

# Living with Mental Distress, Social Anger, and In-Group Commitment among Working Children: A Qualitative Study

## Abstract

**Background:** Working as a child can have various effects on all aspects of children's health. Investigating and identifying issues related to the health of working children can be useful in promoting their health. Therefore, in this qualitative study, we examined issues related to the mental health and behavior of working children. **Materials and Methods:** This qualitative study was conducted in Tehran, Iran, in 2021 with the contractual content analysis approach. The main participants (N = 32) in this study were working children aged 10 to 18 years. To collect data, in-depth and semi-structured interviews were conducted with working children, their parents, and the center officials. In addition to the interview, some field notes were also taken from interactions between working children. After each interview, they were transcribed and coded. After 27 interviews, the data were saturated, no new code was extracted, and further interviews were conducted to ensure data saturation. Data analysis was performed based on the proposed method of Lundman and Graneheim. **Results:** The results revealed the three main categories of mental distress (fear and anxiety, depression, loneliness and isolation, decreased self-confidence, and decentralized mind), social anger (negative social role modeling, harassment and harm of others, reprehensible and antisocial behavior, disregard for the property of others, disrupted relationships, and violence), and in-group commitment (self-censorship outside the group, individual independence and group cohesion, and caring for the group). **Conclusions:** Most working children suffer from various forms of mental and behavioral issues, which, if not taken care of, can have irreparable consequences.

**Keywords:** Child labor; mental health; social behaviors; qualitative research

## Introduction

Child labor is an issue that can be seen in any society, especially among poor people. It is also the result of inadequate access to living necessities and is a clear example of human rights violations. Although child labor provides some benefits for poor families, it can be very dangerous for children and deprive them of their rights.<sup>[1]</sup> The International Labor Organization (ILO) describes child labor as “work that deprives children of their childhood, their abilities and their dignity, and is detrimental to their physical and mental development.”<sup>[2]</sup> According to the ILO, in 2016, there were about 152 million working children aged 5 to 17 years,<sup>[3]</sup> with the majority of whom being 11 to 14 years<sup>[2]</sup> and living in low-income countries.<sup>[4]</sup> In recent decades, the child labor issue has spread to most of Iran's metropolitan areas, with some unofficial statistics showing that there are

between three and seven million working children in Iran. In 2017, the Ministry of Cooperatives, Labor and Social Welfare, as an official source, estimated the number of 6- to 19-year-old children at about 16 million. In the same years, a survey of working children aged 10 to 17 showed that of 9 million children, about 499 thousand have been looking for a job and this number has increased in recent years.<sup>[5]</sup>

Child labor is an involuntary economic activity, which may take different forms<sup>[6]</sup> Working during childhood and adolescence can be associated with adverse physical, psychological, and social effects. It also has different and often adverse effects on the health of working children.<sup>[2]</sup> Today, when it comes to health, just paying attention to the physical aspect of health is a kind of neglect and misunderstanding. Health in today's world has a broader definition and includes a wide range of health as a

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## Access this article online

Website: <https://journals.lww.com/ijnmr>

DOI: 10.4103/ijnmr.ijnmr\_209\_22

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**How to cite this article:** Jafari H, Varaei S, Brand S, Dehghan Nayeri N, Fazeli N, Khoshnavay Fomani F, et al. Living with mental distress, social anger, and in-group commitment among working children: A qualitative study. Iran J Nurs Midwifery Res 2023;28:528-35.

Submitted: 13-Jul-2022. Revised: 04-Mar-2023.

Accepted: 07-Mar-2023. Published: 08-Sep-2023.

structural, functional, and emotional state that is compatible with effective life as an individual and as a member of society.<sup>[7]</sup> According to studies, working children, especially those who work in street, have less physical, mental, and social health than other children, and a high rate of emotional and behavioral problems has also been reported among these children.<sup>[8]</sup> A number of studies have also suggested an association between working children and their poor mental health.<sup>[2,9]</sup>

Paying attention to health care at an early age has always been an important part of global policies. In the meantime, paying particular attention to vulnerable groups, including working children, is more important because various factors such as communities, culture, poverty, and homelessness have significant effects on the health of this group.<sup>[10]</sup> The detrimental effects of working do not end in childhood and continue throughout the whole life, depriving society of a large number of efficient and valuable human resources.<sup>[8]</sup> Studies have shown that working at childhood and adolescent age can have several negative consequences that will be visible in the long term.<sup>[4,9]</sup> In addition, as these people are by no means isolated and they are present in society, their issues and problems are pervasive issues that may have greater consequences for society.<sup>[11]</sup> Therefore, to control and eliminate the harmful effects of child labor, it is very important to better understand the relationship between child labor and health problems.<sup>[4]</sup> Although researchers have used various methods to study the mental health of working children and adolescents, and each method has undoubtedly presented a new picture of this issue from its own point of view, qualitative studies provide a deeper understanding of issues than other approaches. Therefore, this study was conducted with a qualitative approach to explain the issues of mental health and behavior of working children in Tehran.

## Materials and Methods

This is a qualitative study with the contractual content analysis approach that was carried out from April 2021 to February 2022 in Tehran. This study is part of a larger study on all aspects of the health of working children. This study was conducted to explain the behavioral and psychological problems of working children in Tehran. The participants were working children aged 11 to 18 years (adolescence) who often were doing works such as selling flowers, cleaning car windows and apprenticeship in shops, members of the Association for Protection of Child Labourers (APCL), and parents of working children. Children's inclusion criteria were as follows: 11 to 18 years old and working in jobs according to the definition of child labor. The inclusion criteria for the members of APCL were to have at least 2 years of experience working directly with working children. Consent to participate in the study and the ability to speak Persian were common inclusion criteria for all participants.

To collect data, after obtaining the necessary permits from the university and relevant centers, to identify the participants, the researcher was stationed in the office of Child Labor Associations for a month to provide the opportunity to get to know the working children and the association members. Sampling was performed purposefully, and in-depth and semi-structured interviews were conducted. To collect data, 32 interviews were conducted. The number of interviews conducted was as follows: 18 interviews with working children (seven girls and 11 boys—six interviews in coffee shops near the workplace and 12 interviews at the school of working children), six interviews with parents of working children, and eight interviews with responsible and knowledgeable people of APCL (officials of Child Labor Associations including a principal, a social assistant, two social workers, two psychologists, a physician, and a health official) [Table 1]. Most of the children were interviewed in APCL centers, and some working children were interviewed near their workplaces and in secluded settings such as parks and coffee shops. The interviews with the members of APCL and working children's parents were performed with the coordination of the APCL and those centers. On average, interviews with parents and APCL members lasted about 75–90 minutes and interviews with working children lasted about 30–45 minutes. In addition, some field notes were also taken from the interviews and interaction of working children. After each interview, it was implemented and coded. The interviews continued until the data were saturated and no new code was extracted. After 27 interviews, the data were saturated, no new code was extracted, and further interviews were conducted to ensure data saturation.

Data analysis was performed based on the proposed method of Lundman and Graneheim<sup>[12]</sup> who proposed five steps for qualitative data analysis. In the first step, the text was transcribed verbatim immediately after each interview. In the next step, the text of the interview was reviewed to achieve a general understanding. In the third step, the entire text of each interview was considered a unit of analysis. After that, semantic units were identified and then data management was performed through MAXQDA software. In the fourth step, a continuous comparison of similarities, differences, and proportions was carried out and the codes that indicated a single subject were classified and subcategories were formed. In the final step, by comparing the subcategories with each other and conducting a deep and accurate reflection, the content hidden in the data was introduced as the main categories.

Four Guba and Lincoln<sup>[13]</sup> criteria were used for data validity. The credibility of the data was achieved by conducting in-depth interviews and being immersed in the data. To achieve reliability of the data, an expert in the qualitative study who was not part of this study analyzed the data. To increase the generalizability of the results, sampling was performed with maximum variation, and in

**Table 1: General information of participants**

Participant no.	Age (year)	Gender	Role
P1	12	Female	Working child
P2	11	Male	Working child
P3	14	Female	Working child
P4	12	Male	Working child
P5	13	Male	Working child
P6	15	Male	Working child
P7	13	Female	Working child
P8	12	Female	Working child
P9	14	Male	Working child
P10	16	Male	Working child
P11	15	Male	Working child
P12	13	Male	Working child
P13	17	Male	Working child
P14	16	Male	Working child
P15	11	Female	Working child
P16	14	Female	Working child
P17	14	Male	Working child
P18	12	Female	Working child
P19	37	Female	School principal
P20	60	Male	Social assistant
P21	56	Male	Social worker
P22	33	Female	Social worker
P23	35	Female	Health official
P24	42	Female	Psychologist
P25	46	Female	Psychologist
P26	62	Female	Volunteer physician
P27	53	Male	Father of working child
P28	41	Female	Mother of working child
P29	39	Female	Mother of working child
P30	58	Female	Mother of working child
P31	35	Female	Mother of working child
P32	46	Female	Mother of working child

addition to working children (girls and boys), interviews were also conducted with parents, psychologists, social workers, doctors, and health officials. The research process was recorded to enable other researchers to conduct the study exactly the same way, and the interviews were analyzed by other colleagues who did not participate in the study. Finally, to achieve data conformability, the research team reviewed the interviews, codes, subcategories, and categories obtained from data analysis.

### Ethical considerations

This study is the result of a research project approved by the TUMS with the number: IR.TUMS.VCR.REC.1397.726. The ethics license and permission of relevant organizations such as the Association for the Protection of Working Children have also been obtained. All interviews were anonymous, and before the interview, the purpose of the interview, the use of a tape recorder, and the discretion to leave the interview at any time were explained to the participants. Interviews with working children were

conducted with the permission and coordination of the authorities of the child labor centers, and also, written consent was obtained from the authorities of the centers and parents of the working children. Assent was obtained from the working children. In street observations, children were told about the study role and the purpose of being in the environment. Aliases were used in this study, and no pictures of working children were published.

### Result

In this study, 32 interviews (18 working children, eight working children's parents, and six association members) were conducted with working children, their parents, and officials of the Working Children Support Association such as the director, a social assistant, two social workers, two psychologists, a physician, and a health official. The mean age of the children was 13 years, and most of them were boys. The results of this study, with a focus on the psychological and behavioral issues of working children, revealed three main categories of mental distress, social anger, and in-group commitment. These three categories resulted from the analysis of 484 raw codes and 14 subcategories [Table 2].

### Mental distress

Mental distress was a major category that emerged in this study. This category refers to issues and disorders such as fear and anxiety, depression, loneliness and isolation, decreased self-confidence, and decentralized mind that many working children experience at work. Experiencing many of these issues during childhood and adolescence is not normal and can be considered a disorder.

### Fear and anxiety

Fear and anxiety are common disorders seen in working children. Factors such as stressful work environment, worrying about earning sufficient income, long working hours, and being away from family are some of the causes of these disorders. One participant mentioned that *"His family wants him to work instead of play or watching movie. He is so stressed, because he has to complete the works when his employer comes to collect the works. The employer tells them to finish the works quickly and this makes these children so stressed. They have to work despite their wishes"* (P23).

*"These children are very stressed because of their working conditions. They have to lift heavy loads. You know, I had a child client who had to visit physicians several times because of these conditions, as he had to work and move the loads. So because of that stressful situation he had a heart attack and was constantly losing consciousness. But after taking him to the doctor and checking him, the doctor said there is no problem"* (P21).

**Table 2: Behavioral and psychological problems of working children**

Category	Subcategory
Mental distress	Fear and anxiety
	Depression and isolation
	Decreased self-confidence
	Decentralized mind
Social anger	Negative social role modeling
	Harassment and harm of others
	Reprehensible and antisocial behavior
	Disregard for the property of others
	Disrupted relationships
	Violence
In-group commitment	Self-censorship outside the group
	Individual independence and group cohesion
	Group self-care

### Depression and isolation

Many working children experience depression and isolation at young age. Usually, these children are happier in the company of friends and tend to be more isolated at home and school. For this reason, despite the difficulties of working, they often prefer to be in the company of friends and work than anywhere else. *“They have learned helplessness because of their condition despite the fact that, this is not acceptable from the DSM or our point of view. These kids have no happiness and laughter, and they think this is normal. This condition seems normal for their families and for themselves, but it is not normal for us”* (P25).

*“Sometimes my brother beats me. For example, he says you did not work well enough. I always say God. can I die and get rid of this life?”* (P7).

### Decreased self-confidence

Although it is thought that working children are able to establish good social relationships, they are usually good only in this area and generally have low self-confidence, and in different situations, this decreased self-confidence manifests itself. *“One of the children said he beats me. I said why he beats you? He said well, he is the employer so he should heat me when I do something wrong. This means that, it is normal for these children to be beaten when they are not doing the right thing. Being cursed or the anger of their employers, these things are all natural for them as part of their job”* (P23).

*“One of the problems in these children is low self-confidence. Reasons such as poor working and living conditions, workplace problems, cold weather, hunger, and humiliation are all factors that can lower a child’s self-confidence”* (P26).

### Decentralized mind

One of the serious problems that can be seen in the schools of these children is the lack of concentration of these children and their learning disabilities. These children are often tired and lack mental cohesion. For this reason, according to their teachers and school officials, the level of learning of most of them is lower than their peers. *“I have seen myself many times in classroom that the teacher speaks with them about different subjects, but because they have been working the night before, they are either sleep or have been beaten. That means that, they have no mental comfort to get up and come to classroom, so they are weak in learning. You feel that their body is here but their mind is somewhere else”* (P21).

### Social anger

Social anger was another major category that emerged in this study. This category represents part of working children’s behavior in society and includes subcategories of negative social role modeling, harassment and harm of others, reprehensible and antisocial behaviors, disregard for the property of others, disrupted relationships, and violence. From all these subcategories, it appears that children feel angry with society and consider themselves as outsiders, which is why many of the behaviors they display are contrary to the norms of society.

### Negative social role modeling

Negative social role modeling is one of the issues that can ultimately disrupt a person’s sociability. Many children work on the streets in nonstandard environments and may encounter people who have antisocial tendencies on a daily basis. Also, usually due to the poverty of working children and their families, these children often live in poor and high crime rate neighborhoods. So, they may pick up the wrong role model who has negative effects on them. *“For example, they say; ‘the police came to our neighborhood with gun, but could not catch Siavash (a drug dealer). He is a powerful man’. This is interesting for them. In a way, they want such individuals to be their role models so that in the future, they can be powerful too, and everyone become afraid of them”* (P22).

*“One of our boys was hanging out with very bad friends, with people who were stealing drugs and others things. He was going in a negative direction”* (P19).

### Harassment and harm of others

Too often, children engage in behaviors that are normal to them but harm others. For example, they fight and swear at each other in the street, play football on the sidewalk, talk loudly, and do not pay attention to the presence of other people. Sometimes harassment of others can take the form of verbal or physical harassment. This abuse may occur to other people or animals. Reviews in this study showed that although some of these behaviors may be due

to adolescents' adventurous spirit, a large part of them is a reaction to vent their repressed anger. *"One day we were in the subway with M and S, talking loudly and laughing. A woman said; 'Don't shout so much, you making me nervous. Why do they let you come to the subway anyway?' So I waited for the train to stop, and when it did I hit her in the face and we ran away"* (P3).

*"Once brother of L (the girl he loved) was in front of me, I grabbed a cat and tried to hang it from a tree so that it would suffocate and die, but the cat escaped. We used to hunt a lot of foxes, skinned them and sell them"* (P13).

### Reprehensible and antisocial behavior

Often, for reasons such as work and living environment, friendship groups, the social status of families, and lack of adequate education, children engage in behaviors that are reprehensible to society. *"Social interaction means communicating with others with respect. Etiquette is almost nothing to these children"* (P22).

He (one of the boys threw his garbage in the street) said that *"Our city is our trash! Our servant is our municipality!"* (Field note)

### Disregard for the property of others

Many working children use other people's goods, pick them up without permission, and often never return them to their owners. This behavior is largely normal for working children. However, this usually does not happen in intergroup relationships and they are not allowed to take each other's property. *"One day we went with R to the front of a flower shop, picked up a bunch of flowers and ran away. Then we sold it"* (P9).

### Disrupted relationships

These children often have difficulty communicating with others, and there are no strong emotional bonds between them and even their siblings. Although they often work in groups, they usually get into fights with each other and other people in the community. *"There is a poor communication between them and their relationships are not good. These skills are not well formed in their families. For example, the siblings may be in a same school, but they are so cold towards each other that if you do not know them, you don't think that they are brothers and sisters! I mean, these relationships do not exist between them as we know it. Sometimes you see siblings are the enemy of each other"* (P24).

*"In my opinion, the most important problem in these children is communication problems. Children are weak in communicating with each other and others, and cannot express their desires like other children"* (P25).

### Violence

Violence and aggression are issues that are very common among working children. This violence can be formed or intensified by various factors such as living in large families with high levels of domestic violence or working in the streets and other environments that make them interact with violent people. In addition, it is often seen that children show repressed anger toward people in society who are in higher economic classes. They show their anger wherever the situation arises. The labels that society attributes to them, poor economic status, comparing themselves with other children of the same age who are better off, and being excluded from society are factors that cause their anger and resentment toward society and environment. *"When someone swears at me in the street, I swear back. I get kind of angry and tell myself I should hit his car. But then, I say who will pay for the damage to his car?!"* (P4).

*"I was talking to one of the boys, he took a knife out of his pocket and showed it to me, he said: 'Is it beautiful?' I said, 'What are these things you bring with you?' He said: 'Sometimes it is necessary to fight'"* (Field note). *"He says I see other children have money, phones, bicycle and I have nothing. I say you have God! but he says what are you talking about?! Whatever I tell him. he sees children outside and misbehaves again. He tells his father that people have cars. I tell him that not everyone in the world has a car, one has a car and one doesn't"* (P31).

### In-group commitment

Although working children often show aggressive behaviors in society and seem to consider themselves as separate members of society, they have different behaviors within their group. Working children usually do not differentiate between themselves and the group and work in coordination to help each other and address common concerns. Group commitment is one of the main categories derived from data analysis. It has several subcategories, including self-censorship outside the group, individual independence and group cohesion, and group self-care.

### Self-censorship outside the group

Working children prefer not to raise many issues outside of their own groups, and to understand these issues, they must accept you as a member of group. These children do not easily trust people outside their group, and if someone enters the group as a stranger, he will probably be rejected and will not receive the right information.

*"I was talking to 'A' when a six-year old boy came to us. 'A' said; 'He has broken the record today and made a lot of money'. I said, tell me how much did you sell! The little boy looked at me vaguely and said nothing. 'A' said; 'Tell her, she is one of us and is not*

a stranger” (Field note). *“I think a lot of these kids smoke or take drugs. But, whatever we do to ask them about it is useless. We only notice that as they smell of cigarettes”* (P19).

### Individual independence and group cohesion

One of the most obvious behaviors in working children is their group affiliation. Although each of them works independently, if one of the members of the group needs help, they become one unit and support that person. *“I did well today. These are Mary’s napkins, which I am selling for her. She has not worked well today, so I help her”* (P15).

*“(I asked one of the teenagers to go to a coffee shop to talk): ‘I cannot come alone’. ‘M’ must come too. She wants to come too. OK? (After talking in the cafe, she took some of the food and gave it to her friends)”* (Filed note).

### Group self-care

Although children work alone and away from their families, they often play the role of each other’s families, and if each member of the group needs care, the others help him/her in any way possible. *“I’m very angry today, do you know what happened? Yesterday, one of the boys working in other crossroads gave ‘S’ (one of the teenage girls) a cigarette and forced her to smoke. If I get him, I will hit him hard”* (P14)

### Discussion

The aim of this study was to explain the issues related to the mental health and behavior of working children. The data analysis in this study resulted in the formation of three main categories, including mental distress, social anger, and in-group commitment. In regard to behavior, dual behavior is seen in working children. Although these children often behave violently and reprehensibly in society, a kind of group commitment exists in them that makes them feel committed to group members. The findings of this study are in line with other studies that have been performed so far. According to many studies, the abuse and exploitation of working children have a negative effect on their health, and working children suffer from various psychological and social problems.<sup>[7,14]</sup> In this regard, a study conducted in Jordan showed that children who do not work and go to school perform better in terms of mental and social health than working children.<sup>[15]</sup> Working exposes these children to verbal, physical, and sexual abuse, and these issues eventually lead to mental and behavioral disorders. Child labor can have long-term and destructive effects on the psychological health of working children and is a serious issue for their future.<sup>[2]</sup>

Mental distress was a major category that emerged in this study. This category refers to issues and disorders such as fear and anxiety, depression, loneliness and

isolation, decreased self-confidence, and decentralized mind that many adolescents experience at work. The age, intensity and type of work, lack of access to education, and inadequate health services are factors that negatively affect the mental health of working children.<sup>[16]</sup> Several studies have examined the impact of work on children’s mental health, and their results are in line with the findings of the present study. A systematic review study reported a significant relationship between working and psychological harms in children and revealed that working is associated with anxiety disorders, mood disorders, somatic complaints, and social and intellectual problems.<sup>[17]</sup> Ramezankhani stated that emotionally between 40% and 89% of working children suffer from problems such as sense of worthlessness, restlessness, depression, fear and insecurity, and anxiety.<sup>[18]</sup> Bandedali et al. in their study quoted a study prepared by a Geneva-based nongovernmental organization (NGO) group on child labor and stated that the type of work, especially traumatic work, can cause a range of problems in working children from mild depression and low self-esteem to severe mental disorders.<sup>[19]</sup> Another study conducted in Uganda in 2020 found that 37% of working children received high scores of depression and 30% of them received high scores of anxiety, and meanwhile, adolescent working girls showed more anxiety than their nonworking peers.<sup>[16]</sup> An analysis of child labor among poor families in the northern region of Burkina Faso found that children who engage in hazardous work and spent a lot of time on household chores experience higher levels of depression and harm.<sup>[20]</sup> Antonio Benvegnú et al., in their study, also referred to the prevalence of problems such as anxiety, depression, aggression, attention disorders, and poor school performance in working children.<sup>[21]</sup> Ramezankhani also stated that many working children have attention, concentration, and learning difficulties.<sup>[18]</sup> The results of a study conducted in Jordan in 2013, in line with the results of the present study, showed that a large number of working children show problems such as depression, loneliness, and high levels of violence. An unhealthy work situation increases children’s vulnerability to deteriorating mental health, and these psychological and social harms may be irreversible.<sup>[15]</sup>

Social anger is another major category that emerged in this study. This category reflects part of working children’s behavior in society and includes subcategories of negative social role modeling, harassment and harm of others, reprehensible and antisocial behaviors, disregard for the property of others, disrupted relationships, and violence. Other studies have shown that children who work are more socially vulnerable than children who do not work.<sup>[17]</sup> A study conducted in Pakistan on 225 working children aged 11 to 16 years showed that 9.8% of children had behavioral problems, including emotional and social problems.<sup>[19]</sup> In this regard, a cross-sectional study in Brazil showed a higher rate of behavioral disorders such as delinquency,

antisocial behavior, and social problems among working children compared with nonworking children.<sup>[21]</sup> According to Ramezankhani's study, a high percentage of working children suffer from problems such as aggression, violence, and incompatibility.<sup>[18]</sup> A qualitative study conducted in 2016 on street children and adolescents in Ghana found that many working children experience social stigma and display violent behaviors.<sup>[22]</sup> In addition, these street children are forced to work and earn money to help support their families, while they lack the necessary skills, and many are forced to engage in illegal and antisocial activities for survival, such as theft, distribution, and sale of illegal drugs.<sup>[18]</sup> Working gives children a sense of independence and the opportunity to spend long hours outside the home. This may expose them to undesirable role models and habits and also jeopardize their ability to distinguish right from wrong. Delinquency, antisocial behavior, poor relationships,<sup>[23]</sup> and problems with the law<sup>[15]</sup> have all been cited as long-term consequences of working at young age.

The last category that emerged in this study is in-group commitment, which has several subcategories, including self-censorship outside the group, individual independence and group cohesion, and group self-care. This category indicates that working children's groups are considered as second families for them, and they see themselves as parts of the group, which they are committed to. Although street life may seem erratic, these children have their own networks and groups.<sup>[11]</sup> Other studies have examined this issue, and their findings are in line with the present study. Nerg in a study stated that friends are considered an important element for survival on the street, and child labor may lead to a sense of belonging and strong friendships among working children.<sup>[11]</sup> Observations made by Okoli and Viviene showed that although there are conflicts between working children and adolescents, these people often form support groups, especially with their peers, and help each other with issues such as selling goods, despite working independently. In addition, older children and adolescents are often involved in caring for and helping younger children at work. This support group is formed to achieve the goals of daily working and selling, as well as to deal with rival groups or other members of the community.<sup>[24]</sup> Like everyone else, street children need friendship and support, and their social and supportive relationships on the street help them to cope with the insecurities of living on the streets. One of the limitations of this study was that it was not possible to interview some working children at school and the interviews had to be performed at the children's workplace. We tried to choose the most secluded places such as coffee shops and parks, and despite this, the possibility of losing concentration in public places is inevitable.

## Conclusion

The results of this study showed that although working can

lead to strong group bonds among children, most working children experience different psychological and behavioral problems, many of which are not found in their nonworking peers. The development of mental and behavioral disorders at an early age can predispose a child to serious mental disorders or tendency toward delinquency in the future, and this can affect the health of the individual, family, and community. However, these children are largely deprived of education and health services, and this can exacerbate their problems. Therefore, paying more attention to the issue of children's health is an undeniable necessity. In this regard, it is necessary to provide education at all levels of society. Working children and their families need to learn skills to help them get the children out of the work cycle or deal with the destructive effects of working at young age. Society should also be made aware of the harmful effects of assisting these children directly.

## Acknowledgements

The authors would like to thank the Association for Protection of Child Labourers, and the authors appreciate working children, their parents, and members of APCL for their willingness to participate in this study. Also, the authors thank the Tehran University of Medical Sciences (TUMS) that approved and supported this project.

## Financial support and sponsorship

Tehran University of Medical Sciences

## Conflicts of interest

Nothing to declare.

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