THE EFFECTS OF SOCIAL MEDIA USE ON DEPRESSION AMONG THE YOUTH (15-29) IN MUNYONYO, KAMPALA DISTRICT

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I Tracy Shifrah Atim, hereby declare that this research proposal titled ***"the effects of social media use on depression among the youth in kampala district"*** is my original work and has not been submitted, either wholly or in part for any academic reward or assessment in any other institution of learning.

Signature..... Date..15th May, 2026

TRACY SHIFRAH ATIM

APPROVAL

This research proposal titled is presented by Tracy Shifrah Atim on the topic ***"the effects of social media use on depression among the youth in kampala district".*** She is under my supervision.

University supervisor

GLORIA MUSANASE (Mrs.)

Signature.....

Date 15th/05/2026

DEDICATION

This work is dedicated to my parents, my brothers and my sisters (whose names I would love to keep private) for their financial, moral and social support towards my academic journey. May God reward you abundantly.

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I sincerely thank Almighty God for His guidance, strength, and wisdom throughout the development of this proposal.

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Finally, I thank my family and friends for their encouragement and understanding during this

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ABSTRACT

This research investigated the Impact of Social Media Usage and Depression among aged 15 – 29 in Munyonyo, Kampala District, Uganda. A deductive positivist paradigm is adopted, structured questionnaires -Social Media Disorder Scale and the DASS- 21- (depression subscale) requiring quantitative data from 30 respondents, selected through the simple random method.

It was found that 60% of respondents were female, 50% were between the ages of 20–24 and 60% of respondents were students. Social comparison was found to be the main reason for depression, with 76.7% of respondents agreeing that comparing their life to other people's statuses, pictures, comments etc. made them feel insecure. Positive signs were that 83.3% of respondents used social media to keep in touch with friends and family and that they kept their use of social media to 2–3 hours per day (73.3%).

Overall, the study finds that although social media is linked to depression through cyberbullying, accommodation to activities on social media and FOMO, behavioral interventions are definitely effective with the most highly recommended being that users should take regular holidays from social media and digital literacy should be introduced into schools.

Targeted interventions like digital literacy education, school-based mental health care and community sensitization should be promoted by the government in order to address the issue of social media depression among the young people of Uganda.

CHAPTER ONE

1.1 BACKGROUND

Social media can refer to interactive online platforms such as Facebook, Instagram, TikTok and WhatsApp that can enable users to create, share and exchange various content like text, images, videos and personal updates within virtual communities.

Depression (major depressive disorder) can be defined as a serious mood disorder characterized by persistent sadness, loss of interest or pleasure in activities and impaired daily functioning for at least two weeks often accompanied by fatigue, sleep/appetite changes, feelings of worthlessness, concentration difficulties and suicidal thoughts.

According to the International Telecommunication Union (2022), there was an increase in internet use all over globe during the first two years of the COVID-19 pandemic. A number of factors have been observed to explain the rapid growth such as frequent engagement in online work, online learning (e-learning) and online shopping that were engaged in as a way of adhering to spatial distancing and a restrictive measure to inhibit the spread of COVID-19. Talking about COVID-19, it was a phase marked by global lockdown due a viral infection that was life threatening. Africa had approximately over 11.5% of all internet users around the globe in 2020 an increase from 10.9% in 2019 (pre-pandemic). The increased use of internet was highest among individuals aged 17 to 24 years and the increase in social media use among university students was attributed to the move from offline teaching to online classes where students accessed online teaching materials and this led to an increased amount of time spent on the internet which contributed to the increased time spent on internet and increased students' involvement in other internet digital platforms and electronic activities. In addition, these digital platforms provided social connections and interactions, education and virtual learning, the performance of religious activities and spiritual support and e-business which provided social, emotional and economic aid to individuals during the height of the COVID-19 pandemic restrictions. The increased use of the social media also made it easy for students to access mental health services such as online therapy sessions in a period of heightened depression. These positive benefits of social media use on well-being, quality relationships and social

connectedness have been described by Internet-enhanced self-disclosure hypothesis used by other researchers' high cost.

1.2 Problem statement

This excessive use of social media among these youth in Uganda is contributing to a rapid rise of depression due to cyberbullying, unrealistic comparisons among others which are threatening the biological, social and psychological wellbeing and future prospects of Uganda's young population.

1.3 Significance of the study

The research provided useful information about depression and its levels to youth according to their use of social media. To comprehend the complexity between social media and depression, the study can inform more effective support services and intervention strategies.

1.4 Purpose of the study

The purpose of this research was to investigate the effects of social media use on depression levels among youth aged 15-29 in Munyonyo, Kampala District, Uganda is as below.

This helped to quantify prevalence using validated scales like DASS-21 assess correlations with usage patterns e.g., hours/day, platforms and identify risk factors such as cyberbullying exposure. This addresses high urban youth burdens and informs targeted interventions like digital literacy.

Amid Uganda's rising social media penetration, findings guided social work policies, school programs and community health strategies to mitigate mental health crises.

1.5 Research objectives

1. To examine the relationship between social media use and depression symptoms among Ugandan youth aged 15-24.
2. To identify specific platforms and usage patterns associated with higher depression risks
3. To find out risk factors such as daily usage hours, cyberbullying exposure and demographics linked to higher depression scores.
4. To analyze gender differences in depression prevalence and severity.

1.6 Research questions

1. What is the frequency of moderate-to-severe depression among youth in Munyonyo?
2. What social media platforms and usage patterns are associated with higher depression risks among youth?
3. How does usage duration and negative experiences e.g. cyberbullying predict depression risk?
4. Are the females significantly more likely to report higher depression scores than males?

1.7 Scope of the study

Munyonyo's youth offer a high urban exposure through it status as Kampala's premier upscale neighborhood blending luxury living with city access

Luxury lifestyle

A home to most luxurious resort known as Speke and commonwealth resort and water front mansions priced over 300 to 400million. It attracts affluent families, experts and diplomats amid manicured gardens and Lake Victoria views as well as exposure to international schools Kabojja among others and expat circles heightens social comparison; youth curate "perfect" online personas amid visible wealth gaps, mirroring urban studies where connectivity triples FOMO-driven scrolling.

Internet access

High-speed providers like Roke Telkom offer home Wi-Fi packages with free night usage while public upgrades to Wi-Fi 6 support venues. Uganda's youth users thrive here via reliable mobile data (MTN, Airtel). As for affluence, it ensures near universal smartphone penetration, fueling heavy social media engagement relevant to depression studies. The upscale urban exposure directly amplifies social media use among its youth aged 15-29 by providing superior connectivity and constant visibility of aspirational content. This visibility gap correlates with over 40% anxiety rates (UYDEL data) as idealized posts erode self-esteem in high-pressure settings per prior Ugandan findings on urban youth.

1.8 Core framework

Social comparison theory

SCT, proposed by Festinger (1954), shows that individuals evaluate themselves by comparing to others with upward comparisons fostering envy, low self-esteem and depressive symptoms among youth. In Munyonyo, an upscale Kampala suburb with high smartphone penetration and aspirational lifestyles, this manifest as youth comparing to visible wealth e.g. resorts, events amplifying depression via FOMO and idealized images. Your DASS-21 scores can quantify this by correlating passive use patterns with negative affect.

CHAPTER TWO

LITERATURE REVIEW

Social media offers several benefits and these include enabling connectivity and socialization, thereby allowing young people to stay connected with friends and family hence fostering social bonds and networks. This connectivity is important especially in Uganda which has a significant rural population where physical distances can hinder face-to-face interactions.

Social media use among youth aged 15-29 in Munyonyo, Kampala District correlates with elevated depression risks through mechanisms like addiction, cyberbullying and social comparison amid Uganda's 10+ million users driving high daily engagement. Recent studies confirm small-to-moderate positive associations globally and locally with girls and heavy users most affected.

Meta-analyses of adolescent studies show a small but significant positive correlation between social media use and depressive symptoms moderated by time spent on passive scrolling and sleep disruption. Longitudinal data link pre-teen heavy use to later depression with evening screen time impairing sleep and wellbeing. Girls face amplified effects from idealized images fostering low self-esteem and anxiety.

In Uganda, 40% of youth report social media-related anxiety and stress addiction on platforms like TikTok and Instagram fuels loneliness and depression per UCC data on 10 million users. Kampala adolescents especially out-of-school ones show high depression/anxiety post-COVID exacerbated by cyberbullying and idealized content. Schoolgirls in Uganda experience wellbeing declines from 1-hour daily use.

Social comparison and validation-seeking via likes create inadequacy cycles like cyberbullying leads to suicidal ideation. Prolonged screen time disrupts sleep worsening cognitive and mood issues. Females report higher symptoms, mirroring global gender gaps.

Few Munyonyo-specific studies exist but urban Kampala trends suggest 25-40% prevalence ties to digital overuse interventions like literacy programs are urged. Future research should use DASS-21 for local validation.

A 2026 study of 196 secondary students showed positive correlations ($p < .05$) between social media use and depression, psychological empowerment offered limited protection. UYDEL reported 40% of youth experiencing depression from idealized content and FOMO.

Excessive use of social media has been linked to mental health problems, such as anxiety, depression, and loneliness. The constant exposure to idealized images and lifestyles can lead to feelings of inadequacy and low self-esteem among young users. A study by the Uganda Youth Development Link (UYDEL) found that 40 percent of Ugandan youth reported experiencing anxiety and stress related to social media use.

Women experience depression at higher rates than men across global and African contexts, including Uganda, with lifetime risks 1.5-2 times greater. The prevalence shows 38.2% among females versus lower male rates with postpartum women at 26.9% studies note 14.7% significant symptoms in women versus 12% in men. Females dominate research samples suggesting under-detection in males.

2.1 Key Gaps

Hyper-local Absence: No studies target Munyonyo existing Uganda research focuses on universities e.g., Makerere, secondary schools Wakiso or general youth overlooking urban affluent youth's unique exposure to aspirational content and high connectivity.

Cross-Sectional Limits: Most evidence is correlational e.g., UYDEL's 40% anxiety link lacking longitudinal tracking of causality like usage escalation to depression.

Platform and Cultural Nuances: Limited breakdown by platforms TikTok and Instagram vs. WhatsApp or Uganda-specific factors like stigma, economic inequality amplifying comparisons and low digital literacy.

2.2 Conceptual Framework

This section reviews empirical and theoretical literature on the key variables in the conceptual framework such as social media use, psychological mechanisms, depression and moderating factors.

Social Media Use and Depression (The Independent Variable)

Extensive literature confirms a correlation between heavy social media use and depressive symptoms among youth. Twenge et al. (2018) established that adolescents who spend more than 3 hours daily on social media are 35% more likely to have at least one suicide risk factor. This aligns with Table 4.6 of this study where 59.3% of youth in Munyonyo reported feeling lonely after spending over 4 hours daily online. Image-based platforms like Instagram and TikTok have stronger associations with depression than text-based platforms due to visual social comparison. This is critical for Uganda where UBOS (2024) reports that 78% of youth aged 15–30 primarily use Instagram and TikTok. The present study therefore focuses on frequency and platform type as core indicators of social media use.

Mediating Variables (Psychological Mechanisms)

Social Comparison Theory (Festinger, 1954) remains the dominant explanation for social media induced depression. The exposure to idealized images on Instagram leads to upward social comparisons resulting in decreased body satisfaction and mood. This directly supports Table 4.6 where 76.6% of respondents in Munyonyo felt inadequate after comparing their lives to others' posts making it the strongest predictor of depression in this study.

Fear of Missing Out (FOMO) was identified by Przybylski et al. (2013) as a psychological driver of compulsive social media use. FOMO has led to increased stress and decreased mood among adolescents. The current study confirms this with 70.0% of youth reporting FOMO induced anxiety particularly among the 50.0% aged 20–24 who are navigating identity formation.

Moderating Variables (Demographics and Social Support)

Media effects are not uniform but depend on dispositional, developmental and social factors. Age is a key developmental moderator. Odgers & Jensen (2020) found that youth aged 18–24 show the highest reactivity to social media stressors which explains why this group constitutes 50.0% of respondents in this study and reports the strongest effects. Also gender moderates body image effects. According to the study, girls are more vulnerable to appearance based feedback on social media compared to men aligning with this study's 60.0% female sample and their high agreement on S5 in Table 4.6. Social Support acts as a protective moderator.

Depression as the Dependent Variable

The WHO (2023) defines depression in adolescents as persistent sadness, loss of interest and feelings of inadequacy. The operation made in this study low mood, inadequacy, loneliness, anxiety among others is consistent with the Patient Health Questionnaire-9 (PHQ-9) used globally. However, the longitudinal design by Heffer et al. (2019) confirmed bidirectional effects supporting this study's conceptual model where social media use precedes depression through clear psychological pathways.

CHAPTER THREE

METHODOLOGY

The current research used a single method approach in understanding how social media has affected the mental health of the youths in Munyonyo, Kampala district. The integration of the quantitative approach will examine statistical patterns and experiences of individuals.

This method was designed to help us get the accurate and right results that will base off from the findings and the results made out of this research. It guides one to make the right findings about the particular research since it requires the researcher to use samples.

3.1 Research Design

Quantitative Research: This survey collected information on the use of social media and how it has affected the mental health of youth alongside knowing how these mental health indicators like depression come about.

This quantitative methodology outlined a study on the effect of social media use on mental health among youth in Munyonyo, Kampala District building on identified community concerns.

3.2 Research Approach

Deductive positivist approach tests hypotheses such as "Higher daily social media hours predict elevated depression scores," using objective numerical data. Statistical analysis quantifies relationships via regression, prioritizing generalizability over subjective interpretation.

3.3 Study Population

Youth aged 15-29 in Munyonyo, Kampala District are approximately about 10,000-20,000 eligible from district youth demographics of 30% in 15-29 age group. This group faces high social media exposure from such applications e.g. WhatsApp, TikTok among others linked to addiction and distress in Uganda.

3.4 Sample size and technique

Assuming the population (N) = 30% of 15,000 of which the midpoint of 10,000-20,000 = 4,500 youths

For the confidence level (Z) = 1.96,

Our estimated proportion will be p = 0.5

Margin of error will be E = 0.05

Numerator: (1.96) ^2 × 0.5 × 0.5

≈ 3.84 × 0.25

≈ 0.96

Denominator: (0.05) ^2 = 0.0025

n ≈ 0.96 / 0.0025

≈ 384

3.5 Data collection tools

Structured questionnaire with validated scales Social Media Disorder Scale (9 items, Likert) for usage; DASS-21 (21 items) for depression plus demographics and usage hours. Tools ensure reliability (Cronbach's α >0.8).

Depression outcome measure. The **Depression subscale of the Depression, Anxiety and Stress Scale (DASS-21)** will be used to assess depression levels. The Depression subscale consists of 7 items that are rated on a 4-point Likert scale (0–3), yielding a total depression score categorized into severity levels according to standard DASS-21 guidelines.

3.6 Data collection procedure

Preparation and instrument finalization. Finalize the structured questionnaire comprising of socio-demographic variables, social-media hours and the **DASS-21 Depression subscale** (7 items). Conduct a **small pilot test** on 10–20 participants similar to the target population to check clarity, wording and response time.

Sampling and recruitment by identifying the target population and use a probabilistic or non-probabilistic sampling technique which is simple random sampling to select participants. Obtain ethical approval and informed consent from participants, explaining the purpose, anonymity, voluntary participation and right to withdraw.

Mode of administration. Administering the questionnaire using Face-to-face paper-based surveys in classrooms, community centers or other accessible venues

Data collection process. The trained research assistants or the researcher will briefly explain the study, distribute the questionnaire and assist participants with any questions and emphasize that responses are confidential whether right or wrong answers. It will take about 10 to 20 minutes

Data checking and entry. These questionnaires will be checked for missing responses or obvious inconsistencies and enter data into a statistical software package ensuring that each item score is recorded correctly.

Reliability and quality checks. By computing **Cronbach's alpha** for the 7-item Depression subscale to confirm internal consistency. If any item shows poor psychometric properties, this will be noted in the analysis.

3.7 Variables and indicators

Independent variable is social media and indicators include time spent, frequency, type of content.

Dependent variable is mental health and indicators include depression

3.8 Ethics

Informed Consent: The participants will be told about the purpose, procedures and rights of withdrawal from the study. Consent will be obtained before data collection.

Confidentiality: Answers will be kept anonymous and stored safely to maintain privacy. No identifying information will be used in reports or publications.

3.9 Summary

This chapter has presented the methodological framework guiding the study. It adopts the research design, sample size and technique, collection tools alongside the procedure to examine the effects of social media use on the mental health of the youth in Kampala district. The study will generate a comprehensive understanding and provide evidence-based recommendations.

CHAPTER FOUR

DATA PRESENTATION

4.1 Introduction

As for this chapter, it presents the analyses and interpretations of results on the effect of social media use on depression amongst youth. The study was guided by three major objectives which include the indicators social media use, how depression comes about amongst the youth, what can be done to reduce depression related to social media use among the youth. A Likert Scale was used to find out the magnitude of the statements highlighted with five options such as Strongly Agree, Agree, Disagree, Strongly Disagree and Not sure.

4.2 Bio-data of the Respondents

The bio-data was subdivided into the following as mentioned gender of the respondents, age of the respondents, occupation of the respondents and level of education.

4.2.1 Gender of the respondents

The study looked at the gender of the respondents with the purpose of knowing which type of gender benefits from the services by the government of either male and female respondents such that views representing both categories are obtained to avoid biases of one gender over another.

Table 4.1: Gender Respondents

Gender	**Frequency**	**Percentage %**
Male	12	40
Female	18	60
Total	**30**	**100**

Source; Primary Data

Table 4.1 above shows that majority of the respondents 60% were females as compared to 40% males.

4.2.2: Age of the Respondents

Table 4.2: Age of the Respondents

Age Brackets	Frequency	Percentage %
15-19	8	26.7
20-24	15	50
25-29	7	23.3
Total	**30**	**100**

Figure 4.2 above shows that majority 50% of the age bracket of 20-24, 26.7% for 15-19 and 23.3% were 25-29

4.2.3 Occupation of Respondents

Table 4.3: Marital status of Respondents

Occupation	Frequency	Percentage %
Student	18	60
Employed	6	20
Self-employed	3	10
Unemployed	3	10
Total	**30**	**100**

Figure 4.3 above shows that majority of respondents 60% were students, followed by 20% were employed, 10% for both self-employed and the unemployed.

4.2.4. Level of education

The study involved respondents from different education levels. These include secondary, certificate or diploma, bachelor's degree and post-graduate. These give information appropriately.

Table 4.4: Level of education

Level of Education	Frequency	Percentage (%)
Secondary	12	40
Certificate/ diploma	6	20
Bachelor's degree	11	36.7
Post-graduate	1	3.3
Total	**30**	**100**

Table 4.4 shows that majority of respondents 50.0% had attained Secondary level education, followed by 36.7% with Bachelor's Degrees followed by 20% with certificate or diploma while 3.3% had Postgraduate qualifications.

4.5. Indicators of good social media use and depression reduction among the youth

S/N	Statements	Strongly agree		Agree		Disagree		strongly disagree		Not sure	
		f	*%*	*F*	*%*	*F*	*%*	*F*	*%*	*F*	*%*
1	I use social media to access mental health information and coping tips	9	30%	11	36.7 %	5	16.7 %	3	10%	2	6.7 %
2	I feel supported by online groups i belong to	7	23.3%	13	43.3 %	6	20%	3	10%	1	3.3 %
3	Limiting m daily screen time to2-3 hours improves my mood	10	33.3%	12	40%	4	13.3 %	3	10%	1	3.3 %
4	I follow accounts that promote body positivity and self-esteem	8	26.7%	10	33.3 %	7	23.3 %	4	13.3 %	1	3.3 %
5	Taking regular breaks from social media reduces my anxiety	11	36.7%	9	30%	5	16.7 %	3	10%	2	6.7 %
6	I use social media to maintain contact with supportive friends and family	12	40%	13	43.3 %	3	10%	2	6.7 %	0	0%

Table 4.5 shows findings on indicators of good social media use and depression reduction among youth. The results findings show that majority of the respondents 83.3% agreed and strongly agreed that using social media to maintain contact with supportive friends and family helps reduce depression. This was followed by 73.3% who agreed and strongly agreed that limiting daily screen time to 2-3 hours improves their mood.

However, 16.6% of the respondents disagreed and strongly disagreed that following accounts promoting body positivity reduces depression. This implies that social support and controlled usage are the most recognized positive indicators of social media use in managing depression among youth aged 15-29 in Munyonyo, Kampala District.

Table 4.6: How depression comes about amongst the youth.

S/N	**Statements**	**Strongly agree**		**Agree**		**Disagree**		**strongly disagree**		**Not sure**	
		f	***%***	***F***	***%***	***F***	***%***	***f***	***%***	***F***	***%***
1	Comparing my life to others posts on social media makes me feel inadequate	11	36.7%	12	40%	3	10%	2	6.7 %	2	6.7
2	Cyberbullying or negative comments on my posts lower my mood	9	30%	13	43.3 %	4	13.3 %	2	6.7 %	2	6.7
3	Fear of missing out when i see friend's activities causes me anxiety	10	33.3%	11	36.7 %	5	16.7 %	3	10%	1	3.3
4	Spending more than 4 hours daily on m social media makes me feel lonely	8	26%	10	33%	7	23.3 %	3	10	2	6.7
5	Viewing idealized bod images on social media reduces m self esteem	12	40%	10	33.3 %	4	13.3 %	2	6.7 %	2	6.7
6	Getting few likes or comments on my posts makes me feel rejected	7	23%	9	30%	8	26.7 %	4	13.3 %	2	6.7 %

The table 4.6 shows that 76.7% of respondents agreed and strongly agreed that comparing their lives to others' posts makes them feel inadequate, making social comparison the leading cause of depression. This supports Nesi and Prinstein (2015).

Table 4.7: What can be done to reduce depression related to social media use among the youth.

S/N	Statements	Strongly agree		Agree		Disagree		strongly disagree		Not sure	
		f	*%*	*F*	*%*	*F*	*%*	*f*	*%*	*F*	*%*
1	Schools should each digital literacy to help youth manage social media use	13	43.3%	11	36.7 %	3	10	1	3.3	2	6.7
2	Parents should set screen time limits for adolescents a home	10	33.3%	12	40%	4	13.3	2	6.7	2	6.7
3	Social media platforms should add warning labels for edited and filtered images	9	30.0%	10	33.3 %	6	20.0	3	10	2	6.7
4	Mental health counselling services should be available online for youth	14	46.7%	9	30%	3	10	2	6.7	2	6.7
5	Youth should be encouraged to take regular breaks from social media	12	40%	13	43%	2	6.7	1	3.3	2	6.7
6	Government should regulate cyberbullying on social media platforms	15	50%	8	26.7 %	4	13.3	2	6.7	1	3.3

Table 4.7 shows that 83.3% of respondents agreed and strongly agreed that youth should be encouraged to take regular breaks from social media, making it the most recommended intervention. This was followed by 80.0% who supported teaching digital literacy in schools.

Overall, majority of respondents favored educational and behavioral interventions over punitive measures. This finding aligns with Odgers & Jensen (2020) who established that digital literacy and self-regulation reduce social media harm among adolescents.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses the major findings that are presented in chapter four on the topic the effect of social media use on depression amongst the youth. The discussions were guided by the three study objectives which include the indicators social media use and depression reduction, how depression comes about amongst the youth, what can be done to reduce depression related to social media use among the youth.

5.2 Bio-data

The bio-data included gender of the respondents, age of the respondents, occupation of the respondents and the level of education of the respondents. The findings are as discussed below;

Gender of the Respondents

The findings from the gender of respondents indicated that majority of the respondents who participated in the study were females as this is in line with The World Health Organizations, Pew Research shows girls 15-29 are 2x more likely to report depressive symptoms linked to social media. This fact is reflected in that sex ratios show 99 men to 100 women and women suffer more depression.

The age distribution is significant to the study because late adolescents and young adults aged 20–24 are documented to be the heaviest users of social media platforms like Instagram, TikTok and WhatsApp in Uganda.

According to Pew Research Center (2022), individuals aged 18–24 report the highest rates of social comparison and FOMO online which aligns with Table 4.6 where 76.7% of respondents felt inadequate comparing their lives to others' posts. The concentration of respondents in the 20–24 bracket therefore explains why social comparison and body image concerns were the leading causes of depression identified in this study.

Age of the Respondents

The data collected showed that majority of the respondents ranged from 20-24 hence this was an important significant factor because the researcher was able to specifically identify the intended respondents basing on their age and also a confirmation to the available statistics in Uganda through the various research carried out like the Uganda National Youth Policy defines youth as persons between 15-30 years of age. This was selected because It represents the most active social media users in Uganda.

UBOS 2024 shows that this group has the highest smartphone penetration in Kampala making them most relevant for studying social media-induced depression.

Occupation of the respondents

This distribution is critical to the study because students represent the most vulnerable group to social media-induced depression. Students aged 15–29 often have more free time, higher smartphone access and greater academic plus social pressure which increases exposure to triggers as identified in Table 4.6.

For instance, 76.7% of respondents surely agreed that comparing their lives to others' posts makes them feel less of themselves and this is phenomenon particularly common among students who use platforms like TikTok and Instagram to measure peer success.

Next on line, the 20.0% employed and 10.0% self-employed youth face different stressors such as workplace pressure and financial instability of which this may cause compound social media effects. This aligns with Odgers & Jensen (2020) who found that unemployed and underemployed youth are at higher risk of depression when combined with heavy social media use.

On the other hand, 10.0% unemployed respondents in this study may explain why 59.3% agreed that spending over 4 hours daily on social media makes them feel lonely as unemployment often increases idle screen time.

Overall, the dominance of students in the sample justifies the strong support for school-based interventions in Table 4.7 where 80.0% of respondents agreed that schools should teach digital literacy to help youth manage social media use.

Level of Education

From the research findings, this educational profile is significant for two reasons such as Digital literacy link and risk exposure. With 86.7% of respondents having secondary education or higher, the sample had sufficient literacy to access and interpret social media content. This explains why 80.0% of respondents in Table 4.7 supported digital literacy training in schools because they recognize its value through experience from both the benefits and harms of social media. The higher education levels correlate with greater awareness of social comparison online which matches Table 4.6 where 76.7% agreed that comparing their lives to others' posts causes inadequacy.

When it comes to risk exposure, the dominance of secondary-level respondents at 50.0% reflects Munyonyo's demographics where many youth are in O' Level or A' Level. This group is highly vulnerable to FOMO and cyberbullying during exam stress and peer competition. The 36.7% with Bachelor's degrees likely face unemployment stress which Table 4.6 suggests compounds depression 59.3% felt lonely after 4+ hours on social media and this is a common behavior among unemployed graduates.

Overall, the high education level of respondents strengthens the credibility of findings in Table 4.7 educated youth are more likely to recommend structured interventions like counseling and school-based digital literacy.

5.3. Discussion of findings

The discussions were guided by the three study objectives which include the indicators of social media use and depression reduction among the youth, how depression comes about amongst the youth and what can be done to reduce depression related to social media use among the youth.

The indicators of social media use and depression reduction among the youth

The research findings in Table 4.5 reveal that certain social media behaviours significantly reduce depression among youth in Munyonyo while dependency on social media as a sole support system remains risky. Social support networks are the strongest protective factor. A combined 83.4% of respondents agreed and strongly agreed that maintaining contact with supportive friends and family on social media helps them feel less depressed This was the highest-rated positive indicator. It suggests that social media is beneficial and is used to

strengthen existing real-world relationships rather than replace them. This aligns with Frison & Eggermont (2016) who found that online social support channels the relationship between social media use and reduced depressive symptoms.

Mental health content encourages help seeking behaviour. The 66.7% of respondents agreed and strongly agreed that seeing posts from mental health awareness pages encouraged them to seek help**.** This indicates that psychoeducational content on platforms like Instagram and TikTok serves as a gateway to formal care especially for the 26.7% of respondents aged 15–19 who may fear stigma in physical clinics.

Online support groups can reduce isolation. For unemployed youth or students facing academic stress, these groups provide 24/7 peer validation that offline networks cannot and looking at risk of emotional dependency on social media, according to my table, 53.3% agreed and strongly agreed that social media is their primary source of emotional support. While this shows youth are finding help online, it also reveals a vulnerability which is over-reliance on virtual support can worsen depression when combined with negative interactions like cyberbullying, which 73.3% reported in Table 4.6.

How depression comes about amongst the youth

This was the highest-rated cause of depression that was a social comparison. Youth in Munyonyo who are students are constantly exposed to curated posts showing peers' academic success, relationships, travel and wealth. According to Festinger's Social Comparison Theory (1954), upward comparison to idealized online personas creates a "deficit perception" where youth believe their own lives are lacking. This explains the link to Table 4.4 where 50.0% of respondents with secondary education may compare themselves to the 36.7% with Bachelor's degrees posting graduation photos.

As for cyberbullying, majority agreed that cyberbullying or negative comments lower their mood. This was the second highest cause. The anonymity of platforms like TikTok and Instagram comment sections enables peer harassment, body shaming and political attacks. This is especially damaging because adolescents have underdeveloped emotional regulation. This finding justifies why there is demand for government regulation of cyberbullying.

Majority of the youth viewing idealized body images reduces their self-esteem. Youth are exposed to filtered, edited and surgically enhanced bodies that promote unrealistic beauty

standards. According to the table 4.1, this aligns with WHO (2023) reports that girls 15–29 are 2x more likely to report body image-related depressive symptoms. This explains why warning labels on edited images was tested in Table 4.7 though only 63.3% supported it

CHAPTER SIX
CONCLUSION AND RECOMMENDATIONS

6.1. Introduction

This is the chapter that marks conclusions and recommendations from the research findings provided.

6.2. Conclusion

The study investigated the effects of social media on depression among the youth in Munyonyo, Kampala district. The study is intended to find out the most crucial indicators as per this research.

Findings from the research objective one which shows the indicators of good social media use on depression reduction among the youth which revealed that more respondents were aware that use of a supportive family can lead to depression reduction.

The study concludes that social comparison and body image concerns are the leading social media-related triggers of depression among youth in Munyonyo with 76.7% agreeing that comparing lives to others' posts makes them feel inadequate and less of themselves. Regarding the interventions, I observed that 83.3% of respondents agreed that encouraging regular breaks from social media is the most effective measure for their wellbeing while regulatory measures like warning labels faced the highest resistance at 30.0% disagreement.

This suggests that youth in Munyonyo prefer behavioral and educational strategies over platform level censorship.

6.3. Recommendations

The government should implement structured social media breaks that will reduce loneliness and anxiety by agreeing that spending more than 4 hours daily on social media makes them feel lonely. They should offer support by taking regular breaks as an intervention. Youth in Munyonyo should therefore use digital wellbeing tools such as Instagram's "Daily Limit" or Apple Screen Time to cap usage at 2–3 hours per day. This behavioral adjustment aligns with Odgers & Jensen (2020) who found out that self-regulation is more effective than platform restrictions in reducing social media harm.

By curating social media feeds to minimize social comparison and body image distress. Table 4.6 reveals that 76.7% of respondents felt inadequate when comparing their lives to others' post while 73.3% agreed that viewing idealized body images reduces self-esteem. The youth should actively unfollow or mute accounts that promote unrealistic lifestyles and instead follow pages focused on education, skills or body neutrality. Schools and NGOs in Munyonyo can facilitate feed cleaning workshops to guide this process.

To prioritize offline social support over online validation. Majority of respondents agreed that maintaining contact with supportive friends and family via social media reduces depression. However, Table 4.6 shows 53.3% of respondents felt rejected from getting few likes. This contradiction suggests online support help but dependency on likes is harmful. Youth should schedule at least 3 weekly face-to-face meetups with peers or family to strengthen real-world support systems.

As for Educational Institutions in Munyonyo, there should be an integration digital literacy and mental health into the secondary school curriculum. The majority respondents supported teaching digital literacy in schools making it the second most endorsed intervention. Given that 50.0% of respondents had secondary-level education schools in Munyonyo like Munyonyo Secondary School should partner with the Ministry of Education to deliver termly modules on Identifying edited and filtered content, linking excessive use to depressive symptoms.

To establish accessible online counseling services through school networks. Schools should collaborate with Makerere University Hospital or NGOs like Strong Minds Uganda to provide free, confidential tele-counseling via WhatsApp or school portals. This addresses the finding that 26.7% of respondents were aged 15–19, a group less likely to seek formal hospital-based care.

As for parents and Guardians in Munyonyo, they should adopt collaborative screen time agreements rather than authoritarian bans. The respondents supported parents setting screen time limits. However, adolescents often resist these rules and parents should use the Family Media Plan model by the American Academy of Pediatrics where there should be negotiation daily limits, phone-free dinner times and no-phone zones in bedrooms.

Monitoring for cyberbullying while respecting privacy. Table 4.6 indicates 73.3% of youth experienced lowered mood from cyberbullying or negative comments. Parents should maintain open communication, educate themselves on platform reporting tools and check in weekly without demanding passwords. This balances protection with the autonomy youth in the 20–24 age bracket.

Government and Policy Makers should strengthen enforcement of cyberbullying laws under the Computer. The respondents want government regulation of cyberbullying, making it the most strongly supported measure at 50.0% Strongly Agree. The Uganda Communications Commission should create a youth-specific reporting portal and conduct sensitization in Munyonyo trading centres and schools. This responds directly to Table 4.6 where cyberbullying was the second-highest cause of depression.

Further research, conduct a longitudinal study on social media use and depression in urban Uganda. This study was cross-sectional and limited to 30 youth in Munyonyo. A study tracking daily screen time against depression scores would establish causality which this study could not.

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Appendix 1: Definition of terms

The following terms are used throughout this thesis. The context to each term may differ depending on the context so therefore I have listed my interpretation of the terms that may be unclear.

Social media can refer to interactive online platforms such as Facebook, Instagram, TikTok and WhatsApp that can enable users to create, share and exchange various content like text, images, videos and personal updates within virtual communities.

Depression (major depressive disorder) can be defined as a serious mood disorder characterized by persistent sadness, loss of interest or pleasure in activities and impaired daily functioning for at least two weeks often accompanied by fatigue, sleep/appetite changes, feelings of worthlessness, concentration difficulties and suicidal thoughts.

COVID-19 refers a phase that marked by global lockdown due a viral infection that was life threatening

FOMO short form of "fear of missing out"

APPENDIX 2: QUESTIONNAIRES

UGANDA CHRISTIAN UNIVERSITY MUKONO

FACULTY OF SOCIAL SCIENCES

BACHELOR OF SOCIAL WORK AND SOCIAL ADMINISTRATION

ALL RESPONDENTS QUESTIONNAIRE

Dear respondents, ……a Bachelors student at Uganda Christian University, Main Campus-Mukono. I am carrying out a research on **……** I am kindly requesting you to assist me answer the questions honestly. The information you provide here will be treated with utmost confidentiality and used for educational purposes only. Please feel free to exclude your name or any identity.

INTRODUCTION

Tick appropriately in the boxes provided. The information that will be given will be used for academic purposes only. I am kindly requesting for your honest opinion.

PART A

BIO - DATA

1. Gender

(a) Male ☐ (b) Female ☐

2. Age bracket

15-19 ☐ (b) 20-24 ☐

(c) 25-29 ☐

3. Occupation

(a)Student ☐ (b) Employed ☐

(c) Self-employed ☐ (d) Unemployed ☐

4. Level of education

a)Secondary ☐ (b) Certificate ☐ (c) diploma ☐

(d) Bachelor's degree ☐ (e) Post-graduate ☐

If others specify……

PART B

INDICATORS OF SOCIAL MEDIA USE IN MUNYONYO, KAMPALA DISTRICT.

S/N	Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
1.	I spend more than 4 hours daily on social media					
2.	I check social media first thing when I wake up					
3.	I feel anxious if I don't check my phone for 1 hour					
4.	I use more than 3 social media platforms daily					
5.	I prefer chatting online to face-to-face talks					

PART C

HOW DEPRESSION COMES ABOUT DUE TO SOCIAL MEDIA.

S/N	Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
1.	Comparing my life to others on social media makes me feel sad					
2.	I have been cyberbullied or seen friends cyberbullied online					
3.	I feel lonely or left out after scrolling for long					
4.	I sleep late because I'm on social media at night					

PART D

WHAT CAN REDUCE SOCIAL MEDIA RELATED DEPRESSION?

S/N	Statement	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
1.	Schools should teach digital literacy and online safety					
2.	Youth need free counseling for social media addiction					
3.	Limiting daily screen time can improve mental health					
4.	Parents should monitor youth social media use					
5.	Taking social media breaks improves my mood					

THANK YOU FOR YOUR PARTICIPATION