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The Impact of Financial Stress on Mental Wellbeing in Africa: A Systematic Review

Celestine Kpurugbara[1]*, Adejumoke Awosanya[2], Yusuff Awosanya[3] and Kwapnoe Aaron Peter[4]

[1]*DFAB Research, United Kingdom*

[2]*Lecturer in Global Public Health, School of Health & Life Sciences, Teesside University, United Kingdom*

[3]*DFAB Research, United Kingdom*

[4]*DFAB Research, United Kingdom*

***Corresponding author:** Celestine Kpurugbara, DFAB Research, United Kingdom

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ABSTRACT

Financial stress has recently gained significant recognition as key determinant of mental wellbeing, specifically in Africa, where poverty, unemployment and unstable economy are common. Existing research that examined this relationship, However, evidence remained fragmented, context specific and lacked generalisation. This study aims to assess the impact of relationship in Africa through a systematic review of available evidence. The systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Sixteen studies were identified across multiple databases, including six qualitative, eleven quantitative and one mixed methods study. Qualitative studies were analysed using Thematic synthesis, Narrative synthesis was used to analyse quantitative studies, and findings were merged using triangulation method. Quantitative studies demonstrated consistent association between financial stress and depression, anxiety, and psychological distress.

The key drivers were poverty, unemployment, household economic shocks, food and financial instability. Qualitative studies reported the experience of financial hardship as chronic anxiety, feeling of hopelessness, emotional exhaustion, social withdrawal and feeling of shame and guilt, these were commonly expressed contextually as ''too many thoughts'' and ''thinking too much''. The triangulation of both studies showed a significant convergence that identified financial stress as multidimensional determinant of mental wellbeing, particularly driven by structural inequalities and socioeconomic deprivation across Africa. This outcome showed significant impact and consistent relationship between financial stress and mental wellbeing across, and underscore the need to strengthen social protection, reduce structural inequalities and integration of a culturally responsive mental health intervention services within the primary healthcare in Africa.

Keywords: Financial Stress; Mental Wellbeing; Mental Health; Africa; Social Determinants of Health; Depression; Anxiety; Emotional Distress; Psychological Distress

Abbreviations: PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses; WHO: World Health Organisation; PEO: Population Exposure and Outcome; MHD: Mental Health Disorders; MeSH: Medical Subject Headings; AFSMWF: African Financial Stress and Mental Wellbeing Framework

Introduction

Mental health is increasingly recognised as a component of overall health and a fundamental human right (World Health Organisation [1]. Contemporary perspective of health considers mental wellbeing as a key aspect of health, underscoring the importance of resilience and social capital in managing daily stressor [2]. Although, achieving overall health is broad and unrealistic, considering that only few people achieve such standard of health [3]. Consequently, disruption in mental wellbeing and mental health disorders (MHD) have significantly contributed to global disease burden of health [4]. Globally, MHD is among the leading cause of morbidity and disability, affecting one billion people and account for one in eight individuals [5]. This figure reflects improved health surveillance and awareness rather than a sole disease prevalence [4]. MHD are underestimated due to classification and reporting gap across regions [6]. Recent global

crisis including COVID-19 and economic disruptions, have influenced mental wellbeing and led to financial stress that undermines both economic and individual wellbeing [5,6].

Globally, MHD cost over US$1trillion in lost productivity [7]. These effects are driven by an interaction of psychological, biological, environmental and socioeconomic factors [8]. Socioeconomic deprivation significantly shapes health outcomes, creating a social gradient of health where lower income is associated with poorer health outcomes (Marmot, 2005). Financial stress derived from socioeconomic deprivation, specifically in deprived regions influences health outcomes [9,10]. Within Africa, structural inequalities steer anxiety, depression and suicidal ideation [11]. Persistent income disparities, unemployment, poverty and economic instability intensify vulnerability to MHD [12,13]. Statistically, in Africa, over 150 million people are affected, yet 85% lacks access to treatment [14]. This gap is sustained by underfunding, poor primary healthcare, stigma and under-reporting, particularly in rural settings [15,16]. Nigeria and Uganda allocate less than 3% of health budget to mental health, which is lesser when compared to high-income countries [11,17,18]. Additionally, cultural and traditional beliefs also influence how MHD is treated, diagnosed and expressed [19].

The rationale for this study was informed by the growing global significance of financial stress and mental wellbeing, yet evidence within Africa remain fragmented and contextually shallow. Studies are limited in design, scope and coverage, often targeting isolated systems or short-term effect which offers little insights. Studies by Malawi [20] and Nigeria [21] demonstrated this association, however, their findings remained context-specific and lacks generalisation across Africa. Additionally, most studies adopt the Western Biomedical framework, which lacks socio-cultural realities in Africa. Such frameworks medicalise mental health outcomes and often overlook socio-cultural factors that shape how emotional distress is experienced, interpreted and expressed across Africa settings [22]. This study bridges the existing knowledge gap by consolidating fragmented evidence, analysing the relationship between financial stress and mental wellbeing, identify the socio-economic determinant and develop a conceptual framework.

Aim: To assess the impact of financial stress on mental wellbeing in Africa.

Objectives

- To assess the relationship between financial stress and mental wellbeing in Africa.
- To explore the determinants of financial stress and mental wellbeing in Africa.
- To develop a conceptual framework that explains financial stress and mental wellbeing in Africa

Methods

Study Design

This study adopts a systematic review because it offers a rigorous, transparent and replicable method of identifying, synthesising and appraising available research evidence to answer a research question [23]. The Cochrane Handbook for Systematic Reviews of Interventions or the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guided this study in ensuring the process maintained methodological credibility, reproducible, comprehensive, properly documented and minimised bias [24,25]. Although, scoping review effective map broad evidence, they lack analytical depth and critical appraisal system needed explain how financial stress impacts mental wellbeing [26]. Findings from systematic reviews are increasingly used to inform decision-making, particularly in healthcare and public sector [27]. However, they require and are dependent on wide range of databases and may overlook unpublished articles, risking publication bias [28]. This approach was most suitable for this study considering the fragmented nature of existing evidence. The review was registered on PROSPERO: CRD420261326617.

Research Question

What is the impact of financial stress on mental wellbeing in Africa?

Question Framework

This study adopted the Population, Exposure and Outcome (PEO) question framework, which supports the formulation of clear and focused research question that is essential for structuring search strategy and ensuring methodological transparency [29,30]. Although the Sample, Phenomenon of Interest, Design, Evaluation and Research type (SPIDER) has been used in similar study by [31], it has been critiqued for limitation beyond qualitative studies [32]. PEO framework was appropriate for exploring how financial stress (Exposure) impacts, mental wellbeing (Outcome), particularly within Africa (populations).

Eligibility Criteria

(Table 1).

Table 1: Inclusion and exclusion criteria.

criterion	Inclusion	Exclusion
Population	• Studies involving individuals, households or communities residing only in African countries.	• Studies conducted outside Africa.
	• Studies that involved any participants, or population groups	• Studies that focused on African migrants residing in non-African countries.
	• Studies that considered general population or a subgroup (low-income workers, informal workers, students)	• Research where other countries were considered alongside African countries.
Exposure	• Studies that examined financial stress, including but not limited to poverty, unemployment, indebtedness, income instability, job insecurity, economic shock/ hardship.	• Studies where financial stress was not clearly defined.
	• Studies that consider financial stress as either subjective or objective indicator.	• Studies that focused solely on macroeconomic indicators without any connection to personal mental health outcomes.
	• Studies that considered financial impact on MHD alongside other medical conditions (HIV, TB, etc)	• Studies that failed to report mental health outcomes.
Outcome	• Studies that reported mental, emotional or psychological distress including depression, anxiety, stress, psychological distress, mental wellbeing, and suicidal ideation.	• Studies that only reported physical health outcomes including cardiovascular health.
	• Studies that reported mixed outcomes, where financial stress is linked to both mental health and general wellbeing (as long as mental health is addressed)	• Studies that reported neurological disorders including dementia, Parkinson disease, Alzheimer disease
Study design	• Qualitative, quantitative and mixed methods studies.	• Grey literatures, opinion articles, policy briefings.
		• Conference papers.
		• Reviewed articles (not considered empirical evidence).
		• Systematic reviews
Language	• Published in English language	• Research published in other languages, except a translation is available.

Search Strategy

A comprehensive search strategy was applied across multiple academic databases including, Medline, PsycINFO, CINAHL, Amed, Eric and PubMed. Together, they offer wider coverage of biomedical, psychological, public health and community-based research that supports the study aim. The search strategy combined Medical Subject Headings (MeSH) and free-text terms, using Boolean operators (AND, OR) and truncations, (except for the population). To enhance credibility, the search was conducted independently by three authors on the 12th April, 27th April and 15th May, 2026 respectively and all discrepancies were discussed and resolved through discussion with the fourth author. The search terms below were informed by the modified version used in similar studies by [33]and [34].

((Mental health difficulties*) OR (Emotional Health*) OR (Poor mental health*) OR (Subjective wellbeing*) OR (Emotional health*) OR (Mood disorders*) OR (Mental disorders*) OR (Anxiety*) OR (Depression*) OR (Psychological distress*) OR (Mental health status*) OR (Psychological wellbeing*)) AND ((Economic difficulty*) OR (Socioeconomic adversity*) OR (indebtedness*) OR (Financial burden*) OR (Resource insufficiency*) OR (Economic hardship*) OR (Financial worry*) OR (Economic adversity*) OR (Debt burden*) OR (Income insecurity*) OR (Poverty*) OR (Economic stress*) OR (Financial strain*)

OR (Financial hardship*)) AND ((African countries) OR (Southern Africa) OR (Central Africa) OR (East Africa) OR (Ethiopia) OR (Eswatini) OR (Eritrea) OR (Equatorial Guinea) OR (Egypt) OR (West Africa) OR (Africa South of the Sahara) OR (sub-Saharan Africa) OR (Zimbabwe) OR (Zambia) OR (Uganda) OR (Tunisia) OR (Togo) OR (Tanzania) OR (Sudan) OR (South Sudan) OR (South Africa) OR (Somalia) OR (Sierra Leone) OR (Seychelles) OR (Senegal) OR (Sao Tome and Principe) OR (Rwanda) OR (Nigeria) OR (Niger) OR (Namibia) OR (Mozambique) OR (Morocco) OR (Mauritius) OR (Mauritania) OR (Mali) OR (Malawi) OR (Madagascar) OR (Libya) OR (Liberia) OR (Lesotho) OR (Kenya) OR (Guinea-Bissau) OR (Guinea) OR (Ghana) OR (Gambia) OR (Gabon) OR (Djibouti) OR (Ivory coast) OR (Cote d'Ivoire) OR (Congo) OR (Comoros) OR (Chad) OR (Central African Republic) OR (Cameroon) OR (Cabo Verde) OR (Burundi) OR (Burkina Faso) OR (Botswana) OR (Benin) OR (Angola) OR (Algeria))

Additional Google scholar search was conducted using the research title as the search terms.

Study Selection

The initial phase involved screening titles and abstracts after removing duplicates, in-line with PRISMA guidelines. All studies were uploaded to a shared excel spreadsheet and colour coded to support transparent screening process among authors: green for eligible studies, yellow for studies with discrepancies, and red for studies that failed to meet the inclusion criteria. The final screening stage involved retrieval and reviewing of full-text articles coded green. Each article was assessed rigorously against the inclusion to ensure alignment. Discrepancies were resolved through discussion among all authors to ensure methodological integrity.

Quality Appraisal

The Raby and McNaughton critical appraisal framework was selected to evaluate the methodological rigour of included studies across key domains, including clarity of research questions, study design, Setting, sampling, data collection methods, data collection, analysis, findings, conflicts of interest and ethics [35]. Its ability to assess both qualitative and quantitative studies made it suitable for this study. Although, standardised quality appraisal tools are increasingly advocated for [36], this tool remains flexible, yet robust for evaluating strengths, weakness and overall credibility of included studies [35]. Included studies generally demonstrated clear research aims, suitable study design that aligned with research aim and objectives. Qualitative studies were generally stronger with exploring lived experiences of how financial stress impacts mental wellbeing, whereas quantitative studies generally used validated mental health measurement tools and appropriate statistical analysis. A notable methodical strength was demonstrated by Madeghe et al., (2020), whose mixed method approach provided stronger methodological triangulation of findings. However, key limitations were reliance on cross-sectional data that limited the establishment of causal relationships. Additionally, adoption of self-reporting, limited information around sampling procedures and reflexivity were other identified potential limitations, particularly with the qualitative studies (Table 2).

Table 2: Raby and McNaughton quality appraisal framework of included studies.

Study	Q1. Research question	Q2. Study design	Q3. Study setting	Q4. Sampling	Q5. Data collection	Q6. Data analysis	Q7. Findings/results	Q8. Conflicting interests	Q9. Ethics	Overall quality
1. Financial scarcity, psychological well-being and perceptions: an evaluation of the Nigerian currency redesign policy outcomes	clearly stated, with financial scarcity and psychological wellbeing appropriately identified.	A cross-sectional design was appropriate for identifying associations but could not establish whether financial scarcity caused poorer mental wellbeing beyond the snapshot period.	The setting was relevant to the research question.	Sampling appears appropriate, although concerns around insufficient information on representativeness, recruitment method and response rate reduces confidence in generalisability.	Use of structured measures was appropriate; however, concerns were around validity of outcome as seld-reporting could lead to potential response bias.	Quantitative analysis was adopted; however, interpretation was constrained due to confounding factors.	Findings were clearly presented and linked to the research question.	No indication showing it influenced study outcome.	No concern identified.	Clear research question and relevant methodology, but limitations in sampling transparency and cross-sectional design reduce strength of evidence.

2. Qualitative study of patient experiences of mental distress during TB investigation and treatment in Zambia	Clearly defined.	Qualitative design was appropriate and suitable for study aims	Contextually appropriate for the study.	Purposive sampling was appropriate for the study.	Interview was selected and appropriate for exploring personal experiences.	Thematic analysis was used.	Findings were properly presented and supported by qualitative evidence. Themes captured participant statements.	None reported.	Adequately reported.	Appropriate qualitative methodology with strong alignment between research question, design and analysis.
3. Perspectives of adolescent and young adults on poverty-related stressors: a qualitative study in Ghana, Malawi and Tanzania	Clearly stated, phenomenon of poverty-related stress and psychological wellbeing were clearly identified.	qualitative design was appropriate for exploring perceptions and lived experiences.	Multi-country context: This strengthened relevance and allows examination of shared socioeconomic experiences.	Appropriate sampling method with suitable justification of sample size.	Qualitative interviews/ focus groups, allowing the exploration of lived experiences.	Thematic analysis was selected. Use of coding improves reliability of findings.	Clearly presented with meaning that explains how poverty affects mental wellbeing.	None reported.	stated	Strong methodological alignment, relevant sampling and credible qualitative approach.
4. "I Found Out I was Pregnant, and I Started Feeling Stressed": A Longitudinal Qualitative Perspective of Mental Health Experiences Among Perinatal Women Living with HIV	Clearly stated. The phenomenon of changing mental health experiences over time was appropriately identified.	Selected design was suitable because it captures changes in experiences over time.	Setting was appropriate to investigate the interaction between HIV, pregnancy, socioeconomic stress and mental well-being.	Sampling approach was appropriate. Although Potential limitations includes selective participation and possible attrition over time.	Data collection method aligns well with the research aim.	Qualitative analysis offered contextual experiences suitable for the research aim.	Findings were presented clearly and supported by participant experiences.	No significant conflicts reported.	Ethical approval was addressed.	Strong design, appropriate methodology and good alignment between question, data collection and analysis
5. Qualitative study of mental health attribution, perceptions and care-seeking in Kampala, Uganda	The research question and phenomenon of interest were appropriately defined.	Qualitative exploratory design was appropriate for investigating beliefs, meanings and care-seeking behaviours.	The setting was Kampala Uganda, however, transferability may be limited because findings may reflect local cultural beliefs.	Purposive sampling was appropriate for qualitative research. However, representativeness depends on the diversity of participants and whether saturation was achieved.	Interviews/ focus groups were suitable methods. The approach allows exploration of sensitive issues.	Thematic analysis was appropriate. Strength increased by reporting coding procedures.	Findings were presented clearly and supported by participant accounts. Interpretations appear consistent with collected data.	Research rationale was clear. No conflict of interest	Ethical approval and informed consent procedures were addressed.	Strong qualitative design, but reporting of methodological rigour influenced final confidence of study.

6. Not Enough Money and Too Many Thoughts: Exploring Perceptions of Mental Health in Two Ugandan Districts Through the Mental Health Literacy Framework	Clearly focused on mental health perceptions and socioeconomic explanations of distress. The research phenomenon is well defined.	Use of a mental health literacy framework provides theoretical coherence.	The setting was appropriate because it examined mental health understanding within communities experiencing socioeconomic challenges. Transferability was supported by contextual description.	community-based sampling was appropriate. Participant selection aligns with the aim of understanding community perspectives.	collected through Interviews/focus groups. Use of a structured topic guide improved consistency.	Framework-guided thematic analysis was appropriate and strengthens analytical transparency.	Findings were clearly presented, themes were linked to participant accounts. Conclusions were relevant and supported by data.	No conflicts identified. Study rationale was clearly justified.	Ethical approval and participant consent were appropriately addressed.	Strong theoretical framework, appropriate design and clear analytical approach.
7. Associations between depressive symptoms, socio-economic factors, traumatic exposure and recent intimate partner violence experiences among women in Zimbabwe: a cross-sectional study	Research objectives and variables were clearly identified.	Cross-sectional quantitative design was appropriate for identifying associations. However, it could not determine whether socioeconomic disadvantage preceded depression.	Setting was appropriate. Findings may be transferable to similar low-resource contexts.	Sampling procedures appeared appropriate for the target population.	Use of structured questionnaires and validated depression measures strengthens reliability. Limitations include self-report bias, particularly for sensitive issues such as IPV.	Statistical analysis was use to examine associations.	Results and statistical findings were clearly reported.	No conflicts of interest reported. The research rationale was justified.	Ethical approval and participant protection were appropriately addressed.	Strong measurement and analysis, but limited by cross-sectional design and potential reporting bias.
8. Social Determinants of Mental Health Outcomes Among Refugee Adolescents and Youth Living with HIV in Refugee Settlements in Uganda: A Cross-Sectional Analysis	Clear research focus that examined social determinants and mental health outcomes. IVs: social/economic determinants. DVs: mental health outcomes.	Cross-sectional analytical design was used for identifying relationships between socioeconomic conditions and mental health. limitation was measurement of this effect over time.	The refugee settlement context is highly relevant. The vulnerable population and resource limitations provide important context. Generalisability may be limited to similar displaced populations.	Sampling was appropriate for accessing a vulnerable population. Limitations may include selection bias.	Use of standardised mental health measures improves reliability.	Statistical analysis was appropriate.	Findings were presented clearly and provided evidence linking social disadvantage with poorer mental health. Practical implications are relevant.	No evidence of conflicts affecting findings. Study rationale was appropriate.	Ethical considerations are essential due to HIV status and refugee vulnerability; approval and consent procedures reported.	Strong relevance and measurement, with limitations related to cross-sectional design and population specificity.

9. The relationship between household economic shocks, depression, and elevated stress-responsive biomarkers among adolescent girls and young women in rural South Africa (HPTN 068)	Clearly defined. IV: Household economic shocks. DVs: Depression symptoms and stress-responsive biomarkers.	Longitudinal cohort design was used because it allows assessment of whether economic shocks are associated with subsequent mental health outcomes. This design provides stronger temporal evidence.	The rural South African context was selected. The setting reflects populations experiencing economic vulnerability.	Cohort sampling approach was appropriate. The sample was well defined, and participant follow-up strengthens validity.	Use of validated depression measures combined with objective biomarkers strengthens measurement validity.	Longitudinal statistical modelling was appropriate. Adjustment for potential confounders strengthens interpretation.	Findings were clearly presented and supported by quantitative evidence. Results demonstrate a credible association between economic stress and psychological/physiological stress responses.	Study rationale was clear. no evidence of conflict of interest.	Ethical approval, informed consent and protection of vulnerable young participants were addressed.	Strongest methodological design among included studies due to longitudinal follow-up and objective stress measures.
10. The complex role of financial hardship in understanding depression among youth in Uganda	Research focus was clearly identified. IV: Financial hardship. DV: Depression symptoms. The relationship being examined is appropriate for the review question.	Quantitative observational design was used for identifying associations.	Uganda provides a relevant context where financial insecurity may influence youth mental health. Transferability is possible to similar African youth populations, but should not be generalised.	Sampling appears relevant; however, confidence depended on recruitment procedures, sample representativeness and response rate reporting.	Questionnaire-based assessment was appropriate. Self-report may introduce bias.	Statistical analysis was appropriate for examining associations.	Findings were clearly linked to the research question. Interpretation was relevant.	No conflicts identified. Research rationale was appropriate and justified.	Ethical procedures addressed, however, a require clear reporting is necessary particularly when involving young participants.	Strong relevance and appropriate methodology, but limited by observational design and possible measurement bias.
11. Poverty, life events and the risk for depression in Uganda	Research question was clearly defined. The study appropriately examined socioeconomic adversity as a risk factor for depression. IVs: Poverty indicators and stressful life events. DV: Depression.	Case-control design was considered appropriate for identifying factors associated with depression. Although it cannot establish incidence.	The Ugandan context was relevant to studying poverty-related mental health risks.	Case and control selection was appropriate for the research question.	Use of structured diagnostic measures improves reliability. Retrospective reporting of life events may introduce recall bias.	Regression analysis was appropriate for identifying predictors of depression. Adjustment for confounders strengthens validity.	Findings were clearly presented and statistically supported. Results provided evidence of an association between poverty-related stress and depression risk.	No evidence that conflicts influenced findings. Study rationale was clearly presented.	Ethical approval and informed consent procedures were appropriately reported.	Strong analytical design with appropriate methods, although recall bias remains a limitation.

12. Risk factors and experiences of prepartum depression among pregnant women in urban low-income Nairobi Kenya: a mixed-method study	Clear research question examining risk factors and experiences of prenatal depression. The phenomenon of financial stress and maternal mental wellbeing was clearly identified. IVs: socioeconomic and psychosocial risk factors. DV: prepartum depression.	Mixed-method design was highly appropriate because it combines measurement of depression risk with exploration of lived experiences.	Low-income urban Nairobi was appropriate setting for examining economic stress and maternal mental health. Context enhances interpretation of findings.	Sampling was appropriate for pregnant women in low-income settings. Inclusion criteria align with the research aims.	Use of validated depression screening tools strengthened quantitative credibility. Interviews provide depth and allow exploration of experiences. Use of multiple methods supports triangulation.	Appropriate use of statistical analysis and thematic analysis. Integration of quantitative and qualitative findings strengthened interpretation.	Findings were clearly presented and supported by both numerical and narrative evidence.	Research rationale was justified. No significant conflicts reported.	Ethical approval and informed consent procedures were reported.	Strong mixed-method design with triangulation and validated measurement tools.
13. Depression, anxiety and job dissatisfaction: consequences of economic hardship in a lower middle-income country	The research focus was clearly identified, examining the relationship between economic hardship and psychological outcomes. IV: Economic hardship. DVs: Depression, anxiety and job dissatisfaction.	Quantitative cross-sectional design was suitable for examining associations but cannot determine whether economic hardship causes mental health problems over a period beyond the snapshot time.	The lower-middle-income setting was appropriate for examining economic hardship. However, contextual differences between countries may limit transferability.	Sampling appears appropriate for the research question.	Questionnaire-based assessment was appropriate. Self-reported economic hardship may introduce reporting bias.	Statistical analysis was appropriate for assessing relationships between economic hardship and psychological outcomes.	Findings were presented clearly and demonstrate associations between economic difficulties and poorer mental health outcomes.	Study rationale was appropriate. No conflicts identified.	Ethical approval and consent procedures were reported, however, a clearly reporting procedures enhances the credibility of study	Relevant and methodologically appropriate used. limitation was cross-sectional design and possible self-report bias.
14. Financial Strain and Prenatal Depression Among Pregnant Women in Ibadan, Nigeria	The research question was clearly stated and directly examined financial strain as a determinant of prenatal depression. IV: Financial strain. DV: Prenatal depression symptoms.	Cross-sectional design was used for identifying relationships between financial stress and depression.	Healthcare setting used for studying maternal mental health. The socioeconomic context strengthens relevance to financial stress research.	The sampling approach was appropriate for the target population. Sample size aligned with study objectives.	Use of validated depression screening measures strengthened reliability. Financial strain measures was appropriate.	Statistical analysis, including assessment of relationships between financial strain and depression, was appropriate.	Findings were clearly presented and statistically supported. Results provided relevant evidence linking financial stress with maternal mental health outcomes.	No conflicts identified. Study rationale was justified.	Ethical approval, consent and participation were stated.	Strong measurement approach and relevant analytical methods, with limitations mainly due to cross-sectional design.

15. Economic burden and mental health of primary caregivers of perinatally HIV infected adolescents from Kilifi, Kenya	Clear research focus examining whether economic burden influences caregiver mental health. IV: Economic burden/financial strain. DV: Caregiver mental health outcomes.	Cross-sectional quantitative design was used for assessing associations.	The setting was appropriate because caregivers of adolescents with HIV represent a population likely to experience financial and emotional stress. Transferability to similar caregiving contexts is reasonable.	Sampling was appropriate for accessing caregivers of HIV-positive adolescents. Generalisability may be limited due to the specific population.	Use of structured economic burden measures and validated mental health screening tools strengthened data quality. Recall bias regarding costs may remain a limitation.	Analysis methods were used for examining relationships between economic burden and mental health. Appropriate statistical adjustment strengthens conclusions.	Findings were clearly presented and supported the relationship between economic burden and caregiver distress. Practical implications were relevant.	Research rationale was stated. No evidence of conflicts influencing findings.	Ethical approval and informed consent procedures appropriately considered.	Strong measurement and relevance, but causal interpretation limited by cross-sectional design.
16. The road to recovery: Financial resilience and mental health in post-apartheid South Africa	The research question was clearly focused on how financial resilience relates to mental health. IV: Financial resilience/economic security. DV: Mental health outcomes.	Quantitative observational design was appropriate for examining associations.	The post-apartheid South African socioeconomic context is highly relevant due to persistent inequality and economic disadvantage. Transferability is possible to settings with similar inequalities.	Sampling suitability depended on recruitment procedures and representativeness. Further reporting of sample selection would have strengthened appraisal.	Survey-based measures were appropriate. Strength depended on whether validated financial resilience and mental health instruments were used.	Quantitative analysis was appropriate. Interpretation required consideration of possible confounding factors affecting both financial resilience and mental health.	Findings were clearly presented and demonstrated evidence on financial resilience as a protective factor.	Study rationale was stated. No conflicts of interest identified.	Ethical approval considered; however, consent procedures require clear reporting.	Provides valuable evidence on protective socioeconomic factors but requires stronger longitudinal evidence.

Data Extraction

To ensure credibility and transparency, data was extracted using Excel spreadsheet and captured key information such as, study title, author/year of publication, study aims, study settings, study design/strategy, sample size, findings and study limitation (Table 3).

Table 3: Data extraction sheet.

study title	author/ year	study aims	study settings	study design/ strategy	total sample size	findings	limitations
Financial scarcity, psychological well-being and perceptions: An evaluation of the Nigerian currency redesign policy outcomes	Ani, Ajayi-Ojo and Batisai (2024)	To explore how Nigeria's currency redesign policy influenced financial scarcity and psychological well-being	Nigeria	Qualitative policy evaluation using in-depth interviews	30 participants	Acute cash scarcity intensified anxiety, stress, emotional exhaustion and uncertainty, especially among informal workers and low-income households	Urban-focused sample; short-term policy lens; lacks long-term mental health outcomes
Qualitative study of patient experiences of mental distress during TB investigation and treatment in Zambia	Mainga et al. (2022)	To examine lived experiences of mental distress during TB diagnosis and treatment	Zambia	Qualitative exploratory study using semi-structured interviews	37 participants	Financial strain from illness-related job loss exacerbated psychological distress, fear, stigma and social withdrawal	Disease-specific focus; mental distress not clinically diagnosed

Perspectives of adolescent and young adults on poverty-related stressors: A qualitative study in Ghana, Malawi and Tanzania	Hall et al. (2019)	To explore poverty-related stressors affecting adolescent and young adult wellbeing	Ghana, Malawi, Tanzania	Multi-country qualitative study using interviews and focus groups	96 participants	Poverty, unemployment and food insecurity were linked to chronic stress, hopelessness and emotional distress	Excludes older adults; cross-sectional design
I Found Out I Was Pregnant, and I Started Feeling Stressed": A longitudinal qualitative perspective of mental health experiences among perinatal women living with HIV	Tuthill et al. (2021)	To explore mental health experiences of perinatal women living with HIV	Kenya	Longitudinal qualitative study using repeated interviews	30 women	Financial insecurity during pregnancy amplified stress, depressive symptoms and emotional vulnerability	Health-specific population; limited generalisability
Qualitative study of mental health attribution, perceptions and care-seeking in Kampala, Uganda	Bwanika et al. (2022)	To explore community interpretations and help-seeking behaviours for mental distress	Kampala, Uganda	Qualitative interviews and focus group discussions	56 Participants	Financial hardship frequently described as "too many thoughts," linking economic stress to emotional suffering	Limited reflexivity reporting; urban-based setting
Not enough money and too many thoughts: Exploring perceptions of mental health in two Ugandan districts through the mental health literacy framework	Miller et al. (2021)	To examine local understandings of mental health using a literacy framework	Uganda	Community-based qualitative interviews	48 Participants	Financial stress was central to community explanations of mental distress, often framed as overthinking and worry	Cultural framing may limit biomedical comparability
Associations between depressive symptoms, socio-economic factors, traumatic exposure and recent intimate partner violence experiences among women in Zimbabwe: a cross-sectional study	Machisa, M. & Shamu, S., 2022	To determine the associations between depressive symptoms and socio-economic factors, traumatic exposures, and intimate partner violence (IPV) among women in Zimbabwe	Zimbabwe	Cross-sectional study using multi-stage random sampling; statistical analyses included regression and structural equation modelling (SEM	2,905 women	15% of women reported depressive symptoms; higher depression associated with low socio-economic status, IPV, childhood trauma, other traumatic events, HIV-positive status; access to emergency money and social support reduced risk, though some support-seeking correlated with higher symptom severity	Cross-sectional design limits causal inference; reliance on self-reported data; potential reporting bias; complex relationships (e.g., social support) may not be fully explained

Social Determinants of Mental Health Outcomes Among Refugee Adolescents and Youth Living with HIV in Refugee Settlements in Uganda: A Cross-Sectional Analysis	Nhial T. Tutlam, Samuel Kizito, Proscovia Nabunya, Mitra Naseh, Imelda Nabbosa, Isaac Kwesiga, Phionah Namatovu, Ozge Sensoy Bahar, Noeline Nakasujja & Fred M. Ssewamala (2025)	To investigate how social determinants impact the mental health of refugee adolescents and youth living with HIV (RAYLHIV) in Uganda.	Refugee settlements in Uganda (Bidibidi, Imvepi, and Rhino Camp), across 20 health centers.	Crosssectional analysis using baseline data from a two-year cluster randomized clinical trial (RCT).	180 refugee adolescents and youth aged 13–30 years living with HIV.	Social determinants such as orphanhood, poverty, stigma, and employment status significantly influenced mental health outcomes.	Gender imbalance (77% female) may have influenced findings. additionally, Crosssectional design limits causal inference. study was on specific pop group of ugandans.
The relationship between household economic shocks, depression, and elevated stress-responsive biomarkers among adolescent girls and young women in rural South Africa (HPTN 068)	Nivedita L. Bhushana, Gabriel Madsona, Nicole K. Kelly b, Kathleen Kahn c d, F. Xavier Gomez-Olive c d, Allison E. Aiellone, Laura Danielle Wagner a, Audrey E. Pettifor b, Marie C.D. Stoner-2025	To investigate how household economic shocks experienced during adolescence relate to depressive symptoms and elevated stress-responsive biomarkers in adolescent girls and young women transitioning to adulthood.	Rural South Africa	Longitudinal cohort analysis using annual follow-ups over up to 6 years (2012–2019).	1,892 adolescent girls and young women (aged 13–20 at baseline)	Experiencing any household economic shock, increasing numbers of shocks, and specific wealth shocks were associated with higher levels of depressive symptoms	specific rural cohort may limit broad generalisability.
Poverty, life events and the risk for depression in Uganda	Eugene Kinyanda, Patrick Woodburn, Joshua Tugumisirize, Johnson Kagugube, Sheila Ndyanabangi & Vikram Patel — 2011	To investigate the social, socioeconomic and lifeevent determinants of major depressive disorder in a large, representative sample of adults in rural Uganda — assessing how povertyrelated factors and life events relate to depression risk.	Rural Uganda (14 districts) — populationbased survey of adults aged ≥15 years	Crosssectional household survey with multivariate regression analyses examining the relationships between socioeconomic factors, life events and probable major depressive disorder (PMDD) assessed via the Hopkins Symptom Checklist.	4,660 adults aged 15 years and above	Strong independent associations with depression included indices of poverty and deprivation such as no formal education, unemployment, broken family, and lower socioeconomic class.	Crosssectional design limits causal inference about directionality between poverty and depression. additionally, Probable depression was assessed using symptom checklists rather than structured clinical interviews, which may misclassify clinical diagnoses

Risk factors and experiences of prepartum depression among pregnant women in urban low-income Nairobi, Kenya: a mixed-method study	Beatrice A. Madeghe, Wambui Kogi-Makau, Sophia Ngala & Manasi Kumar — 2020	To determine the magnitude of prepartum depression, its risk factors, and the real-life experiences of depression among pregnant women living in urban low-income settlements in Nairobi.	Urban low-income settlements (Kangemi and Kawangware) in Nairobi, Kenya; participants were pregnant women attending antenatal clinics in two public health facilities.	Mixed-method cross-sectional study • A qualitative component (focus group discussions with 20 women identified with depression) exploring lived experiences	262 pregnant women surveyed quantitatively; 20 women participated in focus group discussions (qualitative component).	Thematic analysis showed that poverty, lack of social support, domestic violence, and unfriendly healthcare experiences were major contributors to prepartum depression	self-report bias possible.
The complex role of financial hardship in understanding depression among youth in Uganda	Jamal Appiah-Kubi, Emmanuel Owusu Amoako, Solomon Hadi Achulo, et al. / 2026	1. To examine the relationship between financial stability (income/ savings) and depression. 2. To determine if financial hardship mediates the link between financial status and mental health. 3. To assess if these relationships vary based on the age and gender of the adolescents.	Uganda	Quantitative study using Structural Equation Modeling (SEM) to analyze longitudinal or cross-sectional data from a large-scale intervention trial	1,383 adolescents	Perceived financial hardship was a strong positive predictor of depression ($\beta = 0.38$).	Reliance on self-reported data, which may be subject to social desirability or recall bias.
Depression, anxiety and job dissatisfaction: consequences of economic hardship in a lower middle-income country	Yakubu, K., et al. / 2025	To investigate the levels and predictors of depression, anxiety, and job dissatisfaction among civil servants in Nigeria, specifically in the context of prevailing economic hardships.	Nigeria	Cross-sectional study utilizing an online survey (Google Forms) distributed via email, WhatsApp, and Telegram. Tools used included the PHQ-9 (depression), GAD-7 (anxiety), and the Minnesota Job Satisfaction Questionnaire.	538 Nigerian civil servants	Mental Health Burden: Significant levels of depression and anxiety were found linked to economic stressors.	Selection Bias: Participation was restricted to civil servants with internet access, potentially excluding those in more remote or lower-tech roles.

Financial Strain and Prenatal Depression Among Pregnant Women in Ibadan, Nigeria: Mediating Pathways of Intimate Partner Violence, Food Insecurity, and Social Support	Olubukola A. Wellington / 2024	To examine the role of financial strain in prenatal depression and investigate the potential mediating roles of food insecurity, intimate partner violence (IPV), and social support.	Ibadan, Nigeria	Cross-sectional survey. Data were analyzed using parallel and serial mediation models to explore the causal chain between financial stressors and mental health	519 pregnant women	Financial strain was significantly related to depression, with food insecurity, IPV, and lack of social support acting as key mediators in a sequential causal chain.	The study identifies associations but cannot definitively establish temporal causality.
Economic burden and mental health of primary caregivers of perinatally HIV infected adolescents from Kilifi, Kenya	Katana, et al., 2020	To evaluate economic costs, coping strategies and association between economic cost and mental health functioning of caregivers of perinatally HIV infected adolescents in Kilifi, Kenya.	Kenya	cross-sectional study, simple linear regression analysis was used for data analysis	11 primary caregivers	Caregivers with positive depression screen (PHQ-9 score ≥ 10) had high average monthly direct and indirect costs	
The road to recovery: Financial resilience and mental health in post-apartheid South Africa	Essel-Gaisey, et al., 2023	The paper focuses on financial resilience and constructs an index using a multidimensional framework to investigate its association with mental health disorders.	South Africa	OLS	A total of 13,719 households were sampled for the study's fifth wave. After processing the data, the study ultimately rely on data from 9359 households for the analysis.	The results reveals disparities in the correlation between financial resilience and mental health disorders across different subgroups.	

Results

Overview of Included Studies

Sixteen studies were retrieved; this includes studies conducted across multiple African countries such as Nigeria, Uganda, Kenya, South Africa, Zimbabwe, Zambia, Ghana, Malawi and Tanzania. Methodologically, six studies were qualitative, nine quantitative and a mixed-methods study. Furthermore, sample size ranged from 11 participants to 13,719, demonstrating a diverse population, spanning across adolescents, young adults, pregnant women, women of reproductive age, and refugees or participants living with a disease condition. Qualitative studies were conducted across seven countries including Nigeria, Zambia, Uganda, Kenya, Ghana, Malawi and Tanzania. Across these countries, financial stress was consistently demonstrated to impact mental wellbeing despite differences in culture and socioeconomic realities. In Nigeria, currency redesign policy led to psychological impact of financial on participants. Illness related income loss was reported as mediator of emotional distress in Zambia.

Poverty, unemployment and food insecurity were key drivers of anxiety and hopelessness among young adults in Ghana, Malawi and Tanzania. Financial insecurity deepened the psychological burden experienced by perinatal women living with HIV in Kenya. Whereas chronic poverty and economic hardship were key mediators of mental distress in Uganda. Quantitative studies spanned across six countries including Uganda, South Africa, Kenya, Nigeria, and Zimbabwe. Financial stress was consistently reported with poorer mental wellbeing. Research from Uganda reported the highest level of depression, anx-

iety, psychological distress and reduced mental wellbeing, whereas, study from South Africa demonstrated a unique association between economic shock and psychological distress. Additionally, the principal source of financial stress varied but the direction was consistent across studies, this ranges from poverty, unemployment, household economic shock, caregiving burden and food insecurity. In Zimbabwe, socioeconomic disadvantage was a significant mediator of depressive symptoms among women (Figure 1).

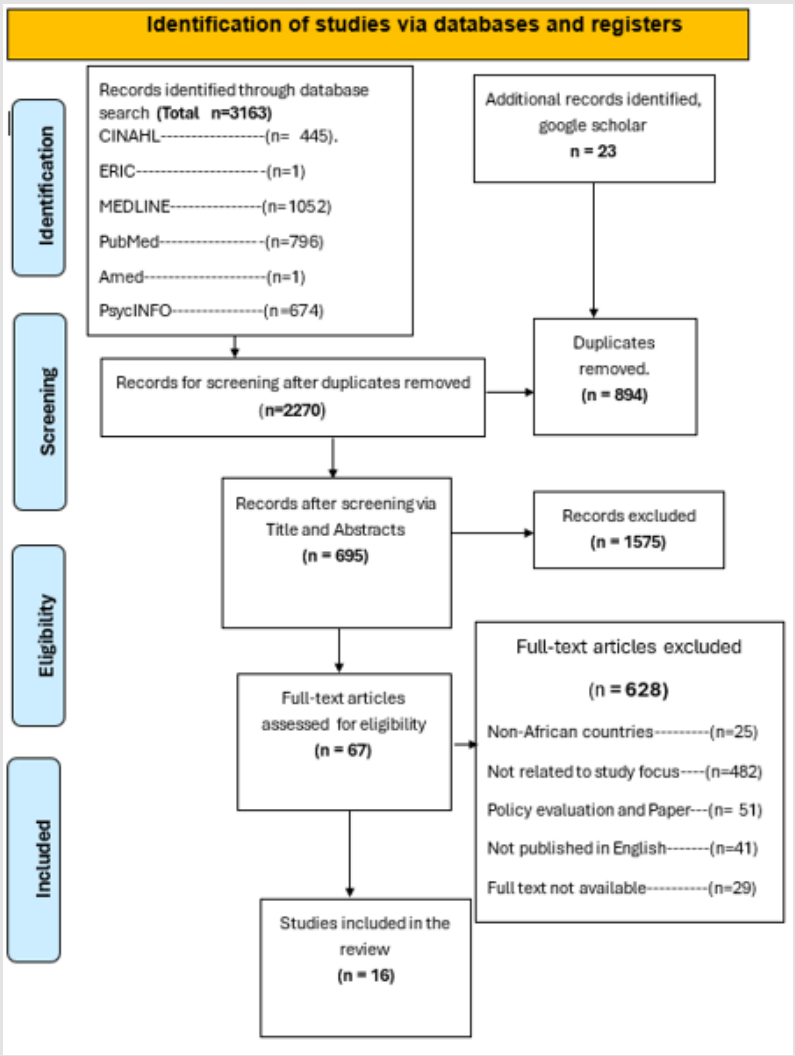

Figure 1: Prisma flowchart.

Data Synthesis

This was performed in three stages, first, qualitative studies were analysed using thematic synthesis in line with the [37] framework. This framework enabled the identification of recurring experiences and expression of attributed meanings. This approach was suitable because it allows progression from inductive data interpretation to the development of higher-order interpretative explanations, offering deeper depth into how financial stress impacts mental wellbeing in Africa. The second stage applied the Narrative Synthesis, following the framework by [38] for the analysis of quantitative studies. This approach was appropriate due to the heterogeneity of included studies in terms of population characteristics, measurement of outcome and statistical approaches, allowing the examination of patterns of association between financial stress and mental health outcome. The final stage involved a triangulation approach, integrating findings from both qualitative and quantitative studies to identify areas of convergence and divergence. This process strengthened the overall interpretation of findings by combining experiential evidence with statistical associations which enhanced the contextual depth and robustness of the study (Table 4).

Table 4: Thematic mapping and quotes.

Analytical theme	Descriptive themes	Quotes
Financial stress as a key determinant of psychological distress	Emotional distress and persistent worry	"About the food, it is a pity. I will look at my father, think and wish that I have money to buy enough food for us to eat in the house" (Hall et al., (2021). "I worried every day because there was no money for food or transport to the clinic. I felt overwhelmed." (Tuthill et al., 2021). "I don't have a job, and I'm pregnant, and my husband doesn't have a job,... we are supposed to pay rent, food, and different kinds of needs. So you live with questions and start questioning yourself" (Madeghe et al., 2020).
	Source of Anxiety, hopelessness and reduced wellbeing	"You can get thin because of thinking too much … You think about the future and wonder if you will manage alright" (Hall et al. (2021) "When I became sick I stopped working. I kept thinking about how my children were going to eat because I had no income." (Mainga et al., 2022). "I worried every day because there was no money for food or transport to the clinic. I felt overwhelmed." (Tuthill et al., 2021)
	Inability to meet basic needs	"Sometimes I feel like crying … I will be thinking about how my parents are not able to get my needs for me and tears will be dropping from my eyes" (Hall et al. (2021). "I couldn't buy food because there was no cash available...every day I kept wondering how my family would survive." (Ani, Ajayi-Ojo & Batisai 2024) "Sometimes there is no money in the house and you feel like you have failed your family." (Madeghe et al., 2020). ''Even some family problems like fighting, quarrelling…when you find a husband beating a wife the lady can't be with a settled mind'' (Miller et al., 2021). " Sometimes we don't have food, and there is nothing to eat this causes me to be sad'' (Madeghe et al., 2020)
Socio-cultural mediators	Family relationships and social functioning	"Sometimes you can come back home very angry because you have not succeeded to get money, you can quarrel and fight with your wife because you are very angry and don't like to talk to anybody including your wife" (Hall et al., 2019). "My husband left me after learning I was pregnant. I worried how I would feed my baby." (Tuthill et al., 2021). "Arguments begin when there is no money in the house...that makes me feel very low'' (Madeghe et al., 2020)
	Social support system	"Everyone looks at their problems in their household, that even when they have a pail of flour, they cannot get and share. Helping each other stops because everyone does their own thing" (Malawian, 21-year-old female). ''People used to laugh when you have TB, so it was very difficult to be found with friends." (Mainga et al., 2022). ''I was fired from work. I stayed for eight months without working and I no longer work…….I want to go back to work so that I can help my children go to school." (Mainga et al., 2022). ''You may have problems then you go and tell somebody, she may start spreading it…They will not help you, others will even laugh at you'' (Bwanika et al., 2022).

Community perception of mental health distress	Cultural expression and experiences	"You would be there thinking about food and not about the work you are even supposed to do" (Hall et al., 2019). "If someone has no money and keeps thinking about how they will survive, they have 'too many thoughts'." (Miller et al., 2021). "Thinking too much comes because of poverty and failing to provide for your family." (Bwanika et al., 2022) ''too much thoughts, when you think a lot your brain will get exhausted, that's how you get mad.'' (Bwanika et al., 2022) ''For my case, I always feel myself when I am suffering from a mental disorder, I always develop headache ... For other people, you easily notice that there are some changes in their way of living, they live in annoyance'' (Miller et al., 2021)
	Economic insecurities	"The thoughts of why questions, why my husband has left me, wondering what is wrong with me, why life has to be this way…" (Hall et al., 2019). ''money ... so that thing at times I think it can even cause mental illness.'' (Bwanika et al., 2022). ''the bite in poverty…people are struggling to take care of their family but want to keep their problems to themselves... People get ideas that they're useless to their family'' (Bwanika et al., 2022). ''People struggle to survive. Someone wakes up unknowing of what they will eat that day. Some have failed to pay rent. They can't have a stable state of mind'' (Miller et al., 2021).
Structural vulnerabilities	Poverty and unstable livelihoods	"Farming is like gambling: you can get harvest or not get any. It is a game of chance. You spend a lot of money but end up getting nothing" (Hall et al., 2019). "You think about food every day because there is nothing in the house." (Hall et al., 2019) "My husband will leave me and there is nothing to eat at home I'm pregnant, and I have no job so that one usually bores me so much." (Madeghe et al., 2020)
	Inability to access basic resources	"If your family has a lot of money and you run mad, they bring you to Butabika. If not, they just leave you.'' (Bwanika et al., 2022) "They pressed my belly so hard and painful, and they tell me go you are done,... they don't explain anything well,...so I don't understand." (Madeghe et al., 2020)
	Daily functioning and wellbeing	"Sometimes I slept hungry because there was nothing to eat." (Tuthill et al., 2021). ''Some of the common symptoms I usually see is that someone who used to bathe is no longer bathing now, someone who used to wash clothes is no longer washing…Then I just know that he is suffering from mental problems'' (Miller et al., 2019). "My husband is keeping quiet, if I don't talk, he cannot talk to me and this hurts me so much'' (Madeghe et al., 2020).

Thematic Synthesis of Qualitative Studies

Financial Stress as a Key Determinant of Psychological Distress: Financial stress emerged as key driver of psychological distress across included studies. Participants consistently linked financial hardship with stress, anxiety, feeling of hopelessness, worry, emotional exhaustion and depressive syndrome (Madeghe et al., 2020; Tuthill et al., 2021; [39] and Hall et al., 2024). Within Africa, financial stress was reported as an immediate and pervasive lived experience that compounds to shape every aspect of daily life, for instance, financial lack resulted in an inability to feed properly, access healthcare service, afford transportation fees, achieve education and maintain employment, leading to continual psychological burden on an individual (Tuthill et al., 2021 and Hall et al., 2024). Psychological distress was perceived as a normal and expected response to financial hardship, representing both material deprivation and emotional strain that produce a continuous circle of worry, hopelessness and emotional exhaustion among Africans (Miller et al., 2021).

Socio-Cultural Mediators: Financial stress was mediated by socio-cultural responsibilities, and rarely affects an individual in isolation. Poverty led to domestic conflicts, such as arguments triggered by an inability to meet family needs or fulfil societal expectations (Madeghe et al., 2020). Wellbeing was evaluated through the lens of socio-cultural expectations including participant's capability to fulfil family and social responsibilities (Madeghe et al., 2020; Tuthill et al., 2021). Failure produced negative feelings such as shame, guilt and incompleteness which intensified psychological distress beyond financial hardship itself (Madeghe et al., 2020; Tuthill et al., 2021and Mainga et al., 2022). Additionally, financial stress disrupted social relationships, that serves as social capital, resulting in conflicts, withdrawal from social gatherings, avoidance of friends due to failure to meet the socio-cultural responsibilities (Bwanika et al., 2022; Mainga et al., 2022). This also eroded cultural norms that bolstered community cohesion and culture.

Community Perception of Mental Health Distress: Participants expressed mental health outcomes as ''thinking too much'', ''too many thoughts'' and ''worrying too much''. These expressions were rooted in cultural understanding rather than biomedical diagnosis often reported as depression and anxiety (Bwanika et al., 2022). Importantly, these expressions extend beyond a linguistic difference to reflect culturally situated perceptions of mental health outcomes within the African communities. Unemployment, financial insecurity and inability to fulfil social expectations primarily generated emotional distress. Consequently, financial distress was conceived as an understandable response to difficult life circumstances and exposures rather than an individual psychiatric disorder. This was socially interpreted through local explanatory models of illness, rather than the western biomedical models, showing how culture influenced the understanding of mental distress.

Structural Vulnerabilities: Financial distress was situated within wider structural inequalities rather than an individual exposure. Unemployment, food insecurity, unstable economy and government policies drove financial hardship. For instance, participants living with tuberculosis reported sustained difficulties with maintaining employment in Zambia (Mainga et al., 2022), Kenyan women reported that pregnancy and diagnosis of HIV infection limited their employment opportunities (Tuthill et al., 2021). Similarly, In Nigeria, the Naira cash redesign policy was attributed to disruption in cash flow and daily financial transactions, resulting to heightened financial stress [39]. These outcomes demonstrated structural vulnerabilities which precedes and shapes financial stress experienced by participants and subsequently resulting poorer health outcomes.

Narrative Synthesis of Quantitative Studies

Financial Stress and Depression: Depression was the most frequently reported mental health outcomes. Kinyanda et al. (2011) reported that poverty related factors, including unemployment, lower socioeconomic status, inability to meet family needs and absence of formal education were significantly associated with depression among Ugandan adults. Similarly, Appiah-Kubi et al. (2026), using the structural equation modelling, demonstrated that perceived financial hardship significantly induced depression ($\beta = 0.38$), particularly among adolescents, teenagers and young adults. Additionally, Deyessa et al. (2008) and Machisa and Shamu (2022) both reported poor economic and lower socioeconomic conditions to significantly influence depressive symptoms among women.

Financial Stress and Anxiety: Studies by [40]and [39] reported a significant association between financial stress and anxiety. This was evident through the high prevalence of anxiety among civil servants and other participants who were experiencing financial hardship. Additionally, financial hardship that resulted from government policies was associated with poor psychological wellbeing, heightened uncertainty, reduced job satisfaction and emotional distress.

Economic Shocks and Impact on Mental Wellbeing: Studies by Bhushan et al. (2025) reported high levels of depressive symptoms among households that were experiencing economic shocks. Similarly, [13] demonstrated the association between financial resilience and improved mental health outcomes in South African households. Collectively, household participants with higher financial resilience showed lesser mental health vulnerabilities, suggesting a buffering effect offered by high socioeconomic status.

Vulnerable Population Group: Financial stress was disproportionately associated with vulnerable population groups. Tutlam et al. (2025) reported that unemployment, orphanhood and stigma significantly influenced mental health outcomes among vulnerable groups such as refugee adolescents and youths living with HIV in Uganda. Similarly, In Nigeria, financial strain among pregnant women signifi-

cantly increased depression and overall mental wellbeing, noting food insecurity, intimate partner violence and lack of social support network as key drivers (Wellington, 2024). Katana et al. (2020) reported that caregivers experiencing heightened financial burden were more likely to develop depression, due to the substantial cost of caregiving and its impact on psychological wellbeing.

Protective Measures: Protective measures that reduced the negative impact of financial stress were reported amongst several studies. For instance, Machisa and Shamu (2022) reported that access to emergency financial resources and social capital reduced the likelihood of depression among Zimbabwean women. Additionally, the availability of social support networks was identified to weaken the correlation between financial stress and prenatal depression among pregnant women in Nigeria (Wellington, 2024).

Triangulation of Qualitative and Quantitative Findings

Financial Stress as a Key Determinant of Mental Health Outcomes: Financial stress was key determinant of mental health outcomes among participants. These experiences were described qualitatively as stress, hopelessness, emotional distress, overthinking, too many thoughts and worrying too much. Quantitatively, studies identified financial stress to be associated with high levels of depression, anxiety and psychological distress. This convergence, further strengthens the association and multidimensional relationship between financial stress and mental wellbeing within the African population.

Financial Stress Operating as A Structural Pathway: Both methodological findings streamlined financial stress to operate from a wider structural pathway, linked with poverty, unemployment, food insecurity, unstable economy and lack of economic opportunities. Qualitatively evidence attributed emotional stress to persistent systemic economic issues, whereas, quantitative studies reported socioeconomic disadvantage as the key predictor of mental health outcomes.

Vulnerable Groups and Corresponding Disproportionate Burden: Vulnerable groups such as pregnant women, refugees, adolescents and individuals living with chronic illness were disproportionately impacted because financial stress interacted with their pre-existing social and health-related vulnerabilities to intensify the development of mental health conditions.

Social Support and Financial Resilience as a Buffer to Mental Distress: Protective buffering role was provided through social support networks and financial resilience within the communities. Qualitative studies reported that family and community support networks were good coping resources, whereas, quantitative studies demonstrated that access to emergency funds, stronger community social networks, and greater financial resilience significantly served as buffers that improved mental health outcomes within the community.

Discussion

Overview

Evidence from this study demonstrated a consistent relationship between financial stress and mental health outcomes. Across population groups, this was associated with increased depression, anxiety, psychological distress, emotional exhaustion, suicidal ideation and reduced overall wellbeing. The triangulation of both qualitative and quantitative findings further showed a stronger convergence, as quantitative studies statistically linked financial stress to adverse mental health outcomes, whereas qualitative evidence gave contextual insights into how participants experienced, expressed and interpreted this relationship within their socio-cultural environments. Within Africa, financial stress was driven by broader structural inequalities, influenced by complex interactions at individual, household and community levels.

Financial Stress as a Key Determinant of Mental Wellbeing

Participants experiencing financial stress reported high levels of depression, anxiety, psychological distress and reduced overall wellbeing. This aligned with existing finding from low-and middle-income countries, which identified financial stress as key driver of MHD [9,10]. This review shows that financial stress influences mental wellbeing through diverse pathways. For instance, economic hardship creates feelings of fear, hopelessness, worries, too many thoughts and uncertainty about the future, rooted in the inability to meet basic personal and family needs. These pressures gradually erode coping capacity, ultimately influencing mental health outcomes. This pattern aligned with the transactional model of stress which posits that stress occurs when perceived individuals demands exceed available resources [41]. Overall, the finding situate this relationship to extend beyond material deprivation, encompassing a broader social and emotional dimension of overall wellbeing.

Poverty and Structural Inequalities

Financial that stress was largely shaped by structural inequalities within Africa. Poverty was consistently reported as a key determinant of poor health outcomes. High levels of depression, anxiety and emotional distress was reported among low-income participants, underscoring the significant psychological burden associated with structural inequalities. This supports the social determinants of health framework, that posit health outcomes are shaped by broader social, economic and environmental conditions, rather than a sole biological or individual factor [42]. Aligning this with this review, poverty, unemployment, income instability and lack of social protective factors, created conditions that influenced individual vulnerabilities to MHD. Additionally, this review positioned Africa differently from Western countries where social welfare systems, unemployment benefits and access to mental health services provide protection. In contrast, structural issues persist within the African context, including widespread poverty, limited employment opportunities and weak health-

care. This positions financial stress as a chronic challenge rather than an episodic situation that persists to imply long-term psychological consequences. Tackling this would require an effective intervention plan that incorporate socio-economic reforms, rather than just a clinical intervention.

Unemployment, Informal Employment and Economic Instability

Unemployed participants and those affected by economic instability reported higher levels of psychological distress, depression and anxiety than participants in stable employment. This highlights the African realities where informal employment constitutes a significant fraction of the economy. Arguably, informal employment provides financial relief for individuals and households, However, it is faced with challenges of unstable income and lack of financial protection in the event of an economic shock or vulnerabilities. Such events generate financial instability and persistent worries that extend to influence mental wellbeing. Employment is closely linked to social identity, family responsibility and community expectations. Consequently, financial insecurity extends to generate social and psychological pressure that compounds mental distress. This finding also align with existing research that situates employment to functions as both economic resources and psychological mediator of health outcomes [43].

Cultural Context

This review demonstrates the cultural realities within Africa contexts and how these shape the interpretation, understanding and expression of financial stress and MHD, particularly through the lens of socio-cultural expectations. Comparatively, the Western context focuses on individual economic conditions, whereas, the African realities attribute financial stress to the inability to meet family and community expectations. This leads to feelings of shame, social exclusion and perceived failure within the socio-cultural system. Additionally, traditional and spiritual beliefs strongly influence the perception of MHD and health-seeking behaviours. This supports the argument that the application of the Western biomedical framework of health may not resonate with African realities (Atilola, 2021; Letsoalo et al., 2024). This calls for the adoption of a culturally responsive framework that combines the biomedical and socio-cultural understanding of mental wellbeing for effective intervention practice in Africa.

Vulnerable Population Group

Pregnant women, young people, university students, refugees and those in informal employment were reported as vulnerable groups. Women, particularly pregnant women reported heightened psychological distress linked with the impact of financial stress, highlighting existing gender inequalities, income instability and caregiving responsibilities. Young people reported significant mental health challenges driven by unemployment, access to educational funds and economic uncertainty [21,44]. Heightened vulnerabilities were reported among refugees due to displacement, relief plans, poverty and limited access to mental health services. These findings aligned with the existing research that shows financial stress often interact with other social disadvantage to generate a compounding effect [45-274].

Policy Implication

This review identified several implications for policy development and practice across Africa, these include; demonstrating that mental wellbeing cannot be understood as a separate issue from the socioeconomic factors that amplify it within the African context. This highlights the need for policy advocacy that moves beyond treatment focused-approach to addressing the structural inequalities that influence health outcomes in Africa. Additionally, strengthening mental health practice would require improving social protection systems and the integration of accessible community-based mental health practices that are targeted at reducing substantial treatment gaps and improving community awareness initiatives at the community levels. This would demand cross-sectoral collaboration, strengthened mental health services and sustained funding for locally generated research evidence with recommendation for policy initiatives that improve economic stability and the integration of culturally acceptable frameworks that align with African realities.

Strengths and Limitations

The strength of this review lies in its methodological rigour that allows the triangulation of qualitative and quantitative studies, merging statistical association with lived experiences of participants to provide a more comprehensive understanding of the phenomenon. However, limitations of this review included variability in most studies, particularly in study design, sample size, population characteristics and outcome measurements, as most studies considered cross-sectional data which restrict causal interpretation over time. Additionally, included studies were mostly concentrated within a limited geographical region which potentially reduced generalised representation of Africa.

Development of Conceptual Framework

Findings from this researched informed the development of the African Financial Stress and Mental wellbeing Framework (AFSMWF). This conceptual framework integrates structural and socio-cultural pathways that interplay to shape financially induced mental health outcomes in Africa. At the structural level, macroeconomic and institutional factors including weak labour market, government policies, unemployment, poverty, informal employment, poor Primary Healthcare and limited or absent social protection systems were consistently identified as core drivers of financial stress. This positioned financial stress as a downstream effect of systemic vulnerabilities rather than an individual financial failure. Socio-culturally, this framework situates financial stress and mental wellbeing to be contextually interpreted, expressed and diagnosed through cultural norms and practices. These communal practices often lead to stigma, social exclusion and feeling of shame, which leads to a complete

dependence on community-based or spiritual responses rather than biomedical intervention. Within this framework, financial stress and mental wellbeing is conceptualised as a daily and cumulative exposure rather than a short-term crisis. Notably, this highlights financial feedback loops where declining mental wellbeing reduces productivity, employability and social participation, that in turn heightens financial instability and reinforce the cycle of emotional distress.

Conclusion

This review reveals that financial stress significantly influences mental health outcomes, demonstrating that poverty, unemployment, income instability, economic shocks and structural inequalities constantly result in high levels of depression, anxiety, psychological and emotional distress. This causes financial stress to operate within the complex cultural and socioeconomic contexts that influence how mental health is understood, interpreted and expressed in Africa. Additionally, this review supports the social determinant of the health framework that illustrates how mental wellbeing is strongly rooted in structural inequalities. Addressing this challenge would require an integrated approach that combines mental health services with socioeconomic intervention targeted at reducing poverty and stabilising the economy. Such strategies should adopt indigenous practice that aligns with the African realities.

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