

The State of Youth Health in Ghana's Construction Industry

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Overview

This brief presents findings from a mixed-methods study that explores the state of mental health among young workers (aged 18-35 years) in Ghana's construction industry. The study focused on workers in the three largest urban areas in Ghana (i.e., Accra/Tema, Kumasi, and Takoradi/Cape-Coast). Interviews and a focus group discussion with health experts, employers, and young workers revealed the most common mental health problems to be mood and substance use disorders. A survey of 445 young construction workers revealed a high prevalence of mania¹, substance abuse/addiction disorder, somatic symptoms², sleep problems, depression³, anxiety disorder⁴, and schizophrenia⁵. Poor mental health significantly contributed to reduced work ability of young construction workers and days away from work. The research highlights the need to give proper attention to the management of youth health in the construction industry.

Introduction and background

Young construction workers are still undergoing physical, emotional, mental, social, and professional development¹. They also have less "decision authority" over their job conditions². Thus, when exposed to industry conditions such as the hazardous nature of construction work, long work hours, etc., young workers are more likely than older ones to experience a high rate of poor mental health³. There is evidence that young entrants into the construction workforce are at a higher risk of substance abuse disorders, especially those related to alcohol and its adverse outcomes such as suicide and poor-quality life⁴. Studies in Australia, for example, have shown that young construction workers have an overly heightened risk of suicide, which was about twice that of youth of a similar age in other industries⁵.

This is noteworthy considering that suicide rates for older construction workers were very similar to or slightly higher than the general Australian male population.

Despite the pervasiveness of the problem of poor mental health among young construction workers, the current body of literature is limited to the case developed countries such as Australia and the US. Very little is known about the specific to the situation of young construction workers in the Global South⁶. This situation can potentially make it difficult to develop mental health interventions that are appropriate for the Global South context⁶.

It is important to give priority to any issues that affect the health of young people in the Global South because almost 90% of young people under the age of 24 years reside in that part of the world⁷. Additionally, the Global South accounts for about 70% of burden of mental ill-health⁸. By giving attention to the health of a significant group of people (i.e., young construction workers in the Global South) this study has the potential to provide insights that can help accelerate construction safety performance towards achieving the "zero harm" goal⁹ and Sustainable Development Goal (SDG) number 3 (good health and well-being).

As is the case in many Global South countries, Ghana's construction industry is attracting an increasing number of young people¹⁰. Both young male and female workers below and above the legal working age are entering the construction industry at a faster rate than older workers¹¹. This is being facilitated by industry conditions such as a high number of small construction firms; the project-based nature of construction work; extended procurement chains; multiemployer worksites; high worker turnover and the extensive use of casual and inexperienced workers¹². Within the last decade, the construction industry in Ghana has received both foreign and local investment to

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- 1 Mania is a sustained period of heightened mood in which a person may exhibit irritability, racing thoughts, increased energy, poor judgement, lofty thinking, and high sexual desire.
 - 2 Somatic symptoms are significant and unexplained physical disorders associated with poor mental health.
 - 3 Depression is a persistent low mood characterized by feelings of sadness and loss of interest in activities that a person once enjoyed.
 - 4 Anxiety disorder is a persistent feeling of being worried, afraid, or nervous.
 - 5 Schizophrenia is a long-term mental illness characterized by delusion, fantasy, and separation from reality.
 - 6 Also known as developing countries, lower-and-middle income countries (LMIC), or the third world.

tackle youth challenges such as unemployment, inadequate technical training, and poor health and safety¹³. Ghana's construction industry is therefore an ideal case for exploring in-depth the subject of mental health among young construction workers in the Global South.

Aim

The aim of this study was to explore the state of mental health of young construction workers in Ghana's construction industry. Attention was given to both on- and off-site construction professionals, artisans, apprentices, and academic trainees. This study addressed the following research question:

What mental health conditions exist among young construction workers?

Methodology

A mixed-methods approach was used to address the research question. The first phase began with a comprehensive review of both academic (e.g., research journal publications) and non-academic literature (e.g., industry reports and policy documents) to gain an understanding of the current state of research on youth health and safety in the construction industry. Subsequently, qualitative data was collected through in-depth interviews with different stakeholders, followed by an expert focus group discussion⁷. The second phase involved a quantitative survey of 445 young people working in various trades and professions in different sectors of the construction industry. Questionnaires were administered face-to-face and online. After the quantitative survey, 459 questionnaires were retrieved for analysis. A total of 445 useful questionnaires were retained for use. Descriptive statistics were used to describe the study sample and the overall response pattern on study measures. The results from quantitative analysis were supported by qualitative findings.

Key findings

Characteristics of the survey respondents

Respondents' age ranged from 18 to 35 years, with the mean age of 26.3 years ($SD = 5$). Typical of the construction industry's male-dominated workforce in many countries, majority of the survey respondents were male (94.4%). Almost a third of the respondents reported being in a partnered relationship, and under 1% reported their marital status as either separated or divorced. More than half of the respondents (61.8%) reported having dependents, and the average number of dependents reported was two. The majority of respondents (97%) reported having received some form of formal education.

Mental health at baseline

Most of the respondents (87.7%) reported having good mental health. Nonetheless, about 1 out of every 10 respondents indicated that they had multiple pre-existing mental health conditions⁸ (i.e., depression [6.1%], anxiety disorder [1.2%], and substance abuse disorder [1.3%]) which were current at the time of conducting this study.

Work-related mental health conditions and outcomes

Panel 1 provides an overview of the specific self-reported work-related mental health conditions and outcomes. Mania, substance abuse/addiction disorder, somatic symptoms, sleep problems, depression, and anxiety disorder were in the top half of the list of mental health conditions.

Common manic symptoms among the respondents included having abnormal energy despite little sleep (38%), being happier than usual, and having an unusually strong desire to engage in high-risk activities (33.2%).

The most common substances abused by respondents were stimulants (sleeping pills:

7 In September 2020, semi-structured in-depth interviews were conducted with 21 purposefully selected participants (e.g., construction workers, construction professionals, employers, health experts, researchers, etc.). Following this, a focus group comprising eight experts in youth health and safety was conducted to validate interview results, and to obtain further insights to augment the interview findings. Data from the interviews and focus group was thematically analyzed and used to develop a survey questionnaire for collecting quantitative data.

8 Actual figures reported were higher. Figures shown here are for only those who had received a diagnosis from a qualified health professional.

28.5%). This could have a link with the sleep problem which was among the top conditions reported by the respondents. Respondents reported low levels of use for pain killers (tramadol: 6.3%), alcohol (4.94%), and drugs such as marijuana, cocaine, or crack, heroin (1.3%). This agrees with findings from the focus group which suggested that workers generally do not self-report for illicit drugs because of the fear of being incriminated.

Somatic symptoms such as unexplained aches and pains in the head, joints, abdomen, back, and legs were common. Depressive symptoms included (feeling down and hopeless, feeling like a failure, and having little interest in doing things). Anxiety disorder (14.2%) and schizophrenia (13.9%), although not the highest, were reported among the respondents. Only a small number of respondents reported that they had experienced having suicidal thoughts (6.3%).

A comparison of construction (work-related) and medically diagnosed pre-construction prevalence levels indicates a sharp rise in the cases of depression (17.3% vs. 1.3%), anxiety (14.2% vs. 0.2%), and substance abuse disorder (28.5% vs. 0.2%).

One in every 10 of the respondents reported that their mental health limits how much work they are able to do, with the majority of these people (93.2%) not being able to work or engage in normal activities from one up to ten days in a month. Majority (79.5%) of these same respondents also indicated that for up to 5 days out of the remaining days in a month, they were only able to do half of what they would normally have been able to do if they were mentally healthy.

Panel 1: Work-related mental health conditions and outcomes (n=445)

Variable and category	N	Summary statistic (%)
Health condition		
Mania	129	29.0
Substance abuse disorders	127	28.5
Somatic symptoms	81	18.2
Sleep problems	78	17.5
Depression	77	17.3
Anxiety disorder	63	14.2
Schizophrenia	62	13.9
Memory problems	50	11.2
Dissociation	50	11.2
Personality disorder	49	11.0
Repetitive thoughts and behaviours	40	9.0
Suicidal thoughts	28	6.3
Health outcome		
My health limits amount of work I am able to do	44	10.0
Number of days (during the past 30 days) I was unable to work or undertake normal activities because of my health*		
< 5 days	30	68.2
5-10 days	11	25.0
>10 days	3	6.8
(Not counting the above); number of days (during the past 30 days) I was able to do only half of what I would normally have been able to do because of my health*		
< 5 days	35	79.5
5-10 days	6	13.6
>10 days	3	6.9

Note: Health conditions are arranged in descending order of prevalence. Pre-existing conditions are included in prevalence levels. Percentages may not sum up to 100 because some respondents had multiple conditions. *Calculated out of (n=44) respondent reporting work limitations.

Discussion and implications

The prevalence levels reported are similar to results from recent studies in other Global South countries¹⁴. When compared with studies from Australia, besides depression, the prevalence of some conditions are similar or slightly higher in the case of Ghana¹⁵.

The high prevalence of mania among the respondents could have a link with substance use and abuse. Most of those reporting substance abuse indicated they used drugs to deal with work-related challenges such as sleep problems, bodily pains, and to boost energy levels required to work for long hours (about 80% of the respondents worked between 41 to above 60 hours a week). Nonetheless, the evidence base for making a firm conclusion is rather tenuous. Also, considering the conflicting evidence on the association between workplace stress and substance use,⁹ further research is required to fully understand the issue of drug use among young construction workers.

Although depression, anxiety, stress, substance abuse, and suicide have been the major talking points of the mental health discourse, there are other severe mental health conditions affecting young construction workers that ought to be given critical attention. These include somatic disorders, sleep problems, and schizophrenia which have been described as severe mental health conditions common among young people in Sub-Saharan Africa¹⁶.

Over 80% of the respondents resorted to self-diagnosis in the determination of their mental health problems, with some others resorting to either close family or close friends (6%). Only 1% and 6.1% of respondents made use of workmates or medical professionals for diagnosis, respectively. Medical professionals were often the last point of contact for young workers when seeking help for mental health problems. This confirms that young construction workers prefer non-formal sources of help-seeking¹⁷. In explaining this phenomenon, the focus group discussion revealed financial problems as a key cause.

Poor work-related mental health conditions had an

adverse effect on the work ability of about 1 in 10 of the respondents, keeping most of them out of work for up to 5 days every month. Thus, workers with mental ill-health suffer reduced “work ability” which can lead to poor employment outcomes, and consequently low-quality life and suicide¹⁸.

Conclusion and recommendations

Construction work is an important source of livelihood for many young people. Nonetheless, engaging in construction can adversely affect the health of young people. Based on the findings, it can be concluded that young construction workers suffer multiple mental health conditions. The high prevalence levels of the identified conditions leave significant potential concerns around the poor mental health and their impacts such as low workability, poor quality life, and in the long run suicide among the youth population in Ghana’s construction industry. Considering that a substantial proportion of the respondents did not readily recognize the symptoms of poor mental health, and the adverse effects of construction work on their overall health, young construction workers need more guidance and support throughout their training and working years.

To extend this study, there is a need for further research to answer the following questions: What are the effects of each of the identified mental health conditions on the health outcomes and general well-being of young construction workers? What specific psychosocial risk factors give rise to the mental health conditions identified and how do young people cope with them? What are the specific supportive and inhibitory factors that affect young peoples’ coping? What are the costs to construction businesses and the economy of the poor mental health of young construction workers?

Additional information

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⁹ See Pidd et al. 2017

Associates (PDA) Ltd.

Ethics approval (No.: 002/20) for this research was granted by the Ethical Review Committee (ERC) of Participatory Development Associates (PDA).

The full report is available at www.pdaghana.com. All data used in the study and any additional information may be obtained by contacting Samuel Frimpong at s.frimpong@unsw.edu.au.

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