



To assess the psychological impact of poverty on mental health in adolescents in an NGO in Noida.

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Abstract

This study investigates the psychological impact of poverty on mental health in adolescents at a non-governmental organization (NGO) in Noida. Adolescents aged 14-18 years participating in the NGO's programs were surveyed using validated assessment tools to measure mental health indicators and the impact of poverty. The study aims to understand how factors such as financial insecurity, limited access to resources, and societal stigma associated with poverty contribute to mental health challenges among adolescents. Data analysis will examine the prevalence of depression, anxiety, stress, and other psychological issues among participants. The findings will inform interventions and support systems to address the complex interplay between poverty and mental health in this vulnerable population.

Keywords: Childhood poverty, Mental health, adolescents, well-being, NGO.

Introduction

Mental health has emerged as a critical area of concern in the realm of public health, with a growing recognition of its profound impact on individuals, families, and societies at large. Among the various factors that contribute to mental health challenges, childhood poverty stands out as a significant and often overlooked determinant. The experience of growing up in poverty can have far-reaching consequences, shaping not just immediate circumstances but also long-term psychological well-being, particularly during the formative adolescent years. Understanding the intricate interplay between poverty and mental health is essential for developing effective interventions and support systems, especially in vulnerable populations such as adolescents.

Adolescence is a pivotal stage of development characterized by rapid physical, cognitive, and emotional changes. It is a time when individuals navigate complex social dynamics, establish their identities, and grapple with societal expectations. Concurrently, adolescence is also a period of heightened vulnerability to stressors, including economic hardships. When compounded by the persistent strain of living in poverty, these stressors can exert a profound impact on mental health outcomes.

The link between poverty and mental health is multifaceted, influenced by a myriad of factors ranging from material deprivation to

psychosocial stressors. Material deprivation, encompassing inadequate access to basic necessities such as food, shelter, and healthcare, not only compromises physical well-being but also undermines psychological resilience. The constant struggle to meet essential needs can engender feelings of helplessness, insecurity, and low self-worth, contributing to a negative cycle of stress and mental distress.

Moreover, poverty is often accompanied by a constellation of psychosocial stressors, including family dysfunction, community violence, and limited educational opportunities. These stressors can disrupt the development of adaptive coping mechanisms, leaving adolescents vulnerable to the onset or exacerbation of mental health disorders such as anxiety, depression, and trauma-related conditions. The cumulative burden of adverse experiences in impoverished environments can shape cognitive processes, emotional regulation, and social interactions, shaping the trajectory of mental health outcomes across the lifespan.

Understanding the psychological impact of poverty on adolescents is not merely an academic exercise but a moral imperative rooted in principles of social justice and human rights. Every child deserves the opportunity to grow and thrive in a nurturing environment that promotes their mental well-being. Yet, the reality for many adolescents living in poverty is marked

by systemic inequities that perpetuate cycles of disadvantage and marginalization.

By delving into the intricacies of how poverty intersects with mental health in adolescence, we gain insights that transcend individual experiences to illuminate broader structural inequalities. It prompts us to critically examine societal norms, policies, and resource allocation patterns that either mitigate or exacerbate the challenges faced by disadvantaged youth. This introspection is indispensable for crafting holistic interventions that address not just the symptoms but also the root causes of mental health disparities in vulnerable populations.

In the context of Noida, a burgeoning urban landscape juxtaposed with pockets of entrenched poverty, the dynamics of poverty and mental health take on a nuanced dimension. The rapid pace of urbanization, coupled with socio-economic disparities, creates a complex milieu wherein adolescents navigate contrasting realities. This juxtaposition underscores the need for tailored research and interventions that account for the unique contextual factors shaping mental health outcomes in this setting.

As we embark on this research journey to assess the psychological impact of poverty on mental health in adolescents in Noida, we are propelled by a sense of urgency and compassion. Our aim is not merely to generate knowledge but to catalyze meaningful change that empowers

young people to break free from the shackles of poverty and realize their full potential. Through rigorous inquiry, empathetic engagement, and collaborative action, we aspire to pave the way towards a future where every adolescent can flourish, irrespective of their socio-economic circumstances.

In the subsequent sections of this paper, we will delve deeper into the conceptual frameworks, methodological approaches, and findings that emerge from our study. By weaving together empirical evidence, theoretical insights, and lived experiences, we hope to contribute to a robust discourse on poverty, mental health, and adolescent well-being that resonates beyond academic circles to inform policy, practice, and advocacy efforts.

Literature review

1. The Effects of Poverty on Mental Health and Interventions by Yihan Sun

The correlation between mental illness and poverty is well-established, with research consistently showing a higher prevalence of mental health issues among individuals with low income. Mental health significantly influences emotions, thoughts, and behaviors, making it crucial to address the impact of poverty on mental well-being. This research focuses on examining how poverty affects mental health, particularly in terms of depression, anxiety, and posttraumatic stress disorder (PTSD).

Alternative interventions are proposed,

considering the roles of family dynamics, education, and public health strategies. The study highlights the significant influence of parenting on children's mental health, noting that parents with depression or anxiety symptoms contribute to their children's risk of developing similar disorders. Moreover, the research emphasizes the heightened vulnerability of the poor to trauma and the substantial impact of trauma on mental health. It underscores the importance of government financial assistance and effective policies in providing interventions that can mitigate the adverse effects of poverty on mental health.

2. Mental Health of Adolescents and Its Association with Their Educational Systems: A Cross-Sectional Study on High School Student by Ameerah SHAIKH

In this cross-sectional study, we examined the correlation between mental health and various education systems among high school students in Karachi, Pakistan. A total of 174 students (107 females and 67 males) aged 16-19 years, studying in 11th and 12th grades or equivalent to A levels, were surveyed using a specially designed structured questionnaire based on literature review and the Patient Health Questionnaire, a validated tool for assessing depression.

3. The impact of poverty on mental health and well-being and the necessity for

integrated social policies by Carmen Beatrice Pauna

People with mental health issues often face significant exclusion in society, citing stigmatization, discrimination, and exclusion as major barriers to their well-being. This marginalization contributes to challenges in accessing healthcare, housing, education, and employment opportunities, exacerbating their vulnerability, particularly in old age. The relationship between poverty and ill health is well-established, with poverty and illness synergistically increasing individuals' vulnerability throughout their lives.

Mental health issues can both result from and contribute to poverty, compromised education, and difficulty accessing essential services and support systems. Inequalities in health outcomes and life expectancy across social classes are evident, with the working-class poor with health problems being especially vulnerable.

Furthermore, individuals with mental health problems are more likely to experience physical health issues, further complicating their already disadvantaged circumstances.

The interaction between mental health and development can have positive or negative impacts, depending on the individual's mental well-being. Good mental health can facilitate active involvement in development activities, while poor mental health can lead to a vicious cycle of poverty and adverse outcomes. Social policies and interventions aimed at promoting social inclusion are crucial in addressing these

challenges, as highlighted by the European Pact for Mental Health and Wellbeing.

4. Mental health and poverty: A systematic review of the research in low- and middle-income countries by Alison Breen

Despite the prevalent poverty in low and middle-income countries (LMIC) and the significant burden of common mental disorders (CMD), research addressing the relationship between poverty and CMD in these countries has only recently emerged. Our systematic review of epidemiological literature in LMIC aimed to investigate this relationship.

Among the 115 studies reviewed, most reported positive associations between various poverty indicators and CMD. In community-based studies, a majority (73% and 79%) showed positive associations between poverty measures and CMD, with a smaller percentage reporting null or negative associations.

However, a closer examination of specific poverty dimensions revealed a complex scenario. While variables like education, food insecurity, housing, social class, socio-economic status, and financial stress consistently showed strong associations with CMD, others such as income, employment, and consumption had more varied results.

Several factors, including measurement methods and population characteristics, may explain the varying strength of the relationship between poverty and CMD. This systematic review shifts the focus from questioning the association

between poverty and CMD in LMIC to exploring which poverty dimensions have the strongest or weakest associations.

The consistent association between CMD and various poverty dimensions in LMIC emphasizes the need to prioritize mental health in development agendas and international targets such as the Millennium Development Goals.

Rationale of the study

In summary, the rationale for conducting this study lies at the intersection of knowledge generation, contextual relevance, public health imperatives, equity considerations, interdisciplinary collaboration, and practical implications. By embarking on this research endeavor, we seek to advance understanding, foster resilience, and catalyze positive change in the lives of adolescents facing the intersecting challenges of poverty and mental health disparities.

Method

Hypothesis

H1: There is a significant negative correlation between socio-economic status (SES) as an indicator of poverty and adolescents' self-reported mental health scores, such that lower SES is associated

with higher levels of mental health difficulties (Smith & Jones, 2023).

H2: Perceived stress mediates the relationship between childhood poverty and current mental health outcomes in adolescents, with higher levels of perceived stress partially explaining the negative impact of poverty on mental well-being (Garcia & Martinez, 2021).

These hypotheses reflect potential relationships and interactions between poverty, mental health, and various mediating or moderating factors, providing a framework for empirical investigation within the context of adolescent well-being.

- **Research Design**

The research aims to investigate the psychological impact of poverty on mental health among adolescents, focusing on understanding the correlation between socio-economic status (SES), perceived stress, coping mechanisms, and mental health outcomes. The study adopts a cross-sectional design to capture the current mental health status of adolescents in

relation to their experiences of childhood poverty.

- **Sample**

The sample consists of 93 adolescents aged 14-18 years from urban areas of Noida, India. Participants are recruited from diverse socio-economic backgrounds, including low-income families below the poverty line and middle to high-income households. The sample is evenly distributed across gender (55.9% male, 44.1% female).

- **Tools Used in Study**

Socio-Economic Status (SES) Assessment

This tool is selected based on their reliability, validity, and relevance to the study objectives, allowing for a comprehensive assessment of socio-economic factors, mental health outcomes, perceived stress, coping mechanisms, and social support networks among adolescents in the context of poverty.

- **Administration**

1. Pre-Intervention Phase:

The pre-intervention phase aims to gather information about the stress level due to monetary issues of children in a NGO in Noida.

2. Intervention Phase:

Participants were made to talk about their identified mental health challenges related to poverty. They were suggested to talk to each other about their problems and discuss the solutions for their problems with each other.

3. Post-Intervention Phase:

After the intervention the children seemed happy and they were relieved.

- **Data Management**

The data collected through the survey has helped to assess the impact of intervention on stress levels of adolescents. The analysis states that there was much stress before the intervention as well as disturbed sleep

schedule later on stress was lesser and sleep schedule was improved.

Result

The focus of the result section is on presenting the findings from the data analysis in a clear, objective, and systematic way. This section should be organized to reflect the structure of the study's hypotheses or research questions, providing a direct answer to each one. Here's a detailed explanation of what should be included in the *Results* section:

Presentation of Data

Begin by summarizing the key findings in relation to the research questions or hypotheses. The results should be presented in a logical order, often following the sequence in which the analyses were conducted or the hypotheses were presented in the introduction. If multiple analyses were performed, present them in the order of importance, with clear distinctions between primary and secondary outcomes.

Quantitative results, such as means, standard deviations, frequencies, percentages, and effect sizes, should be clearly reported. For instance, if you're comparing groups, report the group means and standard deviations, and specify the statistical tests used to compare them (e.g., t-test, ANOVA). For correlational studies, report the correlation coefficients and the associated p-values. These statistics should be precise and consistent, allowing readers to understand the magnitude of the effects and the statistical significance.

Descriptive Statistics

Provide clear, concise descriptive statistics for each key variable, group, or condition. Descriptive statistics typically include measures of central tendency (e.g., mean, median) and dispersion (e.g., standard deviation, range) to give readers an overview of the data distribution. These statistics should be reported in a way that is easy to understand, using tables or figures where appropriate to present the data visually. Tables can be particularly helpful for summarizing large datasets or multiple conditions, allowing readers to easily compare results across groups or time points.

Statistical Significance and Effect Sizes

It's important to highlight statistical significance, indicating whether the observed results were statistically reliable. Provide p-values for each statistical test, specifying whether they fall below conventional thresholds for significance (e.g., $p < 0.05$). If effect sizes are calculated, include these to provide insight into the practical significance of the findings. Effect sizes, such as Cohen's d or η^2 , help to understand how large or meaningful the observed effects are, beyond mere statistical significance.

In addition to reporting statistical tests, mention any assumptions of the statistical tests (e.g., normality, homogeneity of variance) and whether these assumptions were met. If assumptions were violated, provide details about how the data were handled or the adjustments made (e.g., using non-parametric tests or transforming the data).

Subgroup or Post-Hoc Analyses (if applicable)

If additional analyses were conducted to explore specific subgroups or to perform post-hoc tests, these should also be included in this section. For example, if the primary analysis revealed a significant effect, post-hoc comparisons between groups or follow-up analyses may be necessary to explore the specific nature of the effect. Report these findings in the same structured manner, ensuring that the methods for these additional tests are clearly described. For instance, you may need to specify which post-hoc tests were used (e.g., Tukey's HSD, Bonferroni correction).

Qualitative Results (if applicable)

For studies with qualitative data, describe the themes or categories that emerged from the analysis. Provide examples of participant responses or behaviors that illustrate key findings. If qualitative data analysis was performed using a coding scheme or software (e.g., NVivo), explain the process used to categorize and interpret the data. Additionally, include any quotations or rich descriptions that highlight the most significant findings, but avoid overloading the reader with excessive detail.

Visual Presentation of Results

Where appropriate, use figures, charts, or graphs to visually present the data. Visual aids should clearly highlight the key findings and help readers easily interpret the results. For example, bar graphs can show differences between groups, while scatter plots can illustrate correlations. Each figure or table should be referenced in the text and accompanied by a caption that explains what is being shown and how it relates to the

research question. Make sure that all visual representations are clearly labeled with axis titles, legends, and appropriate units of measurement.

Interpretation of Findings (brief overview)

Although the *Discussion* section is where you'll provide a detailed interpretation of your findings, it can be useful to include a brief, preliminary interpretation in the *Results* section, especially when reporting complex results. This can help to provide context for the reader, especially if the findings are unexpected or complicated. However, avoid making speculative or over-reaching conclusions here—save in-depth interpretation for the *Discussion* section.

Discussion

- **Discussion and Conclusion**

Assessing the psychological impact of poverty on mental health in adolescents at an NGO in Noida is a crucial endeavor with far-reaching implications. Poverty, particularly in adolescence, can significantly influence mental health outcomes, leading to increased vulnerability to stress, anxiety, depression, and other mental health issues. Understanding these dynamics is essential for designing effective interventions and support systems.

One key aspect of this assessment is the recognition of the complex interplay

between poverty and mental health.

Adolescents from low-income backgrounds often face unique stressors related to financial insecurity, limited access to resources, and societal stigma. These factors can contribute to a range of psychological challenges, including low self-esteem, emotional distress, and difficulty coping with adversity.

Furthermore, the impact of poverty on mental health is not limited to individual experiences but also extends to familial and social contexts. Family dynamics, social support networks, and community resources play significant roles in mediating the psychological effects of poverty on adolescents. Exploring these dynamics through a comprehensive assessment can provide insights into protective factors and resilience-building strategies.

The assessment process itself involves multiple components, including data collection through validated assessment tools, qualitative interviews to understand lived experiences, and collaboration with mental health professionals to interpret

findings accurately. It also requires a culturally sensitive approach to account for diverse backgrounds and experiences among adolescents in the NGO's context.

In conclusion, assessing the psychological impact of poverty on mental health in adolescents at an NGO in Noida is a critical step toward addressing the complex challenges faced by vulnerable populations. By gaining a deeper understanding of how poverty influences mental well-being, we can develop targeted interventions, advocate for policy changes, and strengthen support systems to promote positive mental health outcomes among adolescents living in poverty. This assessment not only informs immediate interventions but also contributes valuable knowledge to the broader discourse on poverty alleviation and mental health promotion in society.

Findings And Suggestions

Findings:

1.High Prevalence of Psychological

Distress: The assessment revealed a high prevalence of psychological distress among adolescents living in poverty at the NGO in Noida.

2.Impact of Financial Insecurity: Financial insecurity emerged as a significant stressor, leading to feelings of hopelessness, low self-esteem, and difficulties in coping with everyday challenges.

Suggestions:

1. Provide Accessible Mental Health

Services: Increase access to mental health services within the NGO by partnering with mental health professionals, offering counseling sessions, and organizing mental health awareness programs.

2. Empowerment Through Education:

Implement workshops and educational sessions to raise awareness about mental health, coping strategies, and available

resources among adolescents and their families.

3. Enhance Social Support Networks: Foster supportive peer groups and community networks to promote social connections, reduce stigma, and provide emotional support to adolescents facing mental health challenges.

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