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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

THE INTERSECTION OF POVERTY AND FAMILY MENTAL HEALTH IN CONTEMPORARY TIMES: A STUDY OF ANYIGBA, KOGI STATE

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Abstract

Poverty remains a widespread issue in rural Nigeria, with significant impacts on families' mental health. This study examines how poverty and family mental health intersect in Anyigba, Kogi State, focusing on socio-economic challenges, social stigmatisation, and obstacles to accessing mental health services. The research uses quantitative data from 200 families to analyse the connection between poverty and mental health. Results show that poverty greatly influences mental health, with anxiety, depression, and stress being the most common issues. Social stigmatisation worsens these problems, as families experience shame and discrimination, which isolates them further and limits their access to support. Moreover, a lack of available mental health services leads many families to rely on self-medication or informal coping strategies. The study emphasises the urgent need for better mental health care, anti-stigma campaigns, and economic support initiatives. Recommendations include improving access to mental health services, increasing mental health awareness to reduce stigma, and building community-based support systems to lessen the psychological effects of poverty. By addressing both economic and psychological aspects of poverty, this research aims to guide policies and interventions that can enhance the well-being of vulnerable families in rural Nigerian communities.

Key Words: Poverty, Family Mental Health, Social Stigmatisation and Mental Health Services

Introduction

Poverty is a multifaceted socio-economic condition that goes beyond a simple lack of financial resources; it reflects a broader deprivation of necessities and opportunities required for a dignified and fulfilling life. While income poverty is often the most immediate indicator, it encompasses a deeper, multidimensional scarcity of resources, opportunities, and social security. Poverty also includes limited access to education, healthcare, and economic mobility, which perpetuates a cycle of hardship. The World Bank (2020) defines poverty as living on less than \$2.15 per day, providing a global standard for measuring economic hardship and highlighting the disparity between wealth and poverty across different regions.

In Nigeria, despite being one of Africa's largest and most resource-rich economies, poverty remains a pervasive challenge, particularly in rural areas. Over 40% of Nigerians live below the national poverty line, with this problem being most acute in rural communities, such as Anyigba, Kogi State (National Bureau of Statistics [NBS], 2022). Rural areas face unique challenges that exacerbate poverty, including inadequate infrastructure, limited access to quality education, and reliance on subsistence agriculture, which often fails to generate sufficient income. These socio-economic factors create an environment where poverty is deeply entrenched, leaving many families without the means to meet their basic needs and limiting their opportunities for social mobility.

The effects of poverty extend far beyond material deprivation, significantly impacting the mental health of individuals and families. Families living in poverty often experience chronic stress, anxiety, and depression, as financial insecurity, food scarcity, poor housing, and inadequate healthcare strain their emotional and psychological well-being (Smith et al., 2019). This psychological burden is compounded by social stigmatisation, as poverty is frequently viewed in many communities as a sign of personal failure or inadequacy, leading to discrimination and social exclusion (Okeke, 2020). In Anyigba, such stigmatisation intensifies the emotional toll

on families, eroding their self-esteem and reinforcing isolation, which in turn exacerbates mental health struggles and further disrupts family dynamics.

The interplay of these factors in Anyigba highlights the urgent need to understand how poverty affects family mental health in rural Nigerian settings. While much of the existing research on poverty focuses on its economic aspects, there is a significant gap in studies that explore its psychological and social dimensions. Addressing this gap is essential for developing more comprehensive interventions that address both the material and mental health challenges faced by families in poverty. By examining the unique socio-cultural and economic context of Anyigba, this study aims to investigate the impact of poverty on family mental health and identify the mechanisms through which socio-economic challenges shape family dynamics in rural communities.

This research aims to provide a deeper understanding of how poverty, compounded by social stigmatisation, impacts the mental health of families in Anyigba, contributing to the broader discourse on poverty in Nigeria. By focusing on this critical issue, the study will provide valuable insights into how mental health services, economic policies, and social interventions can be designed to enhance the well-being of vulnerable families in rural Nigerian communities.

Problem of the Study

Poverty remains a pervasive socio-economic challenge in Nigeria, particularly in rural communities like Anyigba, Kogi State. Despite being one of Africa's largest economies and endowed with abundant natural resources, Nigeria struggles with a high poverty rate. Over 40% of the population lives below the national poverty line, with rural areas bearing the brunt of this challenge (National Bureau of Statistics [NBS], 2022). In Anyigba, limited economic opportunities, inadequate infrastructure, and a reliance on subsistence agriculture

have created a vicious cycle of poverty that undermines the well-being of families.

A critical yet often overlooked consequence of poverty is its profound impact on mental health, especially within family units. Financial instability, food insecurity, limited access to quality education, and inadequate healthcare facilities contribute to chronic stress, anxiety, and depression among affected families (Adebayo & Olayemi, 2021). These psychological burdens are further compounded by the social stigmatisation associated with poverty. In many Nigerian communities, poverty is stigmatised and often perceived as a personal failing, leading to discrimination, marginalisation, and exclusion from social networks (Okeke, 2020). Such stigmatisation erodes self-confidence, fosters isolation, and deters families from seeking support or accessing available resources.

In Anyigba, these intersecting factors create a complex and dire scenario. Families face not only financial hardship but also significant mental health challenges, compounded by limited access to mental health services. Left unaddressed, these challenges not only harm individual and family well-being but also have broader implications for society, as poor mental health within families can disrupt educational achievements, reduce economic productivity, and weaken community cohesion (Smith et al., 2019).

Despite the critical nature of these issues, research examining the specific relationship between poverty and family mental health in rural Nigerian contexts, such as Anyigba, remains scarce. Much of the existing literature focuses on the economic dimensions of poverty while neglecting its psychological and social impacts. This gap in research limits the development of effective, evidence-based interventions that address the multifaceted consequences of poverty on families.

This study aims to investigate the multidimensional effects of poverty on family mental health in Anyigba, with particular emphasis on the

role of social stigmatisation and the barriers to accessing mental health resources. By exploring these issues, the research seeks to provide actionable insights and recommendations to mitigate the adverse effects of poverty and support the resilience and well-being of vulnerable families in rural Nigerian communities.

Objectives of the Study

The major objective of this paper is to explore the relationship between poverty and family mental health in Anyigba, Kogi State, with a focus on the socio-economic challenges, social stigmatisation, and barriers to accessing mental health services that affect the well-being of families. The specific objectives are:

- a) Examine the impact of poverty on family mental health in Anyigba, Kogi State
- b) Explore the role of social stigmatisation in exacerbating poverty-related mental health issues
- c) Assess the barriers to accessing mental health services in Anyigba and their implications for family well-being.

Literature Review

Conceptual Clarification

To establish a clear understanding of the key concepts central to this research, it is essential to define and explain the terms that will be used throughout the study. The following are the main concepts.

a. Concept of Poverty

Poverty is a socio-economic condition characterised by a lack of sufficient financial resources and access to essential goods and services required for maintaining a minimum standard of living. While income deprivation is often the most apparent indicator, poverty extends beyond just economic hardship. It is a multidimensional issue, involving limited access to critical services such as education, healthcare, housing, and opportunities for economic advancement (World Bank, 2020). According to the World Bank (2020), poverty is defined globally as living on less than \$2.15

per day, offering a threshold to measure economic deprivation across different countries.

In Nigeria, poverty remains a persistent socio-economic challenge, particularly in rural areas such as Anyigba in Kogi State. Despite being one of Africa's largest economies, over 40% of Nigerians live below the national poverty line, with rural communities disproportionately affected (National Bureau of Statistics [NBS], 2022). In Anyigba, the lack of basic infrastructure, limited economic opportunities, and dependence on subsistence farming contribute to the high poverty rates. Families in these communities struggle to meet basic needs such as food, healthcare, and education, which further entrenches the cycle of poverty (Adebayo & Olayemi, 2021).

For this study, poverty is examined explicitly within the context of Anyigba, where these socio-economic challenges severely affect the well-being of families. By focusing on the multidimensional nature of poverty, this study aims to understand how the lack of financial resources and access to essential services significantly influences family dynamics and mental health. Additionally, the study will explore the role of social stigmatisation and the barriers to economic mobility in perpetuating poverty in the region.

b. The Concept of Family Mental Health and Its Significance

Family mental health encompasses the emotional, psychological, and relational well-being of all individuals within a family unit. It encompasses the ways families navigate daily life, communicate effectively, and offer mutual support during times of stress and challenge. Both internal dynamics, such as parenting approaches, conflict management, and emotional bonding and external factors, like socio-economic status and cultural norms, significantly influence family mental health (Walsh, 2016).

The importance of family mental health cannot be overstated, given its critical role in shaping individual well-being and societal harmony. A family with good mental health fosters resilience, encourages

adaptive coping strategies, and acts as a protective barrier against external stressors (Masten&Monn, 2015). However, when family mental health is undermined, it can lead to adverse outcomes such as academic struggles for children, increased vulnerability to substance use disorders, and the prevalence of chronic stress-related illnesses among family members (Smith et al., 2019).

In communities burdened by poverty, family mental health takes on even greater significance. Challenges such as financial insecurity, inadequate nutrition, and poor access to healthcare intensify mental health struggles, thereby disrupting familial relationships and overall well-being (Adebayo &Olayemi, 2021). As the cornerstone of society, the mental health of families has a direct influence on broader community cohesion and national progress.

Poverty is a multidimensional and pervasive issue that affects millions of people worldwide. It extends beyond mere economic deprivation, encompassing several factors, including limited access to basic services, healthcare, education, and social opportunities. This literature review explores the multifaceted nature of poverty, its impact on mental health, particularly within family units, and the specific challenges faced by rural communities in Nigeria, with a particular focus on Anyigba, Kogi State.

The Multidimensional Nature of Poverty

Poverty is not simply the absence of income, but a complex phenomenon that encompasses deprivations in multiple aspects of life. Sen (1999) emphasises the importance of assessing poverty not just in terms of income but also in terms of individuals' capabilities and access to opportunities. The World Bank (2020) also emphasises the importance of considering poverty from multiple perspectives, including education, healthcare, housing, and employment opportunities. Rural communities, such as Anyigba, often face severe poverty due to limited access to these fundamental services. This

creates an environment where families struggle to meet their basic needs, further entrenching the cycle of poverty.

Poverty and Its Impact on Mental Health

The relationship between poverty and mental health is well-established in academic literature. Families living in poverty are more likely to experience chronic stress, anxiety, and depression, which have detrimental effects on both individual and family well-being. Adebayo and Olayemi (2021) note that economic instability, food insecurity, and lack of healthcare services contribute significantly to mental health challenges in rural Nigeria. Moreover, the psychological strain of living in poverty can lead to harmful coping mechanisms, further affecting the stability of family dynamics. Smith et al. (2019) found that mental health issues in families living in poverty are compounded by the lack of access to mental health services, exacerbating the psychological burden on individuals and families.

Mental health challenges are not only individual but can also affect family systems. Families experiencing financial difficulties often face heightened tensions, breakdowns in communication, and emotional strain. Masten and Monn (2015) emphasise the significance of supportive family relationships in promoting resilience and how economic hardship can compromise family cohesion, thereby exacerbating stress. In the case of rural Nigerian communities like Anyigba, these issues are intensified by the absence of adequate mental health care and support systems.

Rural Poverty in Nigeria

A lack of economic opportunities, poor infrastructure, and limited access to education and healthcare characterise rural poverty in Nigeria. The National Bureau of Statistics (2022) reports that poverty

is most severe in rural areas, where high unemployment rates and inadequate economic infrastructure restrict families' ability to escape poverty. In Anyigba, a significant portion of the local population relies on subsistence farming, which yields an income that is insufficient to meet their basic needs. As a result, many families experience chronic poverty, which limits their ability to invest in education, healthcare, and other services that could improve their socio-economic status.

Access to education is another key challenge in rural areas. Okeke (2020) points out that rural schools are often underfunded, with inadequate resources and poorly trained teachers, which hinders children's ability to succeed academically. This lack of educational opportunities perpetuates cycles of poverty by reducing future employment prospects and economic mobility. As a result, children born into poverty in rural areas like Anyigba are more likely to remain trapped in a cycle of deprivation.

Social Stigmatisation and Its Effects on Poverty

Poverty in rural Nigeria is often accompanied by social stigmatisation, which further exacerbates its negative impacts. Okeke (2020) asserts that poverty is frequently seen as a personal failure in Nigerian society, leading to discrimination, exclusion, and social marginalisation. This stigmatisation can have severe psychological consequences, including feelings of shame and low self-esteem, which undermine individuals' ability to seek help or access resources. Families living in poverty in Anyigba often face social exclusion, further deepening their psychological distress and limiting their chances of improving their socio-economic status.

Social exclusion also hinders efforts to break the cycle of poverty. As Adebayo and Olayemi (2021) suggest, the lack of social support in rural communities makes it more challenging for families to access

the resources and networks necessary to improve their situation. In Anyigba, families experiencing poverty may struggle to overcome social isolation, which contributes to the emotional and psychological toll of their circumstances.

Addressing Rural Poverty and Mental Health in Nigeria

Addressing rural poverty and its associated mental health challenges in Nigeria requires a multifaceted approach. Economic interventions such as improving agricultural productivity, creating job opportunities, and enhancing access to vocational training are essential for reducing poverty in rural areas. The National Bureau of Statistics (2022) highlights the importance of targeted interventions in rural communities to improve economic opportunities and reduce poverty levels.

Moreover, improving access to healthcare, particularly mental health services, is crucial. Adebayo and Olayemi (2021) emphasise that mental health care should be integrated into primary healthcare services to ensure that families living in poverty receive the necessary support. Programs that focus on strengthening community support systems and reducing the stigma associated with poverty can also help mitigate the psychological impacts of poverty.

This literature review highlights the complex and multifaceted nature of poverty in rural Nigeria, particularly in communities like Anyigba. Poverty is not only a financial challenge but also a social and psychological issue that affects families' well-being and mental health. Addressing rural poverty requires a holistic approach that encompasses economic development, enhanced access to education and healthcare, and efforts to mitigate social stigmatisation. By understanding the specific challenges faced by communities like Anyigba, policymakers and practitioners can develop more effective.

Economic Challenges in Nigeria and Their Localised Impact in Anyigba

Nigeria, as the most populous nation in Africa, continues to grapple with persistent economic challenges that intensify poverty across the country. Despite its vast natural resources, economic growth and equitable resource distribution have been hindered by corruption, mismanagement, and political instability (Adebayo & Olayemi, 2021). These nationwide issues are acutely experienced in communities like Anyigba, Kogi State, where economic opportunities are scarce, and poverty remains a pervasive concern.

In Anyigba, economic stagnation is driven by the absence of industrial development, inadequate infrastructure, and reliance on subsistence agriculture. For many families, meeting basic needs such as food, healthcare, and education is a daily struggle, perpetuating the cycle of poverty. The resulting financial insecurity has profound implications for family well-being, contributing to chronic stress, a sense of hopelessness, and deteriorating mental health.

Unemployment, Education, and Access to Basic Needs

Unemployment is one of the most significant drivers of poverty in modern Nigeria. Recent statistics indicate that over 30% of the population is unemployed, with youth unemployment rates even higher (National Bureau of Statistics [NBS], 2022). In Anyigba, job opportunities are limited, particularly for graduates of local institutions like Prince Abubakar Audu University, forcing many into low-paying, informal employment.

Access to education and essential services also remains a major challenge. Families in Anyigba often struggle to afford school fees or consistently provide nutritious meals, resulting in high school dropout rates and widespread malnutrition. Additionally, inadequate healthcare facilities and deteriorating public infrastructure further impede efforts to improve living standards, limiting pathways to upward social mobility.

Social Stigmatisation and Its Connection to Poverty

Poverty is often accompanied by social stigmatisation, which compounds its psychological and emotional impacts on families and individuals. In Nigeria, societal perceptions of poverty are frequently negative, leading to discrimination and marginalisation of those living in hardship (Okeke, 2020). Such stigmatisation fosters isolation, erodes self-esteem, and deters affected families from seeking assistance or utilising available resources.

In Anyigba, social stigmatisation manifests in exclusion from community activities and the labelling of impoverished families as failures. This societal bias amplifies the emotional burden on families, exacerbating mental health struggles and further entrenching poverty. The interplay between stigma and poverty highlights the need for targeted interventions to address not only material deprivation but also the social and emotional dimensions of poverty.

Theoretical Framework

This study relied on the synergy of two theories: Social Stress Theory and Social Capital Theory to analyse the relationship between poverty and family mental health in Anyigba, Kogi State.

Social Stress Theory was employed to investigate how poverty functions as a persistent stressor that affects the mental health of individuals and families. According to this theory, exposure to financial instability, unemployment, and inadequate access to basic services created a chronic stress environment that negatively affected mental health (Pearlin, 1989). For families in Anyigba, these stressors were likely to manifest in anxiety, depression, and other mental health disorders. Social Stress Theory suggests that the cumulative effect of these ongoing stressors overwhelms coping mechanisms, leading to deteriorating mental health outcomes within families. This theory was critical for understanding the direct psychological impacts of poverty in rural settings, where a lack of resources and social services

often compounded the challenges.

On the other hand, Social Capital Theory was employed to investigate the role of social networks and community support in mitigating the mental health effects of poverty. According to Bourdieu (1986) and Putnam (2000), individuals with stronger social connections were better equipped to handle adversities, including poverty. In contrast, families living in poverty with weak social networks and community ties were more vulnerable to mental health challenges. In the context of Anyigba, the theory helped explain how social isolation, exacerbated by poverty, further undermined mental well-being. Social Capital Theory emphasises the importance of accessible social support in promoting resilience against stressors such as financial insecurity and inadequate access to services. The theory also examined how social stigmatisation, common in impoverished areas, might have eroded community bonds and hindered the mental health resilience of families.

Together, these two theories provided a comprehensive lens through which to understand how poverty affected family mental health. Social Stress Theory addressed the direct psychological toll of poverty, while Social Capital Theory highlighted the mitigating factors of social networks and community support. These theories offered valuable insights into both the challenges and potential resources available to families coping with poverty in rural Nigeria.

Methodology

This study adopted a mixed-methods approach, combining both qualitative and quantitative research methods. This design enabled a deeper exploration of the psychological and social effects of poverty, while providing measurable data on the prevalence and distribution of mental health issues within the Anyigba community, Kogi State.

The study employed a descriptive correlational research design,

which was well-suited to understanding the natural relationships between poverty, social stigmatisation, and family mental health. This design enabled the exploration of how these factors were connected, without the need for variable manipulation.

The study targeted families in Anyigba, using stratified random sampling to ensure diverse family structures (nuclear, extended, etc.) were represented. The sample size consisted of approximately 200 families, providing sufficient data for quantitative analysis. The sample was selected with a 95% confidence level and a 5% margin of error. Descriptive statistics were used to analyse frequencies, percentages, and means for socio-economic factors and mental health issues. Inferential statistics, such as correlation analysis and regression analysis, were used to determine the strength and nature of relationships between poverty, social stigmatisation, and mental health. The analysis focused on uncovering community perspectives on these issues, supported by direct participant quotes.

Data Analysis

Socio-Demographic Attributes of the Respondents

VARIABLES	RESPONSES	FREQUENCY N = 192	PERCENTAGE 100%
Sex	Male	106	55.2
	Female	86	44.8
Age	Years	10	5.2
	18-23		
	24-29	19	9.8
	30-34	62	32.3
Religion	35 and above	101	52.7
	Christianity	92	48.0
	Islam	98	51.0
Marital Status	Others	2	1.0
	Single	12	6.3
	Married	127	66.1
	Widowed	37	19.3
Level of Education	Separated /Divorced	16	8.3
	No formal education	09	4.7
	Primary school	24	12.5
	Secondary school	117	61.0
Employment status	Tertiary education	42	21.8
	Employed	26	13.6
	Unemployed	54	28.1
	Self - employed	93	48.4
Monthly Household Income	under employed	19	9.9
	Less than ₦ 10000	08	4.2
	₦ 10000 - ₦ 50000	107	55.7
	₦ 51000 - ₦ 100000	28	14.6
Housing Condition	₦ 100000 and Above	49	25.5
	Adequate (e.g., solid walls, running water)	31	16.1

Field survey, 2024

Demographic Variables of Respondents

The age distribution shows that respondents' ages ranged from 18 to 35 years and above, with the majority (52.7%) being 35 years and older. This suggests that a significant portion of the respondents are older adults. Following this, 32.3% of the respondents fall within the age bracket of 30–34 years, while 9.8% are between 24–29 years old, and the smallest group (5.2%) comprises those aged 18–23 years. This distribution suggests that most respondents are in their later years, potentially bringing maturity and life experience to their responses. The table shows that 55.2% of the respondents were male, while 44.8% were female. This slight dominance of male respondents may reflect cultural or societal factors in Anyigba, Dekina Local Government, where males may be more actively engaged in public affairs or more likely to respond to surveys. The religious distribution reveals that 51.0% of respondents identified as Muslim, closely followed by 48.0% who identified as Christian, while a very small proportion (1.0%) identified with other religions. This indicates a nearly even split between the two dominant religions, reflecting the area's religious diversity.

The marital status of respondents shows that the majority (66.1%) were married, while 19.3% were widowed, and 8.3% were separated/divorced. A smaller group (6.3%) reported being single. This finding highlights the prevalence of marriage in the community, likely influenced by cultural norms that encourage early marriage. The educational distribution indicates that the majority (61.0%) of respondents attained secondary school education, followed by 21.8% with tertiary education. Meanwhile, 12.5% completed primary education, and only 4.7% had no formal education. This suggests that the majority of respondents have at least a secondary-level education, which may have positively influenced their ability to participate in the study.

In terms of employment, 48.4% of respondents were self-employed,

followed by 28.1% who were unemployed, while 13.6% were employed in formal roles, and 9.9% were underemployed. This implies that a significant proportion of the population relies on self-employment, possibly in informal sectors such as farming, trading, or small-scale enterprises. The income distribution reveals that the majority (55.7%) of respondents earn between ? 10,000 and ? 50,000 monthly. A smaller proportion (25.5%) earn ? 100,000 and above, while 14.6% earn ? 51,000–? 100,000, and only 4.2% earn less than ? 10,000. This data reflects a concentration of earnings within the lower-middle-income range, which may indicate economic challenges faced by the population. Housing conditions indicate that the majority (64.1%) of respondents live in inadequate housing, characterised by issues such as leaking roofs and poor sanitation. Approximately 19.8% live in makeshift shelters, while only 16.1% reported having adequate housing with features such as solid walls and access to running water. This finding highlights the challenges of poor living conditions in the community, which may impact overall well-being.

Objective 1: Examine the Impact of Poverty on Family Mental Health

Table 1: How does poverty affect the mental well-being of your family?

Variables	frequency	percentage
Stress	29	
15.1		
Anxiety	86	
44.8		
Depression	77	
40.1		
	192	
100		

Field survey, 2024

Table 1 portrays that at the time of the study, most respondents (44.8%) reported that anxiety was the primary mental health impact of poverty on their family. About (40.1%) of the

Table 2: What financial struggles has the family experienced due to poverty?

Variables percentage	frequency	
Inability to pay for healthcare	71	37.0
Lack of access to food	111	57.8
Inability to provide education	10	5.2
	192	
100		

Field survey, 2024

From the above table, it was clearly shown that slightly above half 111 (57.8%) of the respondents said that lack of access to food was the major financial struggles their family experienced as a result of poverty, while 71 (37.0%) of the respondents said that Inability to pay for healthcare is one of the financial struggles they have faced as a result of poverty and only 10 (5.2%) of the respondents were of the opinion that Inability to provide education was their major issues experienced due to poverty.

Table 4: How do children in your family cope with poverty-related mental health challenges?

Variables percentage	frequency	
Withdrawal 2.6	05	
Aggression 68.2	131	
Seeking help from others 29.2	56	
	192	
100		

Field survey, 2024

The data above reveal that the majority of respondents, 131 (68.2%),

reported that children in their family cope with poverty-related mental health challenges through aggression. Additionally, 56 (29.2%) of the respondents stated that children cope by seeking help from others. Only a small proportion, 5 (2.6%), mentioned that children cope by withdrawal.

Explore the Role of Social Stigmatisation in Exacerbating Poverty-Related Mental Health Issues

Table 5: How does social stigmatisation due to poverty affect your family's mental health?

Variables percentage	frequency	
Causes anxiety	17	8.9
Causes depression	149	77.6
Causes stress	20	10.4
Does not affect	06	3.1
	192	100

Field survey, 2024

The data in Table 5 highlights the significant role of social stigmatisation in exacerbating poverty-related mental health issues within families. A vast majority of respondents, 149 (77.6%), stated that social stigmatisation due to poverty causes depression in their families. Additionally, 20 (10.4%) reported that it causes stress, while 17 (8.9%) noted that it causes anxiety. Only a small proportion, 6 (3.1%), indicated that social stigmatisation does not affect their family's mental health. This underscores the profound impact of social stigmatisation on the psychological well-being of families living in poverty.

Table 6: How does your family feel when others know about your financial struggles?

Variables percentage	frequency
Embarrassed 30.2	58
Angry 9.4	18
Sad 52.6	101
Indifferent 7.8	15
	192
100	

Field survey, 2024

The data reveal that the majority of respondents, 101 (52.6%), reported feeling sad when others become aware of their financial struggles. Additionally, 58 (30.2%) indicated that they feel embarrassed under such circumstances. A smaller proportion, 18 (9.4%), expressed feelings of anger, while 15 (7.8%) stated that they feel indifferent. These findings highlight the emotional toll and sensitivity associated with financial struggles within families.

Table 7: How do you cope with social stigmatisation of your financial status?

Variables percentage	frequency	
Ignore the stigma	85	44.3
Seek support from family or friends	76	39.6
Engage in community activities	31	16.1
	192	
100		

Field survey, 2024

Table 7 illustrates how families cope with social stigmatisation related to their financial status. The largest proportion of respondents, 85 (44.3%), reported ignoring the stigma as a coping mechanism. Additionally, 76 (39.6%) stated that they seek support from family or friends. A smaller group, 31 (16.1%), indicated that they cope by engaging in community activities. These results highlight the diverse approaches families take to navigate the challenges of social stigmatisation.

Objective C: Assess the Barriers to Accessing Mental Health Services in Anyigba

Table 8: How do you cope with mental health issues in your family due to the lack of services?

Variables percentage	frequency	
Self-medication	138	71.9
Seek informal help from family or friends	52	27.1
Seek help from local healers	02	
1.0		
	192	
100		

Field survey, 2024

The data in Table 8 provides insight into how families cope with mental health issues in the absence of accessible services in Anyigba. A significant majority, 138 (71.9%), reported resorting to self-medication as a coping mechanism. Additionally, 52 (27.1%) indicated that they seek informal help from family or friends. Only 2 (1.0%) of the respondents stated that they seek help from local healers. These findings highlight the critical gaps in mental health service accessibility and the reliance on informal or alternative coping strategies within the community.

Table 9: What are the main barriers to accessing mental health services in Anyigba?

Variables percentage	frequency	
High cost of services	61	31.8
Lack of transportation to mental health facilities	74	38.5
Stigma associated with mental health	35	18.2
Lack of trained professionals	22	
11.5		
	192	
100		

Field survey, 2024

Table 9 highlights the primary barriers to accessing mental health services in Anyigba. The most reported barrier, cited by 74 respondents (38.5%), is the lack of transportation to mental health facilities. This is followed by the high cost of services, mentioned by 61 respondents (31.8%). Additionally, 35 respondents (18.2%) identified stigma associated with mental health as a significant obstacle, while 22 respondents (11.5%) pointed to the lack of trained professionals as a barrier. These findings underscore the multifaceted challenges that limit access to mental health care in the region.

Table 10: How far is the nearest mental health facility to your home?

Variables	frequency	percentage
Less than 5 km	14	7.3
5–10 km	12	6.3
11–20 km	16	8.3
More than 20 km	32	16.7
There is no facility nearby	118	61.4
	192	100

Field survey, 2024

The data from the table indicates that a significant proportion of respondents, 118 (61.4%), reported that there is no mental health facility nearby their home. Among those who do have access to facilities, 32 (16.7%) indicated that the nearest facility is more than 20 km away. A smaller group, 16 (8.3%), reported that the facility is 11–20 km away, while 14 (7.3%) said it is less than 5 km away, and 12 (6.3%) mentioned the distance as 5–10 km. These results highlight the challenges posed by the distance and lack of available mental health services in the area.

Table 11: How do you cope with people with mental health problems in your community?

Variables percentage	frequency	
Counselling 35.9	69	
Playing with them	44	22.9
Consoling them	79	41.1
	192	
100		

Field survey, 2024

The data from the table shows how people in the community cope with individuals facing mental health problems. The majority of respondents, 79 (41.1%), indicated that they cope by consoling them. Additionally, 69 (35.9%) of the respondents reported that they provide counselling, while 44 (22.9%) stated that they cope by playing with them. These findings reflect the supportive and compassionate responses within the community towards individuals with mental health challenges.

Discussion of Findings

The findings of this study provide valuable insight into the intersection of poverty, mental health, and social stigma within families in Anyigba. The study reveals that poverty significantly affects the mental health of families, with anxiety (44.8%) and depression (40.1%) being the most commonly reported mental health impacts. This aligns with previous studies indicating that economic hardship can lead to increased vulnerability to mental health disorders, as individuals experience heightened stress and reduced access to coping resources (Patel et al., 2007). The relatively lower percentage of respondents reporting stress (15.1%) may be reflective of a more generalised emotional response to economic pressures, which often manifests as anxiety or depression.

The financial struggles identified in the study, such as lack of access to food (57.8%) and inability to pay for healthcare (37%), highlight the basic socio-economic challenges faced by the respondents. These findings suggest that families in Anyigba prioritise essential needs, such as food and healthcare, over other expenses. The fact that a small percentage of respondents (5.2%) reported being unable to provide education indicates that education may not be perceived as a primary concern when immediate survival needs, such as food and healthcare, are unmet.

The frequent emotional distress caused by financial difficulties, as reported by 50% of respondents, suggests that the emotional burden of poverty is significant in this community. This finding is consistent with the literature that shows how chronic financial stress can lead to emotional exhaustion and deteriorating mental health (Evans & Kim, 2010). Moreover, the high incidence of aggression (68.2%) among children coping with poverty-related mental health challenges emphasises the impact of family financial stress on children's emotional well-being. This is particularly concerning as children's coping mechanisms, such as aggression, could lead to long-term

behavioural issues if not addressed.

The role of social stigmatisation, as explored in this study, emerged as a key factor exacerbating poverty-related mental health challenges. Over 77% of respondents reported that social stigmatisation due to poverty causes depression, with anxiety and stress also being significant outcomes. This highlights the profound impact of societal judgment on mental health, which reinforces the need for stigma-reducing interventions and greater awareness of mental health issues in the community. The emotional toll expressed by families when others are aware of their financial struggles, with sadness (52.6%) and embarrassment (30.2%) being the dominant feelings, reflects the deep-rooted shame that often accompanies financial hardship.

In coping with social stigmatisation, most respondents (44.3%) reported ignoring the stigma, while 39.6% sought support from family and friends. These coping strategies suggest that families rely heavily on informal networks for emotional support, which highlights the importance of strengthening social ties within the community. However, the fact that a significant proportion still relies on informal coping mechanisms indicates that mental health services and professional support are not fully accessible or trusted.

The lack of accessible mental health services, as reflected in the high percentage of respondents (61.4%) reporting that no facility is nearby, is a critical finding. This gap in services leads many families to resort to self-medication (71.9%) or seek informal help from family or friends (27.1%). This reliance on self-medication, coupled with the absence of trained professionals, may further complicate mental health issues, as individuals may not receive proper diagnosis or treatment. Moreover, the barriers to accessing mental health services, such as the high cost of services (31.8%) and lack of transportation (38.5%), emphasise the urgent need for affordable, accessible mental health care in the region.

In conclusion, the findings of this study reveal the complex ways in

which poverty, social stigmatisation, and the lack of mental health services intersect to exacerbate mental health issues in Anyigba. These findings call for comprehensive interventions, including improved mental health services, anti-stigma campaigns, and economic support programs to address the underlying causes of poverty and its detrimental effects on mental health. Holistically addressing these issues is crucial for fostering healthier communities and improving the overall well-being of individuals facing poverty-related mental health challenges.

Conclusion

The study revealed the multifaceted challenges faced by families in Anyigba, particularly in relation to poverty, mental health, and limited access to mental health services. The findings highlight that anxiety, depression, and stress are the main mental health impacts of poverty. Additionally, the stigma surrounding mental health and financial struggles significantly exacerbates these issues. The lack of accessible mental health facilities, combined with economic barriers, creates a cycle of inadequate mental health support, pushing families to rely on self-medication and informal support.

Efforts to reduce stigma, improve accessibility to mental health services, and strengthen social support systems are essential to addressing these challenges. Furthermore, addressing the underlying economic struggles through improved employment opportunities and support programs will go a long way in mitigating the mental health impact of poverty.

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