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Relationship Between Poverty And Anxiety Levels Among Females Heading Urban Refugee Households In Nairobi County, Kenya

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***Abstract**:*
Refugees, particularly females-heading households face unique challenges that may exacerbate both poverty and anxiety. This study examined the relationship between poverty and anxiety levels among females heading urban refugee households in Nairobi County, Kenya. The study adopted a cross-sectional survey design to establish the possible association between poverty and anxiety levels.
***Materials and Methods**: The target population of this study was females-heading urban refugee households in Nairobi County. Stratified random sampling was employed to get the sample size of 363 female urban refugees from various countries. Quantitative data was obtained using the Hamilton Anxiety Rating Scale (HAM-A) and a Basic Needs Measuring Scale. Primary data collected was coded and filled into the Statistical Package for Social Sciences (SPSS) version 21 for analysis.*
***Results:** Demographic findings indicated that 81% of participants had a monthly household income below 10,000 Kenyan Shillings,13.5% reported full-time employment, while 47.7% were in part-time work and 33.9% were unemployed. Regarding anxiety levels, 68.1% of participants exhibited moderate to severe anxiety levels, with 34.2% experiencing severe anxiety. The results pointed that poverty had a significant influence on anxiety levels with a p value < 0.001. Also, it was revealed that there was a moderate positive correlation between poverty and anxiety levels ($r = 0.491$, $p < 0.001$).*
***Conclusion**: This study established that there was a strong significant association between poverty and anxiety levels among females heading urban refugee households in Nairobi County, Kenya. Poverty levels explained approximately 24.1% of the variance in anxiety scores. The findings highlight the need for targeted interventions to address both poverty and mental health concerns in this vulnerable population.*
***Keyword;** Anxiety, Household, Poverty*

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I. Introduction

Poverty remains a significant global challenge, impacting various aspects of human life. According to World Vision (2021), poverty is defined as a lack of sufficient means of subsistence, including inadequate access to food, clean and safe water, clothing, and safe housing for individuals and their families. Mental health problems, particularly anxiety disorders, are significantly higher among those living in poverty, especially women. The World Health Organization (WHO, 2017) estimates that one in four individuals will suffer from a mental or psychological disorder at some stage in their lives.

Refugees, particularly females-heading households face unique challenges that may exacerbate both poverty and anxiety. According to the UNHCR (2020), there are more than 82.4 million displaced people worldwide, of which more than 26.4 million are refugees; 50% of these refugees are women and girls (Women for Women International, 2021). It is estimated that six in every ten refugees live in poverty, and this number could be higher since most refugees are not included in national surveys (Relief Web, 2021).

Poverty and mental health conditions like anxiety are very much intertwined, especially when you consider vulnerable populations like female refugees. Female refugees more often than not go through substantial hardships which are related to forced migration, traumatic experiences, and post-resettlement difficulties that affects their mental health (Fazel et al., 2005). Displaced persons frequently live in extreme poverty conditions due to limited opportunities and resources in their host countries.

Global research consistently shows a link between socioeconomic status and anxiety and other mental health issues among refugees. Turrini et al. (2017) conducted an analysis of 29 studies examining common mental health disorders among refugees resettled in developed nations. The analysis revealed a strong association between

low socioeconomic status, unemployment, and poverty, and high levels of anxiety. Turrini et al. (2017) further revealed that refugees with lower incomes were 1.4 to 3 times more likely to experience mental health disorders compared to those with higher socioeconomic status.

A Canadian study by Beiser and Hou (2006) identified a strong correlation between poverty levels and PTSD among Southeast Asian refugees. Notably, this link persisted even decades after resettlement. In the study, for every $10,000 increase in household income there was an average 4-point decrease in PTSD symptoms as measured by the HSCL-25 scale. The researchers suggested that an increase of income could in turn reduce PTSD by decreasing anxiety related to unmet basic needs. Building on these findings, other studies report a heightened vulnerability to mental health problems among female refugees. Financial difficulties and poverty are cited as key contributors to this disparity. A review of the literature by Li et al. (2016) identified a consistent trend across multiple studies: anxiety and depression were more prevalent among female refugees compared to males. They noted that women more than men face more socioeconomic marginalization which can worsen trauma-related mental illnesses.

In the African context, several researches done also show a connection between low income and anxiety among refugee women. Njaka et al. (2022) study in Nigeria identified a connection between poverty and anxiety, with anxiety symptoms worsening poverty through decreased work productivity, absenteeism, and healthcare expenses. Building on this, Adaku et al. (2016) conducted a study in northern Uganda specifically examining anxiety and depression among South Sudanese refugee women. It reported 80% income insufficient to cover needs, and this group showed more mental distress. Anxiety symptoms were higher in women who were unemployed or relied on inadequate informal jobs and financial stress was a major predictor of anxiety.

In Kenya, the intersection of poverty, income, and anxiety among urban refugees, particularly women, is well-documented, though more research is needed to quantify these relationships. Hyojin et al. (2019) conducted an in-depth study of Somali refugees in Nairobi, revealing that daily struggles to meet basic needs—such as food, water, and shelter—were central contributors to mental and physical health challenges. The study found that financial insecurity and lack of opportunities created chronic stress, which manifested in increased rates of anxiety, depression, and other behavioral health problems. This research aligns with findings from global studies on the refugee population, which emphasize the vulnerability of displaced individuals to mental health issues due to their unstable economic conditions (Silove et al., 2017).

Pavlish (2005) also highlighted the impact of poverty-induced anxiety among Somali refugee women in Kenya, detailing the extreme financial stress these women faced as heads of households. The study found that the continuous worry about basic survival—such as feeding children and paying rent—often forced women to forego their own nutritional needs to provide for their families. This financial strain led to psychosomatic symptoms, including headaches and gastrointestinal problems, which are commonly associated with prolonged anxiety and stress (Laban et al., 2008). Pavlish's research emphasized that for female refugees, the anxiety stemming from poverty not only affected their mental well-being but also had direct physical health consequences, underscoring the need for comprehensive mental health services within refugee support frameworks.

A study by Hadley and Sellen (2006) noted that food insecurity among refugee households in Kenya was strongly correlated with anxiety, particularly in female-headed households where the burden of care was highest. Women reported being constantly overwhelmed by the pressure to provide for their families in the face of insufficient resources, a situation that exacerbated feelings of helplessness and heightened their susceptibility to mental health issues. This research supported the notion that poverty, in conjunction with gender-specific vulnerabilities, significantly worsened mental health outcomes for female refugees. Additionally, studies like that of Kaiser et al. (2017) found that Somali women refugees in Nairobi often experienced social isolation, which compounded the psychological burden of poverty. The isolation was attributed to language barriers, cultural differences, and gendered restrictions on mobility and economic participation, all of which heightened their anxiety. The cumulative effect of these stressors made them more vulnerable to anxiety disorders, often worsening over time as financial conditions remained stagnant or deteriorated.

This indicates that there is a relationship between levels of poverty and anxiety faced by refugees. Therefore, this research is meant to determine the relationship between poverty and anxiety levels among females heading urban refugee households in Nairobi County, Kenya.

II. Theoretical Framework – Equity Theory Of Motivation (Etm)

This study was guided by two theoretical frameworks: Beck's (1964) Cognitive Model and the Social Exclusion Theory.

Beck's (1964) Cognitive Model suggests that individuals' perceptions shape their emotional and behavioral responses. The model proposes three levels of cognition: core beliefs or schemas, dysfunctional assumptions, and negative automatic thoughts (NATs). In the context of poverty and anxiety, this theory posits that people's interpretations of their financial status significantly impact their anxiety levels.

The Social Exclusion Theory, which emerged in the 1970s, provides a comprehensive framework for understanding the complex and interrelated factors contributing to poverty and its impact on individuals. This theory goes beyond the lack of resources and income, encompassing economic, social, political, and cultural dimensions of exclusion (Daly, 2006). It emphasizes that poverty and social exclusion are not individual problems but relational and interactive issues rooted in social, economic, and political institutions and systems.

III. Methodology

The study adopted a quantitative research method to collect and analyze data. The use of numerical measures was essential as it provided a more comprehensive picture of the relationship between poverty and anxiety. The study utilized a correlational survey design with a cross-sectional approach. This design was chosen because it enabled data collection at a single point in time, allowing the researcher to examine the relationship between poverty and anxiety among females-heading urban refugee households in Nairobi County, Kenya. The cross-sectional approach was deemed appropriate for this study as it provided a snapshot of the current situation, which aligns with the research objectives. The data collected was statistically analyzed to provide meaningful insights into the relationship between poverty and anxiety among females-heading urban refugee households. To conduct a comprehensive analysis and present the data in a clear manner, the study utilized the IBM SPSS Statistics 21 software. The results were presented using tables, figures, numerical values and percentages.

Demographic findings revealed that the largest group (44.9%) fell between 31 and 40 years old. The second largest group (28.7%) was comprised of those aged 18 to 30. The participants aged 51 and above constituted the smallest group (4.7%). Age is a relevant factor as it can shed light on the participants' life stages and experiences, which may influence their poverty and anxiety levels.

Country of Origin: The largest group of respondents was from Somalia (49.9%), followed by South Sudan (25.9%), DRC (16.3%), Ethiopia (2.8%), and Rwanda (3.0%). A small proportion of respondents (2.2%) was from Burundi. The country of origin is a crucial demographic variable as it accounts for the diverse cultural backgrounds, experiences, and challenges faced by the respondents, which may contribute to their overall well-being and mental health.

Religious Affiliation: The majority of the respondents were Muslim (62.4%), while 37.6% identified as Christian. No respondents reported belonging to any other religious groups. A person's religion can significantly impact their worldview, coping strategies, and social support networks. These factors may in turn influence how they experience poverty and anxiety.

Educational Level: Analysis of educational attainment (Table 3) showed that secondary education was the most common level (32.2%), followed by primary education (47.1%) and vocational training (18.5%). A smaller proportion of respondents had obtained a bachelor's degree (2.2%), while none had completed postgraduate studies. Education level is an essential demographic variable as it is often linked to employment opportunities, socioeconomic status, and access to resources, which can directly impact poverty levels and mental well-being.

Marital Status: Regarding marital status, the majority of the respondents were single (43.5%), followed by married (19.3%), divorced (18.5%), and widowed (18.7%). Marital status can influence an individual's social support system, financial stability, and overall well-being, which may contribute to their experiences of poverty and anxiety.

The selection of demographic variables in this study was guided by their established connections to poverty and anxiety levels among females-heading urban refugee households. Examining these characteristics aimed to create a holistic understanding of the target population and potential contributing factors to their experiences of poverty and anxiety.

IV. Findings

Level of Poverty among Females-Heading Urban Refugee Households

A Basic Needs Measuring Scale was used to assess the poverty levels of the respondents as shared in the table below. The scale encompasses 10 items assessing various poverty dimensions, including employment status, income level, access to safe water and sanitation, housing quality, and educational opportunities.

Table 1: Poverty Level of Respondents

Demographic Characteristic		Frequency	Percentage (%)
Employment Status	Employed full-time	49	13.5
	Employed part-time	173	47.7
	Unemployed	123	33.9
	Retired	9	2.5
	Disabled	9	2.5
Monthly Household Income	Less than 5,000	168	46.3
	5,000 to 10,000	126	34.7

10,000 to 20,000		68	18.7	
20,000 to 30,000		1	0.3	
Accessibility to safe drinking water	Yes	222	61.2	
No	141	38.8		
Connection to sanitation system	Yes	220	60.6	
No	143	39.4		
Number of Rooms at residential area	One room	250	68.9	
Two rooms	111	30.6		
Three or more	2	0.6		
Source of fuel for cooking	Electricity	4	1.1	
Gas	227	62.5		
Wood	59	16.3		
Kerosine	73	20.1		
Means of transport owned or rented	Own	1	0.3	
Rent	5	1.4		
No transportation	357	98.3		
Household Ability to meet daily basis food	Yes	130	35.8	
No	233	64.2		
Receiving assistance from NGO/Government	Yes	81	22.3	
No	282	77.7		
Any Children under 18 not attending school	Yes	115	31.7	
No	248	68.3		

Source: Author

The results showed that the majority of the respondents (81%) had a monthly household income of less than 10,000 Kenyan Shillings (approximately 90 USD), indicating a high level of poverty. In terms of employment status, only 13.5% reported being employed full-time, which suggests that most of the respondents faced challenges in meeting their daily needs. Access to education, 31.7% of the respondents reported having at least one child under the age of 18 who was not attending school, indicating a lack of access to educational opportunities. Access to safe drinking water 38.8% of respondents lacked access to this essential resource. Regarding sanitation 39.4% of the respondents were not connected to a toilet system. This lack of access to proper sanitation not only poses health risks but also compromises the privacy of individuals, specifically women and girls.

Housing conditions were also found to be substandard, with a significant 68.9% of the respondents residing in dwellings with only one room. The data revealed that overcrowding and inadequate living spaces were harsh realities for these families, potentially impacting their physical and mental health, as well as their overall well-being.

The study also revealed that 16.3% and 20.1% of the respondents relied on wood and kerosene respectively for cooking fuel. This practice not only contributes to indoor air pollution but also puts a strain on already limited financial resources, as these households are forced to allocate a significant portion of their incomes to procure fuel. 31.7% of the respondents had at least one child under the age of 18 who was not attending school. This statistic highlights the lack of access to educational opportunities, a fundamental right that should be afforded to every child. The lack of access to education to these children may face challenges in breaking the cycle of poverty, potentially perpetuating the cycle of deprivation.

Another significant finding was that 77.7% of respondents reported no assistance from government or NGOs. This lack of access to crucial support systems and resources may hinder their ability to meet basic needs and improve their circumstances.

The results from the Basic Needs Measuring Scale underscore the multidimensional nature of poverty and the serious challenges faced by females-heading urban refugee households in Nairobi County. These findings highlight the critical need for holistic interventions and support systems. The efforts should address not only financial hardship but also the broader issues of limited access to essential life necessities, including safe water, sanitation, adequate housing, and education.

Level of Anxiety among Female-Headed Urban Refugee Households

The study used the Hamilton Anxiety Rating Scale (HAM-A) to assess the levels of anxiety among the respondents, who were females-heading urban refugee households in Nairobi County, Kenya. The results revealed a high prevalence of anxiety within this vulnerable population, with 68.1% of the respondents exhibiting moderate to severe levels of anxiety. Conversely, only 31.9% reported mild or no anxiety symptoms, highlighting the prevalent nature of this mental health issue. The distribution of anxiety levels among the respondents as illustrated in the Table 2 below, showing 34.2% of the respondents experienced severe anxiety, while an additional 33.9% reported moderate levels of anxiety. These findings paint a picture of the psychological distress endured by these households, which can have far-reaching consequences on their overall well-being and ability to cope with the challenges of daily life.

Table 2: Distribution of Anxiety Levels among Respondents

Anxiety Level	Frequency	Percentage (%)
No Anxiety (0-7)	52	14.9
Mild Anxiety (8-15)	59	17
Moderate Anxiety (16-24)	118	33.9
Severe Anxiety (25-30)	119	34.2

Source: Author

The most commonly reported symptoms of anxiety among the respondents were anxious mood (78.2%), tension (74.7%), and insomnia (72.1%). These findings are particularly troubling as they suggest a pervasive sense of worry, apprehension, and restlessness, coupled with disrupted sleep patterns, which can further exacerbate the already precarious mental health of these individuals. Also, a significant proportion of the respondents experienced fears (64.9%), intellectual difficulties (62.4%), and depressed mood (58.9%).

Influence of Poverty on Anxiety Levels of Females heading urban refugee households

To examine the influence of poverty on anxiety levels, a multiple linear regression analysis was conducted as shown in the table 3 below.

Table 3: Multiple Linear Regression Analysis for the Impact of Poverty on Anxiety Levels

Model	Unstandardized Coefficients	Standardized Coefficients	t-value	Sig.
	B	Std. Error	Beta	
Constant	9.215	1.674	-	5.504
Poverty Level	1.281	.132	.491	9.690

The regression analysis revealed a significant positive association between poverty levels and anxiety scores ($\beta = 0.491$, $p < 0.001$). This indicates that higher poverty levels correlate with increased anxiety levels among females-heading urban refugee households in Nairobi County.

The coefficient of determination (R^2) of 0.241 suggests that poverty levels explain approximately 24.1% of the variance observed in anxiety scores. The F-statistic ($F(1, 346) = 93.914$, $p < 0.001$) confirms the overall statistical significance of the regression model.

V. Discussion

Levels of poverty and anxiety among females heading urban refugee households

The first objective of this study was to determine the level of poverty and anxiety among females-heading urban refugee households in Nairobi County, Kenya. The findings revealed a high prevalence of both poverty and anxiety within this vulnerable population, aligning with existing literature on the challenges faced by refugees, particularly females-heading households (UNHCR, 2021; Women for Women International, 2021; Fazel et al., 2005; WHO, 2018). The results from the Basic Needs Measuring Scale showed 68.4% of the females-heading urban refugee households had a monthly household income of less than 10,000 Kenyan Shillings (approximately 90 USD), indicating lack of financial resources. The study's findings align with observations documented in various reports and studies. The United Nations High Commissioner for Refugees (UNHCR, 2021) emphasizes the prevalence of poverty and the scarcity of economic opportunities for refugees, especially those residing in urban areas. Mensikovs et al. (2020) highlight the challenges faced by vulnerable populations in accessing basic necessities. The high levels of poverty observed in the study are consistent with existing literature, which suggests that refugees, particularly those in urban settings, often face significant economic challenges and limited access to resources (Armstrong-Mensah et al., 2023; Lund et al., 2010; Naja et al., 2016; Ridley et al., 2020). The intersectionality of poverty and the unique challenges faced by females-heading households further exacerbate the vulnerability of this population.

The study's findings on anxiety levels among the respondents were particularly concerning. The Hamilton Anxiety Rating Scale (HAM-A) results revealed that 68.1% of the respondents exhibited moderate to severe levels of anxiety, with 34.2% experiencing severe anxiety. Conversely, only 31.9% reported mild or no anxiety symptoms. These findings align with various reports and studies on mental health among refugee populations. The World Health Organization (WHO, 2018) highlights the increased risk of mental health conditions, including anxiety disorders, among refugee populations due to the traumatic experiences associated with forced migration and the challenges of resettlement. In the study, the most commonly reported symptoms of anxiety among the respondents were anxious mood (78.2%), tension (74.7%), and insomnia (72.1%). These findings suggest a pervasive sense of worry, apprehension, and restlessness, coupled with disrupted sleep patterns, which can further exacerbate the already precarious mental health of these individuals. The prevalence of anxious mood and tension among the respondents aligns with the Cognitive Model Theory (Beck, 1976), which posits that

individuals' perceptions and beliefs about their circumstances can shape their emotional and behavioral responses, contributing to the development of anxiety disorders.

Additionally, the study found that a significant proportion of the respondents experienced fears (64.9%), intellectual difficulties (62.4%), and depressed mood (58.9%), highlighting the multifaceted nature of the anxiety experienced by this population. The presence of fears and depressed mood among the respondents is consistent with the Tripartite Model of Anxiety and Depression (Clark & Watson, 1991), which suggests that negative affect (e.g., fear, sadness) is a shared component of both anxiety and depressive disorders. The high prevalence of anxiety among females-heading urban refugee households in Nairobi County, Kenya, as observed in the study, is consistent with existing literature. The various studies suggest that refugees are at a higher risk of developing mental health conditions, including anxiety disorders, due to the traumatic experiences associated with forced migration and the challenges of resettlement (Fazel et al., 2005; Nickerson et al., 2011; WHO, 2018)

The Influence of poverty on the anxiety levels of females-heading urban refugee households

This study's second objective examined the influence of poverty on anxiety scores among females-heading urban refugee households in Nairobi County, Kenya. The multiple linear regression analysis yielded a significant positive association between poverty levels and anxiety scores. This indicates that as poverty levels increase, so too do anxiety levels within this population. The coefficient of determination (R^2) of 0.241 indicates that poverty levels account for approximately 24.1% of the variance observed in anxiety scores among the participants. This aligns with prior research, which consistently highlights the detrimental effects of poverty on mental health, including the increased risk of developing anxiety disorders (McLaughlin et al., 2010; Burroughs et al., 2021; Knifton & Inglis, 2020; Ohrnberger et al., 2020).

The chronic stress, insecurity, and lack of access to resources that accompany poverty can create an environment conducive to the development of anxiety symptoms. The daily struggles to meet basic needs, such as food, shelter, and healthcare, can lead to a constant state of worry and apprehension, and hence increase anxiety levels (Lund et al., 2010; Patel & Kleinman, 2003). The lack of access to essential services, such as education and healthcare, further compounds the impact of poverty on mental health (Knifton & Inglis, 2020; Ohrnberger et al., 2020). Limited educational opportunities can hinder individuals' ability to develop coping mechanisms and resilience, making them more vulnerable to the negative effects of poverty on mental health (Baer et al., 2013). The inadequate access to healthcare services can prevent individuals from receiving proper diagnosis and treatment for mental health conditions, perpetuating the cycle of poverty and mental illness (Knifton & Inglis, 2020).

The relationship between poverty and anxiety levels among females-heading urban refugee households

The third objective of the study was to examine the relationship between poverty and anxiety levels among females-heading urban refugee households in Nairobi County, Kenya. To achieve this objective, Pearson's correlation analysis was conducted between the scores obtained from the Basic Needs Measuring Scale (poverty levels) and the Hamilton Anxiety Rating Scale (anxiety levels). The results of the Pearson's correlation analysis revealed a strong positive correlation between poverty levels and anxiety levels among females-heading urban refugee households ($r = 0.491$, $p < 0.01$). This finding indicates that as poverty levels increase, anxiety levels also tend to increase, and vice versa. The correlation coefficient of 0.491 suggests a moderate to strong relationship between the two variables, further reinforcing the significant association between poverty and anxiety levels within this vulnerable population.

The findings of this study also highlight the need to consider the unique challenges faced by females-heading households within the refugee community. The women in these households often bear the brunt of caregiving responsibilities, gender-based discrimination, and limited economic opportunities, which can compound the impact of poverty on their mental well-being (Armstrong-Mensah et al., 2023; Women for Women International, 2021). The intersectionality of poverty, gender, and refugee status creates a complex web of vulnerabilities that must be addressed through targeted interventions and support systems. The strong positive correlation between poverty and anxiety levels observed in this study has significant implications for policy and practice. It underscores the need for a holistic approach that addresses both economic and mental health challenges simultaneously. Based on the findings, we suggest that interventions aimed at poverty alleviation, such as access to sustainable livelihoods, vocational training, and microfinance opportunities, can provide a sense of financial security and empowerment, which can positively impact mental well-being (UNHCR, 2021; Women for Women International, 2021).

However, the results indicate that poverty alleviation strategies alone may not be sufficient to address the mental health needs of females-heading urban refugee households. We propose that the integration of mental health services, including counseling, psychotherapy, and community-based support systems, is crucial for addressing the high prevalence of anxiety and other mental health conditions within this population (Patel & Kleinman, 2003; WHO, 2018). The findings suggest that interventions should consider the unique challenges

faced by females-heading households, such as gender-based violence, discrimination, and disproportionate caregiving responsibilities (Armstrong-Mensah et al., 2023; Women for Women International, 2021). Addressing these intersectional factors through gender-sensitive programming and support services can help to alleviate the additional burdens faced by these households and promote overall well-being.

VI. Conclusion

This study reveals high levels of poverty and anxiety among females-heading urban refugee households in Nairobi County, Kenya. The significant positive relationship between poverty and anxiety levels underscores the interconnected nature of economic deprivation and psychological distress. These findings align with the Social Exclusion Theory and Cognitive Model Theory, highlighting the multidimensional challenges faced by this vulnerable population.

VII. Recommendation

Develop and implement policies and programs that address the economic challenges of females-heading urban refugee households. These policies should focus on creating sustainable employment opportunities, providing access to affordable housing, and ensuring access to basic necessities such as safe drinking water and sanitation facilities.Collaboration with local communities and refugee populations to design and implement programs that address both economic and mental health needs. These programs should be culturally sensitive and emphasize empowerment, capacity building, and sustainable livelihood strategies. Expand the scope of research to include other mental health conditions, such as depression and post-traumatic stress disorder, and examine their relationship with poverty and other socioeconomic factors.

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