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LIVELIHOOD INSECURITY, MENTAL HEALTH OUTCOMES, AND SOCIAL WORK INTERVENTIONS AMONG INFORMAL SECTOR WORKERS IN CALABAR METROPOLIS, NIGERIA

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ABSTRACT

This study examined the relationship between livelihood insecurity, mental health outcomes, and social work interventions among informal sector workers in Calabar Metropolis, Nigeria. A cross-sectional survey design was employed. The target population comprised adult traders, artisans, commercial transport operators, mechanics, hairdressers, food vendors, and related self-employed persons aged 18 years and above who had worked in the informal economy for at least one year. Using a multistage sampling procedure, purposive identification of major informal-work clusters, proportionate allocation based on estimated cluster sizes, and systematic random sampling within clusters. 400 respondents were selected across markets, transport parks, mechanic villages, and artisan zones. Data were collected with a structured questionnaire containing three multi-item Likert-type scales measuring livelihood insecurity (eight items), mental-health outcomes (ten items reflecting psychological distress), and access to and perceived usefulness of social work interventions (seven items). The instrument demonstrated acceptable overall reliability (Cronbach's $\alpha = .82$); subscale alphas ranged from .78 to .84. Descriptive statistics, Pearson product-moment correlation, and multiple linear regression were used to analyse the data at the .05 significance level. Results showed relatively high livelihood insecurity ($M = 3.82$, $SD = 0.70$) and moderate mental-health challenges ($M = 3.66$, $SD = 0.75$), while access to social work interventions remained low ($M = 2.87$, $SD = 0.83$). Means were interpreted against conventional five-point Likert thresholds (1.00–2.49 low, 2.50–3.49 moderate, 3.50–5.00 high). Livelihood insecurity was strongly and positively associated with poorer mental-health outcomes ($r = .748$, $p < .001$). Multiple regression indicated that livelihood insecurity significantly predicted mental-health outcomes ($\beta = .69$, $p < .001$), while social work interventions were significantly and negatively associated with mental-health challenges ($\beta = –.21$, $p < .001$) after controlling for livelihood insecurity, indicating a protective association. No interaction term was tested; the protective association is therefore interpreted as an observed covariate effect rather than a formally moderated causal effect. The study concludes that livelihood insecurity is a major correlate of psychological distress among informal workers and that expanded, community-based social work services are associated with lower reported distress. Recommendations include strengthened social-protection policies, scaled-up psychosocial support, and targeted livelihood programmes for informal workers in Calabar and similar urban settings.

Keywords: livelihood insecurity, mental health outcomes, social work intervention, informal sector workers, Calabar Metropolis, Nigeria

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1.0 INTRODUCTION

Livelihood insecurity is the inability of individuals or households to secure stable, adequate, and sustainable income that meets basic needs and buffers economic shocks; it has become a defining feature of work in the informal economy (International Labour Organization [ILO], 2024). In sub-Saharan Africa more than 85 % of total employment occurs outside formal labour arrangements (ILO, 2024). Nigeria mirrors this pattern: the National Bureau of Statistics (NBS, 2023) estimates that the overwhelming majority of non-agricultural jobs are informal. These jobs typically lack contracts, paid leave, occupational health cover, pensions, and legal protection against exploitation (Bonnet et al., 2019).

Calabar Metropolis, the commercial hub of Cross River State, exemplifies these conditions. Markets, transport parks, mechanic villages, and artisan workshops absorb large numbers of traders, commercial drivers, mechanics, hairdressers, food vendors, and other self-employed persons whose daily earnings are highly sensitive to inflation, transport costs, and fluctuating consumer demand (Nchor, 2023; Resnick et al., 2019). Nchor's (2023) household survey of 425 informal households in Calabar documented pervasive income instability, limited access to formal credit, and reliance on precarious coping strategies. Such conditions generate chronic financial stress that is widely recognised as a social determinant of mental health (World Health Organization [WHO], 2022).

Empirical work in Nigeria has begun to map the mental-health consequences of informal work. Oladosu and Chanimbe (2024) surveyed 686 young informal construction workers and found that 25 % reported poor mental-health-related quality of life; reciprocity of social support was a significant protective factor. In Lagos, market traders and informal transport operators have been shown to experience elevated anxiety and depressive symptoms linked to long hours, debt cycles, and absence of occupational health services (Ikwuegbu et al., 2021; Eboh & Akintunde, 2022). Yet these studies remain geographically concentrated in the South-West and North-Central zones; systematic evidence from the South-South, and specifically from Calabar, is scarce.

Social work, guided by the person-in-environment perspective and the Global Definition of Social Work (International Federation of Social Workers [IFSW], 2014), is uniquely positioned to address both the economic and psychosocial dimensions of livelihood insecurity. Interventions may include psychosocial counselling, case management, community education, livelihood support, advocacy for social protection, and facilitation of mutual-aid groups. In Nigeria, however, the shortage of professional social workers and the weak integration of social-work services into informal economic spaces limit the reach of such interventions (Amadasun, 2020).

Despite the growing international attention to the social determinants of mental health, few Nigerian studies have simultaneously examined livelihood insecurity, mental-health outcomes, and the potential protective role of social-work interventions among informal workers. Existing local literature either treats poverty and unemployment in isolation or examines mental health without reference to social-work practice. Consequently, policymakers and practitioners in Cross River State lack context-specific evidence on which to base targeted programmes.

This study therefore investigates the relationship between livelihood insecurity and mental-health outcomes among informal sector workers in Calabar Metropolis and assesses the contribution of social work interventions to these outcomes. The specific objectives are:

1. To determine the levels of livelihood insecurity, mental-health challenges, and access to social work interventions among informal sector work-

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ers in Calabar Metropolis.

2. To examine the relationship between livelihood insecurity and mental-health outcomes among the respondents in Calabar Metropolis.
3. To assess the predictive influence of livelihood insecurity and social work interventions on mental-health outcomes in Calabar Metropolis.

The following null hypotheses were tested at the .05 level of significance:

H_{01}: There is no significant relationship between livelihood insecurity and mental-health outcomes among informal sector workers in Calabar Metropolis.

H_{02}: Livelihood insecurity and social-work interventions do not significantly predict mental-health outcomes among informal sector workers in Calabar Metropolis.

2.0. THEORETICAL FRAMEWORK

This study is anchored on three interrelated theoretical perspectives that together provide a coherent lens for understanding the linkages among livelihood insecurity, mental-health outcomes, and social-work interventions: the Person-in-Environment (PIE) perspective, the Social Determinants of Health (SDOH) framework, and the Stress Process Model. These frameworks are particularly relevant to social-work research and practice with economically vulnerable populations in low- and middle-income countries.

2.1. Person-in-Environment Perspective

The Person-in-Environment (PIE) perspective is a foundational organising principle of social work (Hutchison, 2023; Karls & Wandrei, 1994). It posits that individual well-being cannot be understood in isolation from the social, economic, cultural, and physical environments in which people live and work. Human behaviour and psychosocial functioning are shaped by continuous transactions between the person and multiple environmental systems such as family, community, labour market, institutions, and broader structural arrangements.

Applied to informal sector workers in Calabar Metropolis, the PIE perspective directs attention to the ways in which unstable income, absence of social protection, hazardous working conditions, and limited access to formal support systems interact with individual coping resources to produce or mitigate psychological distress. From this standpoint, mental-health problems among informal workers are not solely intra-psychic phenomena; they are also products of environmental stressors and resource deficits. Consequently, effective intervention must target both the person (through counselling, skill-building, and psychosocial support) and the environment (through advocacy, livelihood support, community mobilisation, and policy change). This dual focus is consistent with the Global Definition of Social Work, which emphasises the promotion of social change, social development, social cohesion, and the empowerment and liberation of people (IFSW, 2014).

2.2. Social Determinants of Health Framework

The Social Determinants of Health (SDOH) framework, advanced by the World Health Organization (WHO, 2008, 2022) and elaborated by scholars such as Marmot and Wilkinson (2005), holds that the conditions in which people are born, grow, live, work, and age are the primary drivers of health outcomes, including mental health. Key determinants include income and social protection, employment and working conditions, education, housing, food security, and access to health services. These determinants are themselves shaped by wider structural forces such as economic policies, social norms, and governance arrangements.

Within this framework, livelihood insecurity constitutes a potent upstream determinant of mental health. Persistent financial uncertainty, irregular earnings, and the absence of buffers against economic shocks

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generate chronic stress, undermine a sense of control, restrict access to healthcare and nutritious food, and erode social participation. Empirical syntheses have confirmed that socio-economic disadvantage is both a cause and a consequence of common mental disorders, particularly in low- and middle-income countries (Lund et al., 2018; Ridley et al., 2020). For informal sector workers in Nigeria, where formal social-protection coverage remains minimal, the SDOH framework explains why mental-health interventions that ignore economic security are likely to have limited impact. It also provides the rationale for multi-sectoral responses that combine psychosocial care with livelihood support and advocacy for inclusive social protection precisely the domain of social work.

2.3. Stress Process Model

The Stress Process Model (Pearlin et al., 1981; Pearlin, 1989) offers a more process-oriented account of how chronic stressors affect mental health and how resources can buffer or exacerbate those effects. The model distinguishes among stressors (e.g., economic hardship, role strain), stress mediators or moderators (social support, coping resources, mastery), and stress outcomes (depression, anxiety, psychological distress). Primary stressors can proliferate into secondary stressors, creating cumulative disadvantage over time.

In the context of this study, livelihood insecurity functions as a chronic primary stressor. Its effects on mental health may be intensified by secondary stressors such as food insecurity, inability to meet family obligations, or conflict arising from financial pressure. Conversely, access to social work interventions, psychosocial counselling, linkage to resources, facilitation of mutual-aid groups, and advocacy can operate as protective resources that enhance coping, restore a sense of mastery, and interrupt stress proliferation. The model therefore supplies a theoretical basis for hypothesising both a positive association between livelihood insecurity and poorer mental-health outcomes and a protective association between social work interventions and mental-health challenges. It should be noted that the present analysis tests main-effect associations; a formal statistical interaction (moderation) between livelihood insecurity and social work interventions was not modelled.

2.4. Integration of the Frameworks

Taken together, the three perspectives form a multi-level explanatory framework. The SDOH framework situates livelihood insecurity as a structural determinant of mental health. The Stress Process Model elucidates the pathways through which this determinant produces psychological distress and identifies points at which resources can intervene. The PIE perspective supplies the practice-oriented rationale for social work action that simultaneously addresses individual distress and environmental constraints. This integrated framework guides the study's research questions, the selection of variables, and the interpretation of findings. It also underpins the practical recommendation that interventions for informal sector workers must combine economic support with accessible, community-based psychosocial services if they are to be effective in reducing mental-health inequalities.

3.0 LITERATURE REVIEW

3.1. Livelihood Insecurity and Mental Health among Informal Workers

A substantial body of evidence links economic insecurity to poor mental health. Ridley et al. (2020) demonstrated causal pathways from poverty to depression and anxiety through chronic stress, reduced cognitive bandwidth, and constrained coping resources. Lund et al. (2018), in a systematic review of reviews, confirmed that socio-economic disadvantage is both a cause and a consequence of mental disorders, particularly in low- and middle-income countries.

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Nigerian studies reinforce these patterns. Oladosu and Chanimbe (2024) reported that one-quarter of young informal construction workers experienced poor mental-health-related quality of life; those with lower social-support reciprocity fared worse. Ikwuegbu et al. (2021) found elevated anxiety and depression among market traders in Lagos Island, while Eboh and Akintunde (2022) documented high psychological distress among informal transport operators using the GHQ-12. In Calabar itself, Nchor (2023) showed that informal households rely on fragile livelihood portfolios and face persistent income volatility, conditions that, according to the social-determinants framework, elevate mental-health risk (WHO, 2022).

These findings suggest that livelihood insecurity is not merely a background variable but an active driver of psychological distress among informal workers. Yet the Calabar-specific evidence base remains thin, and few studies have quantified the association using standardised measures of both livelihood insecurity and mental-health outcomes.

3.2. Social Work Interventions in the Informal Economy

Social work practice emphasises empowerment, social justice, and the strengthening of community resources (IFSW, 2014). In the informal economy, relevant interventions include psychosocial counselling, crisis intervention, financial-literacy education, facilitation of self-help groups, advocacy for social-protection coverage, and referral to formal mental-health services (IASSW & IFSW, 2020). Patel et al. (2018) argue that effective responses to mental-health inequalities must combine clinical care with multi-sectoral action on poverty and employment insecurity—precisely the domain of social work.

In Nigeria, however, the professional social-work workforce is limited, and services rarely reach informal workplaces systematically (Amadasun, 2020). Community-based pilots in South-Western Nigeria have shown that culturally grounded psychosocial support can improve coping among informal workers (Nwachukwu & Adeyemi, 2019), yet comparable evaluations from the South-South zone are lacking. This study therefore tests whether reported access to social-work-type interventions is associated with better mental-health outcomes after accounting for livelihood insecurity.

4.0. METHODOLOGY

A substantial body of evidence links economic insecurity to poor mental health. Ridley et al. (2020) demonstrated causal pathways from poverty to depression and anxiety through chronic stress, reduced cognitive bandwidth, and constrained coping resources. Lund et al. (2018), in a systematic review of reviews, confirmed that socio-economic disadvantage is both a cause and a consequence of mental disorders, particularly in low- and middle-income countries.

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5.0. RESULTS

5.1. Socio-Demographic Characteristics

Of the 400 respondents, 218 (54.5 %) were female and 182 (45.5 %) were male. The largest age group was 31–40 years (n = 143, 35.8 %), followed by 18–30 years (n = 115, 28.8 %), 41–50 years (n = 95, 23.8 %), and those above 50 years (n = 47, 11.8 %). These distributions reflect the gender and age profile commonly observed among informal workers in Calabar markets and transport parks. Table 1 presents the socio-demographic characteristics of the respondents.

Table 1: Socio-Demographic Characteristics of Respondents (N = 400)

VARIABLE	FREQUENCY	PERCENTAGE (%)
Sex		
Male	182	45.5
Female	218	54.5
Age		
18–30 years	115	28.8
31–40 years	143	35.8
41–50 years	95	23.8
Above 50 years	47	11.8

5.2. Descriptive Statistics of Study Variables

Respondents reported a relatively high level of livelihood insecurity (M = 3.82, SD = 0.70) and a moderate level of mental-health challenges (M = 3.66, SD = 0.75). Access to social-work interventions was comparatively low (M = 2.87, SD = 0.83). These means, interpreted against the thresholds stated in the Methodology section, indicate that while economic vulnerability and psychological distress are pronounced, formal or informal social work support remains limited in the study setting. Table 2 summarises the descriptive statistics.

Table 2: Descriptive Statistics of Study Variables (N = 400)

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VARIABLE	N	MEAN	SD
Livelihood insecurity	400	3.82	0.70
Mental-health outcomes	400	3.66	0.75
Social work intervention	400	2.87	0.83

Hypothesis H_{01}: Relationship between Livelihood Insecurity and Mental-Health Outcomes

Pearson product-moment correlation revealed a strong, positive, and statistically significant relationship between livelihood insecurity and mental-health outcomes ($r = .748$, $p < .001$). Higher livelihood insecurity was associated with greater psychological distress. Consequently, the null hypothesis H_{01} was rejected. Table 3 presents the correlation result.

Table 3: Pearson Correlation between Livelihood Insecurity and Mental-Health Outcomes

VARIABLE	R	P-VALUE
Livelihood insecurity × Mental-health outcomes	.748	< .001

Hypothesis H_{02}: Predictive Influence of Livelihood Insecurity and Social Work Interventions

Multiple linear regression was conducted with mental-health outcomes as the dependent variable and livelihood insecurity and social work interventions as predictors. The model was statistically significant, $F(2, 397) = 312.45$, $p < .001$, and accounted for 61.1 % of the variance in mental-health outcomes ($R^2 = .611$, Adjusted $R^2 = .609$). Livelihood insecurity was a strong positive predictor ($\beta = .69$, $t = 21.34$, $p < .001$), indicating that greater economic insecurity was associated with worse mental health. Social work interventions emerged as a significant negative predictor ($\beta = –.21$, $t = –6.48$, $p < .001$), indicating a protective association: higher reported access to social work support was associated with lower psychological distress after controlling for livelihood insecurity. No interaction term was tested; the coefficients therefore represent main-effect associations rather than formally moderated causal effects. The null hypothesis H_{02} was therefore rejected. Table 4 presents the regression results.

Table 4: Multiple Regression Predicting Mental-Health Outcomes

PREDICTOR	B	SE	β	p
Livelihood insecurity	0.74	< .001	.69	< .001
Social work intervention	–0.19	0.03	–.21	< .001
$R^2 = .611$; Adjusted $R^2 = .609$; $F(2, 397) = 312.45$, $p < .001$				

5.0. DISCUSSION

The first objective was to establish the levels of the three focal variables. The high mean for livelihood insecurity (3.82) aligns with Nchor's (2023) description of fragile livelihood portfolios among informal households in Calabar and with national estimates of income volatility in the informal economy (NBS, 2023). The moderate elevation in mental-health challenges (3.66) is consistent with Oladosu and Chanimbe (2024), who reported that 25 % of young informal construction workers in Nigeria experienced poor mental-health-related quality of life. The low mean for social work intervention (2.87) confirms the limited reach of professional and community-based social work services into informal workplaces noted by Amadasun (2020).

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Hypothesis H_{01} was rejected: livelihood insecurity showed a strong positive association with poorer mental-health outcomes ($r = .748$). This finding corroborates the social-determinants framework (WHO, 2022) and the causal evidence presented by Ridley et al. (2020). It also extends local Nigerian evidence (Ikwuegbu et al., 2021; Eboh & Akintunde, 2022) by quantifying the relationship in a South-South urban context that has previously been under-studied.

Hypothesis H_{02} was likewise rejected. Livelihood insecurity remained a robust positive predictor ($\beta = .69$), while social work interventions exerted a significant protective association ($\beta = –.21$) after statistical control for economic insecurity. The protective coefficient supports the theoretical claim that psychosocial support, counselling, and linkage to resources can be associated with lower mental-health impact of economic adversity (Patel et al., 2018; IFSW, 2014). Because no interaction term was tested, the result is interpreted as a main-effect association rather than a formally demonstrated moderation or causal buffer. Nevertheless, it provides empirical justification for expanding community-based social work services among informal workers in Calabar, an intervention domain that has received little systematic evaluation in the South-South zone.

Taken together, the results indicate that mental-health challenges among informal sector workers cannot be addressed solely through clinical services. Structural interventions that improve income security, combined with accessible psychosocial support delivered through social work channels, are required. The findings therefore speak directly to the three study objectives and supply context-specific evidence for policy and practice in Cross River State.

6.0. CONCLUSION

This study demonstrates that livelihood insecurity is strongly associated with poorer mental-health outcomes among informal sector workers in Calabar Metropolis and that social work interventions are associated with a measurable protective effect after controlling for economic insecurity. The evidence underscores the need for integrated strategies that simultaneously strengthen economic security and expand community-based psychosocial support. Addressing these twin challenges is essential for reducing mental-health inequalities and improving the well-being of the large informal workforce that sustains the local economy.

1. The Cross River State Government and relevant federal agencies should expand social-protection and livelihood-support programmes specifically targeted at informal sector workers in Calabar Metropolis.
2. Social work departments, non-governmental organisations, and professional associations should scale up community-based mental-health services, including counselling, psychosocial first aid, and referral pathways within markets, transport parks, and artisan clusters.
3. Policymakers should design inclusive economic-empowerment and occupational-health policies that recognise the distinctive vulnerabilities of informal workers and improve their access to affordable healthcare.
4. Future research should employ longitudinal designs to evaluate the longer-term effectiveness of social work interventions on both mental-health and livelihood outcomes among informal workers in diverse Nigerian urban settings.

REFERENCES

Amadasun, S. (2020). Social work and the COVID-19 pandemic in Nigeria: Reflections on the profession's contribution and response. Social Work & Society, 18(2), 1–12.

Bonnet, F., Vanek, J., & Chen, M. A. (2019). Women and men in the informal economy: A statis-

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ISSN: 3115-6940
EISSN: 3115-6932

tical brief. Women in Informal Employment: Globalizing and Organizing (WIEGO).

Commission on Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. World Health Organization. https://iris.who.int/handle/10665/43943

Creswell, J. W., & Creswell, J. D. (2023). Research design: Qualitative, quantitative, and mixed methods approaches (6th ed.). SAGE Publications.

Eboh, F., & Akintunde, O. (2022). Mental health burden among informal transport operators in Lagos: Evidence from a screening study using GHQ-12. African Journal of Occupational Psychology, 11(2), 33–47.

Hutchison, E. D. (2023). Dimensions of human behaviour: Person and environment (7th ed.). SAGE Publications.

Ikwuegbu, C., Yusuf, B., & Nnadi, D. (2021). Anxiety and depression among market traders in Lagos Island: A cross-sectional study. Journal of Public Health in Africa, 12(1), 55–63.

International Association of Schools of Social Work, & International Federation of Social Workers. (2020). Global standards for social work education and training. https://www.iassw-aiets.org/global-standards-for-social-work-education-and-training/

International Federation of Social Workers. (2014). Global definition of social work. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

International Labour Organization. (2024). World employment and social outlook: Trends 2024. International Labour Organization.

Karls, J. M., & Wandrei, K. E. (1994). Person-in-environment system: The PIE classification system for social functioning problems. NASW Press.

Lund, C., Brooke-Sumner, C., Baingana, F., Baron, E. C., Breuer, E., Chandra, P., Haushofer, J., Herrman, H., Jordans, M., Kieling, C., Medina-Mora, M. E., Morgan, E., Omigbodun, O., Tol, W., Patel, V., & Saxena, S. (2018). Social determinants of mental disorders and the Sustainable Development Goals: A systematic review of reviews. The Lancet Psychiatry, 5(4), 357–369. https://doi.org/10.1016/S2215-0366(18)30060-9

Marmot, M., & Wilkinson, R. G. (Eds.). (2005). Social determinants of health (2nd ed.). Oxford University Press.

National Bureau of Statistics. (2023). Nigeria labour force survey 2023. National Bureau of Statistics.

Nchor, J. (2023). Livelihood strategies and their determinants among informal households in Calabar, Nigeria. Journal of International Development, 35(5), 912–928.

Nwachukwu, C., & Adeyemi, T. (2019). Culturally grounded mental health support for informal workers: Lessons from a community pilot in Southwestern Nigeria. African Mental Health Review, 6(2), 21–29.

Oladosu, A. O., & Chanimbe, T. (2024). A two-pronged approach to understanding reciprocity and mental health relationship in developing countries: Evidence from young informal construction workers in Nigeria. BMC Public Health, 24, Article 1851. https://doi.org/10.1186/s12889-024-19315-x

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EISSN: 3115-6932

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., … Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

Pearlin, L. I. (1989). The sociological study of stress. Journal of Health and Social Behavior, 30(3), 241–256.

Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. Journal of Health and Social Behavior, 22(4), 337–356.

Resnick, D., Sivasubramanian, B., Idiong, I. C., Ojo, M. A., & Tanko, L. (2019). The enabling environment for informal food traders in Nigeria's secondary cities. Urban Forum, 30, 385–405. https://doi.org/10.1007/s12132-019-09371-7

Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. Science, 370(6522), eaay0214. https://doi.org/10.1126/science.aay0214

Taber, K. S. (2018). The use of Cronbach's alpha when developing and reporting research instruments in science education. Research in Science Education, 48(6), 1273–1296. https://doi.org/10.1007/s11165-016-9602-2

World Health Organization. (2022). World mental health report: Transforming mental health for all. World Health Organization.

World Medical Association. (2013). World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. JAMA, 310(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053

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