

Article

Psychological Impact of Poverty on Children's Mental Health and Wellbeing in Adentan Municipality, Ghana

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Abstract: This study examined the psychological impact of poverty on the mental health and wellbeing of children in Adentan Municipality, Ghana. The study adopted a phenomenological qualitative approach. A sample of 15 children from poor homes were selected using purposive and snowball sampling for the study. Data were collected using a semi-structured interview guide and analysed using thematic analysis. The study found that the main experiences of the children raised in poor homes were that they had unmet basic needs and limited income. Also, it was found that the psychological impact of poverty on children included stigma and inferiority, distress and hopelessness. From the results, it was concluded that poverty can have a psychological impact on the mental health and wellbeing of children. It was recommended that Social Welfare liaise with community leaders to identify children from poor homes and provide support for these children in terms of their basic needs like food and clothing.

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1. Introduction

Child development lays the foundation for later health and development. In this regard, children must be given the best possible start in life. This makes family income a key determinant of healthy child development [1]. Children in families with greater material resources enjoy more secure living conditions and greater access to a range of opportunities that are often unavailable to children from low-income families. The period of childhood is a period when children are especially vulnerable to the negative effects of their families' poverty and limited resources [2]. This is because in childhood, the family context is the dominant environment in young children's lives (rather than the peer or school contexts) [3].

About 20% of the world's children live in extreme poverty [4]. Children are thus often viewed as the greatest victims because they enter poverty by virtue of their family's financial situation which they are powerless to alter [5]. The impact of poverty on the lives of children and their families is devastating, long lasting, and generational [6]. Families in poverty are more likely to have limited capacity and resources to provide a safe and enriching home learning environment for their children [7, 3].

Children in poverty are often exposed to multiple risk factors, and these multiple disadvantages can further compound the influence of economic deprivation to impede cognitive development [8]. For low-income children, the environmental chaos of growing up poor can include housing disorder, neighbourhood disorder, and relationship instability; all of which can influence children's physical and mental health [9]. Poor families have been found to have fewer financial and educational resources and less access to social and cultural capital. This deficit in family resources is adversely associated

with children's well-being [10, 11, 12]. Thus, it can be said that poverty adversely affects children's well-being in terms of physical, emotional, social, and mental abilities [13, 14].

Children's experiences of poverty are complex as children growing up in poverty will not necessarily have poor outcomes in adulthood; protective factors that can mediate the negative impacts of childhood poverty are children's relationships within their families and their inclusion in their peer group [15, 16]. The experiences of poverty have been categorized into three major dimensions: economic and material deprivation, social relationships and social participation, and psychological and emotional wellbeing [17, 18, 19, 20]. Children from poor homes have reported that they have unmet basic needs in terms of food, accommodation, clothing, and health care; limited childhood possessions in terms of toys; and inadequate schooling resources, such as school uniforms [21, 22]. Some children from poor homes felt the pressure of not having the right clothing, trainers, or accessories as status markers to keep up with their peers [23, 24].

Overall, socio-economically disadvantaged families experience a multitude of challenges, including difficulty accessing stable and affordable housing, high-quality healthcare, childcare and schooling [25]. Thus, children growing up in such families face multiple disadvantages in relation to health [26, 27]. They are more likely to develop ill health or have accidents during childhood as well as face a wide range of poorer health outcomes in adulthood [28, 29].

Aside the general challenges and difficulties that children face in been raised in poor homes, poverty can psychologically affect children's mental health and wellbeing. It is documented that children living in poverty are more likely to experience poorer mental health and lower subjective wellbeing both in childhood and in adulthood [30]. Also, children in the poorest households are three times more likely to have a mental illness than children in the best-off households [31]. This happens because poverty in these early years of life might promote contexts that evoke stress [32]. In the behavioural domain, conduct disorder and attention-deficit hyperactivity disorder show links with family poverty, and this is most marked for children in families facing persistent economic stress. The relationship between poverty and childhood disorder appears to be more marked and stronger in childhood than in adolescence [33].

Globally, in some countries like Australia, children aged 6 to 12 from poor homes experienced a range of 3 to 11 changes of temporary accommodations, such as motels, sleeping rough or in cars, and caravan parks, which adversely affected their physical and emotional wellbeing [34]. In England, children aged 10–17 from poor homes, were unable to have sleepovers at home because their homes were too small or they could not go to see their friends due to a lack of transportation [35]. In a study of children in poverty in Sweden, some children said that being unable to afford the same things as their peers and being forced to skip activities led to stress and anxiety [36]. In an existing research, it was reported that in West and Central Africa, children and young people suffer mental health challenges because of a variety of factors such as violence, poverty and unemployment [37].

In 2023, around 2.99 million people in Ghana lived in extreme poverty, the majority in rural areas. The count of people living on less than 1.90 U.S. dollars a day in rural regions reached around 2.8 million, while 214,000 extremely poor people were located in urban areas [38]. This meant that poverty is an issue of concern in Ghana. As a result, there have been some studies on poverty and child health. For instance, the effects of poverty on maternal and child health in the Tamale Metropolis were examined and results shown that poverty in the Tamale Metropolis affected maternal and child health greatly [39]. Also, it has been found that adverse life experiences affected mental health of adolescents [40]. It is clear that even though studies similar to the current study have been carried out in several places, the same cannot be said in the Ghanaian setting. The studies similar to the current study in the Ghanaian setting [39, 41, 40] did not specifically assess how poverty

psychologically impacted the mental health and wellbeing of children. This creates an empirical gap in the literature that the current study would bridge.

Also, in the Adentan Municipality, children are mostly seen roaming in the streets and the neighbourhoods even during school time. Some of these children are seen in clothing which are not the best and sometimes they are seen begging for money to get some food. All of these send the signal that there are children from socio-economically disadvantaged homes in the Municipality. On this basis, finding out the psychological impact of poverty on the mental health and wellbeing of children is necessary. Two research questions are answered in the study. They are:

What are the experiences of children raised in poor homes in the Adentan Municipality?

What is the psychological impact of poverty on children's wellbeing in the Adentan Municipality?

1.1. The Family Stress Model

The Family Stress Model was formulated by Conger and Elder based on three different sources: 1) work surrounding families of the Great Depression, 2) research on economic stress, and 3) the conception that emotional distress is a condition prevalent throughout society [42]. The model assumes that poor families face significant economic pressure as they struggle to pay bills and are forced to cut back on daily expenditures [43]. This economic pressure, coupled with other stressful life events that are more prevalent in the lives of poor families, create high levels of psychological distress, including depressive and hostile feelings, in poor parents [44].

Parents' psychological distress and conflict, in turn, are linked with parenting practices that are on average more punitive, harsh, inconsistent, and detached as well as less nurturing, stimulating, and responsive to children's needs [45]. Such lower quality parenting may be harmful to children's development [46]. In relation to the current study, it can be said that when parents are poor, the effects of the parenting are likely to affect how they raise their children and the nature of the home environment. Thus, the mental health and wellbeing of children can be affected by poverty at home.

1.2. Concept of Poverty

Conceptually, poverty has been debated over the years as to its definition. However, the important thing about all these definitions is that they all involve a common element of material insufficiency – especially the lack of resources needed for survival [47]. Poverty is seen as a multidimensional phenomenon, encompassing inability to satisfy basic needs, lack of control over resources, lack of education and poor health [33]. Poverty can be intrinsically alienating and distressing, and of particular concern are the direct and indirect effects of poverty on the development and maintenance of emotional, behavioural and psychiatric problems.

A research work carried out in China has shown that children experienced a range of deprivations in relation to falling short of the resources, opportunities, and activities that are commanded by average young persons [48]. Also, poverty experienced early in life has been shown to directly impact children's development, health and learning [49]. Specifically, parents experiencing poverty may have limited capacity to provide responsive care for their children [49]. It is thus, clear that poverty has implications for both physical and mental health. Thus, the current study focuses on how poverty affects mental health and wellbeing of children.

1.3. Concept of Mental Health and Wellbeing

Researchers and health organizations have acknowledged the difficulty in reaching a consensus on mental health due to cultural variations and sought to construct an inclusive definition while avoiding restrictive assertions. While it was commonly

understood that mental health is more than the absence of mental disease, there was no universal agreement on equating mental health with well-being or functioning, resulting in a definition that includes a wide range of emotional states and “imperfect functioning” [50]. Mental health has been defined as a condition of good health or well-being in which a person can cope with typical life pressures and make reasonable decisions about his or her daily life, rather than just the absence of illness or infirmity [51].

Several researchers have shown that poverty can affect children’s wellbeing and can lead to mental disorders [2, 37]. In Ghana, it has been revealed that poverty in the Tamale Metropolis affected maternal and child health greatly and that poverty was an important or major determinant in the health-seeking pattern of families [39]. Also, several researchers have confirmed that poverty and unemployment can bring about psychological distress and mental health struggles [40, 41].

2. Materials and Methods

The study adopted a qualitative approach. Specifically, the phenomenological qualitative design was adopted for the study. This design was deemed appropriate because it was useful in obtain in-depth information from children about their experiences in poor homes and how their mental health and wellbeing was affected. The population comprised children from poor homes in the Adentan Municipality. The sample was however made up of 15 children. In this study, saturation was reached by the 15th participant and as such no new participant was added after the 15th participant. Purposive and snowball sampling procedures were employed in selecting the sample for the study. In purposive sampling, participants are selected by the researcher on the basis of some specific characteristic or criteria. In this study, children between the ages of 10 and 13 from poor homes were selected. The criteria for poverty used in this study followed the considerations given in the literature. The considerations were that when parents are irregular wage earners or have no definite source of income, parents and children share limited room space, children are involved in vulnerable activities like begging or domestic workers for money and when schooling is disrupted because of financial difficulties then families can be considered to be poor [52]. These considerations informed which children were identified as being from poor homes. After identifying some initial participants, snowball sampling was used in getting other participants.

A semi-structured interview guide was used for the study. The interview guide was written in English, but the interviews were conducted in the Ghanaian Languages (Twi and Ga) for the participants to have an ease in expressing themselves. Data trustworthiness was established in this study. It covered the credibility, transferability, dependability and confirmability of the data. In collecting the data, I consulted community leaders to get permission to reach out some of the families and children for the study. Since the children were below the age to provide consent, parents of these children were consulted for consent. Assent was then obtained from the children by explaining to them the purpose of the study. With approval from the participants, I recorded the interviews to ensure accurate transcription. A period of two working weeks was utilized in collecting the data. Consideration was given to ethical issues such as consent, anonymity, confidentiality and autonomy. Data analyses were done using thematic analysis.

3. Results

3.1. Experiences of Children Raised in Poor Homes

The children who were interviewed were asked to indicate their experiences in been raised in poor homes. Several views were expressed by the participants. Out of the views, the following themes were identified as showing the experiences of the children:

- Unmet basic needs

- Limited income

3.1.1. Unmet basic needs

The participants indicated in the interview that some of their basic needs like food and good accommodation were not met. Some indicated that there are days where they ate once and others indicated that their entire families slept in a single room and sometimes, they slept on the bare floor. Some of the actual comments are quoted below:

"There are days where I eat only once in the house. If I roam around with some of my friends then sometimes, we get some food outside to eat. Hmm...sometimes, I have to wait till evening before I eat once." – Participant 4

"Where we stay is not good...we are three children with my mother. I mostly sleep on the floor because I'm the oldest child. It is always difficult." – Participant 6

"It's not only food that is sometimes lacking but sometimes, even the clothes to wear is difficult to get." – Participant 1

3.1.2. Limited income

Some of the participants interviewed indicated that there is limited income in the house. Probed on how they got to know about the limited income, the participants mentioned that when they asked their parents for money, their parents constantly informed them that they did not have money. This gave them the impression that there was limited income at home. Some of the statements of the participants are shown below:

"For me, I know that we don't have money at home because mostly when I ask my parents for money, they complain that they don't have money." – Participant 8

"I used to go to school oh but I stopped because there was not enough money. Most of the days, I went to school without any money at all so at some point I stopped." – Participant 9

"We struggle to get money...my siblings and I because our mother tells us all the time that she does not have money." – Participant 3

3.2. The Psychological Impact of Poverty on Children's Mental Health and Wellbeing

The participants were questioned during the interview on how poverty affect their wellbeing psychologically. Several views were expressed by the participants. Out of their views, the following themes were identified:

- Stigma and inferiority
- Distress
- Hopelessness

3.2.1. Stigma and inferiority

The participants who were interviewed indicated that poverty affected them psychologically through stigma and inferiority. The participants were of the view that because of the poor situation at home, they felt inferior to their peers who came from rich homes. Sometimes, they also felt stigmatised by their peers because they do not have what they are supposed to have in comparison to their peers in the neighbourhood. Some of the actual comments are indicated below:

"I sometimes feel inferior to my peers. When I used to attend school, it was worse because some of my peers were from rich homes. So, I don't like to mix with so many people, particularly, those from rich homes." – Participant 9

"There is some stigma on me because I am not able to do the things that some of my friends do. I feel bad sometimes and it makes me unhappy." – Participant 10

3.2.2. Distress

The participants also indicated that they felt distressed a lot of the times because they did not get what they wanted as and when they needed it. This created a sense of distress in them. Some of the actual comments are shown below:

"Sometimes, I feel stressed because I do not get the things that I need and this creates distress in me. I do not feel good most of the times." – Participant 1

"I have a feeling of distress because sometimes I have to sometimes beg and do some work for some people to be able to get some money for myself." – Participant 7

3.2.3. Hopelessness

The participants indicated that they felt hopeless on some occasions because they were not living like some of the peers in their area. The sense of hopelessness was because they did not see much hope in the future. A couple of the actual statements of the participants are shown below:

"Sometimes, when I see some of the children from good homes in my area, I feel like my situation is worse and there is no hope." – Participant 7

"I cry sometimes because I do not know what will happen in the future." – Participant 12

4. Discussion

The study found that the main experiences of the children raised in poor homes were that they had unmet basic needs and limited income. Since the parents of these children are poor, it was not surprising that they had unmet basic needs and limited income. Food, accommodation and clothing needs are usually unmet. The results are consistent with the results of Garrett et al. (1994) that poverty variables have a statistically significant effect on the quality of the home environment. Garrett et al. added that the nature of the home environment was not quality because several needs are unmet.

Similarly, the results of the current study are in agreement with the results of Cho and Wong that children from poor homes experienced a range of deprivations in relation to falling short of the resources, opportunities, and activities that are available for others [48]. Cho and Wong added that limited living space also stood out as a more severe problem that was difficult to cope with.

The results of the current study also showed that the psychological impact of poverty on children included stigma and inferiority, distress and hopelessness. The results support the results of Juma et al. that mental disorders are prevalent due to several factors like poverty. Mostly, poverty brought about stigma, isolation and discrimination [37]. In a similar vein, the results are in line with the results of Chaudry and Wimer that poverty affects children by bringing material hardship and stress and that higher concentrations of poverty in the community lead to worse child outcomes [2]. Other studies have also shown that experiencing adversity, especially in the early years of life, can contribute to continuous activation of the body's stress-response system leading to 'toxic stress' [49].

From the forgoing, it can be inferred that the results obtained in the current study are similar to what have been established in several existing research works.

5. Conclusions and Recommendations

From the results of the study, it is concluded that children from poor homes in the Adentan Municipality have several uncomfortable experiences mostly in terms of deprivation of needs and resources. Since children do not work, the poverty of their families extended to them not having what they needed to be comfortable in life. In this regard, it is not surprising that the mental health and wellbeing of the children were affected negatively. It can be said based on what was found in this study that poverty can have a psychological impact on the mental health and wellbeing of children.

Based on the findings, it was recommended that parents make efforts to provide the basic needs of their children since the lack of these can have negative consequences on the children. Also, it was recommended that Social Welfare liaise with community leaders to identify children from poor homes and provide support for these children in terms of their basic needs like food and clothing. Finally, it was recommended that community leaders seek support from social workers or counsellors to identify children from poor homes to provide them with counselling support since it was found that poverty can psychologically affect their mental health and wellbeing.

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