

Poverty and Mental Health Assessment for Sustainable Community Development in Ogun East Senatorial District, Nigeria

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ABSTRACT: *The present study was conducted to examine the role of poverty on mental health using a sample of 520 young adults from rural areas in the Ogun East Senatorial District and the impact of this on sustainable community development. An ex post facto survey research design was employed. The instruments used for data collection included the Mental Health Inventory - 5 (MHI-5), and Multidimensional Poverty Index Questionnaire (MPIQ). Correlation coefficients and simple linear regression analysis were employed at the .05 level of significance to test the two hypotheses formulated for this study. Results showed that poverty level will significantly predict mental health ($t = 12.673, p < .05$) and that poverty is significantly and negatively related to mental health ($r = -.413, p < .05$). It was recommended, among other things, that governments should positively intervene in the macro-economy by creating an economic environment that empowers citizens, reduce poverty, and promote mental health.*

KEYWORDS: *Poverty, mental health, community development, young adults.*

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I. INTRODUCTION

Kenny (2011) conceptualizes a community as a group of people who share a common identity – such as ethnicity or religion and/or are physically located in a geographical area. Communities are important as they serve people's desire to be in a relationship belong and to be connected to others, and access shared infrastructures. Community development is an inclusive and participatory process by which communities initiate and generate their own multiple bottom-line solutions to economic problems. It is a holistic approach grounded in principles of empowerment, human rights, inclusion, social justice, self-determination and collective action (Kenny, 2010). Community development focuses on stabilizing local economies, creating long-term employment, building on local resources and capacities, increasing community control and ownership, with environmental health, and development within a specific area to benefit the local community. This process is led by people living, working and running businesses in that area. Moreover, community development considers community members to be experts in their lives and communities, and values community knowledge and wisdom. Furthermore, it is a process in which social and political change is organized for continuous improvement of society or well-being of its members who are empowered to take united responsibility for their own development.

However, the stabilization of local economies as a major objective of community development could be interrupted, if the mental wellness of the community is often over-looked or neglected. Community economic development describes a process of economic development within a specific geographic area, to make the economy in that area work well for that community. It is the process led by people living, working and running businesses in that area, declared Locality (2017).

Also, sustainability encompasses the environmental, social, cultural, financial continuity and community well-being of which the community mental health plays vital role. Community economic development is approached in Nigeria with a central focus on sustainability hence it is referred to Sustainable Community Development. This view similarly combines economic, social and environmental practices and policies that promote sustainability for future generation (Michael, 2014).

Mental health is a positive concept related to the social and emotional well-being of individuals and communities. The concept is culturally defined, but generally relates to the enjoyment of life, ability to cope with stresses and sadness, the fulfilment of goals and potential, and a sense of connection to others. The term however, is often misunderstood and interpreted as referring to mental ill health or mental disorder (Hunter

Institute of Mental Health, 2013). Mental health is a universal asset that we all share. Good mental health supports us all to reach our potential, individually and collectively. Poor mental health experienced by individuals is a significant cause of wider social and health problems, including low levels of educational achievement and work productivity, poor community cohesion, high levels of physical ill health, premature mortality, violence, and relationship breakdown. This implies that mental health of its members has a considerable impact on community development. In Nigeria, the subject of mental health is often culturally evaded; as many people are not usually inclined to discuss it openly (Bakare, 2014). The reality however is that, mental health statistics in Nigeria are alarming. According to a report, the prevalence of mental illness in Nigeria is in the range of 20% (Mental Health Leadership and Advocacy Program, 2012). It has also been reported that, relative to a population of about 174 million (World Bank, 2013), 64 million Nigerians are deemed to suffer from one form of mental health disorder or the other (Owoyemi, 2013). The prevalence of mental health problems in Nigeria has been linked to many socio-economic problems which may be regarded as precipitating factors.

The World Health Organization (2001) famously defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make meaningful contribution to his or her community. Mental health is a state of mind in which an individual can effectively utilize his or her capacities by displaying psychological resilience in making personal and social adjustments to fit the dynamic environment within which he or she co-exists with other persons (Mullen, 2010). It also represents one's ability to adapt to internal and external environmental stressors. Successful adaptation to a range of demands is manifested in thoughts, emotions and behaviours that are in congruence with age, local and cultural norms or expectations (United Nations Children's Fund and World Health Organization, 2009). To be mentally unhealthy signifies a psychological state that results in behavioural anomalies that affect daily functioning such as one's participation in sustainable community economic development. Mental health problems may be associated with genetics, environmental stressors, psychological factors, brain defects, substance abuse, amongst other factors (Schmidt, 2007).

For many decades, persons with mental health problems have been perceived with a sense of suspicion (Porter, 2002), just as mental health problems have been associated with several misconceptions. The most common misconceptions about mental health disorder are damaging and pervasive. Some of these misconceptions are that people with mental illnesses are dangerous and violent; that mental health problem is the same as mental retardation; that mental health problems are a result of poor parenting; that it is impossible to recover from mental illness; that persons with mental health problems cannot work; that lack of personal hygiene and physical un-attractiveness are indicators of mental illness and that unintelligent persons are prone to mental problems. Mental health, just like physical health, is not confined to certain geo-polities or social strata. It is an issue that has the potential to affect anyone, male or female, young or old, rich or poor. Although mental health problems can affect anyone at any time, they are not equally distributed and prevalence varies across social groups. A number of groups of young people have been observed as being at risk of developing mental health problems. These include children living at socio-economic disadvantage, children with parents who have mental health or substance misuse problems, and looked-after children. Among adults, people who have been homeless, adults with a history of violence or abuse, travellers, asylum seekers and refugees, and isolated older people have been identified as more susceptible to developing mental health problems (Mental Health Foundation, 2015). Thus, higher rates of mental health problems are associated with poverty and socio-economic disadvantage. Positive mental health is linked to a range of development outcomes, including improved health status, higher educational achievement, enhanced productivity and learnings, improved interpersonal relationships, better parenting, closer social connections and improved quality of life. Positive mental health is also fundamental to coping with adversity. On the other hand, poor mental health impedes an individual's capacity to realize their potential, work productively, and make a contribution to their community.

Definitions of poverty vary depending on the social, cultural, and political systems in a particular region and according to the user of the data. Poor people's definitions reveal that poverty is a multidimensional social phenomenon (Narayan, Patel, Schafft, Rademacher, & Koch-Schulte, 2000). From an epidemiological perspective, poverty means low socioeconomic status (measured by social or income class), unemployment, and low levels of education. Poverty has also been defined by the American Heritage Dictionary as lack of the means of providing material needs or comforts. Poverty and mental health problems are not marginal experiences of a separate group in society: Anyone can experience either over their lifetime, and there is a clear intersection between mental health and poverty. Poverty's dynamic character also means that the risk of experiencing mental health exists for more people that are in poverty. This underlines the importance of preventing poverty as well as progressing routes out of it (Goulden & D'Arcy, 2014). Studies over the past few years indicate a close interaction between factors associated with poverty and mental health. Specifically, the following findings have been made:

- (i) Common mental disorders are about twice as frequent among the poor as among the rich (Patel, Araya, de Lima, Ludermic, & Todd, 2001)
- (ii) People experiencing hunger or facing debts are more likely to suffer from common mental disorders (Patel et al., 2001)
- (iii) Common mental disorders are more prevalent for people living in poor and overcrowded houses (Araya, Lewis, & Fritsch, 2013)
- (iv) Highest estimated prevalence of mental disorders can be found among people with the lowest levels of education or people who are unemployed (WHO International Consortium of Psychiatric Epidemiology, 2000)

Best evidence indicates that the relationship between mental ill-health and poverty is cyclical: Poverty increases the risk of mental disorders and having a mental disorder increases the likelihood of descending into poverty. However, most of the studies on poverty and mental health have been carried out in developed countries, particularly Europe and United States of America. Scanty research has been undertaken on the relationship between these variables in the Nigerian cultural context. Mental health is integral to overall human health and wellbeing. Community development workers acknowledge that mental health is their concern, and to build knowledge and skills to recognize and deal with the increased mental distress prevalent in marginalized communities. There is a growing consensus that mental health requires substantial attention and investment in order to address the huge economic and social costs to individuals, families, communities, and society. This agenda encompasses addressing the range of social and economic factors that affect mental health. Given that households living in poverty are exposed to preventable risk to mental health, greater attention needs to be paid to mental health problems related to marginalization and impoverishment (World Health Organization, 2013). Building supportive and inclusive environments, and resilient individuals and communities are also important tasks in promoting mental health. It has been found that three-quarters of people with a mental health problem do not receive ongoing treatment and that this aggravates the risk of mental health problems, and can be both a causal factor and a consequence of mental illhealth. It is therefore suspected that mental health is shaped by poverty or the wide-ranging characteristics (including inequalities) of the social, economic, and physical environments in which people live. The issue of poverty therefore needs to be effectively addressed to promote mental health and sustainable community economic development.

II. HYPOTHESES

1. There is no significant relationship between poverty and mental health among young adults from Ogun East Senatorial District.
2. Poverty level does not significantly predict mental health among young adults from Ogun East Senatorial District.

III. METHOD

Research Design

The design adopted by the researchers for this study was ex post-facto survey design.

Population of the Study

The population of this study consisted of all young adults (ages 21 – 45) in Ogun East Senatorial District, Nigeria. The study was conducted in July 2018.

Participants

A sample of 520 young adults was chosen through cluster sampling technique. The participants consisted of 48.7% male (253) and 51.3% female (267).

Instrumentation

The instruments used for data collection included Demographic Data Inventory (DDI), the Mental Health Inventory - 5 (MHI-5), and Multidimensional Poverty Index Questionnaire (MPIQ). Each of these instruments is described below:

Demographic Data Inventory (DDI)

The Demographic Data Inventory (DDI) was developed by the researchers to collect data on demographic characteristics of the participants such as gender, age, marital status, and occupation.

Mental Health Inventory - 5 (MHI-5)

The Mental Health Inventory - 5 (MHI-5) is, as the name suggests, a 5-item Likert-type scale designed by Mental Health Foundation (2015) to assess the mental health of individuals. It is a 6-point scale with the following possible responses: 1 = None of the time; 2 = A bit of the time; 3 = A little of the time; 4 = Most of the time; 5 = Some of the time; 6 = All of the time. The scale contains both positively and negatively worded items.

Examples of items on the scale are:

- How much of the time during the past month have you felt calm and peaceful?
- How much of the time during the past month have you been a very nervous person?

The developer reported a test-retest reliability coefficient of .81 with a one-month inter-test interval in a sample of 30 adolescents randomly chosen from educational institution in the United States. The validity of the scale is indicated by scores on the MHI-5 which showed significant and positive relationship with scores on the Subjective Happiness Scale (SHS) and significant and negative relationships with measures of depression.- Multidimensional Poverty Index Questionnaire (MPIQ)The Multidimensional Poverty Index Questionnaire (MPIQ) was developed by Alkire and Santos (2010) as an objective measure of poverty. This questionnaire is a prototype for collecting the information required for the computation of the global Multidimensional Poverty Index (MPI). It consists of 11 items with each item having different response format. The MPIQ asks questions on education, house flooring, sanitation, cooking fuel, primary source of drinking water, primary source of non-drinking water, and assets.

A high internal consistency reliability (Cronbach's alpha = .92) has been reported for the scale. The scale also demonstrated construct validity via expected relationships with measures of economic prosperity and general well-being.

Method of Data Analysis

Data collected were tested by means of a correlation matrix and linear regression analysis. Tests were carried out at the .05 significance level. All analyses were carried out with the aid of the IBM SPSS Version 24 software.

IV. RESULTS

First Hypothesis

H₀1: There is no significant relationship between poverty and mental health among young adults from Ogun East Senatorial District.

Table 1: Correlation Matrix for the Relationship between Poverty and Mental Health

	Poverty	Mental Health
Poverty	1.000	-.413*
Mental Health		1.000

*Correlation was significant at 0.05 level (2-tailed)

Table 1 revealed a significant result ($r = -.413, p < .05$). The null hypothesis was therefore rejected in favour of the alternative hypothesis leading to the conclusion that there is asignificant relationship between poverty and mental health among young adults from Ogun East Senatorial District. The negative relationship observed indicated that high levels of poverty are associated with low levels of mental health and low levels of poverty are associated with high levels of mental health, and vice versa.

Second Hypothesis

H₀2: Poverty level does not significantly predict mental health among young adults from Ogun East Senatorial District.

Table 2: Coefficients of the Simple Linear Regression Analysis for the Contribution of Poverty to Mental Health

	B	Std. Error	Beta	t	Sig.
(Constant)	10.285	2.769		18.	.000
Poverty	1.067	.295	.279	860	.000
				12.673	

Dependent Variable: Mental health

Predictors: (Constant), Poverty

Table 2 revealed significant results (Beta =.279, t = 12.673, p < .05). The null hypothesis was therefore rejected in favour of the alternative hypothesis leading to the conclusion that poverty level significantly predicts mental health among young adults from Ogun East Senatorial District.

V. CONCLUSION AND RECOMMENDATIONS

Based on the findings of this study it was concluded that poverty has a strong influence on, and contributes significantly to the determination of mental health among the young adults in Ogun East Senatorial District. Consequently, the following recommendations were made:

- (i) Governmental and non-governmental organizations should improve the economic situation in the country and put in place empowerment programmes that could prevent people from experiencing poverty and developing mental health problems.
- (ii) Counsellors and psychologists should be engaged to support people experiencing poverty and mental health problems and help them to recover and move out of poverty.
- (iii) Government should introduce social security packages or benefits for the unemployed, the aged, and other vulnerable people in the society in order to mitigate the harsh effect of poverty.
- (iv) People with mental disorders need to be targeted for poverty reduction and development programmes to bring them out of poverty and to promote development through micro-credit schemes or provision of employment.
- (v) Civil society should put in place programmes and services to support people with mental health problems to access the resources they need to integrate into the society.
- (vi) Community development needs to embrace mental health issues and concerns, and successful mental health policy and practice must also be grounded in principles of community development.

VI. LIMITATIONS OF THE STUDY

The sample size seems relatively small for the parametric statistics used in this study based on the participants' age factor. This imposes a limit on the generalizability of the findings. Thus, future researchers should use an enlarged sample size in order to improve the external validity of their studies. Furthermore, the administration of the questionnaires on selected bank employees was very challenging because of their extremely busy and stressful schedules. Future researchers in this area of study should make use of other methods of data collection other than the physical administration of questionnaires to bank employees calculated to ease the data collection process and reduce attrition rate.

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