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Editorial

Sustaining family and mental health in contemporary societies underscores the point that there is a troubling storm within families. To sustain a healthy family, there must be a healthy family. There is something to sustain. Studies have shown that unresolved challenges in families inevitably lead to stress and mental health issues. They analyse how unstable families lose their social and health balance, whose consequences snowball into individual, family, and societal life. Based on the challenges that confront the family, this volume devotes itself to exploring the causes, dimensions, challenges, effects, and potential panaceas to the increasing ill-health in families across different spaces.

Sajo opens this volume with a critical evaluation of how mental health could be sustained in families in contemporary times. He argues that family mental health is integral to societal well-being. Contemporary pressures demand that families actively cultivate resilience, supportive relationships, and adaptive coping mechanisms. Policymakers, religious organisations, and health institutions must partner with families to reduce stigma, provide resources, and foster environments where families thrive.

The second article by Harold examines the critical intersection between psychology and evangelicalism, drawing biblical normativity and theological resources to establish the place of Christ in the redemptive work. He avers that evangelicalism and psychology are becoming increasingly relevant and effective in helping counselees grow both spiritually and emotionally by acknowledging their Christian values and assisting them in understanding their emotional pain and social issues. The paper offers counsellors and psychologists a Christian worldview rooted in the Evangelical tradition, serving as a framework to support and guide counselees

when they bring religious experiences and concerns into therapy and counselling. Following this is Ayokunle's article, which argues that there is a connection between migration and mental health. For Ayokunle, as humans migrate from place to place, they either encounter health issues in their host communities or carry health challenges. Thus, migrants should have access to information about their health status and the places they migrate to.

On their own, Gire and Oladapo explore the complexities of family mental health and well-being in contemporary society. They argue that despite the scientific and technological advances the world has made, along with all its challenges, biblical principles remain relevant to addressing them. The vagaries of contemporary life are the subject of biblical contemplation. Audu and his colleagues conducted an empirical study to investigate the correlation between poverty and family mental health in Ayingba, central Nigeria. They argue that poverty results in social stigma, which in turn causes mental ill-health. They submit that addressing the viscerogenic needs of the family is a catalyst for sustaining family health. Irewole and Femi-Bamidele further develop this argument by asserting that the effects of poverty on a family cannot be overstated. They conclude that addressing poverty in families will lead to a healthy family life in all ramifications.

Onuchukwu argues that choosing the right marriage partner is fundamental to achieving and sustaining family mental health. A wrong spouse, he argues, would instigate stress and problems that would undermine a family's mental health. He therefore suggests that emotions and physical attractions are not the fundamental values for choosing a spouse; spiritual guidance would be needed to complement them. Bolaji and Balogun argue for the place of children in mainstreaming mental health in a family. They believe that godly children are critical assets to family mental health; thus, guiding them properly and biblically will help them to perform their designated roles in the family. Agboifo further explores the place of

children in the family and their correlation with mental health. Since dysfunctional families could produce unadjusted children, he recommends that the services of pastoral caregivers are crucial in turning the tide around. Closely knitted to Agboifo's view is Babalola's, who vigorously argued that pastoral care and counselling are all too important to maintain and sustain family mental health. Pastoral intervention in stressed families can help restore trust and love, and heal the entire family, he submitted. Ibrahim also follows this trajectory of pastoral care-giving as indispensable to addressing family challenges. He highlighted the causes of family mental health challenges and suggested that bible-based pastoral counselling can serve as a worthy intervention. Oyewole also argued along this line that family health challenges can be addressed through informed pastoral care-giving in addition to other socially approved measures. For Rhodolf, the nexus between family system theory and its implications for mental health and well-being within the Ghanaian socio-cultural context cannot be overemphasised. He advocated for a family-centred, contextually grounded approach, calling for integrated pastoral and psychosocial frameworks that reinforce family systems, mitigate stigma, and promote sustainable mental health interventions within Ghanaian society.

These articles explored critical areas of family mental health and proffer intellectual, spiritual, and practical solutions that can mitigate the challenges. While welcoming you to savour these interesting articulations of ideas, it is essential to acknowledge that the contributors are responsible for the accuracy of the ideas in their articles.

Benson O. Igboin
Editor-in-Chief

POVERTY AND FAMILY MENTAL HEALTH IN THE CONTEMPORARY TIME

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Abstract

Poverty and family mental health are intricately linked in contemporary Society. Poverty is perceived as a state of lack or deprivation, characterised by a scarcity of both monetary and non-monetary resources necessary to meet basic needs. Many families are presently mentally unstable due to the lack of basic needs and the inability to meet the daily demands of the family. Some families are emotionally traumatised, hostile, lack moral values, are rude, and cannot relate well with others as a result of poverty. Poverty is now one of the pressing issues in society, and in recent years, the rate of people living in poverty has drastically increased. This is descriptive research because it describes the effect of poverty on individuals and Society. Therefore, this paper engages a descriptive social framework of Mental Health Theories to examine the relationship between poverty and family mental health, exploring the concept of poverty, its history in Nigeria, and its effects on family mental health. Depression, anxiety, and the behavioural attitude of being poor have enhanced mental problems in the family and Society at large. It has been discovered that the biblical concept of Poverty, managing family mental health, and its value can help mitigate the effects of poverty and mental health issues in families and Society. Hence, the researcher recommends that families be educated on the impact of poverty on their mental stability and not neglect the dangers of poverty on the psychological development of children. Additionally, prioritising how to model their characters to be positive influencers of Society should be emphasised.

Keywords: Poverty, Family, and Mental Health

Introduction

Poverty and family mental health are two interconnected issues that affect millions of people worldwide (World Bank, 2020). Poverty can have a devastating impact on family mental health, leading to anxiety, stress, and depression (American Psychological Association, 2020). Poverty is a pervasive issue in Nigeria that affects many families (Nigerian Bureau of Statistics, 2020). Poverty and mental health are multidimensional. A low-income family could be mentally unstable as daily need arises. There are diverse interpretations and understandings of poverty and mental health, varying from individual perspectives (Dixon and Macarov, 1998, 1). Throughout centuries, scholars have recorded their opinions on poverty. It is evident that definitions and measurements of poverty apply to Society and families in which they are used (Bhoral, 2001, 41). It is demonstrated that poverty is a universal language understood by all, as it consistently presents political and ethical challenges to societies.

Poverty militates against human dignity and challenges the Christian stewardship of nature. The effects of poverty prick a Christian conscience, which involves lack of food or quality food, inadequate medical care, poor health, illiteracy, brain damage as a result of lack of proteinous food for babies, lack of suitable housing, poor living conditions and others endangering the well-being of the contemporary family. Wijekoon, Sabri, and Paim (2021, 1) argued that addressing the problem of poverty is a global issue; they defended the claim that "more than 20% of the population in the world is under extreme Poverty, and it is a huge issue for the whole world." Poverty and family mental health have become a current evil that plagues humanity; it needs quick intervention before it becomes too inimical to society and the future of the family (Asante, 2000, 18). Poverty is a social reality that requires individual and corporate attention worldwide.

Poverty has a profound effect on family mental health, which includes creating a vicious cycle of stress, anxiety, and depression

that's hard to escape. Families' struggle to meet their basic needs affects their well-being and relationships. In the process, family mental health is affected through chronic stress that leads to parental and children's mental health. Poverty causes a bidirectional relationship, limited access to resources and an intergenerational cycle. Poverty has become a current evil plaguing family mental health that needs to be addressed before it becomes too detrimental to Society. A position this paper seeks to address. Therefore, this paper explores the contemporary relationship between poverty and family mental health on families and Society.

The Concept of Poverty

Poverty is a problematic and multifaceted issue that can be measured in various ways, including income, access to education and healthcare, and living standards (World Bank, 2020). Poverty is a state of economic deprivation where an individual or family lacks the financial resources to meet their basic needs (World Bank, 2020).

Poverty can be absolute, where individuals or families lack the necessities of life, or relative, where individuals or families lack the resources to participate fully in Society. Wijekoon, Sabri, and Paim (2021:4; Ajakaiye 1998) explained that a universally accepted, concise definition of poverty is elusive to a great extent, as it influences numerous aspects of people's circumstances, including psychological, physical, and moral. Bello and Roslan (2010, 7) contended that no single definition of poverty is generally accepted. Also, poverty is seen as "an elephant, is more easily recognised than defined" (Aboyade, 1975, 25).

However, Alqassim and El-Setouhy (2022, 1; United Nations, 1995) argue that at the World Summit on Social Development held in Copenhagen in 1995, with 117 countries in attendance, two concepts of poverty were adopted: absolute and overall poverty. Alqassim and El-Setouhy (2022, 1) presented absolute poverty as "a condition characterised by severe deprivation

of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education, and information. It depends not only on income but also on access to services." Adewunmiju (n.d, 2; Julio 1981, 76) agreed poverty is difficult to define but defended that poverty is "the unfulfilment of basics human needs required to adequately sustain life from disease, misery, hunger, pain, suffering, hopelessness and fear". More so, overall poverty was presented as a "lack of income and productive resources to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments and social discrimination and exclusion" (Alqassim and El-Setouhy 2022, 7). Poverty is also characterised by a lack of participation in decision-making and social, civil, and cultural life, which affects all countries.

Furthermore, Sen (1983, 157) described poverty as "entitlements which are taken to be various bundles of goods that are acquired and the availability of the needed goods". Khatun (2024:2) defended poverty as a "lack of resources to meet basic human needs, such as food, shelter, clothing, healthcare, and education". Mish (2003, 973) presented that poverty is "the state of one who lacks a usual or socially accepted amount of money or material possessions". "Poverty is the economic condition in which the individual lacks sufficient income to obtain the minimum levels of food, clothing, health care, education, and all the needs necessary to secure a decent standard of life" (Alqassim and El-Setouhy 2022:9).

In addition, Naicker (2005:3) agreed that poverty is not limited to financial inadequacy but "consists of multiple layers of injustices that inevitably render people poor". He concluded that people can be poor in mind, spirit, soul, and body. Poverty cannot be limited to the lack of financial capability; it is a "multidimensional problem, encompassing not only the material aspects of human life but also its social, physical, mental and spiritual dimensions" (Ondari, 2001).

Therefore, Naicker defines poverty as a "complex network of issues that relate to humanity's physical, emotional, spiritual, material and social needs". Poverty dampens economic growth by creating a vicious circle whereby high poverty levels lead to lower aggregate growth (Osinowo, Sanusi, and Tolorunju 2019, 5; Norton 2002, 265; Lopez 2006, 105; Thorbecke 2013, 17). In relation to the established opinions, poverty is a state of inadequacy of resources needed for a period of time, either physical or spiritual.

Poverty is a multidimensional phenomenon encompassing economic deprivation, as well as social, cultural, and political dimensions (Sen, 1999). A lack of access to necessities such as food, shelter, clothing, healthcare, and education characterises it. Poverty can be understood through various frameworks, including the World Bank's poverty lines, the Multidimensional Poverty Index (MPI), and the Sustainable Development Goals (SDGs).

Causes of Poverty

Poverty is caused by a complex interplay of factors, including:

1. **Economic Factors:** Economic instability, unemployment, and low-end jobs can contribute to poverty (World Bank, 2018).
2. **Social Factors:** Social exclusion, discrimination, and inequality can perpetuate poverty (Mosse, 2010).
3. **Environmental Factors:** Environmental degradation, climate change, and natural disasters can exacerbate poverty (IPCC, 2014).

Consequences of Poverty

Poverty has severe consequences, including:

1. **Poor Health Outcomes:** Poverty is linked to poor health outcomes, including malnutrition, disease, and mortality (WHO, 2019).
2. **Limited Education:** Poverty can limit education access, perpetuating poverty cycles (UNICEF, 2019).
3. **Social Exclusion:** Poverty can lead to social exclusion,

marginalisation, and stigma (Sen, 2000).

Strategies for Managing Poverty

Biblical Concept of Poverty

In the Book of Proverbs, writers have utilised various terms relative to the concepts of poverty. The definition of the significant terms such as לֹדָא (lōdā), רֵשׁ (rêsh), and מַחְסוֹר (mahsôr) for poverty. The word מַחְסוֹר (mahsôr) as poverty, occurs eight times in Proverbs (6:11; 11:24; 14:23; 21:5,17; 22:16; 24:34; 28:27). It is one of the nominal forms of the verb חָסַר (hāsēr). Hence, Brown, Driver, and Briggs (BDB) appropriately cite the dictionary meanings of this term as "need," "thing needed," and "poverty" (BDB, 1966, 341). Koehler and Baumgartner (KB) prefer the terms "want" and "lack" for this concept. (KB, 2000:818). These lexicons endorse the underlying verbal concept of lacking or being deficient in something. The root meaning of this term can be determined from the verb חָסַר (hāsēr).

The verb חָסַר (hāsēr) is used mainly in the Qal stem. In the Qal stem, the verb sustains the threefold meaning of "to lack," "be lacking", and "decrease." A decrease or lack in one's physical or material condition to the extent of being in want (Ps. 23:1; Prov. 13:25; Neh. 9:21) seems to surface as the main idea of this verb. The causative stems Piel and Hiphil embrace the concept of "cause to be lacking or fail." The derivatives seem to strengthen the idea of being in want or deprivation. חָסַר (hāsēr), a masculine noun, means "want" or "lack." This same noun is used to describe the famine of Amos 4:6, which is characterised by a lack of bread. The envious individual of Proverbs 28:22 shall come to want. The adjective חָסֵר (hāsēr) further describes one or something that is "needy," "lacking," or "in want of." Its primary usage in Proverbs refers to one who is "lacking in sense," while a single usage of this adjective (Prov. 12:9) describes one who wants physical sustenance. These derivatives thus reinforce the verbal idea that a state of want is entered into when one experiences a

decrease or lack within the mental or material realm.

The usage of מַחְסוֹר (*mahsôr*) in the Masoretic Text (MT) has a three-fold classification: it is used to refer to a need. Deuteronomy 15:8 says that a poor man's needs must be sufficiently met. Judges 19:20, an offer is made to meet a traveller's needs. It is used to refer to a lack or want. Judges 18:10: The land of Laish was well supplied with no lack of anything. Judges 14:19, the well-supplied/stocked traveller has no lack of anything. 8 Psalm 34:10, the state of those seeking the Lord is one of not being in want of any good thing. It is used to refer to poverty in general. Proverbs 6:11; 24:34 The fruit of sleepiness is required. Proverbs 11:24: Miserliness produces want. Proverbs 14:23; 21:5 states that talkativeness and indiscipline lead to poverty. Proverbs 21:7 states that the pleasure-loving individual will become a man of poverty. Proverbs 22:16 states that the judgment of the oppressor is a state of poverty. Proverbs 28:27 says that an absence of poverty is promised to the generous helper of the poor. There appears to be no abstract concept denoted by the MT's use of the term, as concrete ways have been suggested to alleviate poverty. Specifically, the individual's actions have also been identified as contributing to this state of want. The usage of מַחְסוֹר (*mahsôr*) in the A.V. is also in general agreement with the MT and the LXX since almost the same verses and words are assigned to this term lack (Prov. 28:27), need Deuteronomy 15:8, penury (1) Proverbs 14:23, poverty (1) Proverbs 11:24, want (8) Proverbs 6:11; 21:5; 22:16; 24:34, poor (1). The term מַחְסוֹר (*mahsôr*) thus denotes a state of deprivation or impoverishment within an individual's experience.

The Bible acknowledges poverty as a reality but also emphasises the importance of caring for the poor and vulnerable (Prov. 19:17). In the book of Matthew, Jesus teaches that caring for the poor and vulnerable is a fundamental aspect of Christian discipleship (Matt. 25:31-46).

History of Poverty in Nigeria

Nigeria has a long history of poverty, dating back to the colonial era (Nigerian Bureau of Statistics, 2020). The country's economy has been characterised by inequality, corruption, and mismanagement, leading to widespread poverty. Despite being one of the biggest economies in Africa, Nigeria still struggles with poverty, with over 80 million people living on less than \$1.90 a day. Nil (2000:20) argued that "Nigeria is one of the poorest nations in the world" because many are jobless. Osinowo, Sanusi, and Tolorunju (2019:1) defended that "Nigeria is a nation of riches and poverty splendid." They argued that wealth is in the hands of a few and extreme poverty is at the doorsteps of many. They examined the period from 1990 to 2015 to establish that the National Bureau of Statistics (NBS) (2012) recorded that 112.519 million out of an estimated 163 million of Nigeria's population live in relative poverty. History shows that Nigeria failed all poverty tests using all poverty measurement standards. The result revealed that the absolute poverty measure put Nigeria's poverty profile at 60.9 per cent, and the dollar-per-day measure revealed Nigeria's poverty profile at 61.2 per cent. Meanwhile, subjective measures indicate that Nigeria's poverty profile is 93.9% (NBS, 2012; Osinowo, Sanusi, and Tolorunju, 2019, 2).

Understanding Family Mental Health

Family mental health is a crucial aspect of overall well-being, encompassing the emotional, psychological, and social dynamics of families. The mental health of family members can significantly impact one another, making it essential to understand the complexities of family mental health. This review aims to examine family mental health in-depth, exploring its various dimensions, determinants, and consequences.

Defining Family Mental Health

Family mental health refers to the collective emotional and psychological well-being of family members, shaped by their interactions, relationships, and experiences (Walsh, 2012). Family mental health refers to the emotional, psychological, and social well-being of family members (American Psychological Association, 2020). It encompasses various aspects, including individual mental health, family dynamics, and social support networks (Beavers & Hampson, 2000). A family's mental health can be influenced by multiple factors, including their structure, communication patterns, and coping mechanisms (McGoldrick et al., 2016).

It involves positive relationships and communication, emotional intelligence and resilience, conflict resolution and problem-solving, as well as support and care for vulnerable family members. Leonardi (2018, 736; Kelley 2008, 1) argued that the World Health Organisation's definition of health, as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," no longer aligns with current societal viewpoints. The term 'complete well-being' in the definition may not encompass many individuals who are considered healthy (Druten, Bartels, Mheen, Vries, Kerckhoffs, and Venrooij 2022, 1; Barcher and Kuruvilla 2014, 365).

Determinants of Family Mental Health: Several factors contribute to family mental health, including:

1. **Family Structure:** Family structure, such as single-parent households or blended families, can impact mental health outcomes (Amato, 2001).
2. **Communication Patterns:** Effective communication is crucial for maintaining healthy family relationships and mental health (Gilliland & Dunn, 2003).
3. **Social Support:** Social support networks, including extended

family and friends, play a vital role in promoting family mental health (Cohen et al., 2015).

4. Trauma and Stress: Exposure to trauma and stress can significantly impact family mental health, increasing the risk of mental health problems (Kiser & Black, 2005).

Consequences of Poor Family Mental Health

Low-income family mental health can have severe consequences, including:

1. Mental Health Problems: Family mental health issues can increase the risk of individual mental health problems, such as depression and anxiety (Hammen, 2009).
2. Relationship Conflict: Poor family mental health can lead to relationship conflict, divorce, and family breakdown (Markman et al., 2010).
3. Child Development: Family mental health can impact child development, including cognitive, emotional, and social development (Shonkoff & Phillips, 2000).

Interventions and Support: Several interventions and support strategies can promote family mental health, including:

1. Family Therapy can help families address relationship issues and develop healthy communication patterns (Nichols, 2013).
2. Parenting Programs: Parenting programs can provide parents with practical parenting skills and strategies (Webster-Stratton, 2018).
3. Social Support: Building social support networks can help families cope with stress and promote mental health (Cohen et al., 2015).

Understanding family mental health is crucial for promoting overall well-being and preventing mental health problems. By recognising the determinants and consequences of family mental

health, families, practitioners, and policymakers can work together to develop effective interventions and support strategies.

The Effect of Poverty on Family Mental Health

Some authors (Alqassim, El-Setouhy, Feasey and others) agreed that poverty and poor health are closely and deeply associated, since disparities exist in politics, society, and the economy. There will be a reason for poor health among millions of people worldwide, because poverty is a crucial contributor to poor health and a barrier to receiving necessary medical care (Alqassim and El-Setouhy 2022:2; Chokshi 2018:1312; United Nations 2022; Feasey, Wansbrough-Jones, Mabey, and Solomon 2010:180; WHO 2003). Poverty can have a devastating impact on family mental health, leading to:

1. **Stress and anxiety:** Stress and anxiety as a result of poverty are very effective in causing instability in the mental well-being of the family. It was argued in Waashnton tag BRIEF (2023) that "extreme poverty in childhood is associated with toxic stress, which negatively impacts early brain development and may lead to long-term consequences for learning, behaviour, and both physical and mental health." (Sun 2023:1) posited that "there is a proof that psychological factors like depression, anxiety, and others influence the development and results of chronic diseases including cancer and heart disease". It is, therefore, established that stress and anxiety endanger family mental health since they affect human behaviours and the learning process.
2. **Depression and hopelessness:** Depression and hopelessness are intricately linked, with each exacerbating the other in a vicious cycle. Depression is a complex mental health disorder characterised by persistent feelings of sadness, loss of interest, and changes in appetite or sleep patterns (American Psychiatric Association, 2013). Hopelessness, a pervasive sense of despair and futility, often accompanies depression, further complicating treatment and recovery (Beck et al., 1990). Poverty increases the level of depression and homelessness in society. It was discussed in BRIEF (2023:2;

Washington Homelessness Statistics 2022) that "poverty has been an important determinant for children and families who experience housing instability or homelessness." The researchers explore the relationship between depression and hopelessness, examining their definitions, causes, consequences, and potential interventions.

The Relationship between Depression and Hopelessness: Depression and hopelessness are closely intertwined, with each influencing the other. Hopelessness can be both a symptom and a predictor of depression, as individuals experiencing hopelessness may feel overwhelmed and powerless to change their circumstances (Abramson et al., 1989). Depression, in turn, can exacerbate feelings of hopelessness, creating a cycle that is challenging to break (Hammen, 2005).

Causes and Risk Factors: Several factors contribute to the development of depression and hopelessness, including:

1. **Biological Factors:** Genetic predisposition, neurochemical imbalances, and hormonal changes can contribute to depression and hopelessness (Krishnan & Nestler, 2008).
2. **Environmental Factors:** Traumatic life events, social isolation, and chronic stress can trigger depression and hopelessness (Kendler et al., 1999).
3. **Psychological Factors:** Negative thought patterns, low self-esteem, and coping styles can also contribute to depression and hopelessness (Beck et al., 1990).

Consequences: Depression and hopelessness can have severe consequences, including:

1. **Suicidal Behaviour:** Hopelessness is a significant predictor of suicidal behaviour, highlighting the importance of addressing these issues in treatment (Beck et al., 1990).

2. Impaired Functioning: Depression and hopelessness can impact daily functioning, relationships, and work performance (Kessler et al., 2003).
3. Physical Health: Depression and hopelessness have been linked to various physical health problems, including cardiovascular disease and compromised immune function (Kabat-Zinn, 2003).

Interventions and Treatment: Several interventions and treatments can help alleviate depression and hopelessness, including:

1. Cognitive-Behavioural Therapy (CBT): CBT can help individuals identify and challenge negative thought patterns, improve coping skills, and reduce symptoms (Beck et al., 1990).
2. Medication: Antidepressant medication can help regulate mood and reduce symptoms of depression (Krishnan & Nestler, 2008).
3. Social Support: Building social support networks can provide individuals with a sense of connection and hope, helping to alleviate feelings of hopelessness (Cohen et al., 2015). Depression and hopelessness are complex and interconnected issues, requiring comprehensive treatment and support. By understanding the causes, consequences, and potential interventions, individuals and healthcare providers can work together to develop effective treatment plans and promote mental health.

Marital conflict and domestic violence:

Marital conflict and domestic violence are pervasive issues that affect individuals, families, and communities worldwide. While marital conflict is a normal aspect of any relationship, domestic violence is a serious violation of human rights that can have severe physical and

emotional consequences. This review aims to examine the relationship between marital conflict and domestic violence, exploring the causes, consequences, and potential interventions.

The Relationship between Marital Conflict and Domestic Violence

Marital conflict and domestic violence are closely linked, with research suggesting that couples who experience high levels of conflict are more likely to experience domestic violence (Stith et al., 2004). Domestic violence can take many forms, including physical, emotional, and psychological abuse, and can have severe consequences for victims, including physical injury, depression, and anxiety (Campbell, 2002).

Causes of Marital Conflict and Domestic Violence

Several factors contribute to marital conflict and domestic violence, including:

1. **Power Imbalance:** Power imbalances in relationships can contribute to domestic violence, as one partner may use violence or coercion to assert control over the other (Johnson, 2008).
2. **Communication Patterns:** Poor communication patterns, such as criticism and defensiveness, can escalate conflict and increase the risk of domestic violence (Gottman, 1994).
3. **Substance Abuse:** Substance abuse can increase the risk of domestic violence, as it can impair judgment and increase aggression (Caetano et al., 2001).

Consequences of Marital Conflict and Domestic Violence

The consequences of marital conflict and domestic violence can be severe, including:

1. **Physical Health Consequences:** Domestic violence can result in physical injury, chronic pain, and long-term health problems (Campbell, 2002).

2. **Mental Health Consequences:** Domestic violence can lead to depression, anxiety, and post-traumatic stress disorder (PTSD) (Herman, 1992).
3. **Impact on Children:** Children who witness domestic violence can experience emotional and behavioural problems, including anxiety, depression, and aggression (Holden, 2003).

Interventions and Prevention

Several interventions and prevention strategies can help reduce marital conflict and domestic violence, including:

1. **Couples Therapy:** Couples therapy can help couples improve communication and conflict resolution skills, reducing the risk of domestic violence (Markman et al., 2010).
2. **Domestic Violence Programs:** Domestic violence programs can provide support and resources for victims, as well as hold perpetrators accountable for their behaviour (Gondolf, 2002).
3. **Community-Based Initiatives:** Community-based initiatives, such as education and awareness campaigns, can help prevent domestic violence by promoting healthy relationships and respect for all individuals (Krug et al., 2002).

Marital conflict and domestic violence are complex issues that require a comprehensive approach to prevention and intervention. By understanding the causes and consequences of these issues, individuals and communities can work together to promote healthy relationships and reduce the risk of domestic violence.

- a. **Child behavioural problems and emotional distress:** poverty creates poor parental mental health, which in turn "leads parents to use harsher disciplines and less positive comments that negatively affect children's behavioural and cognitive outcomes" (Naven and Sosu 2019:2; Risley and Hart 2006; Sosu and Schmidt 2017:1580).

b. Reduced self-esteem and confidence: Self-esteem and confidence are essential to an individual's mental health and well-being. Reduced self-esteem and confidence can have a profound impact on an individual's quality of life, leading to decreased motivation, anxiety, and depression. This review examines the relationship between reduced self-esteem and confidence and mental health, exploring the causes, consequences, and potential interventions. Poverty reduces the ability to look into the future with hope and confidence because being optimistic about a stable and predictable future cannot be guaranteed (Odari 2001:345). Hence, self-esteem is paralysed.

The Relationship between Self-Esteem, Confidence, and Mental Health:

Self-esteem refers to an individual's overall evaluation of their worth and value, while confidence refers to an individual's faith in their abilities and judgment (Branden, 1994). Research has shown that individuals with low self-esteem and confidence are more susceptible to mental health problems, including depression, anxiety, and eating disorders (Harter, 1999).

Causes of Reduced Self-Esteem and Confidence

Several factors can contribute to reduced self-esteem and confidence, including:

1. Negative Feedback: Negative feedback from others, such as criticism or ridicule, can significantly impact an individual's self-esteem and confidence (Henderlong & Lepper, 2002).
2. Social Comparison: Social comparison, particularly on social media, can lead to unrealistic expectations and decreased self-esteem (Festinger, 1954).
3. Trauma: Traumatic experiences, such as bullying or abuse, can significantly impact an individual's self-esteem and

confidence (Herman, 1992).

Consequences of Reduced Self-Esteem and Confidence

The consequences of reduced self-esteem and confidence can be severe, including:

1. **Mental Health Problems:** Reduced self-esteem and confidence can contribute to depression, anxiety, and other mental health problems (Harter, 1999).
2. **Impaired Relationships:** Individuals with low self-esteem and confidence may struggle with forming and maintaining healthy relationships (Murray et al., 2011).
3. **Decreased Motivation:** Reduced self-esteem and confidence can lead to decreased motivation and a lack of confidence in one's abilities (Bandura, 1997).

Interventions and Treatment

Several interventions and treatments can help improve self-esteem and confidence, including:

1. **Cognitive-Behavioural Therapy (CBT):** CBT can help individuals identify and challenge negative thought patterns and behaviours (Beck et al., 1977).
2. **Self-Compassion:** Practising self-compassion and self-kindness can help individuals develop a more positive self-image (Neff, 2011).
3. **Skills Training:** Skills training can help individuals develop confidence in their abilities and improve their overall self-esteem (Bandura, 1997).

Reduced self-esteem and confidence can significantly impact an individual's mental health and well-being. By understanding the causes and consequences of these issues, individuals and healthcare providers can work together to develop effective interventions and treatments.

Managing Poverty

Poverty is a complex and multifaceted issue that affects millions of

people worldwide. Effective management of poverty requires a comprehensive approach that addresses its root causes, consequences, and manifestations. This review examines managing poverty, exploring the strategies, interventions, and policies that can help alleviate poverty and improve the well-being of individuals and communities. Managing poverty requires a multifaceted approach, including economic empowerment through job creation and education, Social protection programs such as healthcare and cash transfers, and Community-based initiatives like cooperatives and savings groups.

Effective management of poverty requires a multifaceted approach that includes:

1. **Economic Empowerment:** Economic empowerment programs, such as microfinance and vocational training, can help individuals and communities escape poverty (Banerjee et al., 2015).
2. **Social Protection:** Social protection programs, such as cash transfers and pension schemes, can provide a safety net for vulnerable populations (Rawlings, 2005).
3. **Education and Skills Development:** Education and skills development programs can enhance employability and productivity (Hanushek, 2013).

Policies and Interventions

Policies and interventions that can help manage poverty include:

1. **Poverty Reduction Strategies:** Poverty reduction strategies, such as the Sustainable Development Goals (SDGs), can provide a framework for poverty reduction (UN, 2015).
2. **Social Safety Nets:** Social safety nets, such as cash transfers and food assistance, can provide a safety net for vulnerable populations (Devereux, 2002).
3. **Inclusive Economic Growth:** Policies can promote economic growth and reduce poverty (World Bank, 2018).

Managing poverty requires a comprehensive approach that addresses

its root causes, consequences, and manifestations. Effective strategies, interventions, and policies can help alleviate poverty and improve the well-being of individuals and communities.

Conclusion

Poverty and family mental health are interconnected issues that require a multifaceted approach. It has been established that poverty transcends every aspect of life, as it is not limited to financial inadequacy, but also encompasses poverty of mind, spirit, soul, and body. Therefore, managing poverty and promoting family mental health becomes necessary, and the solution involves economic empowerment, social protection, community-based initiatives, and family-based interventions. There is a need to promote well-being, foster positive relationships, and build resilience by prioritising family mental health.

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