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POVERTY AND MENTAL HEALTH IN NIGERIA

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ABSTRACT

Nigeria has one of the world's highest economic growth rates, averaging 7.4% according to the Nigeria economic report released in July 2014 by the World Bank. Poverty still remains significant at 33.1% in Africa's biggest economy, recently Nigeria slipped into recession under the watch of the present administration which may contribute to the rate of mental illness that has been on the increase. The paper focuses on those mental illness/psychological disorders that can be induced, sustained and promoted by poverty, bearing in mind that mental health researches has shown that the experience of poverty significantly influences the way we think, feel and act, the researchers recommended that mental health officers would be a powerful and effective tool in helping to reduce poverty by counteracting many of its self-perpetuating processes. They should, therefore, form a key component of any serious poverty reduction strategy/program with the goals of improving the political environment to facilitate policy change, identifying areas where the cognitive capabilities of those affected by poverty may be impaired or disrupted and further recognizing the particular groups at risk and providing assistance in any area of deficit.

Keywords: *Poverty and Mental Health*

Introduction

Different authors have defined the concept of poverty from different perspective, according to World Bank Report (2002), poverty is the inability to attain and minimum

standard of living. The report constructed some indices based on a minimum level of consumption in order to show the practical aspect of poverty. These include lack of access to resources, lack of education and skills, poor health, malnutrition, lack of political freedom and voice, lack of shelter, poor access to water and sanitation, vulnerability to shocks, violence and crime, political discrimination and marginalization. Similarly, the United Nations Human Development (UNHD) has introduced the use of such other indices such as life expectancy, infant mortality rate, primary school enrolment ratio and number of persons per physician to measure poverty in a country (UNDP, 2002). Central Bank of Nigeria (1999) views poverty as a state where an individual is not able to cater adequately for his or her basic needs of food, clothing or shelter; is unable to meet social and economic obligations, lacks gainful employment, skill, assets, and self esteem, and has limited access to socio-economic infrastructure such as education, health, water, and sanitation and chances of advancing his or her welfare. Idakwoji (2002) is of the view that poverty is a multidimensional phenomenon covering economic, social and political dimension. From economic perspective, it implies materials deprivation leading to low income, lack of basic necessities of life. From the social view point, poverty manifest in terms of social inferiority, low status, lack of dignity, insanity, vulnerability and social marginalization. Politically, poverty is manifested in lack of political power, form decision- making and denial of basic natural and political inputs (Idakwoji, 2002).

Baratz & Grisgby (1972), defined poverty as a condition involving some deprivations and adverse occurrences that are closely but necessarily exclusively associated with inadequate economic resources.

The poverty situation in Nigeria is alarming and indeed has assumed a crisis dimension, In Nigeria today poverty is no longer defined but can be observed since the country slipped into recession, no wonder Senator Dino Malaye who is a member of the Nigeria National assembly quoted that very soon the poor masses will have nothing to eat and will turn around to eat the rich. To paraphrase Anumudu, Umar & madu (2013), Nigeria is blessed with mineral resources and rich in crude oil, yet the citizens are hungry and poor in the abundance of plenty. Anumudu, Umar & madu (2013) noted that the UNDP has classified Nigeria amongst 141 poorest nations on human development index. In its report, Nigeria is considered the 20th poorest country in the world with 70% of the population classified as poor and 54.4% living in absolute poverty (UNDP-HDI, 2006; Ekugo, 2006). Nigeria, instead of advancing has lately degenerated into one of the poorest countries of the world. In fact, more and more people are becoming poorer every day. In 1960, the poverty level in the country was about 15% and by 1980 it reached to 28.1%. In 1985, the poverty level was 46.3% but dropped to 42.7% in 1992. Nonetheless, with the termination of the democratic processes by the military government, the poverty level was 43.6% in 1995. A year after, about 65% of the population was below poverty line, that is, about 67.1 million Nigerians. In the 1999 and 2000 United Nations Development Report showed that Nigeria had degenerated further as 87% of her populations were below poverty line and rated 154 on the world's marginal poverty index out of 172 countries (Ekpu, 2004).

Idakwoji (2002) noted that poverty is a multidimensional phenomenon covering economic, social and political dimension. He further noted that poverty manifest socially in terms of social inferiority, low status, lack of dignity, insanity, vulnerability and social marginalization, the present paper aligns with the multidimensional view of poverty by idakwoji (2002) but further noted that poverty has psychological dimension which include but not limited to depression, low self-esteem, low- quality of life etc. Furthermore, it is important to note that poverty as a variable is associated with poor mental health. Princeton University defined mental health as a level of psychological well-being, or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment" (Princeton University 2014). From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to World Health Organization (WHO 2014), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence and self-actualization of one's intellectual and emotional potential, among others. WHO (2014) further states that the well-being of an individual encompasses the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community.

Mental health factors associated with poverty

Poverty significantly increases one's risk of suffering from several psychological problems; (though it may be vice versa). It generally impacts on mental well-being in various ways. Research focusing on individual experiences has found associations between symptoms of common mental health disorders such as depression, anxiety and poverty (Weich and Lewis, 1998, Butterworth, Rodgers & Windsor 2009, Jenkins, Bhugra. Bebbington. Brugha. Farrell. Coid. Fryers. Weich. Singleton & Meltzer 2008). The association between poverty and mental health factors will be explored under various headings.

Poverty and Depression

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings, and sense of well-being (Salmans & Sandra 1997; American Psychiatric Association, 2013). People with a depressed mood may be notably sad, anxious, or empty; they may also feel notably hopeless, helpless, dejected, or worthless. Other symptoms expressed may include senses of guilt, irritability, or anger/aggression towards people. Further feelings expressed by these individuals may include feeling ashamed, or an expressed restlessness. These individuals may notably lose interest in activities that they once considered pleasurable to family and/or friends, or otherwise experience either a loss of appetite, or overeating. Experiencing problems concentrating, remembering general facts or details, or otherwise making decisions and/or experiencing relationship difficulties which may also be notable factors in these

individuals suffering from depression, and may also lead to their attempting, or actually committing suicide. (American Psychiatric Association, 2013)

Research focusing on individual experiences has found associations between symptoms of common mental health disorders such as depression and anxiety and poverty (Weich and Lewis, 1998. Butterworth., Rodgers & Windsor 2009. Jenkins., Bhugra. Bebbington. Brugha. Farrell. Coid. Fryers. Weich. Singleton & Meltzer 2008). Other studies have used area level analysis to explore the association between poverty and mental health. These analyses have found higher levels of hospital admissions, out-patient use for mental health services and suicide in poorer areas (Gunnell, Peters, Kammerling & Brooks 1995, Rehkopf & Buka 2006).

In line with the above, Belle (1990) noted that the positive association between poverty and mental health problems is one of the most established in all of psychiatric epidemiology. According to him research has documented consistently that low income and low socioeconomic status are associated with high rates of mental disorder. With the prevalence of poverty itself now on the rise in our country, particularly among women, children and those from minority groups, increased attention must be paid to the mental health risks that accompany poverty.

More also Petterson and Albers (2001) noted that researchers have renewed an interest in the harmful consequences of poverty on child development. They carried out a study focusing on one mechanism that links material hardship to child outcomes, namely the mediating effect of maternal depression. Using data from the National Maternal and Infant Health Survey, they found out that maternal depression and poverty jeopardized the development of very young boys and girls and to a certain extent, affluence buffered the deleterious consequences of depression. Results also showed that chronic maternal depression had severe implications for both boys and girls, whereas persistent poverty had a strong effect for the development of girls. The measures of poverty and maternal depression used in this study generally had a greater impact on measures of cognitive development than motor development.

Furthermore, Patel, Rodrigues, and DeSouza (2002) studied the natural history of depression in mothers who recently gave birth in a low-income country and to investigate the effect of risk factors, particularly related to infant gender bias, on the occurrence and outcome of depression. A group of pregnant mothers recruited during their third trimester of pregnancy from a district hospital in Goa, India was studied. The mothers were interviewed at recruitment, 6–8 weeks, and 6 months after childbirth. Interview data included presence of antenatal and postnatal depression, obstetric history, economic and demographic characteristics, and gender-based variables (preference for male infant, presence of marital violence). The result revealed that depressive disorder was detected in 59 (23%) of the mothers at 6–8 weeks after childbirth; 78% of these patients had clinically substantial psychological morbidity during

the antenatal period. More than one-half of the patients remained ill at 6 months after delivery. Economic deprivation and poor marital relationships were important risk factors for the occurrence and severity of depression. The gender of the infant was a determinant of postnatal depression; it modified the effect of other risk factors, such as marital violence and hunger. Depressed mothers were more disabled and were more likely to use health services than non-depressed mothers. They concluded that maternal and infant health policies, a priority in low-income countries, must integrate maternal depression as a disorder of public health significance. Interventions should target mothers in the antenatal period and incorporate a strong gender-based component

In another work, Belle (2003) investigated how poverty, inequality, and discrimination endanger women's well-being. The researcher noted that poverty is one of the most consistent predictors of depression in women, probably because it imposes considerable stress while attacking many potential sources of social support. Economic inequalities within societies are associated with reduced life expectancy and a variety of negative physical health outcomes. Parallel research on economic inequalities and depression has just begun. Discrimination maintains inequalities, condemns women to lives of lessened economic security, and exposes them to unmerited contempt. Although the mental health impact of poverty is documented and largely understood, the implications of inequality and discrimination are less well known. The researcher noted that much important work remains to be done, particularly research that connects individuals' mental health to ecological characteristics of the communities and societies in which they live.

Finally, Eamon (2002) sampled young adolescents between the ages of 10 and 12 years ($N = 898$) from the mother-child data set of the National Longitudinal Survey of Youth, were analyzed in a study of influences that explain the relation between poverty and depressive symptoms measured 2 years later. Other variables that predicted youth depressive symptoms were also identified. Results indicated that neighborhood problems, nonparticipation in outside school and neighborhood activities, residing with mothers who exhibited depressive symptoms and mother's use of physical punishment were partial mediators of the effect of poverty on depressive symptoms 2 years later. Youth health status, lower levels of school satisfaction, marital-partner conflict, and father's emotional support also predicted depressive symptoms. The findings indicate that youth depressive symptoms are multiply determined and that poverty can adversely affect young adolescents in many ways.

Poverty and low self esteem

Self-esteem reflects a person's overall subjective emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude toward the self. Self-esteem encompasses beliefs about oneself, (for example, "I am competent", "I am worthy"), as well as emotional states, such as triumph, despair, pride, and shame (Hewitt & John 2009). Smith and Mackie (2007) defined it by saying "The self-concept is what we think

about the self; self-esteem is the positive or negative evaluations of the self, as in how we feel about it. Generally self esteem can be high or low but the research interest gears towards low self esteem. According to Nes (2003) Low self-esteem can result from various factors, including genetic factors, physical appearance or weight, mental health issues such as socioeconomic status, peer pressure or bullying. Adapted & Gill (1980) noted that a person with low self-esteem may show some of the following characteristics ¹Heavy self-criticism and dissatisfaction, Hypersensitivity to criticism with resentment against critics and feelings of being attacked, Chronic indecision and an exaggerated fear of mistakes, Excessive will to please and unwillingness to displease any petitioner. Perfectionism, which can lead to frustration, when perfection is not achieved, Neurotic guilt, dwelling on or exaggerating the magnitude of past mistakes, Floating hostility and general defensiveness and irritability without any proximate cause, Pessimism and a general negative outlook, Envy, invidiousness, or general resentment, Sees temporary setbacks as permanent, intolerable conditions. Baldwin & Sinclair (1996) noted that individuals with low self-esteem tend to be critical of themselves. Some depend on the approval and praise of others when evaluating self-worth. Others may measure their likability in terms of successes: others will accept themselves if they succeed but will not if they fail. Furthermore, Weich and Lewis (1998) noted that Self -esteem have long been considered an inherent component of poverty.

The view that poverty is intimately linked to low self-esteem is consistent with the prioritization given by people with direct experience of poverty (Walker, Tomlinson, Williams, 2007; Lister 2004). A number of multidimensional approaches have emerged in recent years to capture aspects of poverty such as shame and self-esteem that are difficult to quantify (Alkire & Sarwar 2009). Batty and Flint (2009) noted that poverty itself can create or contribute to problems of low self-esteem, although this link is by no means universal. Tomlinson and Walker (2009) cited two studies that demonstrate a clear link between poverty and deteriorating mental health. It has been claimed that having low self-esteem, particularly in childhood, can increase future susceptibility to poverty by influencing the degree to which individuals assert agency, respond to risks and cope with covariant and idiosyncratic shocks" (Bird 2007). This in turn can create downward spirals of insecurity", damaging capabilities such as good mental health, social capital, civic engagement and political engagement that may help to extricate poor people from poverty (Walker, Tomlinson, Williams, 2007; Lister 2004). It is important to note that low self esteem can be attributed to discrimination that results from being poor. In Nigeria today, south-east to be specific, low self esteem among the poor is on the rise because of the amount of regard/respect that is attached to being wealthy/rich not minding the source of the wealth/riches.

Poverty and Low Quality of life

Quality of life (QOL) is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment (Barcaccia & Barbara 2013). Standard indicators of the quality of

life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging (Martha & Amartyas 1993; Gregory, Derek; Johnston, Ron; Pratt, Geraldine; Watts, Michael , 2009). According to the World Health Organization (WHO), quality of life is defined as “the individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals (McNally & James. 2009).

Quality of life is a highly subjective measure of happiness. Factors that play a role in quality of life vary according to personal preferences, but they often include financial security, job satisfaction, family life, health and safety. Financial decisions usually involve a tradeoff where quality of life is decreased in order to save money or, conversely, quality of life is increased by spending more money. If quality of life can be understood from the above statements then it is important to note that poverty can bring about poor quality of life considering the characteristics that is associated with being poor, e.g. scarcity of resources to access good healthcare, education, shelter and most of the physiological needs that are associated with life to buttress this assertion. Hagerty, Cummins, Ferriss, Land, Michalos, Peterson, and Vogel (2001) examined the impact of poverty on the quality of life in families of children with disabilities. Twenty-eight percent of children with disabilities, ages 3 to 21, are living in families whose total income is less than the income threshold set by the U.S. Census Bureau. This review found a variety of impacts of poverty on the five dimensions of family, including health (e.g., hunger, limited health care access); productivity (e.g., delayed cognitive development, limited leisure opportunities); physical environment (e.g., overcrowded and unclean homes, unsafe neighborhoods); emotional well-being (e.g., increased stress, low self-esteem); and family interaction (e.g., inconsistent parenting, marital conflict over money, furthermore Mohammad, Tahmineh, Ali (2013), evaluated the impact of poverty on QOL. The health-related QOL of poor people under coverage of a public charity institution (group 1) was compared with the QOL of ordinary people (group2) using the SF-36 questionnaire. The QOL scores in the groups 1 and 2 were analyzed by Mann-Whitney U-test-, Kruskal -Wallis tests and logistic regression using the SPSS 16.00 software. A total of 400 individuals were studied. The results showed significant differences between the two groups in the QOL measures of SF-36, except for physical and mental health measures ($P < 0.001$). With regard to the adverse consequence of the Physical Component Scale (PCS), employing logistic regression analysis, statistically significant relationships between the two groups in the demographic characteristics, except age and marital status, were found. For the adverse consequence of Mental Component Scale (MCS). Logistic regression showed statistically significant differences between the two groups in the demographic characteristics, except for age. The findings indicate that poverty diminishes the QOL in most aspects. In the present day Nigeria, the salary of workers can no longer take care of their physiological needs and that of their family which in turn diminishes their subjective quality of life. Some institutions now pay workers some percentages of their full salary which in turn further diminishes their quality of life

PERPETUATING FACTORS ASSOCIATED WITH POVERTY IN NIGERIA

It is important to note that there so many factors that sustain poverty in Nigeria but the researchers noted just a few including corruption, Poverty, insecurity and poor governance.

Corruption and Poverty: Action aid Nigeria (2015) reviewed the concept of corruption according to different scholars, according to them, the Dictionary of Social Sciences (2017) provides a relatively straightforward but comprehensive definition of corruption: “the use of power for profit, preferment, or prestige, or for the benefit of a group or class, in a way that constitutes a breach of law or of standards of high moral conduct”.

Nye (1970) defines corruption as a behaviour, which deviates from the normal duties of a public role because of private relationships (family, close private clique), pecuniary or status gain: or violates rules against the exercise of certain types of private relationship. This includes such behaviour as bribery (use of reward to pervert the judgment of a person in a position of trust); nepotism (bestowal of patronage by reason of a restrictive relationship rather than merit); and misappropriation (illegal appropriation of public resources for private-regarding uses).

According to Ubeku (1991), corrupt transactions usually include bribery fraud (such as inflation of contract sums by public officials), unauthorized variation of contracts, payment for jobs not executed, payment of ghost workers, overpayment of salaries and allowances to staff, diversion of government revenue by public officials, and deliberate irregularities in the management of accounting procedures.

According to Rose-Akerman (2001), bribes are the most important type of corruption. As a major component of corruption, they are usually given as incentive payments to bureaucrats in order to lower costs; to obtain contracts and concessions; to gain access to privatized public firms; to buy influence and/or votes; and to buy judicial decisions. The corrupt practices by political office holders and Government officials had led to abject poverty among Nigerian masses, and it has invariably affected the mental health of poor Nigerians.

Two major dimensions of corruption in Nigeria have been identified by (Action aid Nigeria 2015);

1. **Financial corruption**, including bribery, kickback, embezzlement, and fraud by misrepresentation or forgery.
2. **Nepotism**, in relation to appointment, promotion, or award of contracts to kinsmen, friends and associates.

Insecurity and poverty

Olabanji and Urhie (2014) noted that there are divergent approaches to conceptualizing security which is the antithesis of insecurity, they further quoted Stan (2004) by noting that Security need was the basis of the social contract between the people and the

state, in which people willingly surrendered their rights to an organ (government) who oversees the survival of all. In this light, security embodies the mechanism put in place to avoid, prevent, reduce, or resolve violent conflicts, and threats that originate from other states, non-state actors, or structural socio-political and economic conditions.

According to Igbuzor, 2011; Oche, 2001; Nwanegbo and Odigbo, 2013; in the work of Olabanji & Urhie (2014), some scholars in conceptualizing security placed emphasis on the absence of threats to peace, stability, national cohesion, political and socio-economic objectives of a country, Thus the concept of insecurity connotes different meanings such as: absence of safety; danger; hazard; uncertainty; lack of protection, and lack of safety. According to Beland (2005) as quoted by Olabanji and Urhie (2014) insecurity is a state of fear or anxiety due to absence or lack of protection. To paraphrase Ajodo-Adebanjoko and Walter (2014) Scholars are divided on the relationship between poverty and insecurity. While one group believes that poverty is both a cause and consequence of insecurity, another group believes poverty causes insecurity, while yet a third group thinks that poverty is the result of conflicts.

In Nigeria today, it is evident that insecurity is one of the major challenges we are faced with, ranging from the Boko-haram Jihadist (Terrorists), the Niger-delta militancy, the Ezza- ezilo community conflict the Hausa- Fulani conflict in Jos, the Fulani herdsman attack on almost the various communities, the Ikwo-cross-river community conflict, all of these mentioned crisis has impeded business investments in these areas, subdued economic growth and productivity, increased the number of internally displaced citizens, encouraged inflation and unemployment and negatively affected the living standards of the people affected. In trying to control these conflicts the government in turn saddled with the responsibility of spending a good amount of the national resources. To buttress the above Ajodo-Adebanjoko and Walter (2014) examined the relationship between poverty, conflict and insecurity in Nigeria with particular reference to conflict-ridden areas of the North-East, South-South and Middle-Belt. Secondary sources of data were used and data were taken from the National Bureau of Statistics (NBS). Research findings show that insecurity contributes to poverty with implications for development and the need to shun violence was recommended. More also Aminu, Pate and Haruna (2015) examined the impact of insecurity and poverty on sustainable economic development in Nigeria with special emphasis on the Boko Haram insurgency. They found a negative relationship between economic growth and insecurity and poverty; the result of causation revealed that poor economic growth cause poverty and poverty causes insecurity in Nigeria but not the other way round. They suggested, among others, that the Nigerian state should put in place good governance, viable anti-terrorism measures and build strong legitimate institutions that can adequately curb the menace of corruption and poverty and at the same time respond proactively to the challenge of terrorism in Nigeria. Finally, Olabanji & Urhie (2014) examined the pertinent issue of insecurity in Nigeria and its implication for socio-economic development. Available data on the level and dimensions of insecurity in Nigeria reveals an increase over time, which constitutes serious threat to lives and properties, hinders business activities and discourages local and foreign investors, all which stifles and

retards Nigeria's socio-economic development. They noted that this rising wave of insecurity has not abated but has assumed a dangerous dimension which is threatening the corporate existence of the country as one geographical entity. In the light of the above, they recommended that government must be proactive in dealing with security issues and threats, through modern methods of intelligence gathering, and sharing among security personnel, training, logistics, motivation, and deploying advanced technology in managing security challenges.

Humanistic Theory of Mental Health

Humanistic is a reaction to the static quality of trait theories, the pessimism of psychoanalytic theory, and the mechanical nature of learning theory. At its core is a positive image of what it means to be human. Humanists rejects the Freudian view of personality as a battle round for biological instinct and unconscious forces. Instead the view human nature as inherently good and seek ways to allow our potentials to emerge; humanists also oppose the mechanical thing, thing like, like overtones of the behaviourist view point. We are not they say, merely a bundle of moldable response; rather, we are creative being capable of free choice. To humanists the person you are today is largely the product of all of your previous choices. Therefore, the humanistic view point also places greater emphasis on immediate subjective experience rather on prior learning. Humanist believe that there are as many "real worlds" as there are people. To clearly understand the dynamics of behavior, we must learn hoe individuals view the world. Just as Freud, Carl Rogers based his theory on clinical experience, unlike Feud, who viewed the normal personality as "adjusted" to internal conflicts; Rogers saw greater possibility for inner harmony. The fully functioning person, he said, is one who has achieved openness to feelings, and experiences and has learned to trust inner urges and intuition (Rogers, 1961). Rogers believed that this attitude is most likely to occur when a person receives ample amount of love and acceptance from others. It is important to note that Roger's theory of personality centers on the concept of the self, a flexible and changing perception of personal identity. The self is made up of those experiences identified as "I" or "me" that are separated from "not me" experience. Much of human behavior can be understood as an attempt to maintain consistency between one's self image and one's action. For instance, individuals who think themselves as kind and considerate will act that way in most situations. It has been adduced that experiencing seriously incongruence with the self-image can be threatening, and they are often distorted or denied conscious recognition. Blocking, denying, or distorting experiences prevent the self from changing. This creates a gulf between the self-image and reality. As the self-image grows more unrealistic, the incongruent person becomes confused, vulnerable, dissatisfied, or seriously maladjusted. When these psychopathological symptoms persist the people in the community may develop a poor mental or psychological health. Studies have confirmed that people who know themselves well tend to like and feel good about themselves (Baumgardner,1990). Poor self-image is associated with low self-esteem and poor mental health (Campbell, 2012). Roger's also considered it essential to have

congruence between the self-image and the ideal self. The ideal self is similar to Freud's ego ideal, it is an image of the person you would most like to be. Rogers was also aware that we never fully attain our ideal self, but the greater the gap between the way you see yourself and the way you would like to be; the greater the tension, the greater the anxiety experienced. When people could not attain their life goals, they may tend to develop poor mental health. In accordance with Roger's thinking, researchers have found that people with close match between their self-image and ideal self tend to be socially posed, confident and resourceful. Those with a poor match tend to be depressed, anxious, insecure, and lacking in social skills (Gough et al; 1983; Scott & O'Hara, 1993).

Corruption and corrupt practices in a Nigeria are the precursors of poor mental health among her citizenry. When people, especially the youth could not attain their life endeavours as a result of gross mismanagement of their state resources, most of them end up becoming frustrated and aggressive. The grave unemployment in Nigeria today is highly unprecedented and mostly precipitated by corruption in our various governmental levels. According to Abamara, Onyejiaka & Mmouh, (2017), they found out in their work on corruption and poverty in Nigeria: Antithesis of peace and harmony, that the problem of corruption in the country was initiated and sustained by the political class, orchestrated by their punitive embezzlement and looting of government treasury to the detriment of the poor masses.

Poor policy implementation and poverty

Ajolor (2013) noted that Policy implementation is the action side of the government, it provides the operational area of function in carrying out public policy declared by competent authority.

According to Maduabum (2008) in the work of Ajolor (2013), policy implementation is critical to the success of any policy since it constitutes the epicenter of the policy process. It involves the identification of policy plans, program, projects and activities; a clear definition of the distinct roles of implementation organizations or agencies; details of strategies and necessary linkages and coordinating mechanisms; as well as resources (human, financial, material, technology, information acquisition and utilization). Efficient and effective policy implementation would require inputs of sound managerial and administrative capabilities in terms of proper activity scheduling, resource mobilization and rationalization, network analysis, budgeting, supervision, problem-solving, decision making and cost/benefit analysis. Randel (2010) added that, performance standards must be set along with policy targets, guidelines, plans and time frame in order to avoid implementation gap. He describes implementation gap as the difference between well-stated and articulated policy objectives or expected outcomes and the actual outcome which is a consequence of inefficient or poor policy implementation.

In Nigeria a lot of policy has been put in place to curb the menace of poverty they include but are not limited to National Accelerated Food Production Program (NAFPP),

1975 – 1980 and 1981- 1985 which were designed by various governments to provide basic infrastructure, diversify the economy, reduce the level of unemployment, achieve dynamic self-sustaining growth and raise the living standard of people (Orji, 2009). Furthermore Adoba, (2005) ,Oyemoni (2003), Okoye & Onyukwu (2007) noted a few number of programs that has targeted poverty reduction as, Operation Feed the Nation (OFN) in 1977, Free and Compulsory Primary Education (FCPE) in 1977, Green Revolution in 1980, (CBN Enugu Zone, 1998), Structural Adjustment Programme (SAP) 1986-1993, Better Life Program Founded by Late Dr (Mrs) Maryam Babangida, in 1986, Former First Lady, National Directorate of Employment (NDE) 1986 till date, People's Bank of Nigeria (PBN) 1990. Family Support Programme (FSP) & Family Economic Advancement Program (FEAP). The two program were created during the military government of General Sani Abacha, National Agricultural Land Development Authority (NALDA) 1993. Poverty Alleviation Program (PAP) 2000/2001. The 7th Point Agenda by former President Yaradua, and finally SURE-P by President Goodluck Jonathan. It is important to note that with the presence or formulation of the above policies that poverty has remained consistent in our country till date, Obadan (2001) noted the following as some of the factors that have contributed to the failure of poverty related programmes and efforts. They are:

1. Lack of targeting mechanisms for the poor and the fact that most of the programmes do not focus directly on the poor.
2. Political and policy instability have resulted in frequent policy changes and inconsistent implementation which in turn have prevented continuous progress.
3. Inadequate coordination of the various programs has resulted in each institution carrying out its own activities with resultant duplication of effort and inefficient use of limited resources. Overlapping functions ultimately led to institutional rivalry and conflicts.
4. Severe budgetary, management and governance problems have afflicted most of the programmes, resulting in facilities not being completed, broken down and abandoned, unstaffed and equipped.
5. Lack of accountability and transparency thereby making a program to serve as conduit pipes for draining national resources.
6. Over extended scope of activities of most institution, resulting in resources being spread too thinly on too many activities. Examples are DFRRRI and Better Life Programmes which covered almost every sector and overlapped with many other existing programmes.
7. Inappropriate programmes design reflecting lack of involvement of beneficiaries in the formulation and implementation of programmes. Consequently, beneficiaries were not motivated to identify themselves sufficiently with the successful implementation of the programmes.
8. Absence of target setting for ministries, Agencies and programmes.
9. Absence of effective collaboration and complementation among the tiers of government.

10. Absence of agreed poverty reduction agenda that can be used by all concerned- federal Government, State Government, local governments. NGOS and the international Donor community.
11. Most of the programmes lacked mechanisms for their sustainability. Added to the above mentioned facts, are as follows;
 - a. Pathological greed by leaders, project coordinators and citizens - In as much as we agree that leaders excessively milk the wealth of the nation through some of these poverty reduction policies due to the fact that they saw it as a means of settling their political allies. It is important to note that the program coordinators see it as a means of settling their family members that does not fall under the target population there by killing the original goal of the policy. Finally, it is also important to note that most citizens participate in different poverty reduction policies, concurrently there by exacting pressure on the government which in turn diminishes policy efficacy.
 - b. Lack of competent leaders/coordinators to champion the course of poverty reduction - In our modern day Nigeria. It is important to note that political appointment is no longer by qualification. Majority of the government appointed leaders who have little or no idea on how to implement or create policies that will go a long way to favor the poor masses, because they are there as ceremonial heads or the position is viewed as a means of compensation for the roles that they played during election.
 - c. Lack of communication between the government and the target population – There is a huge communication gap between the policy makers and the target population. Our policies are not based on research but on intuition and assumption which happens to be the worst form of information.
 - d. Misuse of program by the target population due to cognitive impairment in resource management.
 - e. Lack of trust and interest in government policies/programs due to previous disappointments.

Recommendations

The following recommendations arises from this study;

1. Provision of mental health officers would be a powerful and effective strategy in helping to reduce poverty by counteracting many of its self-perpetuating processes. They should, therefore, form a key component of any serious poverty-reduction strategy/program with the goals of improving the political environment to facilitate policy change, identifying areas where the cognitive capabilities of those affected by poverty may be impaired or disrupted and further recognizing the particular groups at risk and providing assistance in any area of deficit
2. Security institutions should be strengthened and made independent to help curb the menace of corruption and promote security

3. Basic socio-economic infrastructure (education, health services, roads etc) should be provided to help improve the quality of life.
4. Competent, visionary and credible leaders should be appointed to help champion the course of poverty reduction and not using half baked leaders that is only interested in increasing their fat purse.
5. Government should institute policies which directly focus on the emancipation of the poor.
6. Government should also strengthen the existing poverty alleviation strategies for effective performance instead of creating new programs at intervals.
7. Cognitive restructuring is recommended for both the leaders, program coordinators and the target populations on the goals of each poverty reduction program to promote and make efficacious the reduction programme of poverty that will improve mental health of Nigerian citizenry.

Conclusion

In summary, we have dwelt extensively on the relationship between poverty and mental health in Nigeria as captured by scholars and social commentators. In addition, searchlight was also beamed on those psychological problems that can be caused by poverty to include but not limited to depression, low self-esteem and low quality of life.

Finally, the paper highlighted corruption, insecurity and poor policy implementation as major perpetuating factors associated with poverty in Nigeria. By implication, until Nigerian leaders begin to think Nigeria and begin to 'plant trees' whose shades they know they shall never seat in, the quest for good governance and efficacious leadership that could fight corruption, insecurity and implement/ promote government policies and programmes such as poverty eradication will for long remain a mirage. High rate of corruption among political office holders has been the reason for unending poverty in our society. Corruption has eroded deep in our democracy and national conscience and this has encumbered our concerted effort to achieve accelerated economic growth in Nigeria. To this end, it has become very imperative that Nigeria as a country should collectively fight corruption and corrupt practices. There is every need to enthrone and invoke the rule of law in our national polity which will be aimed at enacting stringent laws against corruption for any erring political office holders in Nigeria. We therefore advocate for punitive measures such as death sentences or life jail for any political office holders convicted of corruption in the line of duty. If we genuinely uphold this enactment against corruption, it will lead to actualization of a sane Nigerian society.

References

- Abamara. N.C, Onyejiaka, C.N., & Mmouh, M.I. (2017). Corruption and Poverty in Nigeria: The Antithesis of Peace and Harmony. *The Book of Peace, Inclusive Societies and Psychology*. Nigerian Psychological Association, 6, 71- 86.

Action Aid Nigeria (2015). Corruption and Poverty in Nigeria. A Report, Published by Action Aid Nigeria Plot 477, 41 Crescent, Off Sa'adu Zungur Avenue, Gwarimpa Abuja.

Adapted & Gill J. (1980). *"Indispensable Self-Esteem"*. *Human Development*. 1..

Adekunle, F (1991). "Illustrations of Types, Patterns, and Avenues of Corruption in Nigeria: A Typology" in Kalu, A. W. et.al (1991) Perspectives on Corruption and Other Economic Crimes in Nigeria, Lagos, Federal Ministry of Justice.

Adoba, I. (2005). Nigeria: Better Life Programme, a success – Mrs Babangida. This Day NewsPapers. Available at www.allafrica.com/stories.

Ajodo-Adebanjoko. A & Walter U.O. (2014). Poverty and the challenges of Insecurity to development, *European Scientific Journal*, 10(14)

Ajolor, O. V. (2012). Policy Implementation and Rural Poverty Reduction in Nigeria: An Analysis of NAPEP in Ado Odo Ota Local Government, Ogun State. A Thesis Proposal Submitted to the Department of Political Science, Faculty of Social Science, in Partial Fulfillment for the award of Ph.D Degree in Political Science, March 29, 2012.

Alkire, S. & Sarwar, M. (2009). Multidimensional Measures of Poverty and Well-Being, Report Working Paper for the European Commission. http://www.ophi.org.uk/wp_content/uploads/OPHI-RP-6a.pdf.

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

Aminu U. Haruna, I.D., Pate, A., & Hamza A. (2015). The Impact of Insecurity and Poverty on Sustainable Economic Development in Nigeria. *International Journal of Humanities Social Sciences and Education (IJHSSE)* Volume 2, Issue 2, PP 32-48 ISSN 2349-0373 (Print) & ISSN 2349-0381 (Online) www.arcjournals.org
©

Anumudu, U. & Madu, J. (2013). Review of poverty reduction policies in Nigeria: Myth and Reality, *International Journal of Economics, Commerce and Management*. United Kingdom Vol. I, Issue 2, Licensed under Creative Common Page 1
<http://ijecm.co.uk/>

Baldwin, M. W., & Sinclair, L. (1996). Self-esteem and 'if...then' contingencies of interpersonal

acceptance. *Journal of Personality and Social Psychology*. 71(6), 1130–1141. doi:10.1037/0022-3514.71.6.1130. PMID 8979382.

Batty, E. & Flint, J. (2010). Self-Esteem, Comparative Poverty and Neighbourhoods", Research Paper No. 7, Living Through Change in Challenging Neighbourhoods: A Research Project funded by the Joseph Rowntree Foundation http://research.shu.ac.uk/cresr/living-through-change/documents/RP7_SelfEsteem.pdf.

Baumgardner, A.H. (1990). To know oneself is to like oneself: self-certainty and self-affect. *Journal of Personality and Social Psychology*, 58(6), 1062- 1072.

Borromini, A. N. & Barbara, T.M. (2013). "Quality Of Life: Everyone Wants It, But What Is It?". *Forbes/ Education*. Retrieved 10 May 2016.

Beland, D. (2005). The Political Construction of Collective Insecurity: From Moral Panic to Blame Avoidance and Organised Responsibility. *Centre for European Studies Working Paper*.

Belle, D. & Doucet, D. J. (2003), Poverty, Inequality and Discrimination as Sources of Depression Among U.S. Women. *Psychology of Women Quarterly*, 27, 101–113. doi:10.1111/1471-6402.00090.

Belle, D. (1990). Poverty and women's mental health. *American psychologist*, 45(3), 385.

Bird, K., (2007). The Intergenerational transmission of poverty: An Overview", ODI Working Paper 286, CPRC Working Paper 99. http://www.unicef.org/socialpolicy/files/The_intergenerational_transmission_of_poverty.pdf.

Butterworth, P., Rodgers, B & Windsor, T.D (2009). Financial hardship, socio-economic position and results from the PATH Through Life Survey. *Social Science and Medicine* 69, 229-237.

Campbell, J. D. (1990). Self-esteem and Clarity of self-concept. *Journal of Personality and Social Psychology*, 59(3), 538- 549.

CBN/World Bank (1999). "Study of Poverty Assessment and Alleviation, Federal Government of Nigeria 1997 Report of the Vision 2010", Committee Main Report, Abuja: September. (Daily trust news paper, May 25 2017).

- Eamon, M. K. (2002). Relation between poverty and depressive symptoms, *Journal of Youth and adolescence*, 31: 231.doi:10.1023/A:1015089304006.
- Ekpu, R. (2004). "87 Percent of Nigerians Are Poor". Lagos: *New Age*, December 13.
- Gregory, D., Johnston, R., Pratt, G., Watts, M., & Whatmore, S. (2009). "Quality of Life". *Dictionary of Human Geography* (5th ed.). Oxford: Wiley-Blackwell. ISBN 978-1-4051-3287-9.
- Gough, H. G., Fioravanti, M., & Lazzari, R. (1983). Some implication of self-versus ideal- self congruence on revised adjective check list. *Journal of Personality and Social Psychology*, 44, 1214- 1220.
- Gunnell, D. J., Peters, T., Kammerling, R.M., & Brooks, B. (1995). Relation between Para suicide, suicide, psychiatric admissions, and socioeconomic deprivation. *British Medical Journal* 311(6999):226-30.
- Hagerty, M. R., Cummins, R. A., Ferriss, A. L., Land, K., Michalos, A. C., Peterson, M., & Vogel, J. (2001). Quality of life indexes for national policy: Review and agenda for research. *Social indicators research*, 55(1), 1-96.
- Hewitt & John, P. (2009). *Oxford Handbook of Positive Psychology*. Oxford University Press. pp. 217–224.
- Idakwoji, P.S. (2002). Introduction to Community Development. [www caritasuni.edu.ng/pro/management/pa12.doc](http://www.caritasuni.edu.ng/pro/management/pa12.doc) Retrieved on 02/02/2014.
- Igbuzor, O. (2011). Peace and Security Education: A critical Factor for Sustainable, Peace and National Development. *International Journal of Peace and Development Studies*, 2(1), 61-69.
- Jenkins, R.D., Bhugra, P., Bebbington, T., Brugha, M., Farrell, J., Coid, T., Fryers, S., Weich, N., Singleton, N., & Meltzer, H. (2008). Debt, income and mental disorder in the general population. *Psychological Medicine* 38(10),1485-93.
- Jones F.C. (2003). "Low self esteem". *Chicago Defender*. p. 33. ISSN 0745-7014.
- Lister, R. (2004). *Poverty*", Polity Press, London (preview available from Google Books at: http://books.google.co.uk/books?id=Sb12eKfpieYC&printsec=frontcover&dq=pov+erty+lister&hl=en&ei=HqM_TuqBYKBhQfvio3dBw&sa=X&oi=book_result&ct=result&resnum=1&ved=0CCoQ6AEwAA#v=onepage&q&f=false).

- Martha, N., & Amartya, S. (1993). *The Quality of Life*, Oxford: Clarendon Press. Description and chapter-preview links.
- McNally, F., & James, W. (2009). *Encyclopedia of the Life Course and Human Development (vol.3 ed.)*. USA: Macmillan Reference. p. 317.
- Mohammad, A. H., Tahmineh, G.I., Ali M., & Ali, R. A. (2013). Evaluation of the relation between poverty and health-related quality of life in the people over 60 years-old in the district 4 of Tehran municipality in 2009-2010, *Novelty in Biomedicine*, 1, 23-28.
- Nye, J.S. (1970). Corruption and Political Development: A Cost Benefit Analysis, in Arnold J. Heidenheimer (ed.), *Political Corruption*, Transaction publishers, New York.
- Obadan .M.I. (2001). Poverty Reduction In Nigeria, The Way Forward. [http://mustapha muktar.blogspot.com/2011/01/poverty-alleviationas-machinery-for.html](http://mustapha.mukhtar.blogspot.com/2011/01/poverty-alleviationas-machinery-for.html).
- Obadan, I. (2010). Poverty in Nigeria: Characteristics, Alleviation Strategies and Programmes. NCEMA Policy Analysis Series.
- Oduro, A. (1999). A Note on the Nature and Structure of Poverty”, WDR on Poverty and Development 2000/2001 Stiglitz. Summer Research Workshop on Poverty, Washington DC. <http://siteresources.worldbank.org/INTPOVERTY/Resources/WDR/stiglitz/Oduro.pdf>.
- Okoye, U. C. & Onyukwu, E.O. (2007). Sustaining Poverty Reduction Efforts through Inter-Agency Collaboration in Nigeria in Kenneth Omeje (ed), *State, Society Relations in Nigeria, Democratic Consolidation, Conflicts and Reforms in Nigeria, Democratic Consolidation, conflicts and Reforms*, London: Adonis and Abbey.
- Olabanji, O.E. & Urhie E. (2014). Insecurity and Socio-Economic Development in Nigeria. *Journal of Sustainable Development Studies*, 5(1), 40-63.
- Orji, J. I. (2009). An Assessment of Impacts of Poverty Reduction Programmes in Nigeria as a Development Strategy „1970-2005“. Unpublished Ph.D. Thesis, St Clements University, Turks & Caicos Island.
- Oxford University Press (2017). *Dictionary of Social Sciences*.

- Oyemomi, E.O. (2003). An Assessment of Poverty Reduction Strategies in Nigeria (1983-2003), Being a Dissertation Submitted in Partial Fulfillment of the Requirements for the Award of the Ph.D. of St. Clement's University, September.
- Patel, V., Rodrigues, M., & DeSouza, N. (2002). Gender, poverty, and postnatal depression: a study of mothers in Goa, India. *American Journal of Psychiatry*, 159(1), 43-47.
- Petterson, S. M. & Albers, A. B. (2014). Effects of Poverty and Maternal Depression on Early Child Development. *Child Development*, 72: 1794–1813. doi: 10.1111/1467-8624.00379
Princeton University (2014) *WordNet Search*.
- Randel, G. H. (2010). Policy Making and Implementation. *The Issues in Nigeria*, 28(174), 126-133.
- Rehkopf, D.H., & Buka S L. (2006). The association between suicide and the socio-economic characteristics of geographical areas: a systematic review. *Psychological Medicine* 36(02), 145-57.
- Rogers, C.R. (1961). On becoming a person or therapist's view of psychotherapy: Boston Houghton Mifflin.
- Rose-Ackerman, S. (2001). Trust, Honesty and Corruption: Reflections on the State Building Process. *European Journal of Sociology* 42.
- Salmans & Sandra (1997). *Depression: Questions You Have – Answers You Need*. People's Medical Society. ISBN 978-1-882606-14-6.
- Sambo, A. (1999). What is Public Policy? In Anifowose, Remi and Francis Enemu (eds.). *Elements of Politics*. Lagos: Malthouse Press Ltd.
- Scott, L & O'Hara, M.W (1993). Self-discrepancies in clinically anxious and depressed University students. *Journal of Abnormal Psychology*, 102(2), 282- 287.
- Smith, E. R & Mackie, D. M. (2007). *Social Psychology (Third ed.)*. Hove: Psychology Press.
- Stan, F. (2004). The Security-Development Nexus: Conflict, Peace and Development in the 21st Century. New York: IPA Report.
- The world health report (2001). Mental Health: New Understanding, *New Hope" (PDF)*. WHO. Retrieved 4 May 2014.

Ubeku, A.K. (1991). "The Social and Economic Foundations of Corruption and Other Economic Crimes in Nigeria",

UNDP Human Development Report (2002). UNDP, Choices: The Human Development Magazine. *World Development Report 1998/99*.

United Nations Development Programme, (2005-2014). *Human Development Index*, <http://www.undp.org/hdi>.

Walker, R., Tomlinson, M, Williams, G. (2007). Multi-Dimensional Measurement of Poverty and Well Being: *A UK Case Study*", Unpublished Paper http://epp.eurostat.ec.europa.eu/portal/page/portal/conferences/documents/34th_ceies_seminar_documents/34th%20CEIES%20Seminar/3.2%20WALKER%20EN.PDF.

Weich, S, & Lewis, G. (1998b). Poverty, unemployment, and common mental disorders: population based cohort study. *British Medical Journal*, 317, 115-19.