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Economic Vulnerability and Psychological Distress in Urban and Rural Communities: Policy Implications for the Philippines, Thailand, and Sri Lanka

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ABSTRACT: Economic vulnerability can affect mental health through persistent material insecurity, constrained choices, and exposure to disadvantaged community conditions. This cross-sectional study examined associations among economic vulnerability, community socioeconomic disadvantage, perceived stress, and anxiety in 500 adults from economically vulnerable urban and rural communities in the Philippines. It also assessed whether social support and stable employment were associated with lower distress. Correlations and hierarchical regressions showed that economic vulnerability was positively associated with stress and anxiety, while community disadvantage explained additional variance beyond individual characteristics. Social support and stable employment were negatively associated with both outcomes. Social support, but not stable employment, moderated the vulnerability-stress association; moderation was tested only for perceived stress. The coefficient pattern was consistent with a possible indirect pathway from economic vulnerability to anxiety through perceived stress, although a bootstrapped indirect effect was not estimated. The findings support integrated livelihood, social-protection, and community mental-health responses. Policy-transfer considerations are developed for Thailand and Sri Lanka, while recognizing that the empirical evidence was generated solely in the Philippines and requires local validation before application elsewhere.

1. INTRODUCTION

Poverty is no longer adequately understood as a mere deficit in income or material resources; it is increasingly conceptualized as a multidimensional condition that penetrates psychological functioning, social participation, and the capacity of individuals and communities to cope with adversity. Contemporary scholarship shows that poverty is closely associated with poorer mental

health outcomes, including stress, anxiety, depression, and diminished psychological well-being, while also interacting with broader social determinants that intensify vulnerability across the life course (Marbin et al., 2022; Corell et al., 2024; Lorthe et al., 2023). In this sense, poverty is both an economic and psychosocial phenomenon, with correlates that extend beyond household deprivation into the emotional and relational structures that sustain human agency and resilience.

The present study is situated within a growing body of research demonstrating that psychological outcomes are shaped not only by individual socioeconomic hardship but also by neighbourhood and community-level disadvantage. Evidence indicates that neighbourhood poverty and related structural conditions are linked to poorer psychological and behavioural outcomes, suggesting that mental distress in impoverished contexts cannot be fully explained by personal-level factors alone (Maxwell et al., 2023; Alloush & Bloem, 2022). Studies further show that household poverty, social exclusion, and constrained urban or environmental conditions are associated with depression, reduced well-being, and impaired quality of life, underscoring the importance of examining poverty as an embedded social ecology rather than an isolated personal circumstance (Liao et al., 2023; González et al., 2023; Lorthe et al., 2023).

Despite these advances, an important gap remains in understanding how economic vulnerability relates simultaneously to perceived stress and anxiety, and how these relationships are conditioned by community socioeconomic disadvantage. Much of the existing literature has focused on depression, child and adolescent populations, or broad social determinants, while fewer studies directly investigate the interrelationship among economic vulnerability, stress, and anxiety among adults living in poverty conditions across urban and rural settings. Moreover, although prior work points to the role of safety nets, family context, and social conditions in shaping mental health outcomes, there is still insufficient empirical attention to the protective effects of social support and stable employment as resilience-enabling resources in materially deprived communities (Radey & McWey, 2021; Hayden et al., 2023; Marbin et al., 2022).

Against this backdrop, the present study examines the psychological burden of poverty by analyzing the relationships among economic vulnerability, perceived stress, and anxiety among adults living in poverty, while also considering the contribution of community socioeconomic disadvantage. Specifically, the study seeks to determine whether higher economic vulnerability is associated with greater psychological distress, whether contextual disadvantage exerts an influence beyond individual characteristics, and whether social support and stable employment operate as protective factors. These objectives are analytically important because they move the discussion from simple poverty–mental health association toward a more contextually informed understanding of how structural and relational conditions shape adaptive capacity and community resilience.

The significance of this study is fourfold. First, it contributes to the literature on poverty and mental health by foregrounding stress and anxiety as central outcomes in adult populations living in deprivation, thereby extending existing work that has often emphasized depression or child-focused outcomes (Marbin et al., 2022; González et al., 2023). Second, it advances a community-level perspective by recognizing that neighbourhood and socioeconomic context can intensify or buffer psychological burden (Maxwell et al., 2023; Alloush & Bloem, 2022). Third, it identifies social support and stable employment as potentially modifiable resilience resources that may inform integrated interventions combining livelihood security and psychosocial care (Radey & McWey, 2021). Finally, the study has strong policy relevance for poverty alleviation, mental health programming, and community resilience planning, particularly in settings where structural disadvantage and uneven social protection magnify vulnerability.

RESEARCH OBJECTIVES AND HYPOTHESES

Building on this theoretical and empirical background, the present study has two primary objectives: (a) to examine how individual economic vulnerability and community-level socioeconomic disadvantage are associated with perceived stress and anxiety among adults living in poverty, and (b) to assess whether social support and stable employment function as protective resources that reduce psychological distress in these contexts. Guided by the social determinants and ecological resilience frameworks, we formulated the following hypotheses:

1. H1 (economic vulnerability). Higher economic vulnerability will be positively associated with higher levels of perceived stress and anxiety among adults living in poverty.
2. H2 (community disadvantage). Community socioeconomic disadvantage will be positively associated with perceived stress and anxiety, over and above the effects of individual economic vulnerability and basic demographic controls.

3. H3 (protective factors – main effects). Higher perceived social support and stable employment will be negatively associated with perceived stress and anxiety, after accounting for economic vulnerability, community disadvantage, and demographic variables.

4. H4 (buffering – moderation). The positive association between economic vulnerability and psychological distress will be weaker among individuals with higher social support and those with stable employment, consistent with a buffering (moderation) effect. In the analyses reported here, this hypothesis is tested for perceived stress only, based on two interaction terms (economic vulnerability $\times$ social support and economic vulnerability $\times$ stable employment); interaction coefficients for anxiety were not estimated.

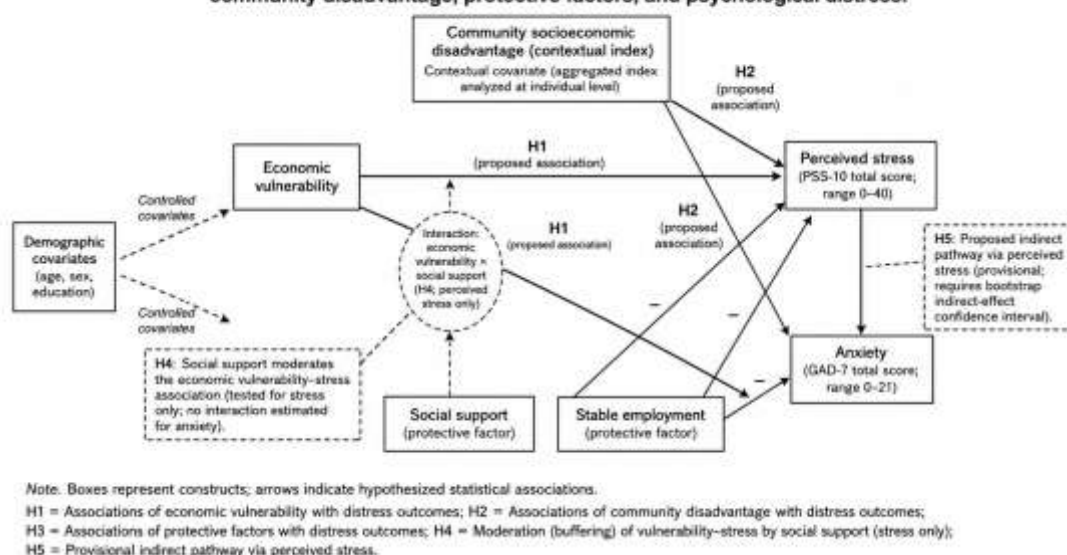
5. H5 (indirect pathway – mediation). Higher economic vulnerability will be associated with greater anxiety, partly through higher perceived stress, such that vulnerability is positively associated with stress, and stress is positively associated with anxiety. This indirect pathway is treated as a proposed mediation effect and requires bootstrapped indirect-effect estimation for formal confirmation.”

LITERATURE REVIEW

Theoretical framework

This study is anchored in an integrated theoretical perspective drawing from the social determinants of mental health framework and ecological understandings of resilience. The social determinants perspective posits that mental health is shaped by the conditions in which people are born, grow, work, and live, including income security, housing, employment, social support, and neighbourhood context. Within this framework, poverty is not a distal background variable but a direct and indirect determinant of psychological outcomes, operating through chronic stress exposure, constrained choices, stigma, and cumulative disadvantage (Marbin et al., 2022). Such a view is especially important for examining stress and anxiety because these conditions often emerge not only from acute hardship but also from prolonged insecurity and uncertainty embedded in everyday life. The conceptual model guiding the study is presented in Figure 1.

Figure 1. Conceptual model of associations among economic vulnerability, community disadvantage, protective factors, and psychological distress.



An ecological lens further strengthens the analysis by recognizing that resilience is not solely an individual trait but a multilevel process shaped by interpersonal supports, social institutions, and community conditions. Research on neighbourhood poverty and violence demonstrates that psychological well-being is affected by place-based risks and structural exposure, reinforcing the argument that community environments play a constitutive role in mental health outcomes (Alloush & Bloem, 2022; Maxwell et al., 2023). From this perspective, social support and stable employment may be understood as resilience resources that enhance coping capacity, reduce uncertainty, and protect mental well-being even under conditions of material deprivation.

This theoretical integration supports the central proposition of the study: economic vulnerability heightens stress and anxiety, while community socioeconomic disadvantage magnifies psychological burden beyond personal characteristics; conversely, supportive relationships and livelihood stability may buffer these effects. The framework therefore provides a basis for interpreting poverty as a multilevel psychosocial condition and for situating mental health within broader questions of adaptive capacity, social protection, and community resilience.

RELATED STUDIES

The contemporary literature consistently demonstrates a robust relationship between poverty and mental health. A recent perspective article argues that poverty and mental health are deeply intertwined through material deprivation, social exclusion, and barriers to care, and it calls for more context-sensitive and structural analyses of this relationship (Marbin et al., 2022). Complementing this broad perspective, empirical studies show that socioeconomic inequalities continue to shape mental health outcomes across populations and national settings. For example, Corell et al. (2024) found persistent socioeconomic inequalities in adolescent mental health, indicating that disadvantage remains a powerful predictor of poorer psychological outcomes even within welfare-oriented societies.

Several studies also illustrate the importance of community- and neighbourhood-level conditions. Maxwell et al. (2023) demonstrated that neighbourhood poverty is associated with adverse psychological and behavioral symptoms, with environmental factors mediating or moderating these relationships. Similarly, Alloush and Bloem (2022) showed that neighbourhood violence and poverty negatively affect psychological well-being, reinforcing the proposition that contextual hardship can exert a distinct influence apart from individual-level disadvantage. In urban settings, Liao et al. (2023) further reported that household poverty and urban environmental features are linked with depression, suggesting that the built and social environment interacts with deprivation to shape mental health risk.

The literature likewise points to the salience of family and social context in mediating the effects of poverty. González et al. (2023) found that poverty and social exclusion are associated with poorer mental health outcomes among children, with family context playing a critical role in either exacerbating or mitigating adverse effects. During the COVID-19 period, Lortie et al. (2023) showed that socioeconomic conditions were significantly associated with children's mental health and quality of life, highlighting how intersecting vulnerabilities intensify psychosocial burden during periods of crisis. These studies collectively underscore that poverty is experienced relationally and contextually, rather than merely as an individual income characteristic.

Other studies emphasize the importance of protective and moderating factors. Radey and McWey (2021) showed that safety nets are associated with maternal and child mental health outcomes among mothers living in poverty, suggesting that institutional and social supports can reduce the psychological toll of deprivation. Hayden et al. (2023) likewise found that subjective poverty moderates psychological outcomes, indicating that lived perceptions of deprivation are consequential for mental well-being. Even work outside conventional public-health frames, such as Ecks (2021), illustrates how deprivation may accumulate with health burdens in ways that deepen emotional distress and social vulnerability.

Taken together, the literature offers three major insights relevant to the present study. First, poverty is a multidimensional and relational condition with measurable psychological consequences. Second, community and neighborhood disadvantage matter because mental health is shaped by structural exposure as much as by personal circumstances. Third, resilience is fostered not only by individual coping but also by external supports, stable institutions, and socio-economic security. However, there remains limited adult-focused evidence directly examining the interplay of economic vulnerability, stress, and anxiety across urban and rural poor communities while simultaneously accounting for community-level disadvantage and the buffering roles of social support and stable employment. The present study addresses this gap and contributes an empirical basis for integrated poverty and mental health interventions.

Recent adult-focused evidence clarifies the mechanisms underlying these associations. Objective and subjective poverty may affect mental health through adverse life events and weakened social support, while unemployment and precarious employment show consistent associations with poorer mental health (Chang et al., 2020; Méndez Rivero et al., 2021; Virgolino et al., 2022). Job insecurity also combines material threat with psychosocial strain, and support networks may moderate this relationship (Alcover et al., 2022). Related evidence from construction employees links job instability and workload with burnout and presenteeism, although social support was not a significant burnout predictor in that occupational sample (Hoo et al., 2024). Among frontline nurses, perceived organizational support and ego-resilience operated within a moderated mediation model

connecting occupational stressors with compassion fatigue (Liu et al., 2024). These findings support treating social support and employment stability as analytically distinct resources rather than as general indicators of socioeconomic status, while also cautioning that their effects can vary by setting and outcome.

Evidence from Shinawatra-affiliated scholarship also broadens the resilience perspective used here. Psychological capital and psychological empowerment have been associated with entrepreneurial agency among women entrepreneurs (Bhandari et al., 2024), while research on Bangkok's informal microenterprises during the 2021–2022 inflation shock identified precautionary saving, resource mobilization, timely information, and institutional support as elements of crisis readiness (Zafri et al., 2024). Urban–rural differences are also relevant: physical activity was associated with depressive symptoms among older adults in both settings, with contextual variation in the observed relationships (Jin et al., 2023). Together, these studies position resilience as a combination of psychological resources, livelihood capacity, social support, and place-sensitive conditions rather than as an individual disposition alone.

Thai research further identifies culturally and institutionally grounded resources that may support mental health. Mindfulness practices were positively associated with mental health development in Bangkok samples (Channuwong et al., 2022), and a related structural model linked four mindfulness dimensions with mental health during the COVID-19 pandemic (Channuwong & Ruksat, 2022). At the community level, participatory work with traditional medicine practitioners connected accessible local health practices with community cohesion, empowerment, and sustainable well-being (Phon-Ngam, 2025). Research with Thai immigrant women likewise showed how continuing family obligations and limited spousal support could create overlapping work and relational burdens with consequences for subjective health and wellness (Pongthippat et al., 2020). These findings are not direct tests of poverty-related stress in the present population, but they strengthen the rationale for examining culturally meaningful support, relational burden, and community resources.

2. MATERIALS AND METHODS

This study employed a quantitative cross-sectional research design to examine the relationships among economic vulnerability, perceived stress, and anxiety among adults living in poverty conditions, while also assessing the contribution of community-level socioeconomic disadvantage. A cross-sectional approach was appropriate because the study sought to measure the distribution and association of key psychosocial and socioeconomic variables within a large sample at a single point in time, thereby enabling the identification of statistically meaningful patterns in vulnerable populations.

2.1 Research Design and Setting

The study was conducted in selected urban and rural communities characterized by persistent poverty, unstable employment, and limited access to social and health support services. The inclusion of both urban and rural settings was intended to capture variation in community socioeconomic conditions and to examine whether psychological burden is shaped not only by individual deprivation but also by contextual disadvantage. This design is consistent with the study's attention to community context and with literature emphasizing the role of neighborhood and community conditions in shaping mental health outcomes.

2.2 Participants and Sampling

The study involved 500 adult respondents who were identified as living under poverty conditions based on local socioeconomic indicators, including unstable income, limited employment security, and constrained access to resources necessary for daily living. To ensure adequate representation across differing community contexts, stratified random sampling was employed. Respondents were first grouped according to geographic setting, specifically urban and rural communities, and then randomly selected within each stratum. This procedure strengthened the comparability of the two contexts and enhanced the representativeness of the sample.

Eligibility criteria included: (1) being 18 years old or above; (2) residing in the selected community for at least one year; and (3) belonging to a household classified as economically vulnerable based on community or barangay records and self-reported socioeconomic status. Individuals with severe cognitive impairment or those unable to complete the questionnaire independently or with minimal assistance were excluded from participation.

2.3 Measures

Demographic and socioeconomic variables.

The first part of the questionnaire collected demographic information (age, sex, marital status, education, household size) and socioeconomic indicators (employment status, income source, and type of employment). These items were based on standard household survey questions used in national statistics.

Perceived stress.

Perceived stress was assessed using the 10-item Perceived Stress Scale (PSS-10; Cohen, Kamarck, & Mermelstein, 1983; as cited in Yılmaz Koğar & Koğar, 2024). Respondents rated how often they experienced stress-related thoughts and feelings during the past month (e.g., “In the last month, how often have you felt that you were unable to control the important things in your life?”) on a 5-point scale from 0 (never) to 4 (very often). Positively worded items were reverse-coded and summed to obtain a total score, with higher scores indicating greater perceived stress (possible range: 0–40). The PSS-10 was translated into Filipino/Bicolano using translation–back-translation procedures and reviewed by a panel of local mental health professionals for cultural appropriateness. In the present sample, internal consistency was excellent (Cronbach’s $\alpha = .89$).

Anxiety.

Anxiety symptoms were measured with the 7-item Generalized Anxiety Disorder scale (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006). Items ask how often respondents were bothered by anxiety-related problems during the past two weeks (e.g., “Feeling nervous, anxious, or on edge”) on a 4-point scale from 0 (not at all) to 3 (nearly every day). Item scores were summed to yield a total score ranging from 0 to 21, with higher scores reflecting more severe anxiety. The GAD-7 was translated and back-translated following the same procedures as the PSS-10. Internal consistency in this study was high ($\alpha = .88$).

Economic vulnerability.

Economic vulnerability was operationalized using an 8-item scale developed for this study, reflecting income insecurity, difficulty meeting basic needs, unstable work conditions, and financial fragility. Example items include “In the past three months, my household has had to skip or reduce meals because of lack of money” and “My income varies so much that I cannot plan for basic expenses.” Items were scored from 1 (strongly disagree) to 5 (strongly agree) and averaged to create a composite index, with higher scores indicating greater economic vulnerability. Exploratory factor analysis supported a single-factor solution, and internal consistency was good ($\alpha = .86$).

Social support.

Perceived social support was measured using a short 6-item adaptation of the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), covering support from family, friends, and community (e.g., “I can count on my family and friends when things go wrong”). Responses were given on a 5-point scale from 1 (strongly disagree) to 5 (strongly agree); this differs from the 7-point response format and 12-item, three-subscale structure of the original MSPSS. Items were averaged to form a total score, with higher scores indicating greater perceived social support. The adapted scale showed excellent internal consistency in this sample ($\alpha = .90$).

Stable employment.

Employment stability was captured using a single item asking whether respondents had been continuously employed in their main job for at least 12 months (0 = no, 1 = yes). This variable was treated as a binary indicator of livelihood stability.

Community socioeconomic disadvantage.

Community-level socioeconomic disadvantage was assessed using an index constructed from barangay-level indicators obtained from local government and community records (e.g., unemployment rate, proportion of informal housing, distance to basic services) combined with aggregated respondent perceptions of neighbourhood instability and lack of services. Each indicator was standardized (z-scores) and averaged to produce a composite index; higher scores indicate greater community disadvantage. Internal consistency across the composite indicators was $\alpha = .78$, which should be interpreted cautiously because the index combines heterogeneous administrative and perceptual indicators, and scores were standardized ($M = 0$, $SD = 1$) for analysis.

Translation and pilot testing

All instruments were administered in English and Filipino/Bicolano, depending on participants' preference. Standard translation–back-translation procedures were followed for all non-English scales. Initial translations were produced by bilingual researchers familiar with mental health and community work, and independent back-translations into English were reviewed by the research team to resolve discrepancies and ensure semantic equivalence. A small panel of local practitioners (two community psychologists and one social worker) examined the translated items for cultural appropriateness and comprehensibility in low-income urban and rural settings.

The full questionnaire was then pilot-tested with 30 adults from communities similar to, but not included in, the main study sites. Cognitive debriefing interviews were conducted with a subset of pilot participants to identify ambiguous wording, sensitive content, or response difficulties. Minor revisions were made to item phrasing and instructions based on pilot feedback (e.g., simplifying financial terms, adding examples for social support items). Data from the pilot were not included in the final analyses but were used to confirm acceptable internal consistency of the scales and to refine fieldwork procedures.

2.4 Data Collection

Data collection was undertaken after securing the necessary institutional and community permissions. Enumerators were oriented regarding ethical procedures, informed consent protocols, and standardized administration of the instrument. Respondents were approached in their communities and informed of the purpose of the study, the voluntary nature of participation, and the confidentiality of their responses. Written or documented informed consent was obtained prior to questionnaire administration.

The survey was administered face-to-face to improve response quality in settings where literacy or digital access may be uneven. Completed questionnaires were checked for completeness and encoded into a statistical database for analysis. Data cleaning procedures included screening for missing values, response inconsistencies, and outliers; the amount of missing data and the method used to handle it are reported below.

2.5 Statistical Analysis

All analyses were conducted using IBM SPSS Statistics for Windows, Version 29.0, with the level of statistical significance set at .05 (two-tailed). Descriptive statistics (frequency, percentage, mean, and standard deviation) were computed to characterize the sample and to summarize the distribution of key study variables. Group differences between urban and rural respondents were examined using independent-samples *t* tests for continuous variables and χ^2 tests for categorical variables.

Pearson product–moment correlations were calculated to assess the bivariate associations among economic vulnerability, community socioeconomic disadvantage, perceived stress, anxiety, social support, and employment stability, and to provide initial tests of H1–H3. Internal consistency (Cronbach's α) was estimated for all multi-item scales.

To examine the multivariable predictors of psychological distress, hierarchical multiple regression analyses were performed separately for perceived stress and anxiety at the individual level. In Step 1, demographic covariates (age, sex, and educational attainment) were entered. In Step 2, economic vulnerability and the community disadvantage index were added to test whether individual and contextual poverty indicators predicted distress (H1 and H2). In Step 3, social support and stable employment were entered to assess their protective contributions over and above socioeconomic exposures (H3). Continuous predictors were mean-centered prior to entry. Although the community disadvantage index reflects contextual conditions, it was analyzed as an individual-level covariate rather than within a formal multilevel modelling framework.

To examine the proposed buffering effects (H4), interaction terms were created by multiplying centered economic vulnerability by social support and by employment stability. The interactions were planned for the perceived-stress and anxiety models. Interaction coefficients are available only for the perceived-stress model; the anxiety interaction models were not estimated, so H4 is tested for perceived stress only and remains untested for anxiety.

In addition, a mediation model was specified to examine whether perceived stress might statistically mediate the relationship between economic vulnerability and anxiety (H5). The indirect effect of economic vulnerability on anxiety via perceived stress was planned to be evaluated using 5,000 bootstrap samples and a 95% bias-corrected confidence interval, with the indirect effect judged significant if the confidence interval excluded zero. However, the bootstrapped indirect-effect estimate, standard

error, and confidence interval were not computed or reported in the present analyses. Accordingly, H5 is treated as a proposed indirect pathway that remains provisional until a formal bootstrapped mediation test is conducted.

2.6 Ethical Considerations

The study was reviewed and approved by the Ethics Review Committee of MPCF Canaman and by the Ethics Review Committee of World Citi Colleges and adhered to fundamental ethical principles of research involving human participants. Respondents were informed about the objectives of the study, assured of anonymity and confidentiality, and given the right to decline or withdraw at any point without penalty. Written or documented informed consent was obtained from all participants prior to questionnaire administration. Data were stored securely and used solely for academic and research purposes. Given the sensitive nature of poverty and psychological well-being, care was taken to conduct data collection respectfully and to avoid any form of coercion, stigma, or emotional harm.

3. Results and Discussion

Descriptive statistics and group differences between urban and rural respondents are presented in Table 1. Overall, the sample comprised 500 adults (59.2% female; M age = 38.6 years, SD = 11.9). Urban respondents had higher education and employment rates than rural respondents but also reported higher economic vulnerability and psychological distress.

Table 1
Sample Characteristics and Urban–Rural Comparisons (N = 500)

Variable	Total (N = 500)	Urban (n = 250)	Rural (n = 250)	Test statistic	p
Demographic and socioeconomic variables					
Age (years)	38.6 (11.9)	37.9 (12.1)	39.3 (11.7)	$t(498) = 1.32$	.189
Female, n (%)	296 (59.2)	152 (60.8)	144 (57.6)	$\chi^2(1) = 0.53$	.467
Completed secondary education or higher, n (%)	312 (62.4)	182 (72.8)	130 (52.0)	$\chi^2(1) = 23.05$	< .001
Currently employed, n (%)	328 (65.6)	186 (74.4)	142 (56.8)	$\chi^2(1) = 17.16$	< .001
Stable employment (≥ 12 months in current job), n (%)	178 (35.6)	104 (41.6)	74 (29.6)	$\chi^2(1) = 7.85$	.005
Household size	5.1 (2.0)	4.8 (1.9)	5.4 (2.0)	$t(498) = 3.44$	< .001
Key study variables					
Economic vulnerability a	3.62 (0.78)	3.71 (0.75)	3.53 (0.80)	$t(498) = 2.60$	.010
Community disadvantage index b	0.00 (1.00)	0.34 (0.91)	−0.34 (0.94)	$t(498) = 8.22$	< .001
Perceived stress c	21.8 (6.5)	22.6 (6.3)	21.0 (6.6)	$t(498) = 2.77$	.006
Anxiety d	9.7 (4.2)	10.1 (4.1)	9.3 (4.2)	$t(498) = 2.16$	.032
Social support e	3.24 (0.71)	3.12 (0.70)	3.37 (0.70)	$t(498) = 3.99$	< .001

Note. Values are mean (SD) unless otherwise indicated. Urban and rural groups each comprise 250 respondents. Test statistics compare urban and rural groups using independent-samples t tests for continuous variables and χ^2 tests for categorical variables.

t tests were recomputed from the analysis file using raw data with equal-variances assumption; χ^2 tests were computed without continuity correction. Minor discrepancies with hand-calculated test statistics based on rounded means and SDs may arise due to rounding.

- a* Higher scores indicate greater economic vulnerability (e.g., difficulty meeting basic needs, financial insecurity).
- b* Standardized community-level index, with higher scores indicating greater socioeconomic disadvantage.
- c* Perceived stress measured with the PSS-10 (possible range 0–40); higher scores indicate higher stress.
- d* Anxiety measured with the GAD-7 (possible range 0–21); higher scores indicate higher anxiety.
- e* Social support measured with the 6-item adapted MSPSS (possible range 1–5); higher scores indicate greater perceived social support.

Table 2 displays the bivariate correlations among the study variables, along with internal consistency estimates. Consistent with H1, economic vulnerability showed moderate, positive correlations with both perceived stress ($r = .55, p < .001$) and anxiety ($r = .45, p < .001$). In line with H2, the community disadvantage index was also positively associated with stress and anxiety ($r_s \approx .24-.28, p_s < .001$), indicating that adults living in more disadvantaged communities reported higher psychological distress. Supporting H3, social support and stable employment were negatively correlated with both stress and anxiety, suggesting that respondents with stronger support networks and more stable livelihoods experienced lower distress.

Table 2:

Bivariate Correlations and Internal Consistency Estimates (N = 500)

Variable	1	2	3	4	5	6	M	SD	α
1. Economic vulnerability	—						3.62	0.78	.86
2. Community disadvantage index	.48***	—					0.00	1.00	.78
3. Perceived stress	.55***	.28***	—				21.8	6.5	.89
4. Anxiety	.45***	.24***	.66***	—			9.7	4.2	.88
5. Social support	-.30***	-.22***	-.34***	-.29***	—		3.24	0.71	.90
6. Stable employment (0/1)	-.32***	-.25***	-.21***	-.18***	.23***	—	0.36	0.48	—

Note. Values are Pearson correlation coefficients; variables are numbered as in Figure 3. M and SD are for the total sample (N = 500). Stable employment is a binary indicator (0 = no, 1 = yes); therefore, Cronbach's α is not applicable. *** $p < .001$.

Perceived stress (H1–H3)

Perceived stress (H1–H3). As shown in Table 3, the hierarchical regression predicting perceived stress supported H1 and H2. In Step 1, demographic controls (age, sex, and educational attainment) accounted for a small proportion of the variance ($R^2 = .04$), and none of the demographic variables reached statistical significance. Adding economic vulnerability and community disadvantage in Step 2 significantly improved model fit ($\Delta R^2 = .32, p < .001$). Higher economic vulnerability was associated with substantially higher stress ($\beta = .37, p < .001$), and greater community disadvantage remained a significant positive predictor ($\beta = .14, p < .01$) after adjusting for demographics. In Step 3, the inclusion of protective factors further increased explained variance ($\Delta R^2 = .11, p < .001$). Social support emerged as a robust negative predictor ($\beta = -.27, p < .001$), and stable employment made an additional, albeit smaller, protective contribution ($\beta = -.10, p < .05$), indicating that these protective resources substantially attenuate the stress associated with poverty and contextual disadvantage.

Table 3

Hierarchical Regression Analyses Predicting Perceived Stress and Anxiety

Predictor	Perceived stress, β	Anxiety, β
Step 1: Control variables		
Age, years	-.01	-.01
Female, 0 = male and 1 = female	.05	.03 ^a

Secondary education or higher, 0 = no and 1 = yes	-.03	-.01 ^a
Step 2: Socioeconomic exposures		
Economic vulnerability	.37***	.23***
Community disadvantage index	.14**	.11*
Step 3: Protective factors		
Social support	-.27***	-.24***
Stable employment, 0 = no and 1 = yes	-.10*	-.09*
Model-fit statistics		
R ² , Model 1	.04	.03
R ² , Model 2	.36	.30
R ² , Model 3	.47	.41
ΔR ² , Step 2	.32***	.27***
ΔR ² , Step 3	.11***	.11***

Note. N = 500. Standardized regression coefficients, β , are reported for the final model (Model 3). Model 1 included the control variables; Model 2 added economic vulnerability and community disadvantage; and Model 3 added social support and stable employment. R² values for Models 2 and 3 are cumulative. ΔR² indicates the increase in explained variance associated with each block; F change and degrees of freedom for each step are reported in the text. $p < .05$. $p < .01$. $p < .001$. * ^a In the anxiety model, standardized coefficients for female sex and secondary education were small and nonsignificant in the final model; they are retained here to show that demographic controls were included, but exact test statistics are not emphasized because the coefficients are close to zero.

Community-level socioeconomic disadvantage and psychological distress

As illustrated in Figure 4, mean perceived-stress scores increased monotonically across low, medium, and high levels of community disadvantage, consistent with the positive regression coefficients for the community disadvantage index reported in Table 3. Figure 5A further shows that among respondents with high economic vulnerability, those reporting high social support experienced notably lower stress than those with low support, consistent with the significant social support interaction. Figure 5B is descriptive only; no interaction term was estimated for anxiety, and the employment interaction for perceived stress was non-significant, so no buffering effect is claimed for anxiety. A parallel hierarchical regression predicting anxiety yielded a similar pattern (Table 3). Demographic controls entered at Step 1 explained a small proportion of the variance in anxiety ($R^2 = .03$). In the final model, age ($\beta = -.01$), female sex ($\beta = .03$), and secondary education or higher ($\beta = -.01$) showed small, nonsignificant associations with anxiety and are retained as covariates rather than substantive predictors. When economic vulnerability and community disadvantage were entered at Step 2, explained variance increased substantially ($\Delta R^2 = .27$, $p < .001$). Economic vulnerability ($\beta = .23$, $p < .001$) and community disadvantage ($\beta = .11$, $p < .05$) were positively associated with anxiety symptoms. Adding social support and stable employment at Step 3 explained a further 11% of the variance ($\Delta R^2 = .11$, $p < .001$). Social support ($\beta = -.24$, $p < .001$) and stable employment ($\beta = -.09$, $p < .05$) emerged as significant protective factors. The final model explained 41% of the variance in anxiety ($R^2 = .41$). The overall pattern of associations is summarized in the path model in Figure 6, which highlights economic vulnerability and community disadvantage as key risk pathways and social support and stable employment as protective resources that reduce psychological distress. The figure also depicts the proposed indirect pathway from economic vulnerability to anxiety via perceived stress.

Buffering effects for perceived stress (H4 – moderation).

To examine H4 in the perceived-stress model, interaction terms were added after the main effects. Social support significantly moderated the relationship between economic vulnerability and perceived stress ($\beta = -.11$, $p < .05$), indicating that the positive association between vulnerability and stress was weaker among individuals with higher support. The interaction between economic vulnerability and stable employment was not significant ($\beta = -.05$, $p = .18$), indicating that employment stability had a protective main effect but did not significantly buffer the association between vulnerability and stress. These findings provide partial support for H4 with respect to perceived stress. Corresponding interaction coefficients for anxiety are not reported; therefore, H4 cannot be evaluated for anxiety from the results currently presented.

Anxiety (H1–H3).

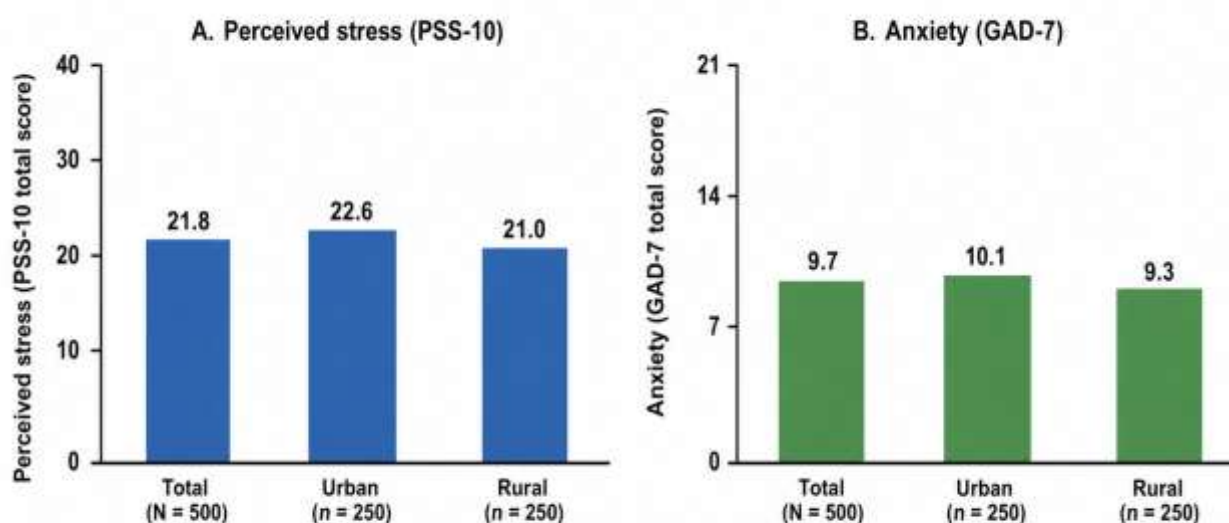
Anxiety (H1–H3). A parallel hierarchical regression predicting anxiety yielded a similar pattern (Table 3). Demographic controls entered at Step 1 explained a small proportion of the variance in anxiety ($R^2 = .03$). In the final model, age ($\beta = -.01$), female sex ($\beta = .03$), and secondary education or higher ($\beta = -.01$) showed small, nonsignificant associations with anxiety and are retained as covariates rather than substantive predictors. When economic vulnerability and community disadvantage were entered at Step 2, explained variance increased substantially ($\Delta R^2 = .27$, $p < .001$). Economic vulnerability ($\beta = .23$, $p < .001$) and community disadvantage ($\beta = .11$, $p < .05$) were positively associated with anxiety symptoms. Adding social support and stable employment at Step 3 explained a further 11% of the variance ($\Delta R^2 = .11$, $p < .001$). Social support ($\beta = -.24$, $p < .001$) and stable employment ($\beta = -.09$, $p < .05$) emerged as significant protective factors. The final model explained 41% of the variance in anxiety ($R^2 = .41$). When perceived stress was added to the anxiety model, it remained a strong positive predictor ($\beta \approx .50$, $p < .001$), and the direct effect of economic vulnerability on anxiety decreased from $\beta = .23$ to approximately $\beta = .12$. This coefficient pattern is consistent with a possible partial mediation pathway in which economic vulnerability is associated with higher stress, which in turn is associated with higher anxiety. However, the bootstrapped indirect-effect estimate, standard error, and 95% bias-corrected confidence interval were not computed or reported. Accordingly, the indirect effect cannot be statistically confirmed, and H5 should be interpreted as a proposed indirect pathway rather than a confirmed mediation effect.

Profile of the respondents

The study included 500 adults residing in economically vulnerable urban and rural communities, with equal numbers of respondents drawn from each setting. The sample represented respondents with varied demographic and socioeconomic characteristics, including differences in age, sex, educational attainment, household size, and employment status. Although 65.6% of respondents were currently employed, only 35.6% met the study's criterion for stable employment, defined as remaining in their current job for at least 12 months. Thus, 64.4% of the sample did not meet the stable-employment criterion, reflecting considerable employment insecurity within the study population.

Urban respondents reported significantly higher economic vulnerability than rural respondents, $M = 3.71$ versus $M = 3.53$, respectively (see Table 1). They also reported higher perceived stress, $M = 22.6$ versus $M = 21.0$, and anxiety, $M = 10.1$ versus $M = 9.3$. In contrast, rural respondents reported greater perceived social support than urban respondents, $M = 3.37$ versus $M = 3.12$. Collectively, these findings indicate that socioeconomic and psychological vulnerability was evident across both settings, although urban respondents experienced comparatively greater economic vulnerability and psychological distress.

Figure 2. Mean perceived stress and anxiety by urban and rural residence (N = 500).



Note. Perceived stress measured with the PSS-10 (range 0–40); anxiety measured with the GAD-7 (range 0–21). Higher scores indicate greater distress. Urban and rural groups each comprise 250 respondents.

The descriptive findings also suggested meaningful variation between urban and rural respondents. Urban participants had higher rates of current employment (74.4% vs. 56.8%) and stable employment (41.6% vs. 29.6%) than rural participants (Table 1). Rural participants, in contrast, reported higher perceived social support than urban participants, while both groups showed elevated levels of economic vulnerability, stress, and anxiety. Across both settings, economic precarity was a common condition, reinforcing the argument that poverty constitutes both material deprivation and chronic uncertainty.

Indirect pathway (H5 – mediation).

The coefficient pattern for the indirect pathway proposed in H5 is consistent with partial mediation by perceived stress. When perceived stress was added to the anxiety model, the direct effect of economic vulnerability on anxiety decreased from $\beta = .23$ to approximately $\beta = .12$, while perceived stress remained positively associated with anxiety ($\beta \approx .50$, $p < .001$). This reduction suggests a possible partial mediation pathway in which economic vulnerability is associated with higher stress, which in turn is associated with higher anxiety. However, the bootstrapped indirect-effect estimate and its 95% bias-corrected confidence interval were not computed or reported. Accordingly, the indirect effect should be described as a pattern compatible with partial mediation, not as a statistically confirmed mediation effect. Future analyses using bootstrapped indirect-effect estimation are needed to verify whether the indirect pathway from economic vulnerability to anxiety via perceived stress is statistically significant.

Figure 3. Correlation matrix of key variables among 500 adults living in poverty.

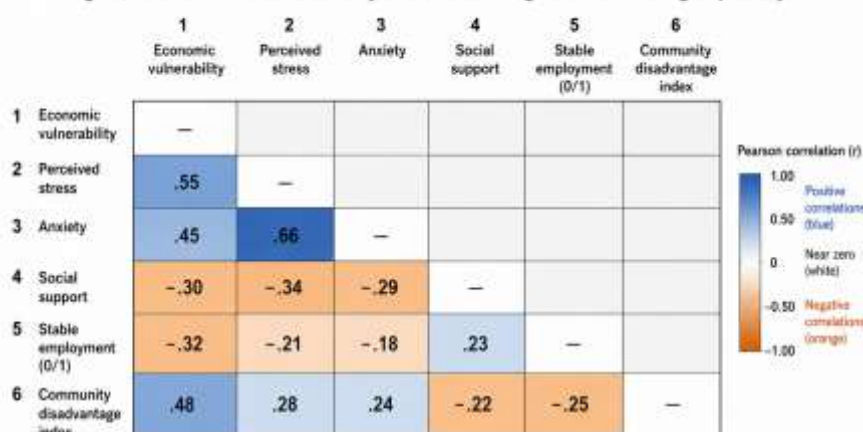


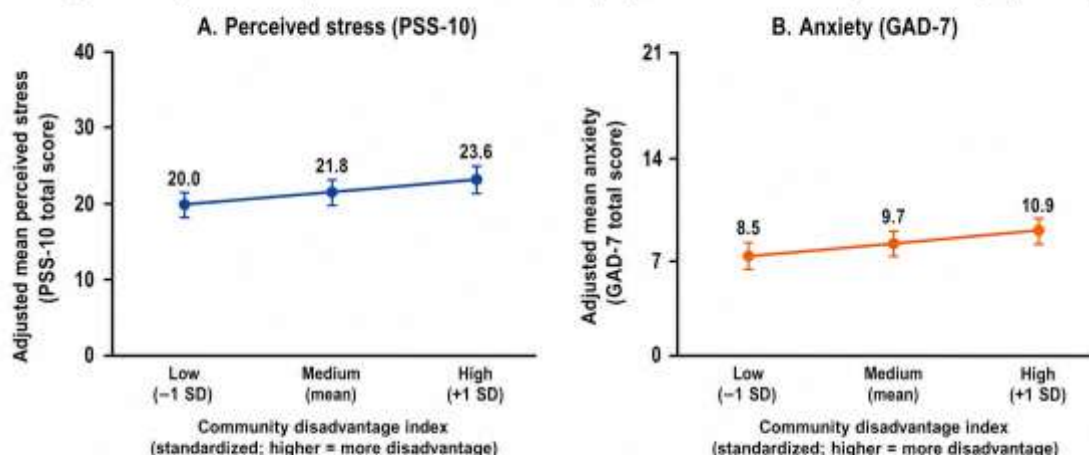
Figure 3. Correlation matrix of key variables among 500 adults living in poverty. Cells display Pearson correlation coefficients among economic vulnerability, perceived stress, anxiety, social support, stable employment, and community disadvantage. All correlations shown are significant at $p < .001$. Variable numbering matches Table 2.

As shown in Figure 3, a positive and statistically significant correlation was likewise found between perceived stress and anxiety ($r = .66$, $p < .001$), suggesting that these psychological outcomes are mutually reinforcing in contexts of deprivation. Adults facing chronic poverty are likely to experience persistent worry, limited coping latitude, and heightened emotional burden, which together intensify both stress and anxiety symptoms. This pattern supports the argument that poverty is linked to mental health not only through discrete episodes of hardship but through an accumulation of uncertainty and constrained agency.

Community-level socioeconomic disadvantage and psychological distress

One of the most important findings of the study is that community-level socioeconomic disadvantage was significantly associated with psychological distress above and beyond personal-level socioeconomic characteristics. Respondents living in communities marked by unemployment concentration, neighborhood instability, and weaker access to social and public services reported higher levels of stress and anxiety than similarly poor individuals in relatively more stable local contexts. This finding suggests that the psychological burden of poverty is intensified when deprivation is embedded in structurally disadvantaged community environments.

Figure 4. Adjusted mean perceived stress and anxiety by levels of community disadvantage (N = 500).



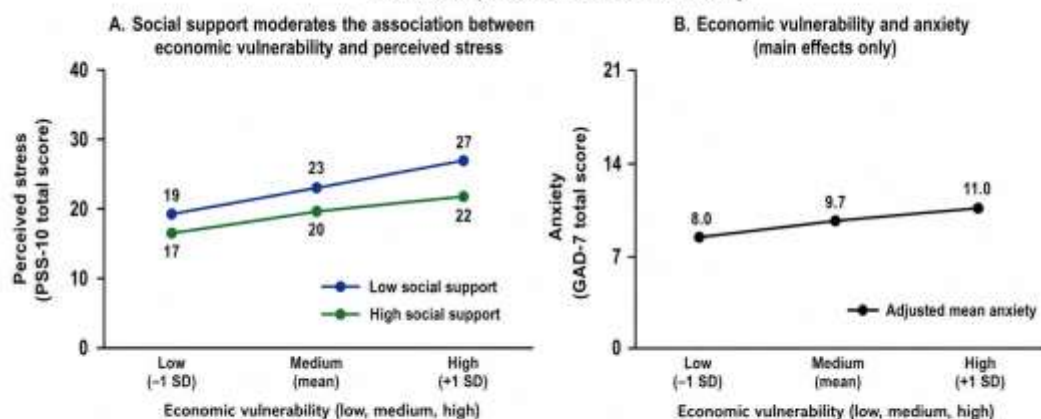
Note. Community disadvantage is a standardized composite index (higher scores = greater socioeconomic disadvantage). Values are adjusted means from hierarchical regression models controlling for age, sex, education, economic vulnerability, social support, and stable employment. Perceived stress measured with the PSS-10 (range 0–40); anxiety measured with the GAD-7 (range 0–21). Higher scores indicate greater distress.

This result extends the conventional understanding of poverty by demonstrating that mental distress is not determined solely by individual or household-level hardship. Rather, it is shaped by the broader conditions in which deprivation is experienced. Community context appears to influence everyday exposure to uncertainty, insecurity, and social fragmentation, thereby amplifying psychological vulnerability. In this respect, the study supports a multilevel interpretation of poverty, where both personal and contextual factors jointly shape mental health outcomes.

Protective factors: social support and stable employment

The analysis further showed that respondents with stronger perceived social support reported lower levels of stress and anxiety compared with those who experienced weak or inconsistent support networks. Emotional reassurance, practical assistance, and relational connectedness were associated with lower poverty-related distress, and social support statistically moderated the vulnerability–stress association in the perceived-stress model. This finding underscores the relational dimension of resilience and suggests that adaptive capacity in poor communities cannot be understood in purely individual terms.

Figure 5. Moderation of economic vulnerability–stress associations by social support and descriptive main effects for anxiety.



Note. Panel A shows the interaction between economic vulnerability and social support predicting perceived stress (PSS-10 total score; range 0–40). Higher economic vulnerability is associated with greater stress, and this association is weaker among respondents reporting higher social support, consistent with a significant moderation effect; employment stability did not show a significant interaction. Panel B shows adjusted mean anxiety (GAD-7 total score; range 0–21) across levels of economic vulnerability based on main-effects regression estimates. No interaction terms for anxiety were estimated, and no buffering effect is implied.

Stable employment also emerged as a significant protective main effect, although it did not significantly buffer the vulnerability–stress association. Respondents with more secure and predictable work arrangements tended to exhibit lower psychological distress than those engaged in unstable, informal, or intermittent labor. Employment stability likely reduces uncertainty regarding income continuity, strengthens perceived control, and enhances self-efficacy, all of which are relevant to mental well-being. The result indicates that livelihood security serves not only economic ends but also important psychosocial functions.

Figure 6 summarizes this proposed indirect pathway, highlighting the reduction in the economic-vulnerability coefficient when perceived stress is included. As noted, this mediation pattern remains provisional pending bootstrapped indirect-effect estimation.

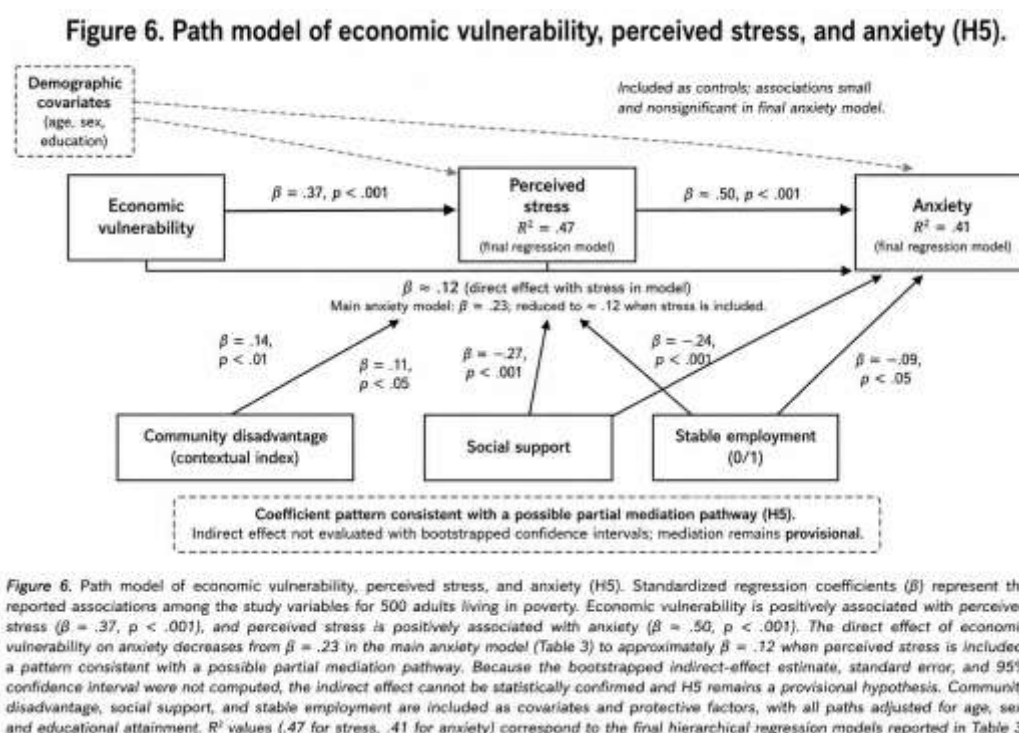


Figure 6. Path model of economic vulnerability, perceived stress, and anxiety (H5). Standardized regression coefficients (β) represent the reported associations among the study variables for 500 adults living in poverty. The economic vulnerability → anxiety path shows the direct effect after perceived stress is entered ($\beta \approx .12$), which is reduced compared with the main anxiety model coefficient ($\beta = .23$) reported in Table 3. The reduction in the economic-vulnerability coefficient after perceived stress is introduced is consistent with a possible partial mediation pathway; formal confirmation requires the bootstrapped indirect-effect estimate and its 95% confidence interval. Community disadvantage, social support, and stable employment are included as covariates and protective factors, with all paths adjusted for age, sex, and educational attainment. The R^2 values shown for perceived stress (.47) and anxiety (.41) correspond to the final hierarchical regression models reported in Table 3 rather than to a separate fitted mediation model.

DISCUSSION OF FINDINGS

The findings substantiate the proposition that poverty is a multidimensional condition with powerful psychological correlates. In line with H1, economic vulnerability was consistently associated with higher levels of perceived stress and anxiety, even after controlling for basic demographic factors. Moreover, in support of H2, community socioeconomic disadvantage was independently associated with higher distress over and above individual economic vulnerability (no community-by-vulnerability interaction was tested), indicating that individual vulnerability is more pronounced when it is embedded within structurally deprived environments. Rather than a simple lack of income, the pattern observed here suggests that poverty is experienced as a condition of chronic insecurity that permeates emotional well-being, social functioning, and adaptive capacity.

The role of community-level disadvantage is particularly noteworthy. Adults living in localities marked by weaker support structures, unstable environments, and reduced access to opportunities reported greater psychological distress than similarly poor individuals residing in relatively less disadvantaged communities. This finding aligns with ecological and community psychology perspectives, which argue that resilience is shaped not only by personal coping skills but also by the social and institutional architecture of places. By empirically linking economic vulnerability, community disadvantage, and psychological distress within a single analytical frame, the study extends existing models of poverty and mental health to foreground the importance of contextual exposure.

The evidence for H3 regarding the protective role of social support and stable employment also carries important implications. Higher perceived social support and more secure employment were associated with lower stress and anxiety, and, in the perceived-stress model, higher social support significantly attenuated the association between economic vulnerability and distress. These patterns suggest that the capacity to cope with poverty may be associated with relationships, work security, and the availability of supportive environments, rather than residing solely within individuals. Interventions that seek to mitigate poverty-related mental distress may therefore need to move beyond narrowly clinical or individually focused approaches and incorporate community-based support systems, social protection mechanisms, and livelihood-stabilisation strategies that simultaneously address material and psychosocial dimensions of disadvantage.

H4 received partial support for perceived stress: social support moderated the association between economic vulnerability and stress, whereas employment stability did not show a significant moderating effect. Because corresponding interaction results for anxiety were not reported, no conclusion about H4 for anxiety can be drawn from the current analyses.

Consistent with H5, the reduction in the economic-vulnerability coefficient after perceived stress was introduced suggests a possible partial mediation pathway. This interpretation remains provisional until a bootstrapped indirect-effect estimate and its 95% confidence interval are computed and confirm that the interval excludes zero.

The magnitude of the associations observed in this study appears broadly consistent with recent work on poverty and mental health, although direct comparison is limited because the cited studies use different outcomes and metrics. For example, Marbin et al. (2022) synthesise evidence showing small to moderate links between various forms of deprivation and common mental disorders, while González et al. (2023) and Lortie et al. (2023) report comparable effect sizes for poverty and exclusion in relation to children's mental health. Our standardized coefficients for economic vulnerability and community disadvantage predicting stress and anxiety fall within this range, suggesting that the psychological burden of poverty among adults in these communities is at least as pronounced as that documented in child and adolescent samples in high-income settings. Similarly, the protective associations of social support and livelihood stability observed here echo findings from studies of safety nets and family context among low-income mothers (Radey & McWey, 2021) and from research on neighborhood adversity and resilience-related resources (Alloush & Bloem, 2022; Maxwell et al., 2023), reinforcing the view that psychosocial and structural resources are integral components of mental health in conditions of deprivation.

The urban–rural differences in our data also resonate with community psychology perspectives on place and well-being. Urban poor respondents tended to report higher stress and anxiety despite living closer to services and employment opportunities, whereas rural respondents generally reported somewhat lower distress but higher structural isolation and livelihood fragility. One plausible interpretation is that urban poverty is characterised by a dense accumulation of stressors—crowding, insecurity, and exposure to visible inequality—combined with weaker informal support networks, whereas the higher mean social support reported by rural respondents may partly account for their lower distress despite limited formal infrastructure. This pattern is consistent with ecological models that emphasise both risks and resources at multiple levels of context and suggests that resilience is not simply a function of exposure to services but of how social ties, local norms, and institutional arrangements interact to shape everyday experiences of security and belonging.

3.5 Policy Transfer Considerations for the Philippines, Thailand, and Sri Lanka

Philippines. The findings support closer coordination among local government social-welfare offices, primary-care and community mental-health services, employment facilitation, and livelihood programs. Screening for financial strain and psychological distress may be incorporated into community-based assistance, while referral systems can connect adults experiencing persistent stress or anxiety with appropriate care. Because social support showed the clearest buffering association, livelihood initiatives may be strengthened by peer groups, family-inclusive services, community mentoring, and accessible

psychosocial support. Philippine evidence also links economic and psychological well-being within multifaceted development programming and identifies mental-health correlates among low-income rural men, supporting locally differentiated delivery (Bloem & Gandhe, 2021; Reyes et al., 2026).

Thailand. A transferable policy hypothesis is that livelihood interventions for economically insecure adults may be more effective when community-based mental-health support and social-network strengthening are delivered alongside employment assistance. Implementation should distinguish urban precarity from rural livelihood instability and should be tested through Thai-language instruments, locally defined vulnerability thresholds, and evaluation designs capable of identifying whether the associations observed in the Philippine sample are reproduced. Recent Thai evidence associates poverty with poorer personal well-being and depression and demonstrates that stress varies across individual and provincial levels (Arsa et al., 2025; Tantirattanakulchai et al., 2025). Complementary Thai research indicates that economic and institutional-social conditions shape adaptive capacity in agricultural communities (Fei et al., 2026), that culturally grounded mindfulness practices may support mental health (Channuwong & Ruksat, 2022; Channuwong et al., 2022), and that participatory community-health models can strengthen cohesion and sustainable well-being (Phon-Ngam, 2025). These studies support locally adapted, culturally credible delivery, but they do not substitute for direct replication of the present model in Thailand.

Sri Lanka. The results point to the value of linking household economic-recovery measures with community-level psychosocial support. Policy adaptation could prioritize adults facing unstable work, recurring difficulty meeting basic needs, or weak support networks. Any application should account for local patterns of employment, household coping, service availability, and exposure to economic shocks; the proposed package should therefore be piloted and evaluated rather than treated as an intervention already validated by this study. Sri Lankan research connects economic vulnerability with public mental-health provision and socioeconomic conditions with depression, reinforcing the need for locally governed economic and psychosocial coordination (Augustyniak, 2025; Badini et al., 2023).

3.6 Proposed Integrated Livelihood and Psychosocial Resilience Framework

Based on the observed associations, the study proposes an implementation framework that links material-risk identification with livelihood stabilization, social-support strengthening, and accessible mental-health response. Evidence from integrated economic-strengthening and depression treatment and from cash-transfer evaluations supports testing coordinated rather than isolated responses (Karasz et al., 2021; Wollburg et al., 2023). The framework is a recommendation derived from the Philippine evidence; it has not been evaluated as an intervention and requires local validation before use in Thailand or Sri Lanka.

Implementation stage	Evidence-informed action	Delivery focus	Monitoring signal
1 Identify risk	Screen economic vulnerability, community disadvantage, employment instability, perceived stress, and anxiety.	Community entry points and ethically governed referral.	Reach, identified need, and referral eligibility.
2 Stabilize and connect	Combine livelihood or employment assistance with social-support strengthening and mental-health referral.	Coordinated social welfare, livelihood, primary-care, and community services.	Service uptake, employment continuity, and referral completion.
3 Localize	Philippines: barangay and LGU delivery. Thailand: locally validated livelihood and community pathways. Sri Lanka: economic-recovery and psychosocial coordination.	Country-specific language, thresholds, institutions, and cultural safeguards.	Acceptability, feasibility, equity, and implementation fidelity.

4 Evaluate and improve	Assess change in stress, anxiety, social support, and livelihood stability; refine delivery using implementation evidence.	Pilot before expansion and retain country-specific governance.	Outcome change, unintended effects, sustainability, and scale readiness.
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Figure 7. Proposed Integrated Livelihood and Psychosocial Resilience Framework. The framework translates the study findings into a staged policy recommendation and is not presented as a tested causal model.

Implementation should begin with local needs assessment and stakeholder mapping, followed by a small-scale pilot, monitoring of reach and referral completion, and outcome evaluation. Harmonized measures may support future comparison across the Philippines, Thailand, and Sri Lanka, but country-specific thresholds, languages, service structures, and ethical procedures should be retained.

4. CONCLUSION

From an intervention standpoint, these findings argue for poverty programmes that are explicitly psychologically informed. Traditional anti-poverty policies often focus on income transfers or employment generation without systematically addressing the chronic stress, anxiety, and relational strain that accompany long-term economic insecurity. Our results suggest that more effective strategies would integrate financial and livelihood components—such as employment counselling, skills training, and income support—with group-based social support, community mentoring, and stress- or trauma-informed interventions delivered in accessible community settings. Strengthening neighborhood-level resources and participation (for example, through community centres, peer support groups, or savings-and-loan associations) may help to reproduce at scale the protective associations of social support observed in this study. At the same time, embedding mental health components within livelihood programmes could enhance both economic and psychological outcomes, especially for adults in high-disadvantage communities.

This study concludes that poverty is a deeply psychosocial and structural condition that is strongly associated with poorer mental well-being. Higher economic vulnerability is associated with increased levels of perceived stress and anxiety, while community-level socioeconomic disadvantage is further associated with higher psychological distress beyond individual poverty indicators. The findings are consistent with an emotional burden of deprivation associated with both personal hardship and the wider context in which that hardship is experienced. The study also concludes that social support and stable employment serve as meaningful protective factors. Individuals who possess stronger support networks and more secure livelihoods are better positioned to withstand the psychological pressures associated with poverty. These findings reinforce the view that resilience is not simply an individual trait but a socially and materially enabled process. Buffering effects (H4) were confirmed only for social support in the perceived-stress model. The apparent reduction in the economic-vulnerability coefficient for anxiety when perceived stress is included suggests a possible partial mediation pathway (H5), but this remains provisional until a bootstrapped indirect-effect estimate and its 95% confidence interval are computed and shown to exclude zero. Several implications emerge from these findings. For research, the study contributes to the growing literature on poverty and mental health by offering an adult-focused and community-sensitive analysis of stress, anxiety, and economic vulnerability. For policy, the findings suggest that poverty alleviation programs should integrate mental health, livelihood security, and social protection rather than addressing them in isolation. For practice, local governments, social welfare agencies, and community organizations should strengthen psychosocial services, employment support initiatives, and community-based networks that enhance coping and resilience among vulnerable populations. From a broader sustainability and development perspective, the findings highlight the importance of embedding mental well-being within community development and social protection planning. In disadvantaged settings, adaptive capacity depends not only on economic resources but also on the quality of social support, institutional responsiveness, and community stability. A poverty strategy that ignores psychological well-being risks overlooking one of the most consequential dimensions of human vulnerability.

LIMITATIONS AND FUTURE DIRECTIONS

Several limitations should be considered when interpreting these findings. First, the cross-sectional design does not permit causal inference; the observed associations between economic vulnerability, community disadvantage, and psychological distress should be understood as correlational. It remains possible that individuals with higher levels of stress or anxiety are more likely

to experience downward socioeconomic mobility or perceive their environments as more disadvantageous. Longitudinal and prospective designs are needed to clarify the directionality and potential bidirectional nature of these relationships.

Second, the study relied exclusively on self-report measures, which may be subject to recall biases, social desirability, and shared method variance. Although we used widely applied and psychometrically sound instruments and observed good internal consistency in this sample, future research would benefit from incorporating multi-informant data, behavioural indicators, or physiological markers of stress to triangulate self-reported distress.

Third, while we included a contextual index of community socioeconomic disadvantage, we analysed these data at the individual level rather than using formal multilevel modelling. The number and size of communities limited the statistical power for random-effects modelling. Subsequent work with larger numbers of clusters should employ multilevel or spatial analytic approaches to more rigorously distinguish individual from contextual effects.

Fourth, although we controlled for several demographic variables, unmeasured factors—such as prior mental health diagnoses, chronic physical illness, and exposure to trauma—may confound the observed associations. Incorporating more detailed clinical histories and life-course adversities would allow for a more nuanced understanding of vulnerability and resilience pathways.

Although the coefficient pattern for economic vulnerability, perceived stress, and anxiety is consistent with a partial mediation pathway, the indirect effect was not evaluated using bootstrapped confidence intervals, and H5 should be treated as a provisional hypothesis to be tested in future work.

Finally, the study was conducted in specific urban and rural communities in the Philippines, and the findings may not generalise to other cultural or institutional contexts. At the same time, the mechanisms identified—economic vulnerability, community disadvantage, social support, and employment stability—are conceptually relevant across settings. Cross-cultural comparative studies within and beyond the Global South could test the robustness of these patterns and inform context-sensitive, psychologically informed poverty interventions.

Overall, the study affirms that addressing poverty requires an integrated framework that recognizes the interdependence of material conditions, psychological health, and community context. Such an approach is necessary for designing interventions that are not only economically responsive but also socially protective, psychologically informed, and sustainable in the long term.

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AUTHOR CONTRIBUTIONS

Arvy Noleal Osma: conceptualization, manuscript development, interpretation, and corresponding authorship. Kim Tony Dixon: data curation, investigation, and review. Chanyanan Somthawinpongchai & Ivy Derla: regional policy interpretation and critical revision. Ama Naduneeh Arachchi: Sri Lankan policy interpretation and critical revision. Faye Sharon Almendral: Philippine policy interpretation, framework refinement, and critical revision. All authors reviewed and approved the final manuscript and should confirm this contribution statement before submission.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ETHICS STATEMENT

The study was reviewed and approved by the Ethics Review Committee of World Citi Colleges and the Ethics Review Committee of Mariners Polytechnic Colleges Foundation of Canaman. All participants provided informed consent before data collection.

DATA AVAILABILITY STATEMENT

The de-identified data supporting the findings may be requested from the corresponding author, subject to ethics approval, participant confidentiality, and applicable institutional requirements.

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