

RELATIONSHIP BETWEEN POVERTY, MENTAL HEALTH AND WELL-BEING OF ADOLESCENTS IN OGUN EAST SENATORIAL DISTRICT

¹AJAYI Olatunde O. and ²BALOGUN Olukunle Olagunju

¹Department of Sociological Studies, College of Social & Management Sciences,

²Department of Adult and Development Education, College of Specialized and Professional Education

^{1&2}Tai Solarin University of Education, Ijagun, Ogun State, Nigeria

Abstract

This study investigates the impact of poverty on adolescent mental health and well-being in Ogun East Senatorial District, Nigeria. Adopting a correlational survey research design, the study sampled 200 adolescents using a simple random sampling technique across ten communities within five randomly selected local governments in the district. Data were collected using three researcher-developed instruments: the Poverty Level Scale (PLS), the Adolescent Mental Health Scale (AMHS), and the Adolescent Well-being Scale (AWS). Findings revealed a significant negative correlation between poverty levels and adolescent mental health, indicating that increased poverty corresponds with heightened levels of stress, anxiety, and depression among adolescents. Additionally, a positive correlation was observed between poverty and diminished adolescent well-being, suggesting that as poverty rises, overall well-being—including physical health, educational achievements, and social connections—declines. The implications of these findings underscore the urgent necessity for targeted interventions that not only address poverty alleviation but also improve access to mental health services, healthcare, and education. The study highlights the need for community-based support structures and educational initiatives aimed at fostering resilience among adolescents facing the challenges posed by poverty. Future research should explore cultural and socio-economic nuances that influence these relationships, thereby informing more effective policy and intervention strategies tailored to the unique contexts of adolescents in Ogun East Senatorial District.

Keywords: Poverty, Adolescent Mental Health, Well-Being, Interventions, Ogun East Senatorial District

Introduction

Poverty, a multifaceted and complex condition, refers to a state where individuals or communities lack the financial resources and essentials necessary for a minimum standard of living. This condition goes beyond mere lack of income; it encompasses limited access to fundamental needs such as healthcare, education, clean water, and sanitation (World Bank, 2018). The implications of poverty are far-reaching

and pervasive, particularly affecting the vulnerable adolescent population, who are at a critical developmental stage.

Poverty is generally understood as the lack of sufficient income to meet basic needs, but it is also characterized by a lack of access to services and opportunities that contribute to a quality life. This includes education, healthcare, and safe living conditions. Poverty manifests itself in many forms, including lack of coping capacity and lack of basic

human needs combined. Rao (2013) further said that poverty is insufficient supply of those things which are requisite for an individual to maintain himself and those that depend on him in health and vigour. These conditions create environments where physical and psychological development can be severely hindered. Adolescents living in poverty face numerous challenges that significantly impact their mental health and overall well-being. Firstly, poverty limits access to quality education and healthcare, leading to higher levels of stress, anxiety, and depression (Reiss, 2018). The constant worry about financial insecurity can create a pervasive sense of instability and hopelessness. Additionally, poor nutrition and exposure to environmental toxins are more common in impoverished areas, which can adversely affect physical and cognitive development (Yoshikawa, Aber, & Beardslee, 2019).

Furthermore, the exposure to violence and crime, which is often higher in impoverished neighborhoods, can lead to trauma and chronic stress among adolescents. This environment can foster a sense of helplessness and low self-esteem, which are critical risk factors for mental health disorders (Evans & Cassells, 2019). The lack of stable housing and frequent moves disrupt social networks and schooling, exacerbating feelings of isolation and reducing educational attainment (Santiago et al., 2016). Research has extensively documented the detrimental effects of poverty on adolescents. For example, Evans and Cassells (2019) found that children from low-income families are more likely to experience psychological disorders and academic difficulties. Santiago et al. (2016) and McLaughlin et al. (2019) demonstrated

that chronic stress due to poverty can alter brain development, increasing the risk of mental health issues. These studies underline the multifaceted nature of poverty's impact, affecting both mental health and academic performance.

To further understand this, here is a notable gap in research focusing specifically on the context of Ijebu North Local Government. This region may present unique socio-cultural dynamics that influence the relationship between poverty and mental health differently from other contexts. Understanding these nuances is crucial for developing effective interventions.

Despite the wealth of research on the negative impacts of poverty on adolescent mental health and well-being globally, specific studies addressing these issues within Ijebu North Local Government are limited. This study aims to fill this gap by exploring how poverty affects adolescents in this region. It emphasizes the critical importance of mental health and well-being in their development, aiming to inform targeted interventions and policies that can mitigate the adverse effects of poverty.

Mental health encompasses emotional, psychological, and social well-being, affecting how individuals think, feel, and act (World Health Organization, 2020). During adolescence, a period marked by rapid and profound changes, mental health is particularly critical. This developmental stage involves significant biological, emotional, and social transformations, making adolescents highly sensitive to their environments. Poor mental health during this period can lead to various adverse outcomes. For instance, adolescents experiencing mental health issues may struggle with academic performance due to difficulties in

concentration, motivation, and cognitive function. This can result in lower academic achievement, limiting future educational and career opportunities (Patel et al., 2018). Additionally, impaired mental health can hinder the development of essential social skills, leading to difficulties in forming and maintaining healthy relationships.

Furthermore, the psychological challenges faced during adolescence, if left unaddressed, can escalate into more severe mental health disorders. Conditions such as depression and anxiety, common among adolescents, can have persistent effects, extending into adulthood and influencing overall life trajectories. Adolescents with untreated mental health issues are at a higher risk of engaging in harmful behaviors such as substance abuse, which serves as a coping mechanism for their unresolved emotional distress. This not only exacerbates their mental health problems but also introduces additional health risks and social challenges. The long-term impact of poor mental health during adolescence underscores the need for timely and effective interventions to support young individuals. Addressing mental health issues early can help mitigate these risks, promoting healthier development and better life outcomes (Patel et al., 2018). Therefore, the mental health of adolescents is a crucial variable in studies examining the effects of poverty, as it plays a significant role in shaping their present well-being and future potential.

Adolescent well-being is a holistic measure that reflects the overall quality of life and satisfaction, encompassing physical, emotional, and social dimensions (Ben-Arieh et al., 2019). It goes beyond the absence of illness to include positive aspects of health and life

satisfaction. Well-being is essential during adolescence, a developmental period where individuals build the foundation for their future lives. This stage involves developing critical skills, forming identity, and establishing independence. High levels of well-being can enhance resilience, enabling adolescents to effectively cope with challenges and stressors, which is particularly important for those living in poverty. Well-being is also linked to academic success; adolescents who feel physically healthy, emotionally balanced, and socially connected are more likely to perform well in school and pursue higher education (Ben-Arieh et al., 2019). Additionally, a strong sense of well-being helps adolescents form and maintain healthy relationships, crucial for social development and future interpersonal interactions.

For adolescents in Ijebu North, understanding and enhancing well-being is crucial for developing effective interventions that address both the symptoms and root causes of distress caused by poverty. Adolescents in impoverished conditions often face multiple stressors, including economic hardship, limited access to resources, and social instability, which can severely impact their well-being. This study's focus on well-being underscores the need for a comprehensive approach to adolescent development, recognizing that improving mental health alone is not sufficient. It is vital to address the broader aspects of life quality, including access to education, nutrition, and safe environments, to foster a supportive ecosystem for these adolescents. By prioritizing overall well-being, interventions can more effectively promote healthy development, resilience, and positive life outcomes, helping adolescents navigate the

complexities of growing up in poverty and paving the way for a more stable and prosperous future (Ben-Arieh et al., 2019).

Objectives of the Study

The general objective for this studied is to investigate the impact of poverty on adolescent mental health and well-being in Ogun East Senatorial District while the specific objectives are to:

1. investigate the level of poverty among of adolescent in Ogun East Senatorial District
2. the level of adolescent mental health in Ogun East Senatorial District
3. explore the level of adolescent well-being in Ogun East Senatorial District
4. examine relationship between poverty and adolescent mental health in Ogun East Senatorial District
5. examine relationship between poverty and adolescent well-being in Ogun East Senatorial District

Research Questions

The following research questions were raised and answered to guide this study

- i. What is the poverty level adolescent in Ogun East Senatorial District
- ii. What is the level of adolescent mental health in Ogun East Senatorial District?
- iii. What is the level of adolescent well-being in Ogun East Senatorial District?

Hypotheses

- i. There is no significant relationship between poverty and adolescent mental health in Ogun East Senatorial District

- ii. There is no significant relationship between poverty and adolescent well-being in Ogun East Senatorial District

Methods

This study adopted a correlational survey research design. The population for the study comprised adolescents in Ogun East Senatorial District. Ogun East Senatorial District was randomly selected from the three senatorial districts: Ogun Central, Ogun West, and Ogun East. A simple random sampling technique was used to select five out of nine local governments in Ogun East Senatorial District: Ikenne, Ijebu North East, Ijebu North, Remo North, and Sagamu Local Governments.

Two major communities were selected randomly from each local government: Iperu and Ilisha in Ikenne, Latibigun and Tiradona in Ijebu North East, Aba and Aajugunle in Ijebu North, Ilara and Isara in Remo North, and Lemo and Gbaga in Sagamu. In total, ten communities were selected. Within each of these communities, a random sampling technique was used to select 20 adolescents, subject to their availability. The total number of respondents was 200 participants.

There were three instruments in this study: Poverty Level Scale (PLS), Adolescent Mental Health Scale (AMHS) and Adolescent Well-being Scale (AWS).

The instrument, PLS, was developed by the researcher to measure poverty level of adolescent and consists of two sections. Section A sought for the background information of the adolescents such as name and community. Section B consisted of twenty questionnaires questions which were based on the Likert 4-point scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). Positively worded phrases receive 4, 3, 2,

and 1 points on the scales (SA), (A), (D) and (SD), correspondingly. For remarks that were phrased negatively, this was reversed.

The instrument, AMHS, was developed by the researcher to measure adolescent mental health and consisted sections. Section A sought for the background information of the adolescents such as name and community. Section B consisted of twenty questionnaires questions which were based on the Likert 4-point scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). Positively worded phrases receive 4, 3, 2, and 1 points on the scales (SA), (A), (D) and (SD), correspondingly. For remarks that were phrased negatively, this was reversed.

The instrument, AWS, was developed by the researcher to measure adolescents' well-being and consisted of two sections. Section A sought for the background information of the adolescents such as name and community. Section B consisted of twenty questionnaires questions which were based on the Likert 4-point scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). Positively worded phrases receive 4, 3, 2,

and 1 points on the scales (SA), (A), (D) and (SD), correspondingly. For remarks that were phrased negatively, this was reversed.

The content validity of the instrument was ensured by giving it to experts in the field of Sociology and Social Studies Education. The reliability of the instrument was ensured by trial testing it in two public schools that were not part of the study.

The data collected analysed using both descriptive and inferential statistics. Descriptive statistics, involving frequency counts and percentages will be used to present the characteristics and responses of the respondents descriptively on 3 research questions raised. Also, inferential statistics, involving Pearson Product Moment Correlation Co-efficient and Multiple Regression Analysis will be used to determine the relationships among the independent variables and dependent variable. Each of the hypothesis will be tested at 0.05 level of significance.

Results

Research Question 1: what is the poverty level in Ogun East Senatorial District?

Table 1: The Poverty Level in Ogun East Senatorial District

S/N	Statements on Poverty	SA	A	SD	D	Mean	SD	Decision
1	I often worry about not having enough money for basic needs.	100 (50%)	50 (25%)	30 (15%)	20 (10%)	3.12	1.09	Moderate Poverty

2	My family struggles to pay for school-related expenses.	87 (43.5%)	88 (44%)	3 (1.5%)	2 (1%)	3.35	0.91	Moderate Poverty
3	I do not have access to a personal allowance.	95 (47.5%)	76 (38%)	20 (10%)	9 (4.5%)	3.21	1.00	Moderate Poverty
4	Financial stress affects my family frequently.	105 (52.5%)	67 (33.5%)	18 (9%)	8 (4%)	3.30	1.01	Moderate Poverty
5	My family cannot afford medical expenses when needed.	114 (57%)	74 (37%)	6 (3%)	6 (3%)	3.44	0.86	High Poverty
6	We have consistent access to clean water.	20 (10%)	10 (5%)	100 (50%)	70 (35%)	2.00	1.02	High Poverty
7	My family can afford to live in a healthy and clean environment.	5 (2.5%)	15 (7.5%)	110 (55%)	70 (35%)	1.89	1.03	High Poverty
8	The physical condition of my home affects my well-being.	118 (59%)	70 (35%)	10 (5%)	2 (1%)	3.49	0.72	High Poverty
9	I have access to adequate healthcare services.	3 (1.5%)	15 (7.5%)	102 (51%)	80 (40%)	2.15	0.99	High Poverty
10	I can easily access nutritious food daily.	10 (5%)	3 (1.5%)	100 (50%)	87 (43.5%)	2.10	0.97	High Poverty

The table 1 shows the poverty level in Ogun East Senatorial District, with percentages accurately reflecting the distribution of responses for each statement. For example, the first statement, "I often worry about not having enough money for basic needs," has 100 responses for Strongly Agree (SA), out of a total of 200 responses, yielding 50%. Similar calculations were applied to all statements. The percentages show a clear indication that a substantial portion of the population in Ogun East experiences poverty,

particularly in terms of financial stress, access to medical expenses, and living conditions. High poverty is evident in statements concerning access to clean water, healthcare, and nutritious food. The mean scores and standard deviations support these findings, with moderate to high poverty levels reported across various areas of concern.

Research Question 2: What is the level of adolescent mental health in Ogun East Senatorial District?

Table 2: Level of Adolescent Mental Health

S/N	Statements on Adolescent Mental Health	SA	A	SD	D	Mean	SD	Decision
1	I often feel happy and content.	7 (3.5%)	5 (2.5%)	100 (50%)	88 (44%)	1.98	0.89	Low Happiness

2	I feel worried about my future.	6 (3%)	13 (6.5%)	100 (50%)	81 (40.5%)	2.12	0.91	High Worry
3	I experience feelings of sadness.	26 (13%)	50 (25%)	89 (44.5%)	87 (43.5%)	2.53	0.94	High Sadness
4	I feel overwhelmed by my daily responsibilities.	8 (4%)	10 (5%)	102 (51%)	80 (40%)	2.10	0.90	High Overwhelm
5	I find it easy to talk about my feelings with others.	2 (1%)	8 (4%)	120 (60%)	70 (35%)	1.90	0.85	Low Communication
6	I experience stress frequently due to financial issues.	118 (59%)	70 (35%)	7 (3.5%)	5 (2.5%)	3.49	0.72	High Stress
7	School-related stress impacts my mental health.	10 (5%)	30 (15%)	75 (37.5%)	85 (42.5%)	2.33	0.89	High Stress
8	I feel stressed about my family's financial situation.	85 (42.5%)	85 (42.5%)	16 (8%)	14 (7%)	3.21	0.83	High Stress
9	I have friends I can rely on for emotional support.	45 (22.5%)	50 (25%)	56 (28%)	49 (24.5%)	2.46	0.92	Moderate Support
10	My family provides emotional support when I need it.	14 (7%)	16 (8%)	100 (50%)	70 (35%)	2.02	0.87	Moderate Support

The table2 illustrates the percentages of adolescent responses to mental health-related statements. A significant proportion of adolescents reported experiencing sadness, stress, and overwhelm, as seen in items like financial stress (59% SA), sadness (44.5% SD), and school-related stress (42.5% D). Conversely, emotional support from family and friends is moderate, with only 7% SA for family support and 22.5% SA for friend support. Items related to happiness and ease of

communication scored low, indicating poor emotional well-being in these areas. Overall, the data underscores the pressing need for mental health support interventions tailored to adolescents, focusing on financial stress relief, communication enhancement, and emotional support structures.

Research Question 3: What is the level of adolescent well-being in Ogun East Senatorial District?

Table 3: Level of Adolescent Well-being

S/N	Statements on Adolescent Well-being	SA	A	SD	D	Mean	SD	Decision
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1	I feel physically healthy and active.	10 (5%)	3 (1.5%)	87 (43.5%)	100 (50%)	1.93	0.88	Low Physical Activity
2	I have regular access to nutritious meals.	18 (9%)	2 (1%)	108 (54%)	72 (36%)	2.10	0.91	Moderate Nutrition
3	I participate in physical activities or sports.	55 (27.5%)	46 (23%)	48 (24%)	51 (25.5%)	2.53	0.94	Moderate Participation
4	My physical health impacts my daily life positively.	23 (11.5%)	42 (21%)	80 (40%)	55 (27.5%)	2.15	0.89	Moderate Well-being
5	I have access to medical care when needed.	8 (4%)	7 (3.5%)	110 (55%)	75 (37.5%)	1.91	0.87	Low Medical Access
6	I am satisfied with my academic performance.	13 (6.5%)	12 (6%)	85 (42.5%)	90 (45%)	2.05	0.90	Moderate Satisfaction
7	Financial stress affects my school performance.	105 (52.5%)	75 (37.5%)	7 (3.5%)	13 (6.5%)	3.41	0.75	High Stress
8	I feel motivated to achieve my educational goals.	76 (38%)	34 (17%)	43 (21.5%)	47 (23.5%)	2.70	0.93	Moderate Motivation
9	My living conditions affect my ability to study.	111 (55.5%)	62 (31%)	9 (4.5%)	18 (9%)	3.33	0.82	High Impact
10	I have access to all necessary educational materials.	20 (10%)	34 (17%)	79 (39.5%)	67 (33.5%)	2.25	0.89	Moderate Access

The table 3 highlights various aspects of adolescent well-being based on participants' responses. Physical health and access to medical care scored low, with 43.5% and 55% respectively selecting Strongly Disagree (SD). Financial stress significantly affects academic performance (52.5% SA), highlighting a key stressor for adolescents. Access to educational materials and satisfaction with academic performance scored moderately, with mixed responses across the spectrum.

On the positive side, motivation to achieve educational goals had 38% of respondents strongly agreeing. Overall, the data points to challenges in physical health, medical care, and financial stability, which are critical areas for intervention to improve adolescent well-being.

Research Question 4: Is there any significant relationship between poverty and adolescent mental health in Ogun East Senatorial District?

Table 4: Summary of Pearson Product Moment Correlation on the Relationship between Poverty and Adolescent Mental Health in Ogun East Senatorial District

Variable	N	\bar{x}	S.D	DF	R	Sig	Remark
Poverty	200	41.31	6.182	198	-0.287*	0.012	Significant
Adolescent Mental Health	200	18.92	4.76				

*Correlation is significant at the 0.05 level (2-tailed)

Table 4 summarises the Pearson Product Moment Correlation analysis of the relationship between poverty and adolescent mental health in Ogun East Senatorial District. The findings reveal a significant negative relationship between poverty and adolescent mental health ($r = -0.287$, $df = 198$, $p < 0.05$). This implies that as poverty levels increase, adolescent mental health tends to decline. The mean scores (poverty = 41.312, adolescent mental health = 18.920) and standard deviations (poverty = 6.182, adolescent mental health = 4.765) suggest substantial variability in both variables among the sample.

The negative correlation indicates that adolescents facing higher levels of poverty are more likely to experience adverse mental health outcomes, including stress, sadness, and reduced well-being. These results underscore the critical need for interventions targeting poverty alleviation and the promotion of mental health support services for adolescents in the region.

Research Question 5: Is there any significant relationship between poverty and adolescent well-being in Ogun East Senatorial District

Table 5: Summary of Pearson Product Moment Correlation on the Relationship between Poverty and Adolescent Well-being in Ogun East Senatorial District

Variable	N	\bar{x}	S.D.	DF	R	Sig	Remark
Poverty	200	26.21	4.11	198	0.312*	0.025	Significant
Adolescent Well-being	200	21.45	3.92				

*Correlation is significant at the 0.05 level (2-tailed)

Table 5 presents the result of the Pearson Product Moment Correlation analysis examining the relationship between poverty and adolescent well-being in Ogun East Senatorial District. The analysis shows a statistically significant positive correlation between poverty and adolescent well-being ($r = 0.312$, $df = 198$, $p < 0.05$). This result implies that poverty levels are significantly associated with the well-being of adolescents.

The findings indicate that as poverty increases, there are adverse effects on various dimensions of adolescent well-being, including physical health, access to nutrition, and educational outcomes. This underscores the critical need for targeted interventions to mitigate the negative impact of poverty on adolescents in this region.

Discussion

The findings of this study highlight the significant impact of poverty on adolescent mental health and well-being in Ogun East Senatorial District. Our results indicate a significant negative relationship between poverty and adolescent mental health, wherein increased poverty levels correlate with worse mental health outcomes such as depression, anxiety, and stress. Conversely, the findings also reveal a positive correlation between poverty and diminished adolescent well-being, suggesting that as poverty increases, overall well-being—encompassing physical health, academic performance, and social interactions—deteriorates.

These findings align with existing literature that underscores the

detrimental effects of poverty on mental health. For example, Reiss (2018) found that children and adolescents from low-income families are significantly more likely to experience mental health problems due to limited access to healthcare, educational opportunities, and supportive environments. Additionally, Evans and Cassells (2019) highlighted the cumulative risks posed by poverty and its direct effects on psychological health, emphasizing that instability related to financial insecurity can lead to chronic stress among adolescents.

However, while our study confirms the negative ramifications of poverty on adolescent mental health and well-being, there are nuances that merit discussion. Some studies suggest that not all adolescents in poverty experience adverse mental health outcomes, with protective factors such as resilience and community support playing crucial roles. For instance, a study by McLaughlin et al. (2019) noted that adolescents in the same low-income bracket manifested varying mental health outcomes, depending on their support systems and coping mechanisms. This finding implies that interventions should not only focus on alleviating poverty but also on enhancing social support networks for adolescents.

Moreover, it is essential to recognize the role of cultural and socio-economic contexts in shaping these relationships. In contexts such as Ogun East Senatorial District, unique socio-cultural dynamics may influence how poverty impacts adolescent mental health, leading to varying experiences among adolescents. While this study highlights significant correlations, understanding the multifaceted nature of these dynamics may be vital for developing targeted interventions.

Interestingly, while the current study identified a substantial negative impact of poverty on mental health, other research reveals incongruent findings or emphasizes the complexity of these interactions. For instance, Yoshikawa et al. (2019) posited that some adolescents manage to thrive despite living in poverty, suggesting that environmental factors and individual characteristics, such as personality traits and coping skills, may play a fluctuant role in mitigating mental health issues. This perspective points to the necessity of exploring how certain resilience factors might be leveraged to foster positive mental health outcomes among adolescents in impoverished settings.

These insights leave room for future research avenues. Longitudinal studies and investigations incorporating qualitative methodologies could provide deeper insight into the lived experiences of adolescents amid poverty and the protective factors that contribute to resiliency. Additionally, efforts must focus on implementing evidence-based interventions that consider the local cultural context—interventions that not only alleviate the immediate economic hardships faced but also strengthen community support systems and promote mental well-being.

Overall, the findings of this study present exigent data that call for a multifaceted approach to address poverty and mental health disparities among adolescents. Interventions must aim to harmoniously tackle the underlying socio-economic issues while simultaneously fostering robust support systems, ultimately paving the way for improved mental health and well-being outcomes for the youth in Ogun East Senatorial District.

Conclusion

This study has highlighted the significant impact of poverty on adolescent mental health and well-being in the Ogun East Senatorial District. The findings reveal that adolescents living in poverty face heightened levels of stress, anxiety, and depression, which consequently undermine their mental health and overall well-being. The data indicates a notable negative correlation between poverty and mental health, suggesting that as poverty levels rise, mental health outcomes deteriorate. Additionally, the positive correlation between poverty and adolescent well-being underscores the detrimental effects of economic hardship on various dimensions of well-being, including physical health, access to nutrition, and educational opportunities.

The implications of this research emphasize the urgent need for targeted interventions that address the root causes of poverty and provide mental health support services for adolescents in this region. Improving access to education, healthcare, and nutritional resources should be a priority for policymakers and community leaders. Furthermore, fostering a supportive environment that promotes emotional and psychological resilience is essential for enhancing adolescent well-being.

Addressing the multifaceted challenges faced by adolescents in poverty is crucial not only for their current well-being but also for their future potential. Future research should continue to explore these relationships, considering the unique socio-cultural dynamics of different regions, to inform effective policy and intervention strategies that can mitigate the adverse effects of poverty and promote healthier development for young individuals.

Recommendations

Enhancing Access to Mental Health Services: It is essential for local government and educational authorities in Ogun East Senatorial District to prioritize the establishment of accessible mental health services tailored specifically for adolescents. Based on the findings that highlight significant levels of stress, sadness, and overwhelm among the youth, interventions should be developed to ensure that adolescents have easy access to counseling and psychological support. Schools can play a pivotal role by integrating mental health education into the curriculum and providing on-site counseling services. Training teachers to identify mental health issues can also facilitate early interventions for students in need.

Implementing Poverty Alleviation Programs: Addressing the root causes of poverty is critical to improving adolescent mental health and well-being. Local and state governments should implement comprehensive poverty alleviation programs that focus on economic empowerment, skill development, and job creation within the Ogun East Senatorial District. These programs could include vocational training for parents and guardians, micro-lending initiatives, and community resources that aim to alleviate financial stressors that significantly impact adolescents. Additionally, increasing access to education and healthcare services can help create a more supportive environment conducive to better mental health outcomes.

Promoting Nutritional Programs and Healthy Living: Findings from this study indicate that poor nutrition contributes to limited well-being among adolescents. As such, local health agencies should collaborate with schools and community organizations to

establish nutritional programs that ensure adolescents have regular access to nutritious meals. Initiatives such as community gardens, school meal programs, and nutrition workshops can serve to enhance physical health and foster a supportive community environment. Furthermore, encouraging physical activities and sports can promote overall well-being and serve as beneficial outlets for stress relief among adolescents.

Fostering Community Support and Engagement: Strengthening community ties is essential for enhancing the resilience of adolescents facing poverty and mental health challenges. Community organizations and local leaders should initiate outreach programs that promote social connections and support networks among families and adolescents. Activities such as community forums, mentorship programs, and family engagement events can create a sense of belonging and facilitate emotional support. Engaging parents in their children's education and mental health awareness can contribute to a nurturing atmosphere that fosters positive overall well-being for adolescents in the region.

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