant association between the GD of life problems faced with the variable "engagement in work activity" ( $P > 0.05$ ). The relationship between AD and CRD and the variable "engagement in work activity" showed a significant association only for the "work" area. Behavioral problems, he-

alth problems, psychiatric disorders, social competence, family system, and leisure and recreation problems presented lower averages among adolescents engaged in work activity. School and relationship problems had higher means among participants with work activity (Table 3).

**Table 3 - Univariate analysis of the relationship between problems faced in life and work activity of adolescents. Minas Gerais. Brazil. 2015**

ÁREA DO DUSI	ABSOLUTE DENSITY				CORRECTED RELATIVE DENSITY	
		WORK ACTIVITY		WORK ACTIVITY		
		NO	YES	NO	YES	
CONSUMO DE DROGAS	Mean	6,0	5,7	1,7	2,3	
	Median	0,0	0,0	0,0	0,0	
	SD	13,0	11,3	3,4	6,0	
	Min-Max	0-87,0	0-53,0	0-20,0	0-20,0	
	p-value		0,388		0,268	
COMPORTAMENTO	Mean	32,0	29,6	13,2	12,9	
	Median	30,0	27,5	13,4	12,6	
	SD	18,1	16,4	5,6	6,4	
	Min-Max	0-80,0	0-65,0	0-34,0	0-31,2	
	p-value		0,241		0,430	
SAÚDE	Mean	27,4	26,1	11,9	11,3	
	Median	30,0	25,0	11,5	10,7	
	SD	16,9	15,9	6,9	6,3	
	Min-Max	0-80,0	0-80,0	0-40,6	0-35,7	
	p-value		0,482		0,341	
DESORDENS PSIQUIÁTRICAS	Median	25,0	22,5	11,3	9,8	
	SD	17,4	16,6	5,5	5,2	
	Min-Max	0-85,0	0-70,0	0-36,1	0-23,8	
	p-value		0,104		0,341	
COMPETÊNCIA SOCIAL	Mean	28,1	27,1	12,3	11,9	
	Median	28,6	21,4	11,9	11,9	
	SD	17,4	15,6	6,9	6,2	
	Min-Max	0-100,0	0-78,6	0-45,5	0-29,2	
	p-value		0,906		0,755	
SISTEMA FAMILIAR	Mean	25,6	22,4	9,8	9,2	
	Median	21,4	21,4	9,5	9,2	
	SD	20,0	16,9	6,5	6,0	
	Min-Max	0-92,9	0-78,6	0-32,0	0-29,2	
	p-value		0,271		0,598	
ESCOLA	Mean	24,7	26,9	9,8	11,2	
	Median	20,0	25,0	9,5	10,8	
	SD	18,1	17,9	5,6	6,3	
	Min-Max	0-85,0	0-80,0	0-37,4	0-37,6	
	p-value		0,220		0,054	
TRABALHO	Mean	5,5	7,5	1,9	3,1	
	Median	0,0	5,0	0,0	1,7	
	SD	9,4	9,5	3,6	3,9	
	Min-Max	0-70,0	0-40,0	0-25,0	0-19,0	
	p-value		0,015		0,009	
RELAÇÃO COM OS AMIGOS	Mean	29,5	30,9	12,4	13,4	
	Median	21,4	28,6	11,5	13,1	
	SD	20,1	18,3	6,7	6,9	
	Min-Max	0-100,0	0-78,6	0-46,2	0-46,5	
	p-value		0,289		0,099	
LAZER E RECREAÇÃO	Mean	0-100,0	34,2	15,6	14,8	
	Median	33,3	33,3	14,8	13,5	
	SD	18,7	17,4	7,7	6,6	
	Min-Max	0-83,3	0-75,0	0-55,7	0-37,6	
	p-value		0,617		0,513	

Application of the Mann-Whitney Test. SD: Standard Deviation. Min-Minimum. Max - Maximum. DUSI: Drug Use Screening Inventory



## DISCUSSION

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It was found that 17.8% of the adolescents reported engaging in work activities, for which they were remunerated. The types of activity were quite diverse. These findings corroborate the National School Health Survey, which found that 13.1% of the adolescents engaged in some type of work[2], and a study conducted in Pelotas-RS in which the majority of adolescents participated in activities such as bricklayer assistant, grocery store assistant, restaurant assistant, babysitter, and maid[14]. It is noticed that the occupations of adolescents are limited to support tasks that require low vocational training[15].

It was also found that male adolescents aged 15 to 17 years are more likely to work. Male predominance was also detected in other investigations[5-6,16]. The literature shows that the majority of adolescents performing some work activity are around 15 years old[5,17]. The legislation in force in the country establishes that the minimum age for insertion in the labor market 16; the insertion of adolescents over 14 years is only allowed with technical-professional learning[15].

It was found that there was no association between economic status and school lag with the variable "work activity", but most of the adolescents engaged in work activities belonged to class C and D and had school lag. Similar results were found in other studies[5,16].

Regarding work activity and drug use, there was no significant association. Literature data differ from this result, since other investigations have found that adolescents who work were more likely to consume alcohol, tobacco and illicit drugs[2,5]. The use of alcoholic beverages and illicit drugs can be facilitated by the financial independence that allows the acquisition of these substances[18]. Furthermore, alcohol use can relieve tension and minimize the effects of occupational stress, besides its role in socialization with older individuals who consume and stimulate this use[5].

Regarding the types of substances most consumed among the adolescents evaluated, alcohol, marijuana and tobacco were mentioned. Another study found that alcohol, tobacco and other drugs were more consumed only among participants who worked[5]. The present study confirms that alcohol consumption among adolescents is a

convergent reality with national[11] and international[19-20] scenarios.

There was no significant association between work activity and mental health of adolescents, which differs from the literature which says that work can be a negative factor for mental health, and talks about feelings of sadness and suicidal ideation[21]. A study found an association between these variables, with higher rates of loneliness, difficulty sleeping, less chance of making friends and performing leisure activities[2].

A research conducted with male adolescents in Gaza using the SDQ found that 18.2% of the adolescents who worked were classified as borderline or abnormal. This result was associated with other factors such as low income, type of work, inadequate relationship between the adolescent and the boss, and lack of rest[6]. A study conducted with children and adolescents who worked about the streets in the city of São Paulo found that 70.1% had alterations in mental health, as identified by the SDQ[22].

In the same direction, the present study points out that there was no significant association between the global density of problems faced with the variable "work activity". The adolescents who reported work

activity had higher scores, above 15.0%. The literature reports that a global density above 15% represents significant disturbances in the life of adolescents[23]. Changes in this developmental period are known to be stressors inherent in this phase.

In this study it was found that the AD and CRD of problems faced and the variable "work activity" did not present significant association with behavior, health, psychiatric disorders and social competence. It is worth mentioning that these results were expected because the SDQ and DUSI are instruments that assess similar mental health constructs such as hyperactivity, conduct and emotional problems.

Regarding the results on the association between work activities with AD and CRD of problems in the "work" and "school" domains, with a higher mean for adolescents who worked, it should be considered that working adolescents were expected to have more problems in this domain. It is emphasized that work can negatively impact on school activity, especially due to the damage caused by work, such as fatigue and lack of time to devote to school. Young people need support in order that the concomitant engagement in work and school contributes

to their physical and intellectual development[2,16]. To minimize this relationship, it is essential that schools, especially during high school years, make room for reflection on work activities in the life of adolescents and its consequences[24].

With regard to mental health and problems faced in life, adolescents who mentioned to engage in work activity presented lower percentages of borderline as abnormal classification in mental health. The literature indicates a lower prevalence of mental disorders among working adolescents, and this may be related to motivation and sense of accomplishment, besides contribution to the healthy development of adolescents when there is balance with school activities[4,25].

A longitudinal study conducted with adolescents and young adults from Mexico found that those who did not work and did not study had a higher risk of altered mental health, especially in terms of suicidal behavior[26].

Reinforcing such considerations, a study conducted with mothers of working adolescents showed that behavioral problems were more frequent in the group of adolescents aged 10 to 13 years. However, work was identified as a protective factor for

mental health among adolescents between 14 and 17 years old[14]. Therefore, it is necessary that the public policies instituted in the country contribute to the greater insertion of adolescents in work programs that stimulate the permanence of the adolescents in school[26].

This study had some limitations, such as the cross-sectional design of the research which did not allow verifying the cause-effect relationship between variables; the small number of adolescents developing work activities; and the technique of self-completion of the instruments by the adolescents, because there may have been negligence in some responses. In view of these limitations, further research is needed to unravel the risks and benefits of work activity for the physical and emotional aspects of adolescents and use more varied data collection methods and instruments.

## CONCLUSION

The results allow the conclusion that male adolescents aged 15 to 17 years are more likely to work. No association was found between work activity and economic class,

school lag, drug use, mental health and life problems. However, working adolescents consumed more licit drugs, a higher percentage was classified as normal for mental health, and a lower mean number had behavioral, health, and psychiatric disorders.

It is worth mentioning that this study contributes to the advancement of science by somehow filling gaps still existing in this line of research. It also contributes to the advancement of knowledge in nursing, especially in professional practice, leading to the reflection that it is relevant that nurses be able to develop actions in health units and schools to allow adolescents to be aware of the risks and benefits of work activity associated with school, as well as to give voice to this group of adolescents as to the lived experience.

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