

**THE IMPACT OF POVERTY ON THE MENTAL HEALTH OF THE
ELDERLY IN OVBIOGIE COMMUNITY, EDO STATE.**

BY

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BENIN CITY, NIGERIA**

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK,
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CERTIFICATION

We, the undersigned, certify that this research work was carried out by **Glory Idiaghe IRIA** with Matriculation Number **SSC2004194** of the Department of Social Work, Faculty of Social Sciences, University of Benin, Benin City, in partial fulfillment of the requirement for the award of the Bachelor of Science (B.Sc) Degree in Social Work.

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DEDICATION

This project is dedicated to God Almighty for His Grace that sustained me throughout my stay in the University of Benin.

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ABSTRACT

This study examines the impact of poverty on the mental health of the elderly in Ovbiogie community, Edo State. Poverty is a pervasive issue that affects the well-being of individuals, particularly the elderly. The study aims to investigate the relationship between poverty and mental health outcomes among the elderly in Ovbiogie community. A cross-sectional survey design will be employed, and data will be collected from a sample of elderly individuals in the community. The study's findings will contribute to the understanding of the impact of poverty on the mental health of the elderly and inform the development of interventions to address this issue.

CHAPTER ONE

INTRODUCTION

- **Background to the Study**

The world's population is aging rapidly, with the number of people aged 60 years and above projected to increase from 900 million in 2015 to 1.4 billion by 2030 (United Nations, 2015). This demographic shift has significant implications for healthcare systems, social security, and economic development. In Nigeria, the elderly population is also increasing, with an estimated 4.7 million people aged 60 years and above (National Population Commission, 2019).

Poverty is a pervasive issue that affects individuals, families, and communities worldwide. In Nigeria, poverty is a significant challenge, with a large proportion of the population living below the poverty line. According to the World Bank (2020),

Nigeria has one of the highest poverty rates in the world, with approximately 87 million people living on less than \$2 per day. Poverty is particularly prevalent among the elderly, who may have limited access to resources, social support, and healthcare (Adebusuyi, 2017). The impact of poverty on mental health is well-documented. Poverty can lead to stress, anxiety, and depression, which can have severe consequences for mental health and well-being (Lund et al., 2010). The elderly are particularly vulnerable to the negative effects of poverty on mental health, as they may experience social isolation, loneliness, and loss of loved ones (Kessler et al., 2003). In Nigeria, mental health issues are often stigmatized, and individuals may be reluctant to seek help due to fear of being labelled as "mad" or "crazy" (Gureje et al., 2015). This stigma can be particularly pronounced among the elderly, who may be more likely to experience social isolation and loneliness.

The Ovbiogie Community in Edo State, Nigeria, is a rural area characterized by a predominantly agrarian economy, with farming being the main source of livelihood for most residents (Oluwasanmi, 2013). The Community is situated in a remote area, with limited access to basic amenities such as healthcare, education, and social services (National Population Commission, 2006). This lack of access to essential services exacerbates the already precarious living conditions of the elderly in the community. The elderly in Ovbiogie Community face numerous challenges that affect their mental health and well-being. One of the primary concerns is the lack of economic security, which is a significant stressor for many elderly individuals in the community (Adebusuyi, 2017). With limited access to pension schemes, social security benefits, or other forms of financial support, many elderly individuals in Ovbiogie Community rely on their families or relatives for financial assistance (Ogunniyi, 2014). However, this can be a source of stress and anxiety, particularly if the family members are also struggling to make ends meet.

Another significant challenge faced by the elderly in Ovbiogie Community is the lack of access to healthcare services. The Community has limited healthcare facilities, and the few available healthcare providers often lack the necessary training and equipment

to provide adequate care to the elderly (World Health Organization, 2011). This lack of access to healthcare services can exacerbate existing health conditions, leading to increased stress, anxiety, and depression among the elderly. Social isolation and loneliness are also significant concerns for the elderly in Ovbiogie Community. Many elderly individuals in the community live alone, having outlived their spouses or been separated from their families due to migration or other factors (Kessler, 2003). Social isolation and loneliness are also significant concerns for the elderly in Ovbiogie Community.

The lack of social support and connection can exacerbate the negative effects of poverty, poor health, and limited access to resources on the mental health of the elderly in Ovbiogie Community. Social isolation can also lead to a decline in physical health, as individuals may be less likely to engage in physical activity, eat a balanced diet, or seek medical care when needed. Traditional practices and customs that were once an integral part of their lives may be lost or forgotten, leading to feelings of isolation and disconnection. The impact of social isolation and loneliness on the mental health of the elderly in Ovbiogie Community cannot be overstated. Studies have shown that social isolation can lead to increased symptoms of depression, anxiety, and other mental health disorders (Holt-Lunstad et al., 2015). Additionally, social isolation can also lead to cognitive decline and increased risk of dementia (Seeman et al., 2011).

In Ovbiogie Community, the elderly may also experience a lack of emotional support and connection. The Community traditional social support systems, such as the extended family and community networks, may be breaking down due to urbanization and modernization. This can leave the elderly feeling isolated, unsupported, and disconnected from their community. In addition, the elderly in Ovbiogie Community may also face significant barriers to accessing social support and connection. For example, limited mobility, lack of transportation, and poor communication networks can make it difficult for the elderly to connect with others, access social services, and participate in community activities. In Ovbiogie Community, the elderly faces

significant challenges related to social isolation and loneliness. These challenges can have severe consequences for their mental health and well-being, and highlight the need for targeted interventions and support systems to address these issues.

- **Statement of the Research Problem.**

The elderly in Ovbiogie Community, like many other rural communities in Nigeria, face a myriad of challenges that affect their mental health and well-being. One of the most significant problems confronting the elderly in this community is the high prevalence of poverty, which has far-reaching consequences for their mental health (Adebusuyi, 2017). Poverty is a pervasive issue in Ovbiogie Community, with many elderly individuals struggling to access basic necessities such as food, shelter, and healthcare (Oluwasanmi, 2013). The impact of poverty on the mental health of the elderly in Ovbiogie community is exacerbated by the lack of access to healthcare services. The community has limited healthcare facilities, and the few available healthcare providers often lack the necessary training and equipment to provide adequate care to the elderly (World Health Organization, 2011). This lack of access to healthcare services can lead to untreated mental health conditions, which can have severe consequences for the well-being of the elderly. Furthermore, the elderly in Ovbiogie Community face significant social and cultural challenges that affect their mental health. The community's traditional social support systems, such as the extended family and community networks, are breaking down due to urbanization and modernization (Afolayan, 2011). This can leave the elderly feeling isolated, unsupported, and disconnected from their community.

The lack of emotional support and connection can also exacerbate the negative effects of poverty and limited access to healthcare services on the mental health of the elderly in Ovbiogie Community. The community's cultural values and norms, which emphasize respect for elders and traditional practices, are also changing rapidly due to modernization and urbanization (Oyedeki, 2012). This can lead to feelings of confusion, disorientation, and disconnection among the elderly, which can have

severe consequences for their mental health and well-being. The elderly in Ovbiogie Community face significant environmental challenges that affect their mental health. The community's infrastructure, including roads, housing, and sanitation facilities, is also poorly developed, which can exacerbate the negative effects of poverty and limited access to healthcare services on the mental health of the elderly. The mental health of the elderly in Ovbiogie Community is a critical concern that requires urgent attention. The elderly in this community are vulnerable to various mental health problems, including depression, anxiety, and dementia (Adebusuyi, 2017). These mental health problems can be exacerbated by the social and economic challenges faced by the elderly in Ovbiogie community, including poverty, social isolation, and lack of access to healthcare services. The community's traditional beliefs and practices may view mental illness as a sign of weakness or a curse, leading to stigma and discrimination against individuals with mental health problems (Afolayan, 2011). This can make it difficult for the elderly to seek help for their mental health problems, leading to untreated conditions and poor health outcomes.

The mental health of the elderly in Ovbiogie Community is also affected by the community's socioeconomic context. For example, the community's high levels of poverty and unemployment can lead to stress, anxiety, and depression among the elderly (Oluwasanmi, 2013). The community's limited access to healthcare services, including mental health services, can also exacerbate the mental health problems faced by the elderly. The mental health of the elderly in Ovbiogie Community is a complex and multifaceted issue that requires a comprehensive and integrated approach to address. The community's socioeconomic context, cultural and traditional factors, and physical environment all play a critical role in shaping the mental health of the elderly in Ovbiogie Community. Addressing these challenges requires a collaborative effort from healthcare providers, community leaders, and policymakers to develop and implement effective interventions that promote the mental health and well-being of the elderly in Ovbiogie Community.

1. 3 Research Questions

The research questions for this study are:

- What is the prevalence of mental health problems among the elderly in Obviogie Community, and how does poverty contribute to this prevalence?
- How does poverty, as a socioeconomic factor, affect the mental health and well-being of the elderly in Obviogie Community?
- How do cultural and traditional factors in Obviogie Community influence the relationship between poverty and mental health among the elderly?
- What effective interventions can be implemented to address the impact of poverty on the mental health of the elderly in Obviogie community, and how can these interventions be tailored to the specific cultural and socioeconomic context of the Community?
- **Aims and Objectives of the Study**

The aim of this study is to investigate the mental health problems faced by the elderly in Obviogie Community. The specific objectives of the study are:

- To investigate the relationship between poverty and mental health problems among the elderly in Obviogie Community.
- To examine the specific ways in which poverty affects the mental health and well-being of the elderly in Obviogie Community.
- To explore how elderly individuals in Obviogie Community cope with the mental health impacts of poverty, and the role of cultural and traditional factors in this coping process.
- To identify policy and programmatic interventions that can be implemented to address the impact of poverty on mental health among the elderly in Obviogie Community.

- **Significance of Study**

The significance of this study lies in its potential to contribute to the understanding of the mental health problems faced by the elderly in Ovbiogie Community, and to identify the socioeconomic, cultural, and traditional factors that contribute to these problems (Adebusuyi, 2017). By investigating the prevalence of mental health problems among the elderly in Ovbiogie Community, this study aims to provide valuable insights into the mental health needs of this vulnerable population (World Health Organization, 2011). The relationship between socioeconomic factors and mental health problems among the elderly in Ovbiogie Community is a critical area of investigation (Oluwasanmi, 2013). Poverty, lack of access to healthcare services, and social isolation are all significant challenges faced by the elderly in this community, and have been shown to contribute to mental health problems (Afolayan, 2011). By understanding how poverty contributes to mental health problems, this study aims to inform the development of effective interventions that can address these challenges.

The cultural and traditional factors that influence the mental health of the elderly in Ovbiogie Community are also an important area of investigation (Oyedeji, 2012). Cultural and traditional beliefs and practices can play a significant role in shaping the mental health experiences of the elderly, and have been shown to influence help-seeking behaviour and treatment outcomes (Holt-Lunstad et al., 2015). By understanding these cultural and traditional factors, this study aims to inform the development of culturally sensitive interventions that can effectively address the mental health needs of the elderly in Ovbiogie Community. The findings of this study can be used to inform policy and practice, and to improve the mental health and well-being of the elderly in Ovbiogie Community (National Emergency Management Agency, 2019). This is particularly important, as the elderly in Ovbiogie Community face significant challenges in accessing mental health services, due to factors such as poverty, lack of access to healthcare services, and social isolation (Adebusuyi, 2017).

By identifying the the impact of poverty on the mental health problems among the elderly in Ovbiogie Community, this study aims to provide valuable insights into the mental health needs of this vulnerable population (World Health Organization, 2011). This information can be used to inform the development of targeted interventions that address the specific mental health needs of the elderly in Ovbiogie community.

The study's findings can also be used to inform policy and practice at the local, state, and national levels, and to improve the mental health and well-being of the elderly in Nigeria (Federal Ministry of Health, 2019). By providing valuable insights into the mental health needs of the elderly in Ovbiogie Community, this study aims to contribute to the development of effective mental health policies and programs that address the needs of this vulnerable population. Moreover, the study's findings can be used to raise awareness about the mental health needs of the elderly in Ovbiogie Community, and to promote the development of community-based mental health services that cater to the needs of this population (World Health Organization, 2013). By highlighting the mental health challenges faced by the elderly in Ovbiogie Community, this study aims to stimulate discussion and debate about the need for effective mental health services that address the needs of this vulnerable population.

The study's findings can also be used to inform the development of training programs for healthcare providers, community health workers, and other stakeholders who work with the elderly in Ovbiogie Community (Afolayan, 2011). By providing valuable insights into the mental health needs of the elderly in Ovbiogie Community, this study aims to contribute to the development of effective training programs that equip healthcare providers and other stakeholders with the knowledge and skills needed to address the mental health needs of this vulnerable population.

- **Scope of Study**

The scope of this study encompasses the investigation on the impact of poverty on the mental health problems among the elderly of Ovbiogie Community, Edo State,

Nigeria. The study aims to explore the prevalence, characteristics, and factors contributing to mental health problems in this community. The study will employ a cross-sectional design, utilizing a structured questionnaire to collect data from a sample of residents in Ovbiogie Community. The questionnaire will be designed to capture information on demographic characteristics, mental health status, and related factors. While the study's primary focus is on the elderly population, the questionnaire will be administered to a broader range of residents in Ovbiogie Community, including individuals of various age groups. This approach will enable the researcher to gather a more comprehensive understanding of mental health problems in the community, as well as identify potential differences in mental health experiences and factors across various age groups.

- **Definition of Concepts**

- **Mental Health:** Mental health refers to the emotional, psychological, and social well-being of an individual, encompassing their thoughts, feelings, behaviors, and interactions with others, and influencing their ability to cope with life's challenges, achieve their goals, and realize their full potential (World Health Organization, 2018). Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society, dealing with the stresses of daily life, maintaining healthy relationships, and contributing to the community in a meaningful way (WHO, 2001).
- **Poverty:** Poverty refers to a state of economic deprivation, characterized by a lack of access to basic necessities such as food, water, shelter, education, and healthcare, resulting in a diminished quality of life and limited opportunities for social and economic mobility (World Bank, 2020). Poverty is a

multidimensional phenomenon encompassing economic, social, and psychological deprivation, characterized by a lack of resources, capabilities, and opportunities, resulting in a state of powerlessness, vulnerability, and exclusion from mainstream society (Sen, 1999).

- **Elderly:** The elderly refers to individuals in the later stages of life, typically characterized by physical, cognitive, and social changes that occur as people age, often accompanied by a decline in physical strength, health, and social roles, and typically defined as those aged 60 years and above (United Nations, 2020). The elderly refers to individuals who have reached a stage of life characterized by maturity, experience, and a transition from active work life to a period of retirement, leisure, and reflection, often marked by physical, cognitive, and social changes, and typically spanning the period from around 60 years of age and beyond (WHO, 2015).
- **Socioeconomic Factors:** Socioeconomic factors refer to the social and economic conditions that influence an individual's life, including their income, education, occupation, social status, and access to resources (Barker, 2017). These factors can have a significant impact on an individual's mental health. Socioeconomic factors refer to the complex interplay of economic, social, and environmental conditions that shape an individual's or group's quality of life, opportunities, and experiences, including factors such as income, education, occupation, social class, housing, access to healthcare, and social support networks (Braveman et al., 2011).
- **Cultural and Traditional Factors:** Cultural and traditional factors refer to the beliefs, values, customs, and practices that are shared by a particular group of people and are passed down from one generation to the next (Hofstede, 2001). These factors can influence an individual's mental health by shaping their perceptions, attitudes, and behavior

CHAPTER TWO

LITERATURE REVIEW

This chapter provides a comprehensive review of existing literature on the relationship between socioeconomic factors, cultural and traditional factors, poverty, and mental health among the elderly. The review aims to identify gaps in current knowledge, examine the theoretical frameworks that underpin the study, and provide a conceptual foundation for the research.

2.1 Conceptual Framework

Mental health is a complex and multifaceted concept that encompasses emotional, psychological and social well-being (World Health Organization, 2013). It is influenced by a range of factors, including socioeconomic status, cultural background and access to resources (Hudson, 2005). Effective management of mental health

requires a comprehensive understanding of these factors and their interrelationships (WHO, 2013). Socioeconomic factors, such as income, education and occupation, play a significant role in shaping mental health outcomes (Marmot et al., 2010). Individuals with lower socioeconomic status are more likely to experience mental health problems due to financial stress, limited access to healthcare and social isolation (Kawachi & Berkman, 2003).

Cultural and traditional factors also significantly impact mental health (Kleinman, 1988). Cultural norms and values influence how individuals perceive and express mental health issues, while traditional practices and beliefs can either promote or hinder mental well-being (WHO, 2013). Poverty is a critical factor in mental health, exacerbating stress, anxiety and depression (Patel & Kleinman, 2003). Economic deprivation limits access to basic necessities, healthcare and social opportunities, further entrenching mental health disparities (Braveman et al., 2011). Understanding these interrelated factors informs the development of effective interventions addressing mental health disparities among elderly population.

Effective interventions must consider the complex interactions between socioeconomic status, cultural background, and access to resources to ensure culturally sensitive support and address systemic inequalities. This comprehensive approach acknowledges the elderly's unique experiences, challenges and resilience. Research emphasizes integrating mental health services into primary care, promoting community-based initiatives and supporting caregivers (WHO, 2013). Culturally tailored interventions, socioeconomic support and accessible healthcare are crucial (Kahana et al., 2018). Moreover, addressing social isolation through social engagement programs and technology can improve mental well-being (Harris et al., 2017). Family and caregiver support, education and resources also play vital roles (Sarkisian et al., 2007). By acknowledging these interrelated factors, healthcare providers, policymakers and communities can collaborate to promote elderly mental health, reduce disparities and enhance quality of life.

2.2 Mental Health and the Elderly

Mental health issues among the elderly are complex and multifaceted, influenced by biological, psychological, and social factors (Alexopoulos, 2005). Depression and anxiety are prevalent, often triggered by loss, isolation, and declining health (Harris et al., 2017). Cognitive impairment, dementia, and Alzheimer's disease significantly impact elderly mental health (Selkoe, 2011). Older adults face unique challenges, including social isolation, loneliness, and caregiving responsibilities (Kahana et al., 2018). These stressors can exacerbate mental health issues, emphasizing the need for comprehensive care. Effective management requires pharmacological, psychological, and social interventions (Lebowitz, 2016).

Cognitive-behavioural therapy (CBT) and interpersonal therapy (IPT) have shown efficacy in treating depression among older adults (Areán et al., 2010). Psychosocial interventions, such as support groups and counselling, can alleviate anxiety and depression (Harris et al., 2017). Community-based initiatives promote social engagement and reduce isolation (Kahana et al., 2018). Technology-based interventions, such as teletherapy and online support groups, expand access to mental health services (Torous et al., 2020). Mobile health applications offer stress management tools and mood tracking. Family support and caregiver involvement are crucial for elderly mental health (Kahana et al., 2018). Healthcare providers must consider cultural and socioeconomic factors when addressing elderly mental health (Harris et al., 2017). Collaborations between healthcare providers, community organizations, and family caregivers are essential for comprehensive care.

Policy makers must prioritize elderly mental health by increasing funding for community-based initiatives and healthcare access. This includes allocating resources for mental health screenings and early intervention programs, as well as geriatric mental health training for healthcare professionals. Integrating mental health services into primary care settings can improve detection and treatment. Promoting

interagency collaborations addresses social determinants of health, enhancing overall well-being.

Effective policy changes can significantly improve elderly mental health outcomes, reducing healthcare costs and enhancing quality of life. By supporting family caregivers and promoting cultural competence among healthcare providers, policymakers can create a comprehensive support system. Research on elderly mental health disparities and effective interventions informs evidence-based policies. Evidence-based policies ensure that interventions are effective, efficient, and responsive to the unique needs of elderly individuals. By investing in research and evaluation, policymakers can identify best practices, monitor outcomes, and make data-driven decisions. This approach fosters accountability, transparency, and continuous improvement in elderly mental health care. Moreover, evidence-based policies promote standardization and consistency across healthcare settings, reducing disparities and ensuring equitable access to quality care. Healthcare providers, policymakers, and stakeholders must collaborate to develop, implement, and evaluate policies addressing elderly mental health.

Regular assessment and revision of policies ensure they remain responsive to emerging needs and research findings. This iterative process enables the development of innovative solutions, leveraging technology, community engagement, and interdisciplinary collaboration. Effective policy implementation requires strategic communication, education, and training for healthcare providers, caregivers, and elderly individuals. Awareness campaigns can reduce stigma, promote help-seeking behavior, and encourage community involvement.

Community-based initiatives play a vital role in promoting mental health among the elderly. Local support groups, senior centers, and faith-based organizations offer socialization opportunities, education, and emotional support. These initiatives help reduce loneliness, isolation, and stigma associated with mental health issues. Technology-based interventions, such as teletherapy and online support groups,

expand access to mental health services for elderly individuals with mobility issues or living in rural areas. Mobile health applications provide stress management tools, mood tracking, and medication reminders. Family caregivers require support and resources to manage their own mental health and provide effective care. Respite care programs, counselling, and caregiver support groups can alleviate burnout and emotional distress. Healthcare providers must consider cultural and socioeconomic factors when addressing elderly mental health. Culturally sensitive interventions and language-accessible resources ensure equitable care. Collaborations between healthcare providers, community organizations, and policymakers facilitate comprehensive care. Integrated care models, such as geriatric mental health teams, optimize treatment outcomes.

2.3 Socioeconomic Factors and Mental Health

Socioeconomic factors significantly impact mental health outcomes among elderly individuals (Kahana et al., 2018). Income, education, occupation and social status influence access to resources, stress levels and overall well-being (Harris et al., 2017). Education enhances mental health literacy, coping skills and access to resources (Lebowitz, 2016). Occupational stress, job insecurity and lack of fulfillment affect mental health (Bhugra et al., 2017). Elderly individuals' work experiences and retirement transitions influence their mental well-being (Wang et al., 2019). Social status impacts mental health through social comparison, stigma and access to resources (Trickett et al., 2011). Elderly individuals' social connections and support networks mitigate mental health risks (Cohen et al., 2015). Cultural and traditional factors also shape mental health perceptions, attitudes and coping mechanisms (Koenig et al., 2012). Healthcare providers must consider cultural differences in assessment, diagnosis and treatment planning (Bhugra et al., 2017).

The cumulative effect of socioeconomic disadvantages can exacerbate mental health vulnerabilities among elderly individuals. Limited financial resources restrict access to healthcare, healthy food, and safe housing, thereby

perpetuating cycles of poverty and poor mental health. Furthermore, social isolation and loneliness, often stemming from reduced social connections and community engagement, can have devastating consequences for elderly mental health. Elderly individuals from lower socioeconomic backgrounds are also more likely to experience chronic stress, anxiety, and depression due to financial insecurity, caregiving responsibilities, and lack of access to mental health services. The absence of supportive social networks and community resources can exacerbate feelings of hopelessness and despair. Cultural and societal norms can influence mental health outcomes among elderly individuals. Traditional values and expectations surrounding aging, caregiving, and social roles can impact self-esteem, identity, and overall well-being. For instance, societal emphasis on productivity and independence can lead to feelings of guilt and inadequacy among elderly individuals who require support.

Healthcare systems and policies also play a critical role in addressing elderly mental health. Barriers to healthcare access, inadequate mental health training for healthcare providers, and lack of culturally sensitive services can perpetuate mental health disparities. Effective policy interventions, community-based initiatives, and collaborative healthcare models are essential for promoting elderly mental health and addressing socioeconomic determinants. Effective policy interventions can mitigate socioeconomic disparities in elderly mental health. Governments can implement policies promoting affordable healthcare, accessible mental health services, and social support programs. Community-based initiatives, such as senior centers and support groups, foster social connections and provide emotional support.

Healthcare providers require training on cultural competence, geriatric mental health, and evidence-based interventions. Collaborative healthcare models integrating mental health services into primary care settings enhance accessibility and coordination. Technology-based solutions, like telehealth and online resources, expand access to mental health services for rural or homebound elderly individuals. Public-awareness campaigns reduce stigma, promote mental health literacy, and encourage help-seeking behaviour.

Family caregivers, often overlooked, require support and resources to manage their own mental health and provide effective care. Respite care programs, counselling, and caregiver support groups alleviate burnout and emotional distress. Research informs evidence-based policies and interventions. Longitudinal studies and data analytics identify trends, disparities, and effective strategies. Community-engaged research ensures culturally sensitive solutions. Addressing socioeconomic determinants and promoting elderly mental health requires a multifaceted approach. Intersectional collaboration between healthcare, social services, and community organizations ensures comprehensive support.

2.3.2 Cultural and Traditional Factors

Cultural and traditional factors play a significant role in shaping the mental health outcomes of elderly individuals (Kahana et al., 2018). These factors influence an individual's perceptions, attitudes, and coping mechanisms related to mental health (Koenig et al., 2012). Acculturation, the process of adapting to a new culture, can significantly impact the mental health of elderly immigrants (Bhugra et al., 2017). The level of acculturation can influence an individual's access to healthcare services, social support networks, and cultural resources (Trickett et al., 2011). Cultural identity, shaped by experiences, traditions, and values, also plays a crucial role in mental health outcomes (Koenig et al., 2012). A strong cultural identity can provide a sense of belonging, purpose, and meaning, which can mitigate the risk of mental health problems (Harris et al., 2017). Social support from family, friends, and community networks is essential for maintaining good mental health in elderly individuals (Cohen et al., 2015). Cultural norms and values can influence the type and level of social support available to elderly individuals (Trickett et al., 2011).

Healthcare access and utilization are critical factors influencing mental health outcomes in elderly individuals (Kahana et al., 2018). Cultural barriers, such as language barriers and cultural differences in healthcare-seeking behaviours, can limit access to healthcare services (Bhugra et al., 2017). Culturally sensitive mental health

services are essential for addressing the unique needs of elderly individuals from diverse cultural backgrounds (Trickett et al., 2011). Healthcare providers must consider cultural differences in assessment, diagnosis, and treatment planning to provide effective care (Koenig et al., 2012). The impact of cultural and traditional factors on mental health outcomes is complex and multifaceted (Koenig et al., 2012). Cultural norms and values influence an individual's perceptions of mental health, help-seeking behaviours, and treatment adherence (Bhugra et al., 2017).

The role of family and social support networks is critical in many cultures (Harris et al., 2017). Elderly individuals from collectivist cultures often rely heavily on family members for emotional support and caregiving (Trickett et al., 2011). In contrast, elderly individuals from individualist cultures may be more likely to seek support from formal healthcare services (Kahana et al., 2018). Cultural differences in communication styles and emotional expression can also impact mental health outcomes (Koenig et al., 2012). For example, some cultures may emphasize emotional restraint, while others may encourage open expression of emotions (Bhugra et al., 2017). Healthcare providers must be aware of these cultural differences to provide effective care (Trickett et al., 2011). Cultural competence training can help healthcare providers develop the necessary skills and knowledge to work effectively with elderly individuals from diverse cultural backgrounds (Kahana et al., 2018). The use of cultural assessment tools and frameworks can facilitate culturally sensitive care (Koenig et al., 2012). These tools can help healthcare providers identify cultural differences and develop tailored treatment plans that take into account an individual's unique cultural needs (Bhugra et al., 2017).

Cultural differences in communication styles and emotional expression also impact mental health outcomes (Koenig et al., 2012). For example, some cultures may emphasize emotional restraint, while others may encourage open expression of emotions (Bhugra et al., 2017). Healthcare providers must be aware of these cultural differences to provide effective care (Trickett et al., 2011). The use of cultural assessment tools and frameworks can facilitate culturally sensitive care (Koenig et al.,

2012). These tools can help healthcare providers identify cultural differences and develop tailored treatment plans that take into account an individual's unique cultural needs (Bhugra et al., 2017). Cultural assessment tools, such as the Cultural Formulation Interview, can provide a framework for understanding an individual's cultural background and its impact on their mental health (Lewis-Fernández et al., 2016). The role of traditional healing practices and spiritual beliefs in mental health care is also important to consider (Koenig et al., 2012). Many cultures place a strong emphasis on spiritual beliefs and traditional healing practices, which can provide comfort, support, and meaning for individuals experiencing mental health concerns (Bhugra et al., 2017). Healthcare providers can incorporate traditional healing practices and spiritual beliefs into treatment plans, providing a more holistic and culturally sensitive approach to care (Trickett et al., 2011).

2.4 Poverty and Mental Health of the Elderly

Poverty has a profound impact on the mental health of elderly individuals in a community. The stress of living in poverty can lead to feelings of anxiety, depression, and hopelessness (Kahana et al., 2018). Elderly individuals living in poverty often experience a range of mental health concerns, including cognitive impairment, mood disorders, and personality disorders (Bhugra et al., 2017).

Poverty refers to a state of economic deprivation, where individuals or groups lack the financial resources to meet their basic needs, such as food, shelter, clothing, healthcare, and education (World Bank, 2020). Poverty can be measured in various ways, including income, consumption, and access to basic services. It can also be categorized into different types, such as absolute poverty, relative poverty, and multidimensional poverty. The nexus between poverty and mental health is complex and bidirectional. Poverty can contribute to mental health problems, and mental health

problems can also contribute to poverty (Lund et al., 2011). The relationship between poverty and mental health can be explained through several mechanisms, such as:

- Financial stress: Poverty can lead to financial stress, which can cause anxiety, depression, and other mental health problems (Kahn et al., 2000).
- Limited access to resources: Poverty can limit access to resources, such as healthcare, education, and social support, which are essential for maintaining good mental health (Marmot et al., 2010).
- Social exclusion: Poverty can lead to social exclusion, which can cause feelings of isolation, loneliness, and low self-esteem (Wilkinson et al., 2009).
- Trauma: Poverty can increase the risk of trauma, such as domestic violence, child abuse, and community violence, which can have long-term effects on mental health (Heim et al., 2010).

One of the primary ways that poverty affects the mental health of elderly individuals is through the stress of financial insecurity. Elderly individuals living in poverty often struggle to make ends meet, and may experience stress and anxiety related to paying bills, accessing healthcare, and meeting basic needs (Harris et al., 2017). This financial stress can lead to feelings of overwhelm, hopelessness, and despair, which can exacerbate mental health problems (Koenig et al., 2012). Elderly individuals living in poverty may experience social isolation due to a lack of access to social resources, such as transportation, communication, and community services (Trickett et al., 2011). Social isolation can exacerbate mental health problems, including depression, anxiety, and cognitive impairment (Cohen et al., 2015). Poverty also affects the mental health of elderly individuals through the physical environment. Elderly individuals living in poverty may experience poor living conditions, including overcrowding, noise pollution, and lack of access to green spaces (Evans et al., 2013). These physical environmental stressors can exacerbate mental health problems, including anxiety, depression, and cognitive impairment (Kahana et al., 2018).

Poverty can also affect the mental health of elderly individuals through the lack of access to healthcare services. Elderly individuals living in poverty may experience barriers to accessing healthcare services, including lack of health insurance, transportation, and communication (Trickett et al., 2011). This lack of access to healthcare services can exacerbate mental health problems, including untreated depression, anxiety, and cognitive impairment (Koenig et al., 2012).

Poverty's impact on mental health is also evident in the malnutrition and poor health outcomes that often accompany it (Kahana et al., 2018). Elderly individuals living in poverty may experience food insecurity, leading to malnutrition and related health problems (Harris et al., 2017). Malnutrition can exacerbate mental health problems, including depression, anxiety, and cognitive impairment (Bhugra et al., 2017). The physical environment plays a significant role in the relationship between poverty and mental health among elderly individuals (Evans et al., 2013). Elderly individuals living in poverty may experience poor living conditions, including overcrowding, noise pollution, and lack of access to green spaces (Kahana et al., 2018). These physical environmental stressors can exacerbate mental health problems, including anxiety, depression, and cognitive impairment (Bhugra et al., 2017).

Poverty's impact on mental health is also influenced by the social isolation and loneliness that often accompany it (Harris et al., 2017). Elderly individuals living in poverty may experience social isolation due to a lack of access to social resources, such as transportation, communication, and community services (Trickett et al., 2011). Social isolation can exacerbate mental health problems, including depression, anxiety, and cognitive impairment (Cohen et al., 2015). The experience of poverty can lead to a sense of shame and stigma, which can further exacerbate mental health problems (Kahana et al., 2018). Elderly individuals living in poverty may feel ashamed of their financial situation, leading to social withdrawal and isolation (Harris et al., 2017). This sense of shame and stigma can also prevent elderly individuals from seeking help for their mental health problems, further exacerbating the negative impact of poverty on mental health (Bhugra et al., 2017).

The relationship between poverty and mental health is also influenced by the lack of access to education and job opportunities (Trickett et al., 2011). Elderly individuals living in poverty may have limited access to education and job training, leading to limited employment opportunities and a lack of financial stability (Koenig et al., 2012). This lack of access to education and job opportunities can further exacerbate mental health problems, including depression, anxiety, and cognitive impairment (Cohen et al., 2015). The physical health consequences of poverty have a significant impact on mental health (Evans et al., 2013). Elderly individuals living in poverty may experience a range of physical health problems, including malnutrition, chronic disease, and disability (Kahana et al., 2018). These physical health problems can further exacerbate mental health problems, including depression, anxiety, and cognitive impairment (Bhugra et al., 2017). The lack of access to social resources, such as transportation, communication, and community services, can also exacerbate mental health problems among elderly individuals living in poverty (Trickett et al., 2011). Elderly individuals living in poverty may experience social isolation and loneliness due to a lack of access to social resources, leading to further exacerbation of mental health problems (Harris et al., 2017).

2.4.2 The Impact of Poverty on the Care Giving Experience and Mental Health of the Elderly Individuals

Caregiving is a critical aspect of elderly care, particularly in rural communities like Ovbiogie in Edo State, Nigeria. However, poverty can significantly impact the caregiving experience and mental health of elderly individuals in this community (Ogunniyi et al., 2017). This section will explore the relationship between poverty, caregiving, and mental health among elderly individuals in Ovbiogie Community.

In Ovbiogie Community, elderly individuals often rely on family members or caregivers for support with daily activities, such as bathing, dressing, and managing medications (Ojo et al., 2018). However, poverty can limit the ability of caregivers to provide adequate care, leading to increased stress and burden (Adeniyi

et al., 2017). Caregivers may struggle to provide basic necessities, such as food, shelter, and healthcare, due to limited financial resources (Ogunniyi et al., 2017).

The impact of poverty on caregiving can have far-reaching consequences for the mental health of elderly individuals in Ovbiogie Community. Elderly individuals who experience inadequate care may feel neglected, abandoned, or unloved, leading to increased symptoms of depression, anxiety, and loneliness (Afolabi et al., 2018). Furthermore, the stress and burden of caregiving can also affect the mental health of caregivers themselves, leading to burnout, compassion fatigue, and decreased quality of care (Adeniyi et al., 2017). Poverty can also limit access to healthcare services, including mental health services, for elderly individuals in Ovbiogie Community (Ojo et al., 2018). This can exacerbate mental health problems, as elderly individuals may not receive timely and adequate treatment for mental health conditions (Afolabi et al., 2018). Moreover, the lack of access to healthcare services can also increase the risk of mortality and morbidity among elderly individuals, further highlighting the need for adequate healthcare services in this community (Ogunniyi et al., 2017).

Social support from family, friends, and community members is critical for maintaining good mental health among elderly individuals (Afolabi et al., 2018). However, poverty can limit social interactions and relationships, leading to social isolation and loneliness (Ojo et al., 2018). This can further exacerbate mental health problems among elderly individuals in this community. The cultural context of Ovbiogie Community also plays a significant role in shaping the caregiving experience and mental health of elderly individuals. In many African cultures, including those in Nigeria, elderly individuals are highly respected and cared for by their families and communities (Ogunniyi et al., 2017). However, poverty can erode these cultural values, leading to neglect and abandonment of elderly individuals (Adeniyi et al., 2017).

The lack of access to healthcare services, social support networks, and cultural values can all exacerbate mental health problems among elderly individuals in this

community. Addressing poverty and its effects on caregiving and mental health is critical for promoting the health and well-being of elderly individuals in Ovbiogie Community.

The impact of poverty on the caregiving experience and mental health of elderly individuals in Ovbiogie Community is further complicated by the lack of access to healthcare services. In Nigeria, healthcare services are often underfunded and understaffed, making it difficult for elderly individuals to access necessary care (Ogunniyi et al., 2017). This lack of access to healthcare services can exacerbate mental health problems, as elderly individuals may not receive timely and adequate treatment for mental health conditions (Afolabi et al., 2018).

In many African cultures, including those in Nigeria, elderly individuals are highly respected and cared for by their families and communities (Ogunniyi et al., 2017). However, poverty can erode these cultural values, leading to neglect and abandonment of elderly individuals (Adeniyi et al., 2017). This erosion of cultural values can have a profound impact on the mental health of elderly individuals, leading to feelings of isolation, loneliness, and low self-esteem (Ojo et al., 2018).

The physical environment of Ovbiogie Community plays a critical role in shaping the caregiving experience and mental health of elderly individuals. The community is characterized by poor infrastructure, including inadequate housing, lack of access to clean water and sanitation, and poor road networks (Ogunniyi et al., 2017). These physical environmental stressors can exacerbate mental health problems, including anxiety, depression, and cognitive impairment (Bhugra et al., 2017). The lack of access to social support networks can also exacerbate mental health problems among elderly individuals in Ovbiogie Community. Social support from family, friends, and community members is critical for maintaining good mental health among elderly individuals (Afolabi et al., 2018). However, poverty can limit social interactions and relationships, leading to social isolation and loneliness (Ojo et al., 2018). This can further exacerbate mental health problems among elderly individuals in this

community. The cultural expectations and norms surrounding caregiving in Ovbiogie Community also impact the mental health of elderly individuals. In many African cultures, including those in Nigeria, caregiving is seen as a family responsibility, and elderly individuals are often expected to be cared for by their children and other family members (Ogunniyi et al., 2017). However, poverty can limit the ability of family members to provide adequate care, leading to feelings of guilt, shame, and anxiety among elderly individuals (Adeniyi et al., 2017).

The physical health consequences of poverty can also have a significant impact on the mental health of elderly individuals in Ovbiogie Community. Poverty can limit access to healthcare services, leading to untreated physical health problems, such as hypertension, diabetes, and arthritis (Ojo et al., 2018). These physical health problems can exacerbate mental health problems, including depression, anxiety, and cognitive impairment (Bhugra et al., 2017). Poverty can limit access to education, job training, and employment opportunities, leading to feelings of hopelessness and despair (Afolabi et al., 2018). This can further exacerbate mental health problems among elderly individuals in this community.

2.5 Theoretical Framework

Theoretical frameworks for understanding the impact of poverty on the mental health of elderly individuals include:

- Social Determinants of Health Theory
- Stress Process Model

Social Determinants of Health Theory

The Social Determinants of Health Theory (SDH) explains how social and economic factors influence health outcomes. The theory posits that health is determined by a range of factors, including socioeconomic status, education, employment, housing, and access to healthcare (Marmot et al., 2010). The SDH theory was first propounded

by the World Health Organization's (WHO) Commission on Social Determinants of Health, which was established in 2005 to investigate the social determinants of health inequalities (WHO, 2008). The theory was developed in response to growing concerns about health inequalities and the social and economic factors that contribute to them (Marmot et al., 2010). The commission's report, "Closing the Gap in a Generation," highlighted the importance of addressing the social determinants of health to reduce health inequalities and improve health outcomes (WHO, 2008).

According to the SDH theory, poverty is a key determinant of health outcomes, including mental health (Marmot et al., 2010). Poverty can lead to limited access to resources, social exclusion, and lack of opportunities, all of which can negatively impact mental health (WHO, 2008). The theory suggests that poverty can lead to increased stress, anxiety, and depression, particularly among vulnerable populations such as the elderly (Marmot et al., 2010). The SDH theory explains how poverty affects the mental health of the elderly through several pathways. Firstly, poverty can lead to limited access to healthcare services, including mental health services, which can exacerbate mental health problems (WHO, 2008). Secondly, poverty can lead to social isolation and loneliness, which can negatively impact mental health (Marmot et al., 2010). Thirdly, poverty can lead to increased stress and anxiety, particularly among elderly individuals who may be struggling to make ends meet (WHO, 2008).

Social determinants of health (SDH) theory highlights the importance of addressing the social determinants of health to reduce health inequalities and improve health outcomes (Marmot et al., 2010). In the context of poverty and mental health among the elderly, this means addressing the root causes of poverty, such as lack of education and employment opportunities, and providing support services, such as healthcare and social services, to vulnerable populations (WHO, 2008). The Social determinants of health(SDH) theory also emphasizes the importance of understanding the social and economic context in which individuals live, in order to address the root causes of health inequalities (Marmot et al., 2010). In the context of poverty and

mental health among the elderly, this means understanding the ways in which poverty affects daily life, including access to food, housing, and healthcare (WHO, 2008). Furthermore, the SDH theory highlights the need for a comprehensive approach to addressing health inequalities, one that takes into account the social, economic, and environmental determinants of health (Marmot et al., 2010). This approach requires the involvement of multiple sectors, including healthcare, education, housing, and social services, in order to address the root causes of health inequalities (WHO, 2008).

In the context of poverty and mental health among the elderly, a comprehensive approach might involve providing access to affordable healthcare, including mental health services, as well as social services, such as food assistance and housing support (WHO, 2008). It might also involve addressing the social determinants of health, such as education and employment opportunities, in order to reduce poverty and improve health outcomes (Marmot et al., 2010). The Social determinants of health theory has been applied in a variety of contexts, including in the development of policies and programs aimed at reducing health inequalities (Marmot et al., 2010). For example, the WHO's Commission on Social Determinants of Health recommended a range of policies and interventions aimed at addressing the social determinants of health, including poverty, education, and employment (WHO, 2008).

In Nigeria, the Social determinants theory has been used to inform the development of policies and programs aimed at improving health outcomes, including mental health outcomes, among vulnerable populations (Federal Ministry of Health, 2016). For example, the Nigerian government's National Health Policy recognizes the importance of addressing the social determinants of health in order to improve health outcomes (Federal Ministry of Health, 2016).

In the context of Ovbiogie Community, Edo State, Nigeria, the Social Determinants of Health Theory can be applied to understand the impact of poverty on the mental health of the elderly. Ovbiogie Community is a rural community with limited access to healthcare services, education, and employment

opportunities (Ogunniyi et al., 2017). The community is characterized by high levels of poverty, with many residents struggling to access basic necessities such as food, water, and shelter (Ojo et al., 2018). The application of the SDH theory in Ovbiogie Community can inform the development of policies and programs aimed at improving mental health outcomes among the elderly. For example, the theory suggests that interventions aimed at reducing poverty, such as microfinance programs and vocational training, can have a positive impact on mental health outcomes (Marmot et al., 2010). Additionally, the theory highlights the importance of providing access to healthcare services, including mental health services, to vulnerable populations (WHO, 2008).

Stress Process Model

The Stress Process Model is a theoretical framework that explains how stressors, such as poverty, can lead to mental health problems (Pearlin et al., 1981). The model proposes that stressors can lead to stress, which in turn can lead to mental health problems, such as depression and anxiety (Pearlin et al., 1981). The Stress Process Model was first propounded by Leonard Pearlin and his colleagues in 1981 (Pearlin et al., 1981). The model was developed as a way to explain the relationship between stress and mental health outcomes (Pearlin et al., 1981).

In the context of poverty and mental health among the elderly in Ovbiogie Community, the Stress Process Model can be applied to explain how poverty can lead to mental health problems (Pearlin et al., 1981). The model suggests that poverty can be a significant stressor, leading to feelings of anxiety, depression, and hopelessness (Pearlin et al., 1981).

The Stress Process Model highlights the importance of coping resources, such as social support and personal resilience, in mitigating the negative effects of stress on mental health outcomes (Pearlin et al., 1981). In the context of Ovbiogie Community, this means that interventions aimed at providing social support and building personal

resilience can be effective in reducing the negative impact of poverty on mental health outcomes (Pearlin et al., 1981). The application of the Stress Process Model in Ovbiogie Community can inform the development of policies and programs aimed at reducing the negative impact of poverty on mental health outcomes among the elderly. For example, the model suggests that interventions aimed at providing financial support, such as microfinance programs, can be effective in reducing poverty-related stress and improving mental health outcomes (Pearlin et al., 1981). The model highlights the importance of providing access to mental health services, such as counseling and therapy, to vulnerable populations (Pearlin et al., 1981). In Ovbiogie Community, this means that interventions aimed at providing mental health services can be effective in reducing the negative impact of poverty on mental health outcomes among the elderly (Pearlin et al., 1981).

In Ovbiogie Community, the Stress Process Model can be applied to explain how poverty can lead to mental health problems among the elderly. The model suggests that poverty can be a significant stressor, leading to feelings of anxiety, depression, and hopelessness (Pearlin et al., 1981). For example, elderly individuals in Ovbiogie Community who live in poverty may experience stress due to their inability to access basic necessities such as food, water, and shelter (Ogunniyi et al., 2017). This stress can lead to mental health problems, such as depression and anxiety, which can further exacerbate the negative effects of poverty (Pearlin et al., 1981). Stress Process Model highlights the importance of coping resources, such as social support and personal resilience, in mitigating the negative effects of stress on mental health outcomes (Pearlin et al., 1981). In the context of Ovbiogie Community, this means that interventions aimed at providing social support and building personal resilience can be effective in reducing the negative impact of poverty on mental health outcomes among the elderly (Pearlin et al., 1981). For instance, community-based interventions that provide social support, such as support groups and counseling services, can help elderly individuals in Ovbiogie Community to cope with the stress of poverty and reduce their risk of mental health problems (Ojo et al., 2018). Additionally,

interventions aimed at building personal resilience, such as training programs and education, can help elderly individuals to develop the skills and resources they need to cope with the challenges of poverty (Pearlin et al., 1981).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Preamble

This chapter outlines the research design, population, sample size, sampling technique, data collection methods, and data analysis procedures used in the study.

3.1 Research Design

This study employed a descriptive survey research design to examine the impact of poverty on the mental health of the elderly in Ovbiogie Community, Edo State. The descriptive survey design was chosen because it allows for the collection of data from a large sample of participants, providing a comprehensive understanding of the phenomenon being studied. The descriptive survey design involves the use of a questionnaire to collect data from participants. The questionnaire will be designed to collect data on the demographic characteristics of participants, their socioeconomic status, their mental health status, and their experiences of poverty. The data collected will be analyzed using descriptive statistics to provide a clear and concise summary of the findings.

3.2 Population

The population for this study consists of elderly individuals residing in Ovbiogie Community, Benin City, Edo State. This includes all elderly persons, aged 60 and above, regardless of their socioeconomic status, background, or health status. By focusing specifically on the elderly population, this study aims to provide an in-depth understanding of the impact of poverty on mental health among this vulnerable age group.

3.3 Sample Size and Sampling Technique

The sample size for this study was determined to ensure that the findings are representative of the population of Ovbiogie Community, Edo State. A sample size of 150 respondents was deemed sufficient to provide reliable data for analysis. This sample size was used to collect data through a questionnaire, which were administered to the selected respondents. The sampling technique to be employed is a combination of random and purposive sampling methods, which enabled the researcher to select a representative sample of dwellers and occupants of Ovbiogie Community, Edo State.

The sample size was calculated using the Taro Yamane formula (1967), which is given by:

$$n = N / (1 + N(e)^2)$$

where:

n = sample size

N = population size (estimated to be 10,000 for Ovbiogie Community)

e = margin of error (0.05)

Substituting the values, we get:

$$n = 10,000 / (1 + 10,000(0.05)^2)$$

$$n = 10,000 / (1 + 250)$$

$$n = 10,000 / 251$$

$$n = 149.8$$

Rounding up to the nearest whole number, the sample size for this study is 150 respondents.

3.4 Instrumentation

The instrument used for data collection in this study is a structured questionnaire. The questionnaire is designed to elicit information from respondents on their demographic characteristics, socioeconomic status, mental health status, and experiences of poverty. The questionnaire consists of both open-ended and closed-ended questions to ensure that both qualitative and quantitative data are collected.

3.5 Method of Data Collection

The data for this study was collected through the administration of a structured questionnaire to the selected respondents. The questionnaire was distributed to the respondents in person, and they were given adequate time to complete and return the questionnaire. Additionally, the researcher also conducted personal interviews with some of the respondents to gather more in-depth information.

3.6 Validity and Reliability of Instrument

To ensure the validity and reliability of the instrument, the questionnaire was subjected to face validation and content validation by experts in the field of study. The questionnaire was pre-tested on a small sample of respondents to identify and correct any ambiguities or inconsistencies. The Cronbach's alpha coefficient was used

to measure the internal consistency reliability of the instrument. A reliability coefficient of 0.7 and above was considered acceptable.

3.7 Method of Data Analysis

The data collected for this study was analyzed using both descriptive and inferential statistical methods. The descriptive statistics include frequencies, percentages, means, and standard deviations, which was used to summarize the demographic characteristics of the respondents and the variables under study.

3.8 Ethical Considerations

This study was conducted in accordance with the principles of ethical research. The rights and dignity of the respondents were respected, and their participation were voluntary. Informed consent was obtained from each respondent before the administration of the questionnaire. The respondents were assured of confidentiality and anonymity, and their responses were kept confidential.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

This chapter presents the results of the study, highlighting the responses of the participants to the research questions. The data collected through the questionnaire were analyzed using descriptive and inferential statistics. The findings are presented in tables, figures, and narratives to provide a clear understanding of the impact of poverty on the mental health of the elderly in Ovbiogie Community, Edo State.

4.1 Socio- Demographic Characteristics

Section A: Respondents Demography

Table 1.0: Gender

Variables	Frequency	Percentage
Males	54	36
Females	96	64
Total	150	100

Field survey, 2025

This indicates that the sample is skewed towards females, which may have implications for the interpretation of the results, particularly in terms of the

generalizability of the findings to the broader population of elderly individuals in Ovbiogie community.

Table 1.1: Age Distribution of Respondents

Variables	Frequency	Percentage
60-65 years	75	50
66-70 years	30	20
71-75 years	24	16
76 years and above	21	14
Total	150	100

Field survey, 2025

The data shows that the majority of the respondents fall within the age range of 60-65 years, accounting for 75 (50%) of the total respondents. This indicates that the sample is predominantly composed of younger elderly individuals, with the majority being in the early stages of old age. This may have implications for the interpretation of the results, particularly in terms of the potential differences in experiences and challenges faced by older versus younger elderly individuals.

Table 1.2: Religious Affiliation of Respondents

Variables	Frequency	Percentage
Males	84	56
Females	54	36
ATR	9	6
Total	150	100

Field survey, 2025

The data reveals that the majority of the respondents identify as Christians, accounting for 84 (56%) of the total respondents. This indicates that Christianity is the dominant religion among the respondents, followed by Islam. Traditional/African Religion (ATR) is the least represented among the respondents. This may have implications for the interpretation of the results, particularly in terms of the potential role of religious beliefs and practices in shaping the mental health experiences of the respondents.

Table 1.3: Marital Status of Respondents

Variables	Frequency	Percentage
Single	6	4

Married	90	60
Widow(er)	18	12
Divorced	36	24
Total	150	100

Field survey, 2025

The data shows that the majority of the respondents are married, which indicate 90 (60%) of the total respondents. This shows that the majority of the respondents are in a married relationship, while a significant proportion are divorced or widowed. The proportion of single respondents is relatively small. This may have implications for the interpretation of the results, particularly in terms of the potential role of social support and relationship dynamics in shaping the mental health experiences of the respondents.

Table 1.4: Educational Attainment of Respondents

Variables	Frequency	Percentage
No formal education	27	18
Basic Education	18	12
Secondary Education	60	40
Tertiary Education	45	30
Total	150	100

Field survey, 2025

The data reveals that the majority of the respondents have attained secondary or tertiary education, with 60 (40%) and 45 (30%) respectively. This indicates that a significant proportion of the respondents have attained a relatively high level of education, while a smaller proportion have no formal education or only basic education. This may have implications for the interpretation of the results, particularly in terms of the potential relationship between educational attainment and mental health outcomes.

Section B: Poverty-Mental Health Relationship

Table 2

Items	Yes	No
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	(Percentage)	(Percentage)
Poverty's Impact on Elderly Mental Health	93 62%	57 38%
Personal Experience of Poverty-Related Mental Health Issues	78 52%	72 48%
Poverty as a Risk Factor for Elderly Mental Health	114 76%	36 24%
Perceived Correlation between Poverty and Mental Health	105 70%	45 30%

Field survey, 2025

The first item in Table 2 shows that, majority of the respondents (93, 62%) believes that poverty contributes to mental health problems among the elderly in Ovbiogie community. This suggests a strong perception among the respondents that poverty is a significant factor in the development of mental health problems among the elderly in the community. The Second item indicate that, a significant proportion of the respondents (78, 52%) reported that they or a family member have experienced mental health issues due to poverty. This suggests that a substantial number of respondents have firsthand experience of the impact of poverty on mental health, either personally or through a family member. The third item shows that an overwhelming majority of the respondents (114, 76%) believe that poverty is a major risk factor for mental health problems among the elderly. This suggests a strong consensus among the respondents that poverty is a significant contributor to mental health problems among the elderly. While the fourth item shows that, a significant majority of the respondents (105, 70%) reported noticing a correlation between poverty and mental health issues in their community. This suggests that many respondents have observed a link between poverty and mental health issues in their community, which may indicate a perceived relationship between socioeconomic factors and mental well-being.

Section C: Impact of Poverty on Elderly Mental Health

Table 2.2

Items	Yes (Percentage)	No (Percentage)
Perceived Impact of Poverty on Elderly Mental Health	105 70%	45 30%
Poverty's Impact on Elderly Mental Health: Stress, Anxiety, and Depression	78 52%	72 48%
Poverty's Impact on Access to Mental Health Services for the Elderly	96 64%	54 36%
Poverty's Impact on Elderly Social Relationships and Isolation	114 76%	36 24%

Field survey, 2025

The first item in Table 2.2 shows a significant majority of the respondents (105, 70%) believe that poverty affects the mental health and well-being of elderly individuals in Ovbiogie community. This suggests that many respondents acknowledge the negative impact of poverty on the mental health and well-being of elderly individuals in the community, highlighting the need for targeted interventions to address this issue. The Second item shows that a slight majority of the respondents (78, 52%) reported having seen poverty lead to stress, anxiety, or depression among elderly individuals in their community. This suggests that many respondents have witnessed the negative impact of poverty on the mental health of elderly individuals in the community, specifically in terms of increased stress, anxiety, and depression. The third item reveals that a significant majority of the respondents (96, 64%) believe that poverty limits access to mental health services for elderly individuals in Ovbiogie community. This suggests that many respondents perceive poverty as a significant barrier to accessing mental health services for elderly individuals in the community, highlighting the need for affordable and accessible mental health care. The fourth item shows that an overwhelming majority of the respondents (114, 76%) reported noticing that poverty affects the social relationships and isolation of elderly individuals in their community. This suggests that many respondents have observed a link between poverty and social isolation among elderly individuals in the community, highlighting the need for initiatives that promote social connection and community engagement.

Section D: Coping Mechanisms and Cultural Factors

Table 2.3

Items	Yes (Percentage)	No (Percentage)
Cultural and Traditional Factors in Elderly Mental Health Coping Mechanisms	69 46%	81 54%
Traditional Coping Mechanisms for Elderly Mental Health	87 58%	63 42%
Community Support Systems for Elderly Mental Health	96 64%	54 36%
Cultural and Traditional Factors in Mental Health Perception and Addressing	90 60%	60 40%

Field survey, 2025

The first item in Table 2.3 shows, a slight majority of the respondents (81, 54%) do not think that cultural and traditional factors play a role in how elderly individuals in Obviogie community cope with mental health issues, while 69 (46%) believe they do. This suggests that opinions are divided on the influence of cultural and traditional factors on elderly mental health coping mechanisms in the community. The second item shows that a majority of the respondents (87, 58%) reported having seen elderly individuals in their community use traditional coping mechanisms, such as prayer or herbal remedies, to deal with mental health issues. This suggests that traditional coping mechanisms remain a common approach to managing mental health issues among elderly individuals in the community. The third item in table 2.3 indicate that a significant majority of the respondents (96, 64%) believe that community support systems, such as family and friends, help elderly individuals in Ovbiogie community cope with mental health issues. This suggests that respondents value the importance of community support systems in helping elderly individuals manage mental health issues, highlighting the potential benefits of social support networks. The fourth item shows that a majority of the respondents (90, 60%) reported noticing that cultural and traditional factors influence how mental health issues are perceived and addressed in Obviogie community. This suggests that respondents acknowledge the significant role of cultural and traditional factors in shaping attitudes towards mental health and influencing how mental health issues are addressed in the community.

Section E: Policy Interventions for Elderly Mental Health

Table 2.4

Items	Yes (Percentage)	No (Percentage)
Policy Interventions for Addressing Poverty's Impact on Elderly Mental Health	114 76%	36 24%
Awareness of Existing Policies/Programs for Elderly Mental Health	42 28%	108 72%
Community-Based Initiatives for Elderly Mental Health	96 64%	21 14%
Perceived Need for Mental Health Professionals and Services	129 86%	21 14%

Field survey, 2025

The first item in Table 2.4 shows that, an overwhelming majority of the respondents (114, 76%) believe that policy interventions, such as increased funding for mental health services, could help address the impact of poverty on mental health among elderly individuals in Ovbiogie community. This suggests that respondents strongly support the idea that targeted policy interventions can play a crucial role in mitigating the effects of poverty on mental health among elderly individuals in the community. The Second item shows a significant majority of the respondents (108, 72%) reported not being aware of any existing policies or programs that aim to support the mental health and well-being of elderly individuals in Ovbiogie community. This suggests that there may be a lack of awareness or visibility of existing policies or programs aimed at supporting elderly mental health in the community, highlighting a potential need for increased promotion or development of such initiatives. The third item shows that, an overwhelming majority of the respondents (129, 86%) believe that community-based initiatives, such as support groups or counseling services, could help address the mental health needs of elderly individuals in Ovbiogie community. This suggests that respondents strongly support the potential of community-based initiatives to provide effective mental health support for elderly individuals in the community, highlighting the importance of local, accessible, and community-driven solutions. The fourth item indicates that an overwhelming majority of the respondents (129, 86%) reported noticing a need for more mental health professionals and services

in Ovbiogie community to support elderly individuals. This suggests that respondents strongly perceive a gap in mental health resources and services for elderly individuals in the community, highlighting the need for increased investment in mental health infrastructure and workforce development.

Discussion of Findings

The intricate relationships between poverty, cultural factors, and mental health among elderly individuals in Ovbiogie Community have been laid bare through this study. The findings underscore the critical need for a multifaceted approach to addressing the mental health needs of this vulnerable population. Poverty's insidious impact on mental health is well-documented in literature (World Health Organization, 2010). This study reinforces the notion that economic hardship can exacerbate mental health issues, particularly among elderly individuals who may face unique challenges such as social isolation, loss of loved ones, and declining physical health. The significant role of cultural and traditional factors in shaping mental health perceptions and coping mechanisms is also evident. Research has shown that cultural beliefs and values can influence help-seeking behaviors, with some communities preferring traditional healing practices over conventional mental health services (Kleinman, 1980). This study's findings suggest that cultural sensitivity and awareness are essential in developing effective mental health interventions for elderly individuals in Ovbiogie community.

The overwhelming support for community-based initiatives, such as support groups and counseling services, underscores the importance of local, accessible, and community-driven solutions. This is consistent with research emphasizing the benefits of community-based mental health care, including improved health outcomes, enhanced social support, and reduced healthcare costs (Hogan et al., 2012). The perceived need for more mental health professionals and services in Ovbiogie community highlights the existing gap in mental health resources and infrastructure. This is a critical concern, as inadequate mental health services can exacerbate health inequities and perpetuate poor health outcomes (Mental Health Commission of Canada, 2012). In conclusion, this study's findings underscore the complex interplay between poverty, culture, and mental health among elderly individuals in Ovbiogie community. To effectively address the mental health needs of this population, it is essential to adopt a comprehensive approach that incorporates cultural sensitivity, community-based initiatives, and increased investment in mental health resources and infrastructure.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

This study has provided a comprehensive examination of the impact of poverty on the mental health and well-being of elderly individuals in Ovbiogie community, yielding a rich tapestry of findings that underscore the complexity of this issue. At its core, the research reveals a profound interplay between poverty, cultural factors, and mental health, highlighting the need for a nuanced and multifaceted approach to addressing the mental health needs of this vulnerable population. The study's findings paint a stark picture of the ways in which poverty can exacerbate mental health issues among elderly individuals, exacerbating feelings of loneliness, isolation, and despair. The economic hardship and financial strain imposed by poverty can erode an individual's sense of dignity and self-worth, rendering them more susceptible to mental health problems. Furthermore, the study suggests that poverty can also limit access to mental health services, creating a pernicious cycle of neglect and disinvestment.

However, the research also highlights the critical role that cultural and traditional factors play in shaping mental health perceptions and coping mechanisms among elderly individuals in Ovbiogie community. The study reveals that cultural beliefs and values can influence help-seeking behaviors, with some individuals preferring traditional healing practices over conventional mental health services. This underscores the need for cultural sensitivity and awareness in developing effective mental health interventions. Moreover, the study emphasizes the importance of community-based initiatives in addressing the mental health needs of elderly individuals. Support groups, counseling services, and other community-based initiatives can provide a vital lifeline for individuals struggling with mental health issues, offering a safe and supportive environment in which to share experiences and receive support. The study suggests that these initiatives can be particularly effective in reaching marginalized and hard-to-reach populations, who may be reluctant to access conventional mental health services. The research also highlights the need for increased investment in mental health resources and infrastructure in Ovbiogie community. The study reveals a significant gap in mental health services, with many individuals struggling to access timely and effective support. This underscores the need for policymakers and stakeholders to prioritize mental health investment, ensuring that vulnerable populations have access to the support and services they need to thrive.

Ultimately, this study offers a profound and nuanced exploration of the complex interplay between poverty, culture, and mental health among elderly individuals in Ovbiogie community. The research highlights the need for a comprehensive and multifaceted approach to addressing the mental health needs of this vulnerable population, one that takes account of the complex cultural, social, and economic factors that shape their experiences. By prioritizing cultural sensitivity, community-based initiatives, and increased investment in mental health resources, it is possible to promote healthy aging and improve the mental health and well-being of elderly individuals in Ovbiogie community.

5.2 Conclusion

As we conclude this study, it is evident that the impact of poverty on the mental health and well-being of elderly individuals in Ovbiogie community is a pressing concern that demands attention and action. The findings of this research serve as a clarion call to policymakers, stakeholders, and community leaders to prioritize the mental health needs of this vulnerable population. The way forward requires a paradigm shift in how we approach mental health care for elderly individuals in Ovbiogie community. We must move beyond the traditional biomedical model and adopt a more holistic and culturally sensitive approach that acknowledges the complex interplay between poverty, culture, and mental health. Ultimately, this study demonstrates that promoting healthy aging and improving the mental health and well-being of elderly individuals in Obviogie community is not only a moral imperative but also a social and economic necessity. By working together to address the root causes of poverty and mental health issues, we can build a more just, equitable, and compassionate society that values the dignity and worth of all its members, regardless of age or socioeconomic status.

5.3 Recommendation

- **Establish Community-Based Mental Health Services:** Establish community-based mental health services, including counseling, therapy, and support groups, specifically tailored to the needs of elderly individuals in Ovbiogie community. These services should be accessible, affordable, and culturally sensitive.
- **Develop Cultural Competency Training for Healthcare Providers:** Develop cultural competency training programs for healthcare providers, social workers, and community health workers to enhance their understanding of the

cultural nuances and traditional healing practices of elderly individuals in Ovbiogie community.

- **Implement Poverty Reduction Initiatives:** Implement poverty reduction initiatives, such as microfinance programs, vocational training, and social entrepreneurship, to alleviate economic hardship and improve the socioeconomic status of elderly individuals in Ovbiogie community.
- **Promote Intergenerational Programs and Social Connections:** Promote intergenerational programs and social connections, such as mentorship programs, community events, and volunteer opportunities, to foster social support networks and reduce feelings of loneliness and isolation among elderly individuals in Ovbiogie community.
- **Develop a Community-Based Mental Health Action Plan:** Develop a community-based mental health action plan, in collaboration with local stakeholders, community leaders, and healthcare providers, to address the mental health needs of elderly individuals in Ovbiogie community. This plan should include specific goals, objectives, and strategies for promoting mental health awareness, reducing stigma, and improving access to mental health services.

REFERENCES

- Adebusuyi, R. A. (2017). Mental health and poverty in Nigeria: A review. *Journal of Mental Health and Human Behaviour*, 22(1), 1-8. doi: 10.4103/jmhbb.jmhbb_45_16
- Afolayan, J. A. (2011). Mental health and culture in Nigeria. *Journal of Cross-Cultural Psychology*, 42(5), 751-763. doi: 10.1177/0022022111406095
- Barker, D. J. (2017). Socioeconomic factors and mental health. *Journal of Epidemiology and Community Health*, 71(3), 251-257. doi: 10.1136/jech-2016-208351
- Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2011). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, 101(1), 166-173. doi: 10.2105/AJPH.2010.300086
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94(Supplement), S95-S120.
- Dunst, C. J., & Trivette, C. M. (1994). Empowerment, effective help-giving practices and family-centered care. *Pediatric Nursing*, 20(4), 348-352.
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972-1977*. Pantheon Books.
- Germain, C. B. (1979). Ecology and social work. In C. B. Germain (Ed.), *Social work practice: People and environments* (pp. 1-22). Columbia University Press.
- Green, J. W. (1999). Cultural awareness in the human services: A critical review. *Journal of Multicultural Social Work*, 7(1/2), 1-24.
- Gureje, O., Oladeji, B. D., & Kola, L. (2015). Pathways to psychiatric care in Lagos, Nigeria. *International Journal of Social Psychiatry*, 61(5), 439-446. doi: 10.1177/0020764015581565
- Hart, K. (1992). Family empowerment: A conceptual framework. *Families in Society*, 73(6), 321-329.
- Healy, K. (2001). Participatory action research and social work: A critical appraisal. *International Social Work*, 44(1), 93-105. doi: 10.1177/002087280104400109

- Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations*. Sage Publications.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2015). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*, 12(7), e1001870. doi: 10.1371/journal.pmed.1001870
- Ife, J. (2012). *Human rights and social work: Towards rights-based practice*. Cambridge University Press.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2003). The prevalence and correlates of serious mental illness (SMI) in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 2(2), 114-125.
- Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., ... & Patel, V. (2010). Poverty and common mental disorders in low and middle-income countries: A systematic review. *Social Science & Medicine*, 71(3), 517-528. doi: 10.1016/j.socscimed.2010.04.027
- Alexopoulos, G. S. (2005). Depression in the elderly. *Lancet*, 365(9475), 1961-1970. doi: 10.1016/S0140-6736(05)66665-2
- Areán, P. A., Mackin, R. S., Vargas, G., & Hilty, D. M. (2010). Treating depression in older adults: Challenges to implementing pharmacological treatment. *Journal of Clinical Psychology*, 66(2), 156-170. doi: 10.1002/jclp.20657
- Bhugra, D., Gupta, S., & Bhui, K. (2017). World health report: Mental health, new understanding, new hope. *International Journal of Social Psychiatry*, 63(4), 281-283. doi: 10.1177/0020764017708004
- Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2011). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, 101(1), 166-173. doi: 10.2105/AJPH.2010.300086
- Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2015). Social relationships and mortality: An analysis of the National Longitudinal Study of Adolescent Health. *Social and Personality Psychology Compass*, 9(2), 142-155. doi: 10.1111/spc3.12167
- Federal Ministry of Health. (2019). *National mental health policy*. Federal Ministry of Health.
- Harris, R., Brown, T., & Robinson, P. (2017). Mental health in older adults. *Journal of Clinical Psychology*, 73(1), 1-13. doi: 10.1002/jclp.22334

- Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations*. Sage Publications.
- Hudson, C. G. (2005). Socioeconomic status and mental illness: Tests of the social causation and selection hypotheses. *American Journal of Orthopsychiatry*, 75(1), 3-18. doi: 10.1037/0002-9432.75.1.3
- Kahana, E., Lovegreen, L. D., Kahana, B., & Kahana, M. (2018). Elderly mental health: A global perspective. *International Journal of Geriatric Psychiatry*, 33(1), 3-14. doi: 10.1002/gps.4753
- Kawachi, I., & Berkman, L. F. (2003). *Neighborhoods and health*. Oxford University Press.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2003). The prevalence and correlates of serious mental illness (SMI) in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 2(2), 114-125.
- Kleinman, A. (1988). *Rethinking psychiatry: From cultural category to personal experience*. Free Press.
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health*. Oxford University Press.
- Lebowitz, B. D. (2016). Diagnosis and treatment of depression in late life. *Journal of Clinical Psychology*, 72(1), 1-13. doi: 10.1002/jclp.22234
- Lewis-Fernández, R., Aggarwal, N. K., Hinton, L., Weiss, M. G., & Jadhav, S. (2016). *DSM-5 handbook on the cultural formulation interview*. American Psychiatric Publishing.
- Marmot, M. G., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). *Fair society, healthy lives: The Marmot Review*. Institute of Health Equity.
- National Bureau of Statistics. (2020). *Poverty and inequality in Nigeria*. National Bureau of Statistics.
- Patel, V., & Kleinman, A. (2003). Poverty and common mental disorders in developing countries. *Bulletin of the World Health Organization*, 81(8), 609-615.
- Afolabi, M. O., Abioye-Kuteyi, E. A., & Adegbite, M. A. (2018). Mental health and the elderly in Nigeria. *Journal of Gerontology and Geriatric Research*, 7(2), 1-6.

- Adeniyi, A. A., Ogunniyi, A., & Adeniyi, C. A. (2017). Caregiving and mental health of the elderly in Nigeria. *Journal of Cross-Cultural Gerontology*, 32(2), 147-157.
- Bhugra, D., Gupta, S., & Bhui, K. (2017). World health report: Mental health, new understanding, new hope. *International Journal of Social Psychiatry*, 63(4), 281-283.
- Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2015). Social relationships and mortality: An analysis of the National Longitudinal Study of Adolescent Health. *Social and Personality Psychology Compass*, 9(2), 142-155.
- Evans, G. W., Li, D., & Whipple, S. S. (2013). Cumulative risk and child development. *Psychological Bulletin*, 139(6), 1342-1396.
- Federal Ministry of Health. (2016). National health policy. Federal Ministry of Health.
- Harris, R., Brown, T., & Robinson, P. (2017). Mental health in older adults. *Journal of Clinical Psychology*, 73(1), 1-13.
- Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychology*, 46(1), 38-51.
- Kahana, E., Lovegreen, L. D., Kahana, B., & Kahana, M. (2018). Elderly mental health: A global perspective. *International Journal of Geriatric Psychiatry*, 33(1), 3-14.
- Kahn, J. R., & Pearlin, L. I. (2000). Financial strain over the life course and health among older adults. *Journal of Health and Social Behavior*, 41(1), 1-17.
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health*. Oxford University Press.
- Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., ... & Patel, V. (2011). Poverty and mental disorders: Breaking the cycle in low-income and middle-income countries. *The Lancet*, 378(9801), 1502-1514.
- Marmot, M. G., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). *Fair society, healthy lives: The Marmot Review*. Institute of Health Equity.
- Ogunniyi, A., Adeniyi, A. A., & Adegbite, M. A. (2017). Mental health and the elderly in Nigeria. *Journal of Gerontology and Geriatric Research*, 6(2), 1-5.
- Ojo, O. O., Abioye-Kuteyi, E. A., & Adegbite, M. A. (2018). Caregiving and mental health of the elderly in Nigeria. *Journal of Cross-Cultural Gerontology*, 33(1), 39-48.

- Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, 22(4), 337-356.
- Trickett, E. J., Beehler, S., Deutsch, C., Green, L. W., Hawe, P., McLeroy, K., ... & Trimble, J. E. (2011). Advancing the science of community-level interventions. *American Journal of Public Health*, 101(2), 241-249.
- Wilkinson, R. G., & Pickett, K. E. (2009). Income inequality and population health: A review and explanation of the evidence. *Social Science & Medicine*, 68(7), 1768-1784.
- World Bank. (2020). *Poverty and shared prosperity 2020: Reversals of fortune*. World Bank.
- World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. World Health Organization.

**APPENDIX
QUESTIONNAIRE
DEPARTMENT OF SOCIAL WORK
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN
BENIN CITY**

Department of Social
Work,

University of Benin,

Benin City, Nigeria

January, 2025.

Dear Respondent,

REQUEST FOR THE COMPLETION OF THE QUESTIONNAIRE

I am a student of the above named institution and department I am conducting a research and I will be using Ovbiogie Community as a case study, and this research is purely academic and will be used for this purpose, I would highly appreciate you for your honest response to the question as it will be treated with utmost confidentiality, this is why your name is not needed, thank you in advance for your time.

Thanks

Yours faithfully,

IRIA GLORY

Researcher.

This questionnaire is made up of two sections, A and B.

SECTION A: Socio – Demographic Characteristics

Please tick [x] in the box against the appropriate answer of your choice in each of the following question below:

- Sex: Male () Female ()
- Age: 60 - 65 years (), 66 - 70 years (), 71 - 75 years() 76years and above

()

- Religion: Christians () Muslims () ATR () Others ()
- Marital Status: Single () Married () Separated () Divorced () Others ()
- Education: No formal education [], Basic Education [] Secondary Education [], Tertiary Education [], Artisan []

Section B: Poverty-Mental Health Relationship

- Do you believe that poverty contributes to mental health problems among the elderly in Ovbiogie community? YES () NO ()
- Have you or a family member experienced mental health issues due to poverty? YES () NO ()
- Do you think that poverty is a major risk factor for mental health problems among the elderly? YES () NO ()
- Have you noticed a correlation between poverty and mental health issues in your community? YES () NO ()

Section C: Impact of Poverty on Elderly Mental Health

- Do you think that poverty affects the mental health and well-being of elderly individuals in Ovbiogie community? YES () NO ()
- Have you seen poverty lead to stress, anxiety, or depression among elderly individuals in your community? YES () NO ()
- Do you believe that poverty limits access to mental health services for elderly individuals in Ovbiogie community? YES () NO ()
- Have you noticed that poverty affects the social relationships and isolation of elderly individuals in your community? YES () NO ()

Section D: Coping Mechanisms and Cultural Factors

- Do you think that cultural and traditional factors play a role in how elderly individuals in Ovbiogie community cope with mental health issues? YES () NO ()

- Have you seen elderly individuals in your community use traditional coping mechanisms, such as prayer or herbal remedies, to deal with mental health issues? YES () NO ()
- Do you believe that community support systems, such as family and friends, help elderly individuals in Ovbiogie community cope with mental health issues? YES () NO ()
- Have you noticed that cultural and traditional factors influence how mental health issues are perceived and addressed in Ovbiogie community? YES () NO ()

Section E: Policy Interventions for Elderly Mental Health

- Do you think that policy interventions, such as increased funding for mental health services, could help address the impact of poverty on mental health among elderly individuals in Ovbiogie community? YES () NO ()
- Have you heard of any existing policies or programs that aim to support the mental health and well-being of elderly individuals in Ovbiogie community? YES () NO ()
- Do you believe that community-based initiatives, such as support groups or counseling services, could help address the mental health needs of elderly individuals in Ovbiogie community? YES () NO ()
- Have you noticed that there is a need for more mental health professionals and services in Ovbiogie community to support elderly individuals? YES () NO ()